Nebraska Department of Health and Human Services: Division of Children and Family Services

2021 Annual Progress and Services Review Reports

Submitted To:

U.S. Department of Health and Human Services

DATE: June 25, 2020

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I. General Information:

Collaboration:

Provide an update on how the state agency has engaged in substantial, ongoing and meaningful consultation and collaboration with families, children, youth; tribes, and other partners in the implementation of the 2020-2024 CFSP (45 CFR 1357.16(a)).

Examples of partners and other stakeholders include: frontline workers, the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee, service providers, faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, Temporary Assistance for Needy Families (TANF) and state and local education agencies.

The submission of the 2021 Annual Progress and Services Report (APSR) highlights progress, innovation, and collaboration made since June 30, 2019, APSR and is the first year of the five-year Child and Family Services Plan (CFSP)[1] for Federal Fiscal Year 2020. Since the submission and approval of the State of Nebraska's CFSP, programs, initiatives, legislation, and practice models are in various phases of implementation.

The state of Nebraska Department of Health and Human Services (DHHS), Division of Children and Family Services (CFS) prides itself on an approach to child welfare that emphasizes primary prevention through community collaboration, honoring the dignity of families served through family choice and voice. Collaboration is built upon strong cross-system partners including but not limited to, the judicial branch, local and state law enforcement, medical professionals, contract providers, advocates, federal partners, tribal leaders, educators, and child care providers as well as local communities. Child welfare system innovation through collaboration is a way of "doing business" in the state of Nebraska. The following updates and highlights are notable areas of collaboration the state has accomplished since its submission and approval of its 2020-2024 CFSP.

In March of 2020, the Director of CFS and two Deputy Directors attended the 2020 State Planning Team Meeting in Washington, D.C., hosted by the federal Administration for Children & Families, Children's Bureau. In attendance with leaders from CFS were representatives of the Court Improvement Project (CIP) and legal parties. During the meeting, Nebraska's delegation outlined specific opportunities for CFS and the courts

[1] Current copy of the reports can be found at: http://dhhs.ne.gov/Pages/Child-and-Family-Services-State-Plan.aspx.

to improve permanency for children in the child welfare system through thoughtful and intentional collaboration. One highlight from the meeting was a discussion on Nebraska's ability to adapt the State of Iowa's "7 Judges, 4 Questions" model to achieve permanency which are:

- What can we do to remove the danger instead of the child?
- Can someone, a child/family, know move into the home to remove the danger?
- Can the caregiver and child live in a relative/fictive kin?
- Could a child move temporarily to live with relative/fictive kin?

Overall, the State Planning Team meeting allowed space for focused conversations in assessing the current strengths of Nebraska's child welfare system and what is needed to overcome barriers impacting permanency and well-being for families served.

CFS meets regularly with cross-sector partners including but not limited to Tribal representatives, clients, service providers, foster care providers, the juvenile court, public and private child and family-serving agencies, and other federal programs serving children and families. This collaboration provides for continual feedback and consultation from cross-sector partners. It is critical, especially now, that these partners work together to help families cope, decrease parental stress, support responsive relationships, and build protective factors to strengthen families and communities.

CFS continues to partner with Bring Up Nebraska at the state and local levels to proactively connect children, youth, and their families to health, early learning, and family support services before the families are in crisis. Bring Up Nebraska is led by Nebraska's Community-Based Child Abuse Prevention lead agency, the Nebraska Children and Families Foundation. It is a partnership that includes twenty-two community collaboratives, Governor Pete Ricketts, First Lady Susanne Shore, state agencies, and numerous nonprofit organizations working to increase the availability of critical supports and services whose shared goal is to improve the lives of Nebraska children, youth and families. The impact of collaboration with public, private, state, and local partners has never been more evident than during the COVID-19 pandemic. Weekly calls have been held between CFS, the Nebraska Department of Education, Division of Behavioral Health, Division of Public Health, private funders, Nebraska Children and Families Foundation, community collaboratives, and families and youth with lived experience. Regular communication has provided a framework to understand, in real-time, urgent community, and local needs. Established collaboration allows these needs to be met by leveraging both state and local and private/public resources; this is a partnership in action.

Other critical cross-sector partnerships include work with the Nebraska Department of Education to support the educational outcomes of youth in care, the Children's System

of Care to support the behavioral health needs of children, and Economic Assistance programs that support the basic needs of vulnerable families. Program staff, as well as senior leadership from each of these disciplines, meet weekly to review opportunities to ensure that resources are shared. The recent impact of COVID-19 has highlighted the success of these collaborative efforts.

Key to the success of youth and families are the child welfare service providers throughout the state. Child welfare service providers play a critical role in supporting vulnerable children and families every day. In recent months, providers have ensured continuity of care by supporting a shift to virtual services. This shift to virtual services required a great deal of effort with little time to plan. The provider network worked in concert with CFS to ensure this shift to virtual services could occur. During the COVID-19 pandemic, CFS has facilitated weekly calls with service providers to address challenges and support open dialogue and communication.

Currently, a workgroup is identifying the training plan to increase legal parties' understanding of Structured Decision Making (SDM). The SDM Bench Card is being developed to provide legal parties information on the SDM assessments CFS may complete in relation to specific court hearings; the information garnered from the assessment; and the information a CFS case manager should be able to describe to the court regarding child safety, risk, and permanency. The SDM Bench Card has been drafted by CFS case manager and the Court Improvement Project staff. CFS also obtained input from DHHS Attorneys. It was discovered that many DHHS Attorneys do not receive information on the SDM tools. There is now a plan to develop training for the current DHHS Attorneys and to ensure new attorneys receive this training during onboarding.

Also, CFS and CIP are working to identify Nebraska's focus for the "Adoption Call to Action." Together, child welfare professionals and stakeholders seek to respond to the urgent need to achieve permanency for children and youth in foster care. In 2018, the Adoption and Foster Care Analysis Reporting System reported that 125,422 children and youth are "waiting for adoption." The Children's Bureau is committed to ending this waiting period and reducing this number as quickly as possible by helping states identify and overcome the barriers that unnecessarily keep children and youth waiting longer for permanency than should be necessary.

As of March 2, 2020, in Nebraska, there are 307 children free for adoption, with parental rights relinquished or terminated. Of the 307 children free for adoption, 149 are not currently in an adoptive placement. The efforts of the Adoption Call to Action will make a significant impact on the number of children in adoptive placements.

PROJECT: Increase permanency for children who are available for adoption, but not in adoptive homes, by focused efforts to mitigate barriers, thus decreasing the time to adoption or guardianship finalization. (Adoption Expediter)

OUTCOME: Shorten time between parental rights termination and adoption or guardianship finalization, ensuring adoptions are finalized (on average) 6 months after Termination of Parental Rights (TPR) or relinquishment, for children who are free for adoption, but not in an adoptive/permanent home.

THEORY OF CHANGE: Increase training and education of CFS staff, Saint Francis Ministry (SFM) staff and broader court stakeholders to increase knowledge of the adoption and guardianship process SO THAT children available for adoption who are not in an adoptive/permanent home will be identified by each DHHS Service Area SO THAT case staffing can be conducted to identify progress toward or barriers to adoption or guardianship SO THAT the percentage of children who are not initially in an adoptive/permanent home achieve permanency through adoption or guardianship six months after parental rights have been terminated or relinquished will increase by 35%.

Additionally, CFS is scheduling "Structured Conversations" in specific areas across the state, to determine barriers to approving concurrent plans and filing of a TPR petition after a court finding of no exception. The goal is to conduct a more in-depth exploration of barriers and address the cultural and adaptive challenges to meeting targeted outcomes. The audience will be attorneys and judges. CFS provided data to help narrow down the locations in the state with delays in concurrent planning and delays in TPR filings. CIP is looking into the court data to determine how many cases (not children) have had a "no exception" finding, and lack a TPR filing. Once identified, Structured Conversations will support improvement efforts.

CIP and CFS collaborated to provide education on the Family First Prevention Services Act (FFPSA) prior to and following implementation in Nebraska. The education was provided in person at six Through the Eyes of the Child team meetings, and as a webinar for those not attending in person. Through the Eyes of the Child, team meetings are local, court-led, multidisciplinary teams working to meet the needs of children and families in the child welfare system. Multiple stakeholders with broad system representation attend these meetings, working for the best interests of children and families. In 2019, CIP held the Children's Summit, a conference with over 500 stakeholders across Nebraska. For the Summit, CFS partnered to provide breakout sessions on the FFPSA, SDM, Safety Organized Practice (SOP), Title IV-E, the Bridge to Independence program, and CARA/CAPTA for the courts and court stakeholders.

Also, the CEO of DHHS and the Director of CFS are members of the Supreme Court Commission for Children in the Courts. Over the past year, the Commission has tasked two subcommittees to explore ways in which the courts, CFS, and other stakeholders can collaborate to enhance quality legal representation for children and families. This collaboration is a result of the revision to the Child Welfare Policy Manual to support

federal reimbursement for legal services for children and parents, in addition to agency representation. Change is inspired by substantial research linking quality legal advocacy and early appointment of counsel to critical child welfare outcomes, including:

- Increased parental engagement in case planning;
- Decreased time for youth in out-of-home placement;
- Expedited permanency; and
- Overall cost savings to government agencies

Also, CFS and CIP collaborated with the Administrative Office of the Courts and Probation, to develop a plan to draw down Title IV-E dollars in order for three judges to attend the National Council of Juvenile and Family Court Judges' Child Abuse and Neglect Institute training in June 2020. There is interest in attending the Institute, and there is evidence that attendance at the institute was effective in increasing engagement of parents in the process and improving the overall quality of dependency hearings (see ACYF-CB-IM-17-02). Unfortunately, the training was canceled due to COVID-19, and a date has not been rescheduled at this time.

The collaboration between CFS and the Administrative Office of Courts and Probation was developed to effectively address needs and improve outcomes for youth who experience both the child welfare and juvenile justice systems and commonly referred to as “crossover youth.” These youth are perceived as a higher risk; they tend to move deeper into the juvenile justice system and experience high-end services and disproportionate minority representation. The goals of the collaboration are to improve cross-system practice, utilize strength-based family engagement, align resources, identify opportunities to divert youth from dual-system involvement, reduce out of home placements, and reduce disproportionate minority representation. Evidence-based practices are infused through all phases of our daily work and build upon the Crossover Youth Practice Model (CYPM). This work began in 2016/2017. CIP provided a webinar, *Crossover Youth 101*, for Nebraska Stakeholders. In 2018 CFS developed a webinar video and a statewide crossover youth initiative Dropbox resource folder and provided statewide training in each service area/judicial area across the State of Nebraska. The webinar utilized co-trainers from each system. The Crossover youth initiative materials were presented to the CFS service provider meeting in October 2018.

In 2019 at the CIP Children’s Summit there were several breakout groups for the child welfare track including:

Child Welfare Track:

- FFPSA 101 – Ashley Peters and Judge Karen Howze
- Structured Decision Making 101 – Sherri Haber and CFS program staff
- Introducing Safety Organized Practice – Katie Harvey
- Barriers to Permanency and Active Case Management for Children with Extended Stays in Foster Care – Lori Harder presenting with Katie Bass and Kim Hawekotte
- CARA/CAPTA and NE Perinatal Quality Improvement Collaborative – Emily Kluver

Native Youth and Families Track:

- ICWA and Active Efforts – Amanda Docter presenting with Misty Frazier and Jill Holt

Courts:

- Title IV-E – Neleigh Boyer and Manuel Escamilla presenting with Mary Ann Harvey from CIP

Behavioral Health:

- Understanding Behavioral Health Service Continuum: Nebraska's Landscape – Tamara Gavin and Lisa Neeman from Behavioral Health Services

Collaboration:

- Collaborating to Support Crossover Youth – Monica Dement presenting with Amy Latshaw.

Provide an update on how the state agency has demonstrated substantial, meaningful and ongoing collaboration with state courts and members of the legal and judicial community, including the Court Improvement Program, in the development and implementation of the CFSP/APSR and, if applicable, any active state CFSR PIP or title IV-E PIP (section 422(b)(13) of the Act).

Provide an update on how the state agency has demonstrated substantial, meaningful and ongoing collaboration with state courts and members of the legal and judicial community, including the Court Improvement Program, in the development and implementation of the CFSP/APSR and, if applicable, any active state CFSR PIP or title IV-E PIP (section 422(b)(13) of the Act).

CFS continues to meet regularly with juvenile court partners. The CIP and CFS meeting occurs every month to six weeks and rotates between offices. It is a forum to report out on initiatives such as the Reunification in 12 Months project and to review data.

CFS continues to participate in the CIP's Through the Eyes of the Child Initiative (TEOC). TEOC is comprised of multidisciplinary, judge-led jurisdictional teams, which identify local system issues. Over the years, the teams, which are focused on both child welfare and juvenile justice, have addressed children's attendance at court hearings, availability of services, parenting time, and the quality of court reports. Every year the TEOC teams review data to track case progression benchmarks and determine a focus for the upcoming year.

At the local level, the Central Service Area staff meet monthly with District 10 judges. Although the team has not met since the onset of COVID-19, a regular meeting is scheduled for the third Tuesday of each month. Supervisors, administrators, and Service Area Administrators (SAAs) are invited to these meetings. The Central Service Area Administrator also participates in quarterly TEOC meetings with District 9 judges. The Northern Service Area meets every other month with District 7 Judges at the TEOC meeting. The Eastern Service Area participates in the Douglas County TEOC meetings on the last Wednesday of every month and Sarpy County TEOC meetings once a quarter. These meetings have occurred via zoom in Douglas County during COVID-19 but rescheduled in Sarpy County. The Southeast Service Area Administrator and CFS Administrators participate in the Lancaster County TEOC meeting every other month. During the month between these meetings, there is a TEOC Steering Committee meeting, which includes the Juvenile Court Presiding Judge, the County Attorney, a Guardian Ad Litem representative, and the Service Area, Administrator. The participants jointly plan the agenda for the upcoming TEOC meeting. These meetings have been held virtually since the onset of COVID-19. The remaining TEOC meetings in the Southeast Service Area are not on any set schedule and occur one to four times a year.

Nebraska's CIP is an active member and participant in the State Planning Team and contributed to the development of Nebraska's state CFSR Performance Improvement Plan (PIP). One collaborative joint project in the PIP is permanency in 12 months. The goal of the project is to increase Nebraska's performance concerning the rate at which youth are reunified with a parent, or returned home on a trial-home-visit within 12 months of removal. Current and historical data illustrate that Nebraska continually falls short of reunifying youth within 12 months at a rate that achieves the Federal CFSR guidelines.

Developing a strategy to impact permanency outcomes, focus groups were conducted in three pilot locations, Lincoln, Lexington, and Norfolk, in November 2017 to understand barriers to permanency. Data gathered from the focus groups helped pinpoint an intervention for the joint project. Pre-hearing permanency conferences, an intervention

provided in partnership with the Office of Dispute Resolution and the Mediation Centers, began in the pilot locations in January 2019. CIP and CFS continue to monitor outcomes of children and youth to determine if facilitated meetings increase collaboration and conversation, resulting in increased reunification. Cases will be accepted into the pilot through June 2020, with an expected completion date in June 2021. Based on preliminary data, two of the three participating judges realized sustained or improved outcomes in reunification in 12 months. The third judge had marginal participation due to extenuating circumstances.

Additional collaborative PIP activities have resulted in the development of a Structured Decision Making (SDM) Bench Card. Currently, a working group is developing a training plan to increase understanding of SDM. Also, CFS and CIP are working to identify the state's focus for the Adoption Call to Action. See the Assessment of Current Performance section of the APSR for additional PIP items that include collaboration with the courts.

CIP and CFS collaborated to provide education for the federal FFPSA before and following its implementation in Nebraska. Education provided in person at six TEOC team meetings and as a webinar for those unable to attend. In 2019, CIP held the Children's Summit, a conference with over 500 stakeholders across Nebraska. For the Summit, CFS partnered to provide breakout sessions on Family First for the courts and court stakeholders, SDM, Safety Organized Practice (SOP), and Title IV-E Bridge to Independence.

As outlined in ACYF-CB-IM-19-03, parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. In support of this goal, in the 2021 APSR, specify how families, children, youth; tribes, courts and other partners were involved in: the assessment of agency strengths and areas needing improvement including those identified from the Statewide Data Indicators and Contextual Data6 in the "Update to the Assessment of Current Performance in Improving Outcomes," Section C2; the review and modification of the Goals, Objectives, and Interventions in the "Update to the Plan for Enacting the State's Vision," Section C3, based on available data and information; and the monitoring of CFSP progress including the "Update on Progress Made to Enact the State's Vision," Section C3.

In August 2019, CFS hired a young adult with lived experience in foster care to fill a new Voice and Choice Advocate position as an essential way to ensure that agency policy, procedures and processes reflect and support consumer voice and choice philosophy. The Voice and Choice Advocate serves on several stakeholder groups, including the Health Care Oversight Committee and the Plan to Prevent Child Maltreatment Deaths Workgroup. In addition, the Children's Bureau and the Annie E. Casey Foundation selected Nebraska to participate in the 2020 Activating Youth Engagement Summit, scheduled for August 2020.

The Nebraska team attending the 2020 Activating Youth Engagement Summit will include the Director of CFS, the DHHS Voice and Choice Advocate, three young leaders with lived experience, a representative from the Nebraska Children and Family Foundation (Nebraska's Jim Casey Youth Opportunities Initiative site), and a juvenile court judge. CFS continues to work with two Citizen Review Panels (CRP), Project Everlast CRP, and the Family Caregiver CRP, to solicit youth and family voice.

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

II. Update to Assessment of Current Period Section

This section is to provide information on the current assessment of the state's performance to support the selection and development of goals and objectives, measures, and outcomes for the next five years (see section D3). In order to assess state performance on child and family outcomes and agency systemic factors, the state must provide relevant and reliable data on its performance on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors. (See 45 CFR 1355.34(b) for the seven CFSR outcomes and 1355.34(c) for the seven CFSR systemic factors.)

The state must use the 2015- 2019 Final Report, its most recent data on outcomes and systemic factors, its case record review data and other relevant data for this assessment. States are encouraged to include data that shows performance over time and must indicate the sources and time period(s) for the data provided. States with a Comprehensive Child Welfare Information System (CCWIS) are expected to identify and utilize the data in these case management systems in assessing progress, citing the source as such (45 CFR 1355.52 (b) and (c)).

The state must identify strengths and concerns related to the state's performance on each outcome and each systemic factor. States are encouraged to include an analysis of data regarding significant areas of concern with particular focus on those areas that may inform state decisions about goals, objectives, interventions and target populations. For each outcome and systemic factor, states must provide a brief

description of any current or planned activities targeted at improving performance or addressing significant areas of concern identified in their assessment.

Children's Bureau Regional Office staff will consult with states to determine how to align and report on an update to the outcomes and systemic factors, considering the state's situation with respect to the timing of the CFSR and CFSR PIP development.

Using relevant data and feedback from stakeholders and staff, CFS identified strengths and concerns related to performance on each child and family outcome and systemic factor. The data presented includes information from the Nebraska Child and Family Services Review (CFSR) case reviews, the State Data Profile, the Children's Outcomes Measured in Protection and Safety Statistics (COMPASS) Reports, Nebraska Round 3 Federal Indicator Measures, the Nebraska Family Online Client User System (NFOCUS), and various stakeholders. The following table describes each of these data sources.

Data Sources	**Description**
CFSR Case Reviews	CFS conducts CFSR case reviews to help improve child welfare services and achieve the following outcomes: *Safety* • Children are, first and foremost, protected from abuse and neglect. • Children are safely maintained in their homes whenever possible and appropriate. *Permanency* • Children have permanency and stability in their living situations. • The continuity of family relationships and connections is preserved for families. *Family and Child Well-Being* • Families have enhanced capacity to provide for their children's needs. • Children receive appropriate services to meet their educational needs. • Children receive adequate services to meet their physical and mental health needs.

Data Sources	Description
	The CFS Quality Assurance (QA) team utilizes the federal Onsite Review Instrument and the federal OMS system to conduct CFSR reviews on an ongoing basis. For more information about the CFSR case review process, see Systemic Factor: *Quality Assurance System*
State Data Profile	State Data Profiles are created twice a year by the federal government based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data submitted by states. AFCARS collects case-level information from state and tribal Title IV-E agencies on all children in foster care and those adopted with Title IV-E agency involvement. NCANDS is a voluntary data collection system that gathers information from all 50 states, the District of Columbia, and Puerto Rico on reports of child abuse and neglect.
COMPASS Reports & Round 3 Federal Indicators	COMPASS is a web-based program that houses "rolling year" data about federal and state data measurements for child welfare. It is interactive so that high-level data is 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: http://www.dhhs.ne.gov/compass. Nebraska created this in 2007. Nebraska created a statewide report with the new Round 3 Federal Indicators and Requirements. The Round 3 Federal Indicator performance is posted on the DHHS Internal Quality Assurance Reports Library (QARL). Nebraska continues to utilize both the COMPASS and the new Round 3 Federal Indicator Report to assess performance.
NFOCUS Data	CFS operates a Statewide Automated Child Welfare Information System (SACWIS) called the Nebraska Family Online Client User System (NFOCUS).

Data Sources	Description
Stakeholder Data and Information	Stakeholder data and information is utilized to assess performance on systemic factor items. Data is provided from the following sources: the Foster Care Review Office; Office of Inspector General of Nebraska Child Welfare; the University of Nebraska Center on Children, Families, and the Law; the Early Development Network; surveys; and the National Youth in Transition Database.

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

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?

Findings from the 2017 Federal CFSR On-Site Review Include the Following:

The 2017 CFSR review became the basis of Nebraska's PIP by providing us with insight into areas of strength and areas needing improvement for CFS. The case reviews performed during the CFSR review of 2017 identified several areas needing improvement concerning the timeliness of face-to-face contact with the child victim in Priority 2 and 3 intakes. The following charts illustrate data from July of 2019 to current date.

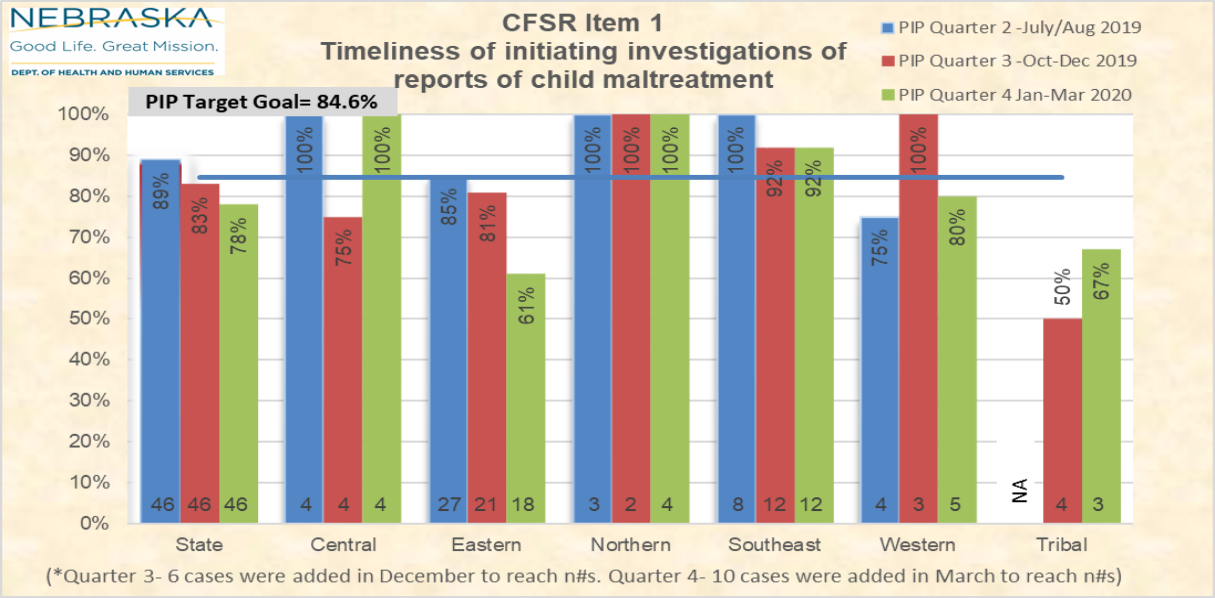
Updated Data and Information:

The current CFS policy for response timeframes is: Twenty-four hours for Priority 1 (P1) cases, five calendar days for Priority 2 (P2) cases, and ten 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 ("CFS Hotline").

For example, P1 cases have an expected response time to contact the alleged victim within 0-24 hours from the time the intake is accepted for assessment. These are intakes that may be life-threatening and require an immediate response. Contact is defined as face-to-face contact.

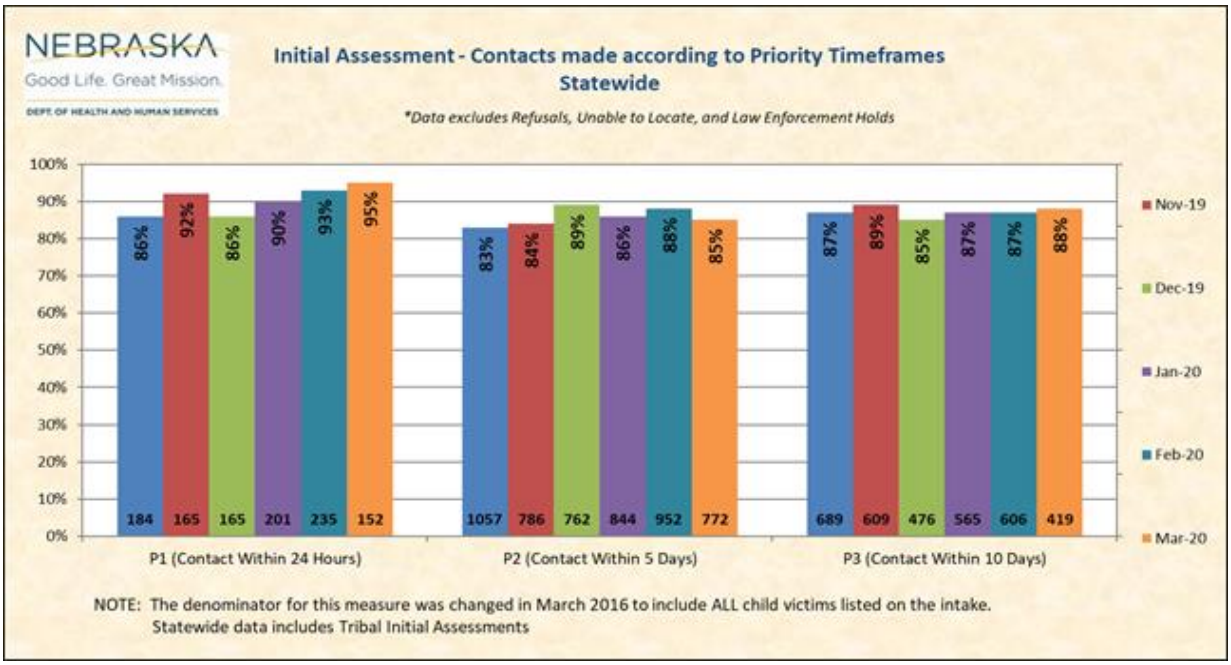
The following chart outlines the three most recent CFSR case reviews. During the most recent review, CFS responded timely to reports of abuse/neglect according to CFS policy timeframes in 36 of 46 (78%) applicable cases. The most current data from PIP Quarter

4 is illustrated by the green bar in the following chart as well as additional internal data in subsequent charts.



While the January – March 2020 CFSR case reviews showed a decrease in CFS response to reports of abuse and neglect in child abuse intakes during the period under review (January 2019 – March 2020), data from the state's information system (NFOCUS) show improvement in this area when focusing on all child abuse intakes in recent months.

The following chart displays data from NFOCUS for the most recent six months for all child abuse intakes. When focusing on the most recent three months, the data shows a timely response to 90% or more for Priority 1 intakes, 85% or more for Priority 2 intakes and 87% or more for Priority 3 intakes.



Strengths:

- CFS has a statewide system where intakes are received at the central CFS Hotline. The intake is first assigned to a Supervisor in the appropriate Service Area, then to a case manager who functions as the case manager.
- On April 1, 2020, a Standard Work Instruction was issued to guide the Initial Assessment Process to ensure consistency across the state. The Standard Work Instruction included a narrative guide to ensure quality documentation of face-to-face contacts, safety threats, interventions, and SOP.
- On April 1, 2020, a Standard Work Instruction was issued to clarify exceptions to initial contact response timeframes for case managers.
- CFS Supervisors utilize Daily Lean Six Sigma huddles to monitor future Initial Assessment contacts for case managers, and problem solves coverage issues and discuss possible exceptions to contact to ensure timely contacts are made. Lean Six Sigma huddles are daily team meetings promoting alignment in the team as well as a time to remove obstacles to case management practices.
- The State has demonstrated improvement in this measure and achieved the CFSR Round 3 PIP target for item 1.
- For additional details - *see* **PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020*).***

Plan for Improvement:

- CFS Administrators and Supervisors will utilize the monthly performance accountability report to identify cases with contact exceptions and review to determine if staff adhered to the new Standard Work Instruction expectations.
- CFS Research, Planning, and Evaluation team will conduct monthly targeted Quality Assurance reviews of documentation related to contact exceptions to determine adherence to the Standard Work Instruction's expectation. A report summary of strengths and deficiencies will be provided to CFS Supervisors and Administrators.
- CFS Supervisors will address practice deficiencies through coaching and ongoing case staffing with CFS cases managers. Practice deficiencies will also be addressed through Service Area Continuous Quality Improvement (CQI) meetings.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS to reflect better case management activities completed in each Tribal Case.
- CFS case managers are provided laptops and able to enter data directly into the NFOCUS system remotely and improve accuracy on timely response data. The deployment of laptops began in April 2020 and is continuing through June 2020.
- CFS case managers and CFS Supervisors will have a case staffing form to assist in addressing issues with timely response to safety concerns.
- CFS case managers and CFS Supervisors will have a case staffing form to assist in addressing issues with the timeliness of documenting contacts with the child victim. The development of a Standardized Case Staffing Model is a strategy for the CFSR PIP. The case staffing model was developed by a work group comprised of Central Office, CCFL, CFS Supervisors and CFS case managers. Case staffing information has been provided to CFS Supervisors and CFS case managers so they can try out the new model. The proposed effective date is 6/1/2020 which allows two months for CFS Supervisors and CFS case managers to become acquainted with the process.

Safety Outcome #2 Children are Safely Maintained in their Homes Whenever Possible

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Findings from the 2017 Federal CFSR On-Site Review Include the Following:

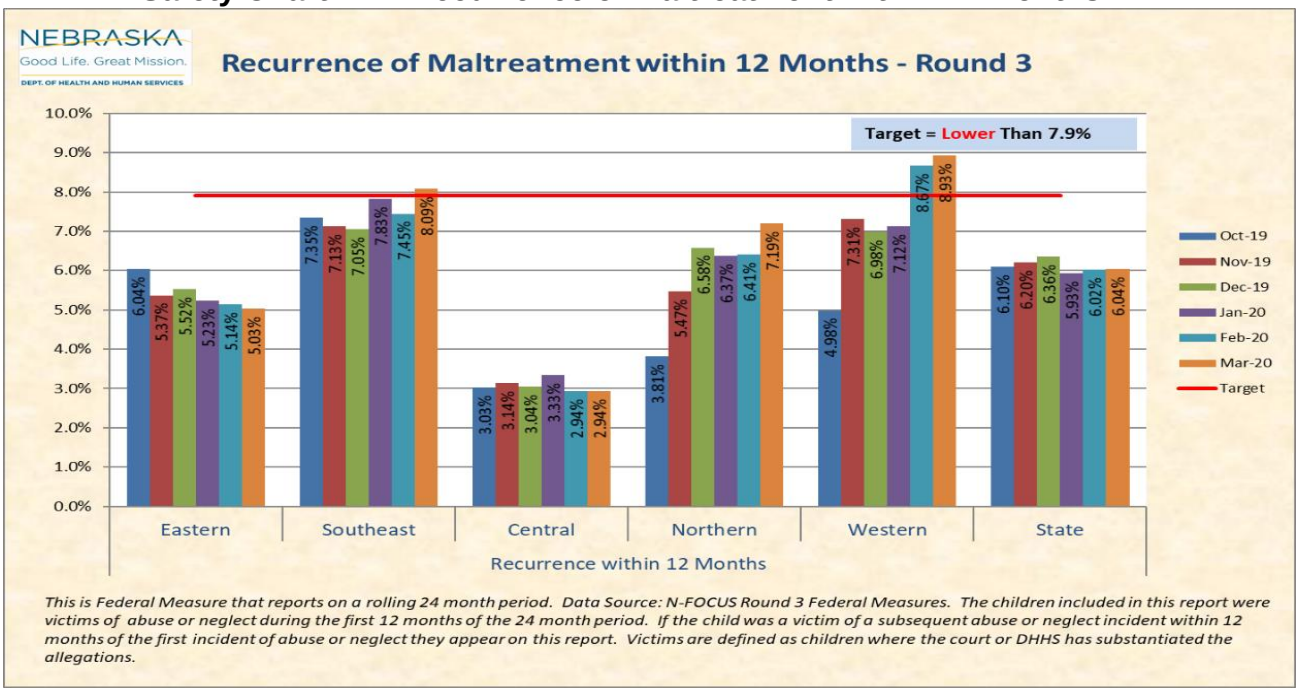
- Uneven practice across review sites and an inconsistent practice, particularly in in-home cases.

- 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.
- Challenges in appropriately assessing the needs of the parents, especially fathers.
- Challenges accessing safety services.

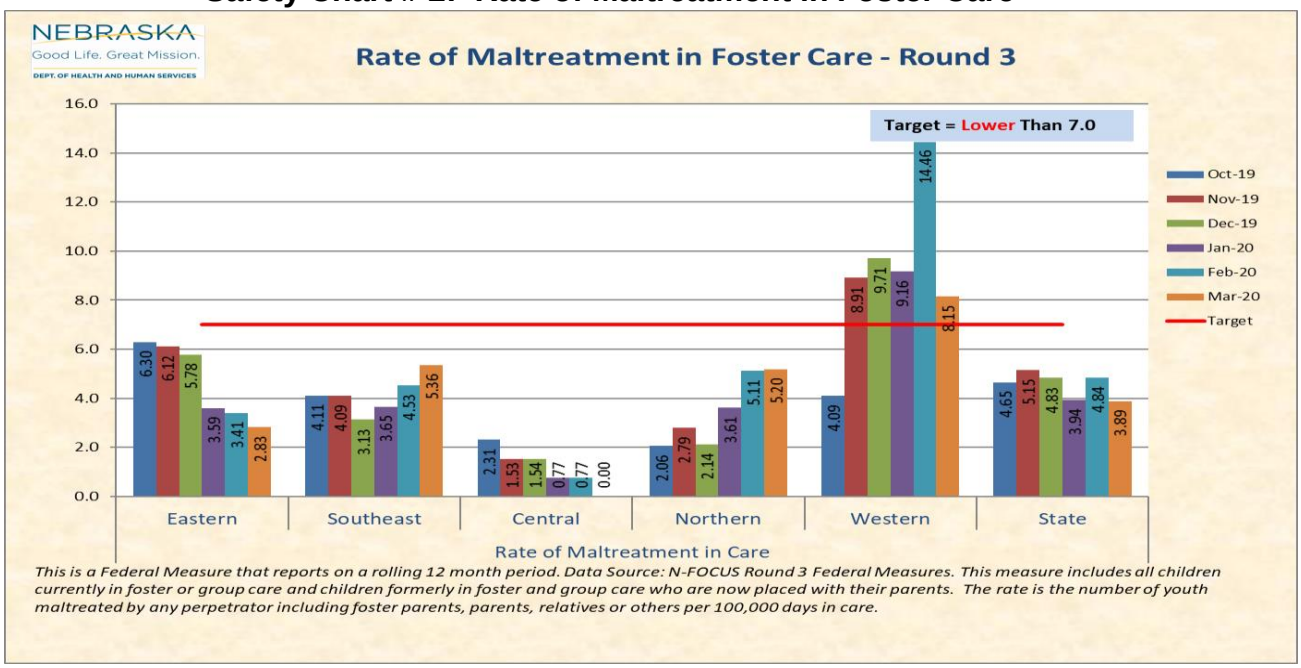
Updated Data and Information: CFS works with families and community partners to ensure children are safe from harm. Nebraska believes that timely face-to-face contacts with all child victims and completion of thorough safety and risk assessments are necessary to ensure child safety and well-being. Nebraska has strong practice guidance and uses an evidence-based assessment tool, Structured Decision Making (SDM), to assess for safety and risk for children who come to the attention of CFS. SDM provides CFS case managers with a structure for assessing current and future harm to the child. Nebraska continually strengthens safety and risk assessment practice expectations and improves the effectiveness of SDM by making sure it is directly connected to service planning and monitoring of ongoing case progress.

Nebraska works to achieve Safety Round 3 observed measures: Recurrence of Maltreatment within 12 months and Rate of Maltreatment in Foster Care (Charts 1 & 2). The data in Charts 1 and 2 below are the most recent observed CFSR Round 3 data.

Safety Chart # 1: Recurrence of Maltreatment within 12 Months



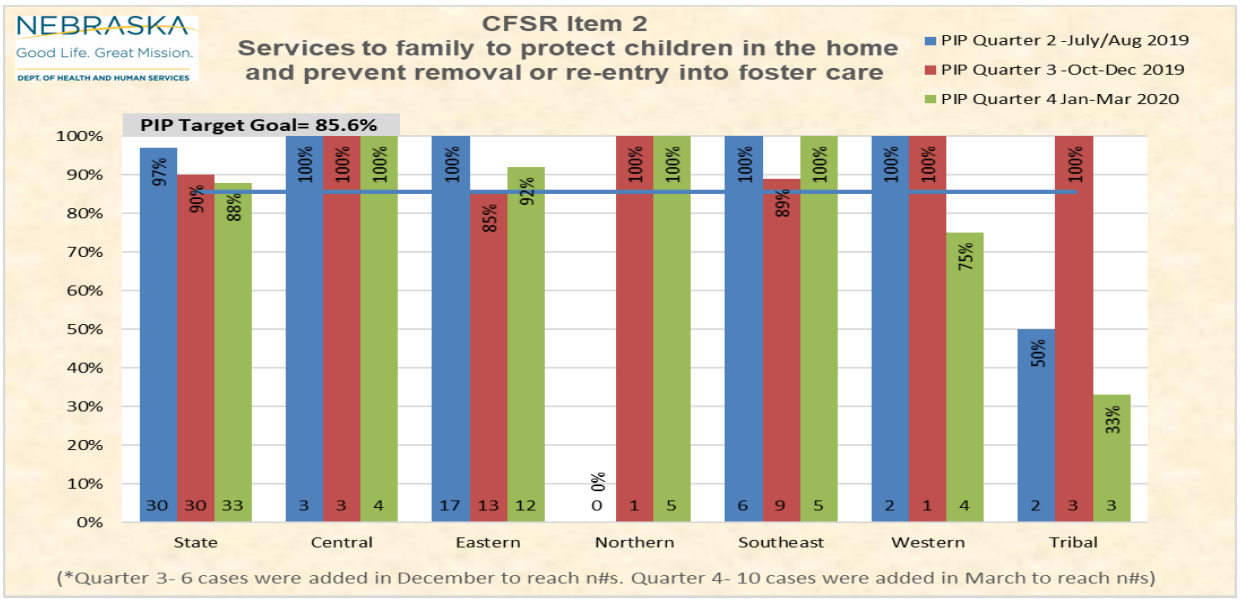
Safety Chart # 2: Rate of Maltreatment in Foster Care



The State's Round 3 observed measure indicates the Western Service Area is the only service area in Nebraska, not passing the recurrence of maltreatment Round 3 Measure. CFS is monitoring the recurrence of maltreatment rate in the Western Service Area and analyzing the foster home type, time in care, family involvement, services provided, etc. to address the recurrence of maltreatment.

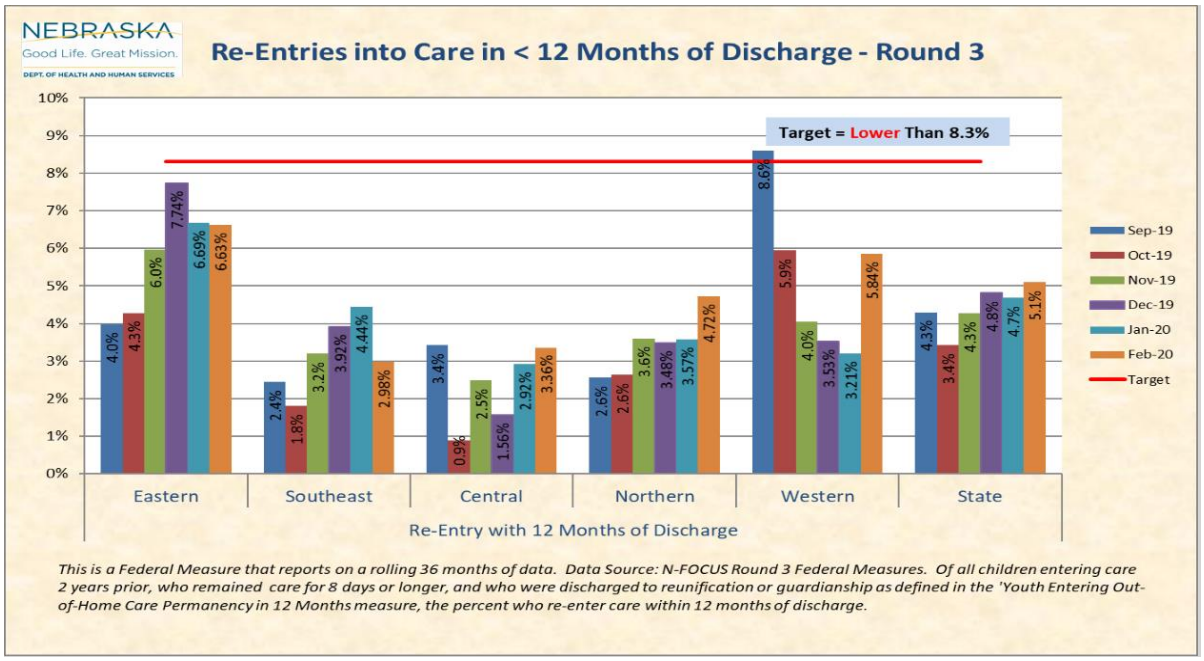
During the most recent CFSR review, CFS made concerted efforts to provide services to safely maintain children in their home or prevent re-entry into foster care in 29 of 33 (88%) applicable cases. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart as well as additional internal data in subsequent charts.

CFSR Onsite Review Instrument Case Review Data:



According to the state's Round 3 Federal Indicators, Nebraska shows 5.1% of children who are discharged from foster care experience re-entry into care in less than 12 months from discharge. The Eastern Service Area has the highest percentage of re-entry into care at 6.63%.

Nebraska Round 3 Federal Indicator Measure:



Strengths:

- Safety and well-being reviews are completed by all CFS Supervisors and Administrators throughout the State. The reviewers utilize the Onsite Review Instrument safety and well-being review instructions, but completed the reviews using a Sharepoint tool developed internally and accessible to all Supervisors and Administrators across the State.
    - In 2019 Administrators and Supervisors completed the following number of case reviews:
        - Safety = 1,712 cases.
        - Well-Being = 1,506 cases.
- Peer-to-Peer reviews were done to compare and contrast findings, discuss areas needing improvement, and troubleshoot ideas to improve outcomes. Administrators and Supervisors utilized findings from the reviews to recognize case manager's strengths and proper case management practices as well as address areas needing improvement through case staffing, team huddles, case mapping and team meetings.
- Two-Day Supervisor training was delivered in Quarter 1; this training, "Improved Assessments for Improved Outcomes," encompassed advanced SDM instruction, and included tools to use in case consultations.
- CFS has demonstrated improvement in this measure and achieved the CFSR Round 3 PIP target for item 2.
- For additional details, **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).**

Plan for Improvement:

- With the assistance of the National Council on Crime and Delinquency (NCCD), CFS will develop and implement an Advanced Structured Decision Making training for supervisors to improve initial and ongoing risk and safety assessments.
- CFS reviews and updates current policies and Standard Work Instructions to ensure adherence to the Advanced SDM training model.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS better reflecting case management activities completed in each Tribal Case.
- CFS will identify data points to ensure adherence and fidelity to advanced SDM model.

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

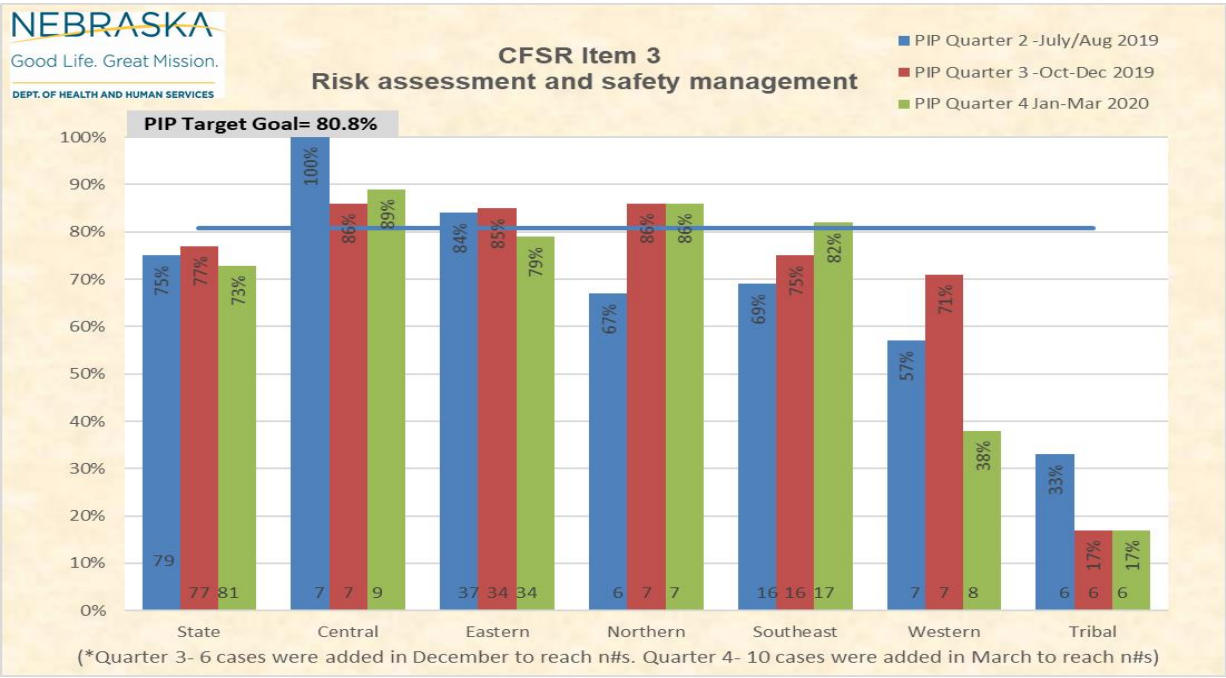
Findings from the 2017 Federal CFSR Review include the following key items:

- Uneven practice across review sites, inconsistent practice particularly 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.
- Challenges in appropriately assessing the needs of the parents especially fathers.
- Challenges accessing safety services.

Updated Data and Information: During the most recent CFSR review quarter, CFS made concerted efforts to assess and manage for safety and risk in 59 of 81 (73%), as illustrated in the chart below. The Central, Northern and Southeast Service Areas met the PIP Target goal of 80.8%. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart as well as additional internal data in subsequent charts.

For more information, see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).

CFSR Onsite Review Instrument Case Review Data:



Strengths:

- Availability of reports for CFS Supervisors and CFS case managers to manage and ensure completion of SDM Safety and Risk Assessments.
- CFS staff utilize SOP tools such as *Safety Mapping* and *Harm/Danger Statements* to enhance case management decisions about safety and risk and improve the quality of safety and risk assessments for youth and families.
- CFS administrators and supervisors conduct monthly case reviews using an internal tool that simulates CFSR Safety Items 1 to 3. The CFS administrators and supervisors utilize these individual case reviews to identify safety assessment, safety monitoring and safety service provision issues to address with CFS case managers during monthly case staffing.
- A 2-Day Supervisor training was delivered in Quarter 1. The "Improved Assessments for Improved Outcomes" training encompassed advanced SDM instruction and included components of SDM and tools to use in case consultations. In November 2019, a Standard Work Instruction was issued regarding the *Sharing of SDM Assessments*. This instruction encourages workers and supervisors to clearly articulate the *why* of DHHS involvement. Sharing assessment results with families, safety plan participants and court system partners helps ensure all parties understand the reason for involvement, the current safety threats, risk levels and the progress toward achieving case plan goals.
- In February 2020, Standard Work Instruction 2.12 was issued for supervisory reviews of Intakes received. This instruction clarified the information needed to make screening decisions using the SDM Intake tool. Standard Work Instruction 2.13 for Recorded Hotline Call Reviews was issued to guide supervisors to monitor worker performance and provide feedback on reviews, ensuring professionalism is maintained, and policy and procedures are followed.
- In March 2020, Standard Work Instruction 3.4 Initial Assessment was issued that included a requirement for CFS Supervisors to review any SDM assessment that utilized an override; every SDM assessment entered by a trainee; and a random sample of SDM assessments created by all staff. Many of these are peer to peer reviews which help ensure integrity regarding the utilization of the tools.
- Nebraska has demonstrated improvement in this measure and achieved the CFSR Round 3 PIP target for item 3.
- *For additional details - see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).*

Plan for Improvement:

- CFS will work with NCCD to evaluate, improve and modify the Structured Decision Making (SDM) Safety Assessment Tool and instructions to ensure accurate decisions about safety are made by CFS Staff. This process will include families, advocates, providers, system partners, Office of Inspector General, Foster Care

Review Office, legal parties, the courts and any interested party to ensure a response that meets the federal, state and local statutes and regulations.

- CFS will conduct SDM Safety Assessment refresher trainings to ensure staff understand changes to SDM instructions.
- CFS Administrators and Supervisors will address practice deficiencies through coaching and ongoing case staffing with CFS case managers. Practice deficiencies will also be addressed through the local Service Area CQI meetings.
- CFS case managers and CFS Supervisors will have a case staffing form that will assist staff in addressing issues with safety and risk assessment and management. The development of a Standardized Case Staffing Model is a strategy for the CFSR PIP. The case staffing model was developed by a workgroup comprised of CFS Central Office staff, University of Nebraska Lincoln, Center for Children, Family, and the Law (CCFL), CFS Supervisors and CFS case managers. Case staffing information has been provided to CFS Supervisors and case managers so they can try out the new model. The proposed effective date is June 1, 2020, which allows two months for CFS Supervisors and case managers to get acquainted with the process.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.

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

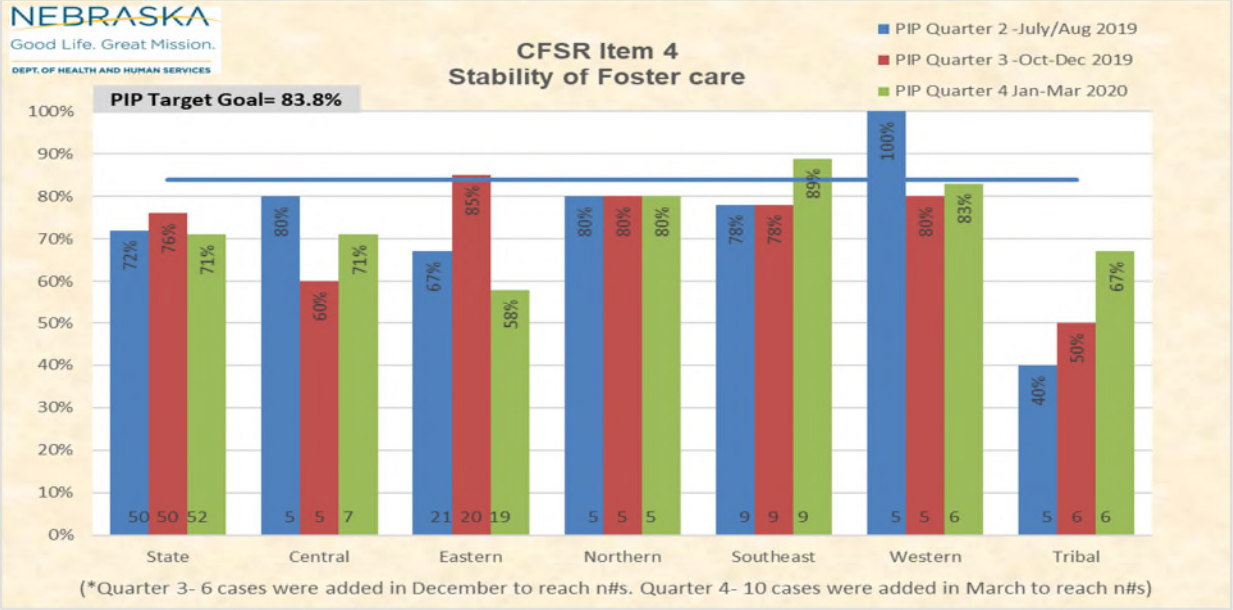
Item 4: Is the child in foster care in a **stable placement** and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Findings from the 2017 Federal CFSR Review include the following key items:
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 were identified in the following:

- 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 waivers do not occur on a case-by-case basis.

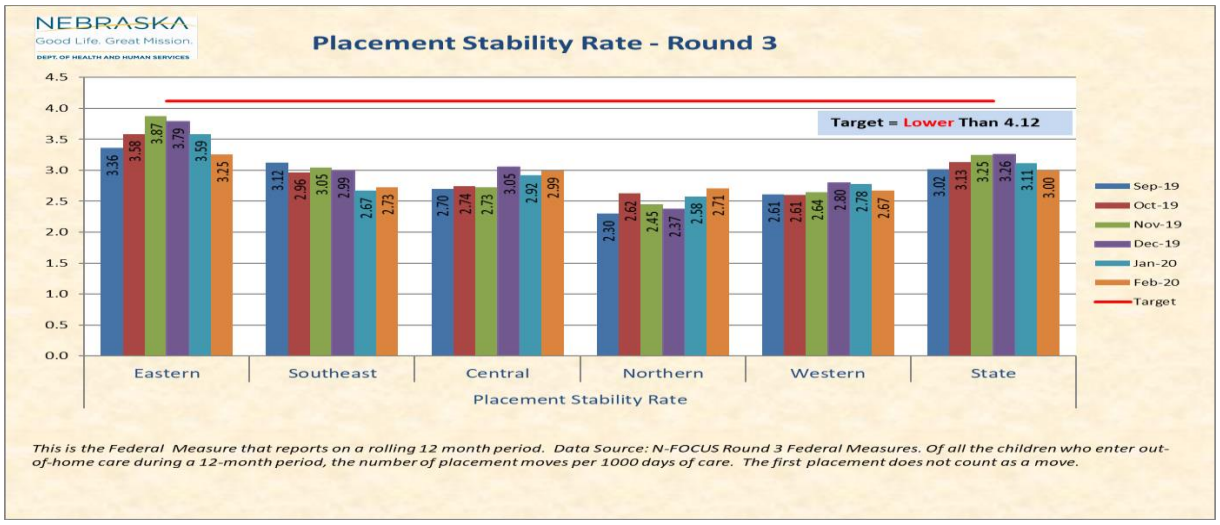
Updated Data and Information: During the most recent CFSR review, CFS achieved stability of foster care placement in 37 of 52 (71%) applicable cases. CFS continues to see unplanned placement changes or disruptions to placements due to youths' behaviors. CFS continues to work closely with the foster care agency providers to address barriers to placement stability. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart as well as additional internal data in subsequent charts.

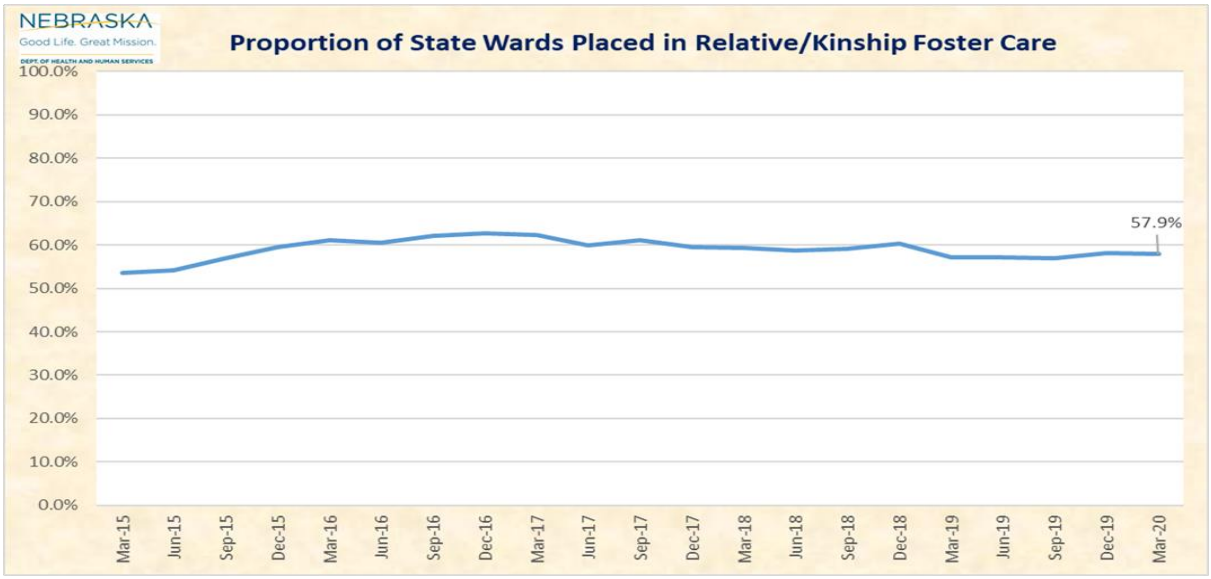
CFSR OSRI Case Review Data:

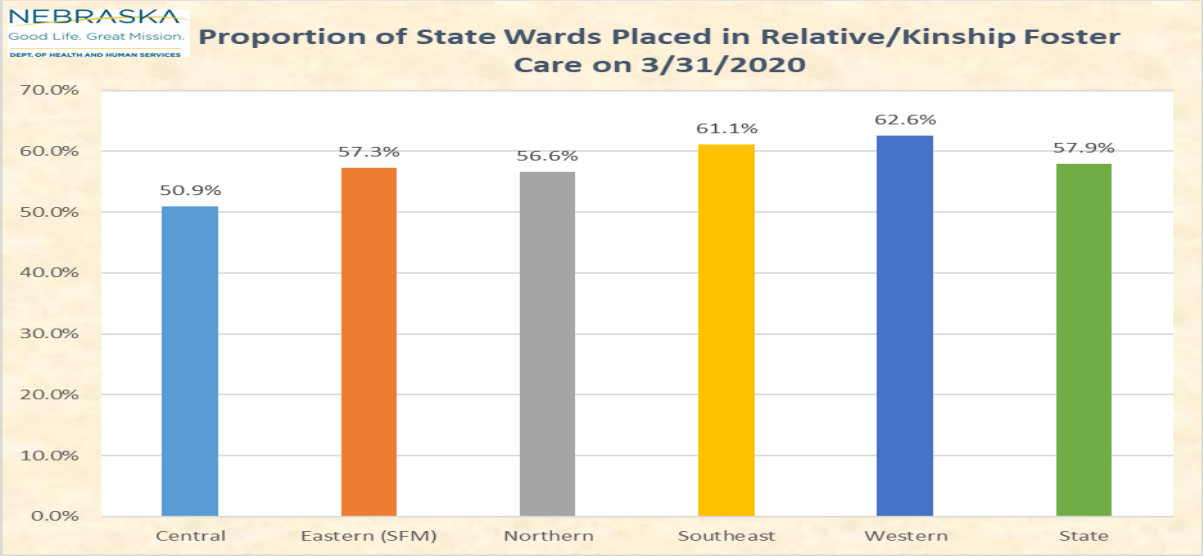


According to the state's Round 3 Federal Indicator Measure, Nebraska's placement stability rate of 3.25 is below the state's established target of 4.12. The Eastern Service Area continues to show a higher rate of placement changes compared to the other services areas. The Western Service Area is currently performing the best with a placement stability rate of 2.67, which is even lower than the state's overall rate of 3.25. Service areas continue to discuss and share strategies to address placement stability during the statewide SAA meetings, local service area CQI meetings and during the ongoing meetings with providers throughout the state.

Nebraska Round 3 Federal Indicator Measure







Strengths:

- CFS continues to collaborate with foster care agency providers to address placement stability, safety, permanency, and well-being for children in foster care.
- CFS continues to work with the Court Improvement Project, Foster Care Review Office, and Probation to ensure safety, permanency, and well-being for children in foster care.
- CFS is facilitating relationships between biological parents and foster parents. CFS invites foster parents to family team meetings, and everyone, including biological parents and foster parents are invited to Ice Breakers.
- As disruptions occur, collaborative sessions are occurring. These sessions include Contract Management Resource Development (CMRD), Licensing, CFS case manager, Placement Resource Development, and licensing agency personnel to discuss causes and remedies to prevent future disruptions.
- Agency Supported Foster Care contracts have been modified and foster parents are contacting biological parents within twenty-four hours after a child has been placed in their home. Additionally, a communication plan is to be developed between foster, pre-adoptive, kinship or relative foster parents and biological (legal) parents to ensure consistent communication. Additionally, placement stability priorities are occurring at the Nebraska Children's Commission.
- For additional details - **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).**

Plan for Improvement:

- CFS will implement an innovation activity to test the effectiveness of having providers deliver the full array of foster care services, e.g., foster care, family support, visitation, and safety services. This will assist with the continuity and provision of services to families as a single provider will be providing multiple services. CFS believes this will improve the continuity of service and improve outcomes for youth being served.
- CFS Policy team will develop Standard Work Instructions regarding the case manager's role in the facilitation of foster parents contacting the biological parents within twenty-four hours of placement.
- The Research, Planning, & Evaluation team of CFS is facilitating fact-finding sessions to discuss causes for placement disruptions and working to develop new reactive and proactive steps that could be taken to minimize placement disruptions.
- CFSR Item 4 results are continually analyzed and improvement areas discussed at performance meetings with Service Area Administrators, Supervisor CQI, and stakeholder meetings. Brainstorming sessions are included in the performance discussions.
- Round 2 and Round 3 data indicators & CFSR Item 4 results illustrating placement stability will be distributed monthly with agency providers to enhance awareness of, and generate conversations aimed at improving placement stability.
- New reports for new licensed foster homes and foster parents have been created to track recruitment at the agency level and are being monitored by the Contract Monitor team. This will improve CFS' ability to analyze agency recruitment.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- The Nebraska Children's Commission is reviewing placement stability for children and will be submitting new foster care rates for legislative consideration. In May 2020, the Nebraska Children's Commission voted to accept new foster care rates and present the proposal to the legislature in 2021.
- CFS will pilot joint case reviews for agency supported foster care providers around placement stability in the next contract period.
- CFS has identified Resource Development staff who will support DHHS foster homes and encourage relative and kinship homes to participate in online foster parent training to become licensed. Understanding the trauma of removal may help relative parents provide stability. Each resource development and utilization management team is designed to have a staff member with a Master's of Social Work (MSW) assigned to assist with identifying wraparound services and supports to meet the needs of the child and the family.

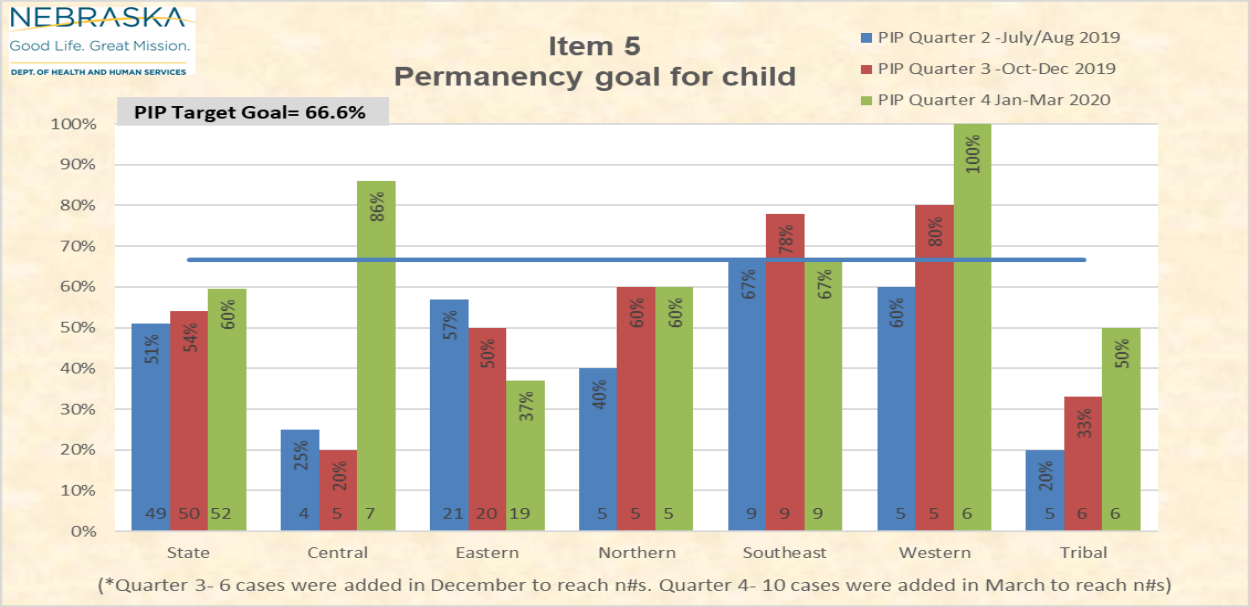
Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

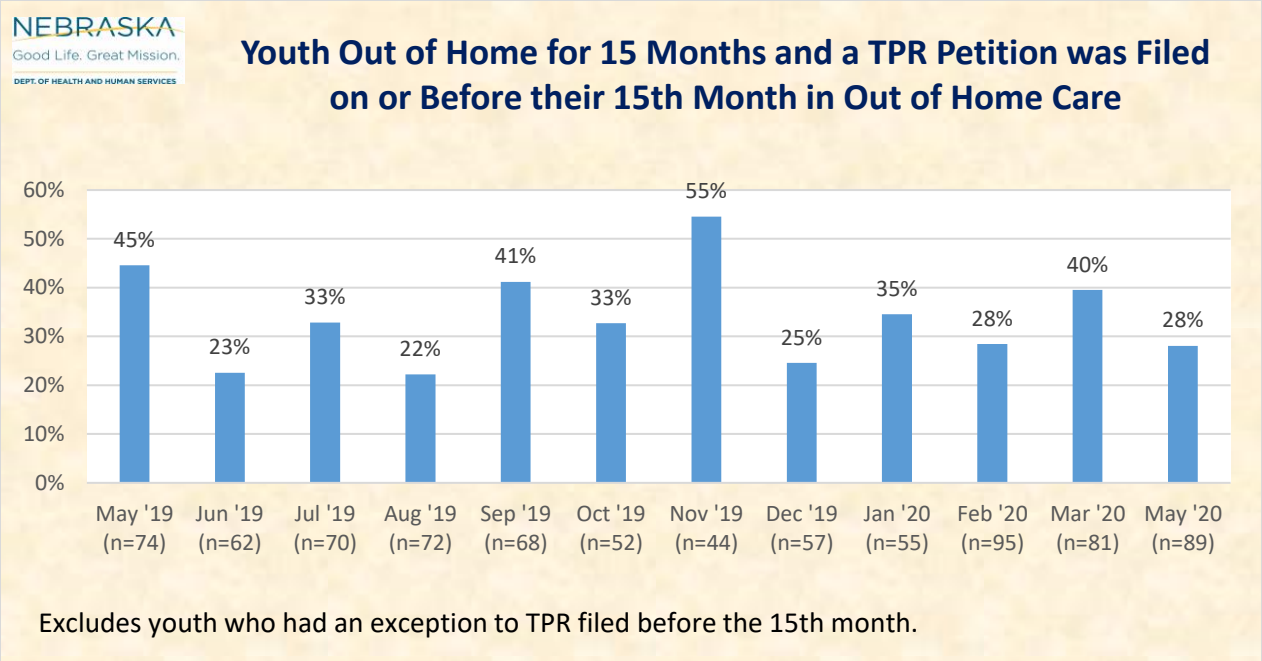
Findings from the 2017 Federal CFSR Review include the following key items:

- Lack of timely filing of 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 primary permanency goals and failing to have a concurrent goal also contributed to the lack of timely permanency for children. This was most often seen when CFS and court maintained a goal of reunification when the goal was no longer an appropriate goal given the circumstances of the case.

Updated Data and Information: During the most recent CFSR review, CFS established timely and appropriate permanency goals for the child in 31 of 52 (60%) applicable cases. CFS staff from each Service Area report having conversations with the family about the child's permanency objective; however, those discussions are not always documented in NFOCUS. Service Areas continue to report legal concerns related to timely TPR and Exception hearings. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart as well as additional internal data in subsequent charts.

CFSR OSRI Case Review Data:





Strengths:

- Reports with information for each case are made available to CFS staff to help focus attention on establishing permanency objectives and developing case plans for children entering into foster care within a timely manner.
- Notifications are sent to the court to bring attention to children who have been in foster care 15 of the most recent 22 months. These reports bring attention to these youth and the need to address parental rights in order to achieve permanency in a timely manner.
- Recent data from NFOCUS indicates an improvement in Nebraska as it relates to filing TPR in a timely manner. In 2017 the data indicated that TPR is filed timely for less than 30% of youth who spend 15 of 22 months in out of home. Recent data indicates an increase in the proportion of children that have a TPR petition documented prior to being out of home for 15 months. This data excludes youth with a documented TPR exception.
- In December 2019, CFS provided a Standard Work Instruction which requires a mandatory consultation point be documented when a CFS case manager is determining whether adoption or guardianship should be pursued as the concurrent case plan goal.
- In January 2020, CFS provided a Standard Work Instruction to clarify and guide CFS Supervisors and CFS case managers to utilize concurrent case planning.
- For additional details - **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).**

Plan for Improvement:

- CFS and CIP will utilize collaborative process improvement meetings with CFS, CIP, Foster Care Review Office, court and other legal parties to discuss concurrent planning data and identify barriers to permanency while addressing possible cultural and adaptive challenges across the state.
- SDM bench cards were jointly developed with CIP to illustrate how CFS uses SDM assessments and how the courts can use the information the assessments provide. For example, the bench cards provide definitions for risk and safety, as well as a summary of each of the SDM assessments the CFS case manager will perform and when the assessment will be used. The bench card also illustrates which assessments are performed in preparation for each of the hearings and the information the court can expect to. These one-page bench chards will be provided to judges across the state and to other legal parties.
- Utilization of concurrent goals and TPR in an attempt to identify trends and barriers. This includes:
    - A corrective action plan was delivered to the ESA in March 2020 to improve the timeliness of permanency goals and finalize case plans within 60 days. ESA case plan completion results will be monitored monthly and support provided to ensure permanency goals are identified as early in the case as possible and monitored for appropriateness as a case progresses.
    - CFSR Item 5 results are continually analyzed and improvement areas discussed at quarterly performance meetings with Service Area Administrators, Supervisor CQI, and stakeholder meetings. Brainstorming sessions are included in the performance discussions.
    - Quality Quick Tips and other educational material are being readied for distribution to CFS teams to aid in CFS' ongoing education process.
    - Advancing Modified Case Planning process, by adding and pursuing concurrent goals when determined to be in the best interest of the child based on case conditions, regardless of what the court order contains.
    - CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.

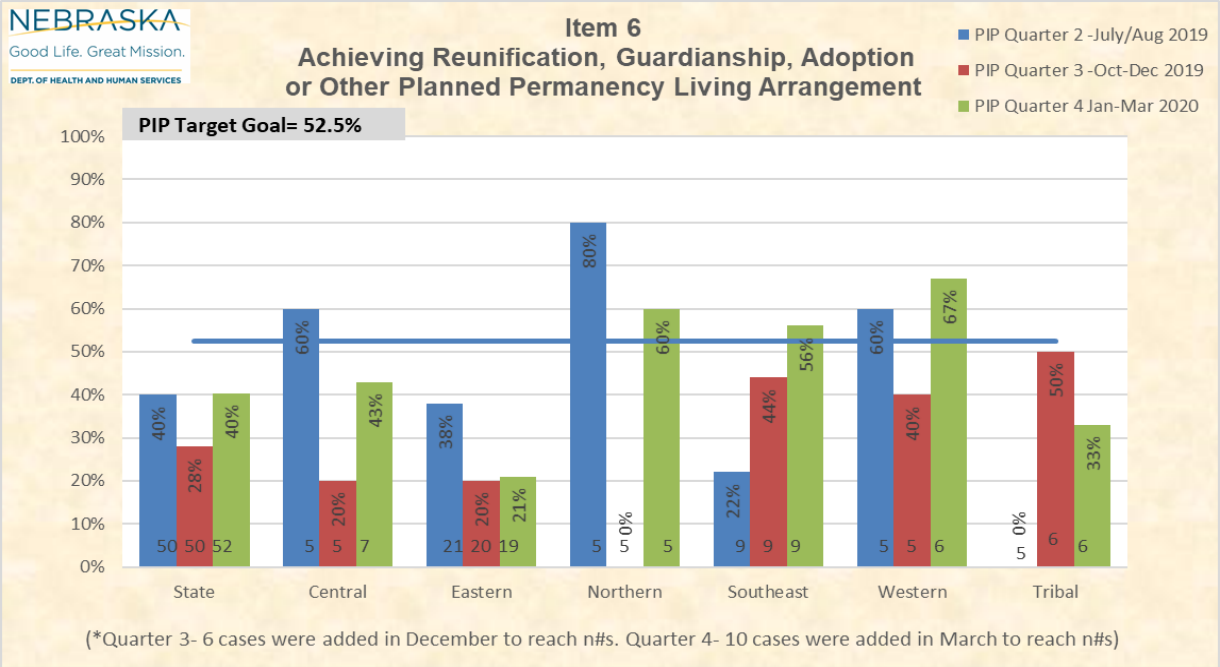
Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Findings from the 2017 Federal CFSR Review include the following essential items:

- Lack of timely filing of 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 CFS 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).
- Services are not routinely individualized for relatives and placement resources to meet the needs of youth with high needs.
- Stakeholders indicate a lack of providers, waiting lists, and limited payment options (lack of available sliding-fee payment options and/or qualifying for Medicaid) as some of the barriers for accessing services.
- Lack of assessment or appropriate follow-up services related to medical and dental needs.
- Delays in service provision to address mental/behavioral needs.

Updated Data and Information: During the most recent CFSR review, CFS achieved permanency for the youth in a timely manner in 21 of 52 (40%) applicable cases. Most of the Service Areas saw improvement in this measure in the last review. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart as well as additional internal data in subsequent charts.

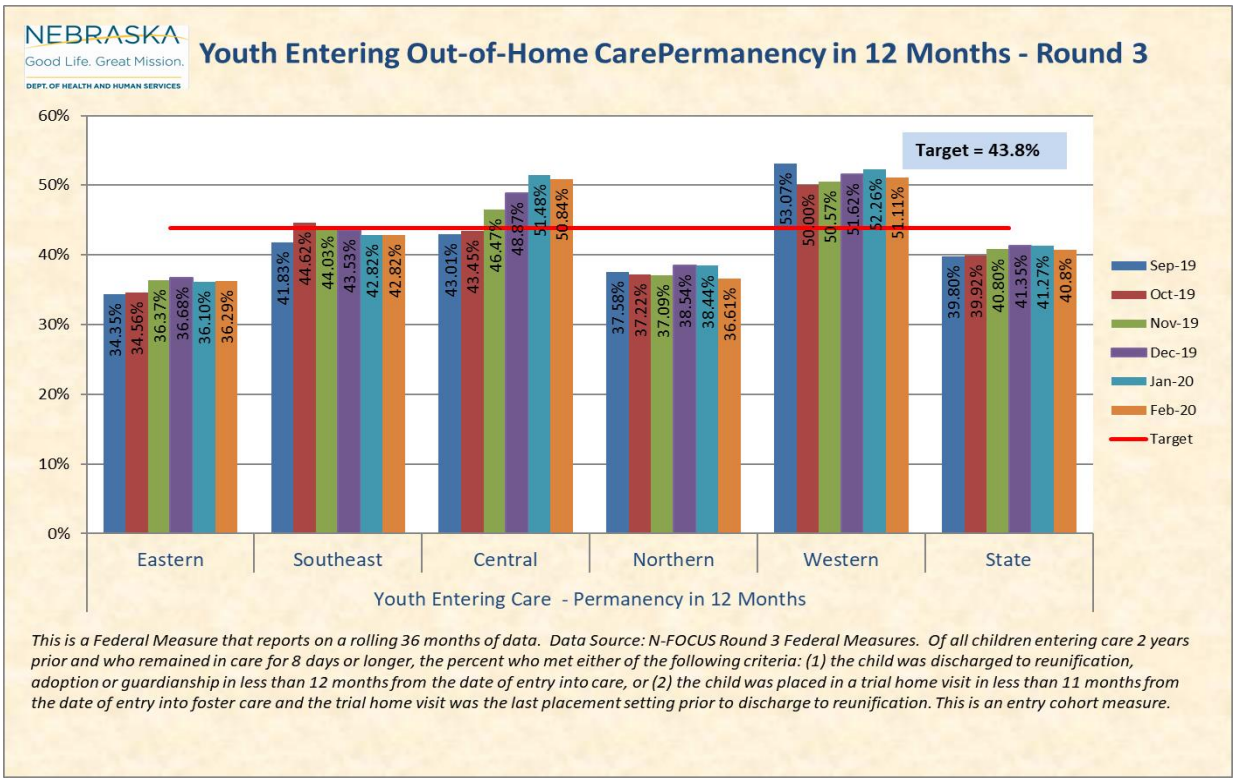
CFSR Onsite Review Instrument Case Review Data:



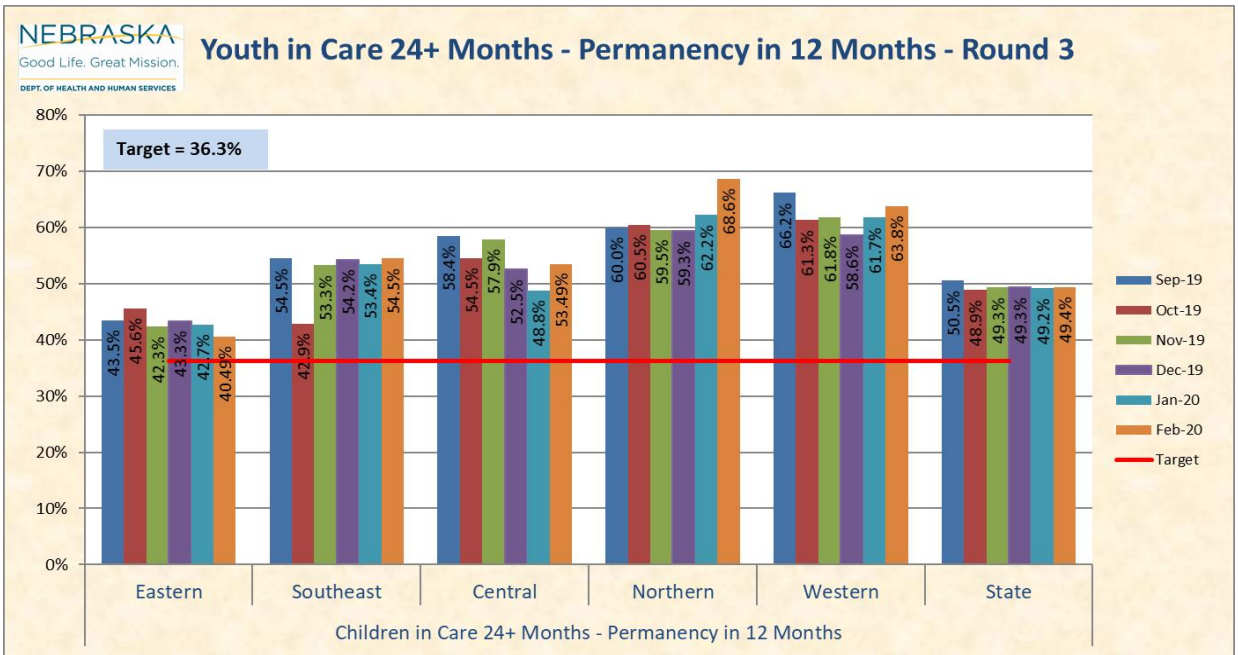
According to the state's Round 3 Federal Indicators below, the state is not meeting its target goal for achieving permanency for youth entering foster care within 12 months, although Nebraska is close to achieving this target statewide. The state is achieving permanency within 12 months for 40.8% of youth entering care, just short of the target goal of 43.8%. The Central and Western Service Areas are meeting the state's target goal at this time, and Southeast service area is close to achieving this target. The Eastern and Northern Service areas are several percentage points below the target.

Central service area has shown marked improvement in this measure and the Western Service Area has consistently achieved this measure in recent months.

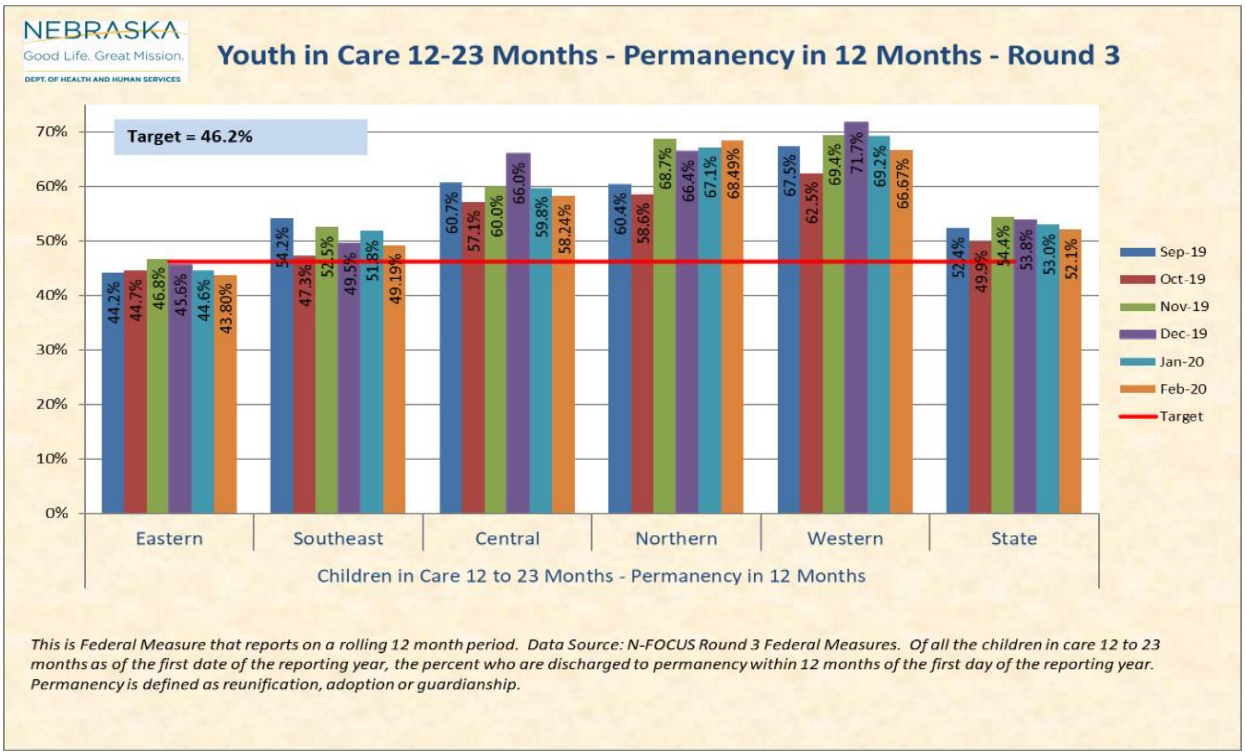
Nebraska Round 3 Federal Indicator Measures:



This is a Federal Measure that reports on a rolling 36 months of data. Data Source: N-FOCUS Round 3 Federal Measures. Of all children entering care 2 years prior and who remained in care for 8 days or longer, the percent who met either of the following criteria: (1) the child was discharged to reunification, adoption or guardianship in less than 12 months from the date of entry into care, or (2) the child was placed in a trial home visit in less than 11 months from the date of entry into foster care and the trial home visit was the last placement setting prior to discharge to reunification. This is an entry cohort measure.



This is Federal Measure that reports on a rolling 12 month period. Data Source: N-FOCUS Round 3 Federal Measures. Of all the children in care 24 month or more as of the first date of the reporting year, the percent who are discharged to permanency within 12 months of the first day of the reporting year. Permanency is defined as reunification, adoption or guardianship.



Strengths:

- Appropriate services are implemented to support reunification within 12 months.
- Availability of reports to inform staff on length of time in care. Reports are utilized by staff to identify cases for review and staffing to ensure timely achievement of permanency goals.
- Judges in Lancaster, Dawson, and Madison Counties are holding review hearings every three months for cases identified as part of the Pilot.
- Webinar training was provided by CIP and the Justice Information Technology team to clerks and clerk magistrates to reduce data entry errors and increase awareness of cases falling outside the Nebraska Supreme Court (NSC) standards.
- For additional details - **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).**

Plan for Improvement:

- CFS and CIP will utilize collaborative process improvement meetings with CFS, CIP, Foster Care Review Office, court, and other legal parties to discuss concurrent planning to identify barriers to accomplishing permanency while addressing possible cultural or adaptive challenges across the state.

- CFS and CIP will utilize input from the initial process meeting to identify technical and adaptive solutions to barriers and challenges around concurrent planning and develop draft plans and strategies for improvement.
- CFSR Item 6 results are continually analyzed and improvement areas discussed at performance meetings with Service Area Administrators, Supervisor CQI, and stakeholder meetings. Brainstorming sessions are included in the performance discussions.
- Quality Quick Tips and other education materials are being readied for distribution to CFS case manager teams to aid in CFS' continual education process.
- Round 2 and Round 3 data indicators and CFSR Item 6 results illustrating permanency will be distributed monthly to CIP and agency providers to enhance awareness of and generate conversations aimed at sustaining awareness and improving permanency results.
- Advance the process of involving CFS attorneys when county attorneys or GAL resist filing for TPR or resist adding a concurrent goal.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- CFS and CIP are working collaboratively and have developed a draft Call to Action on Adoption plan to improve permanency for children statewide.

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?

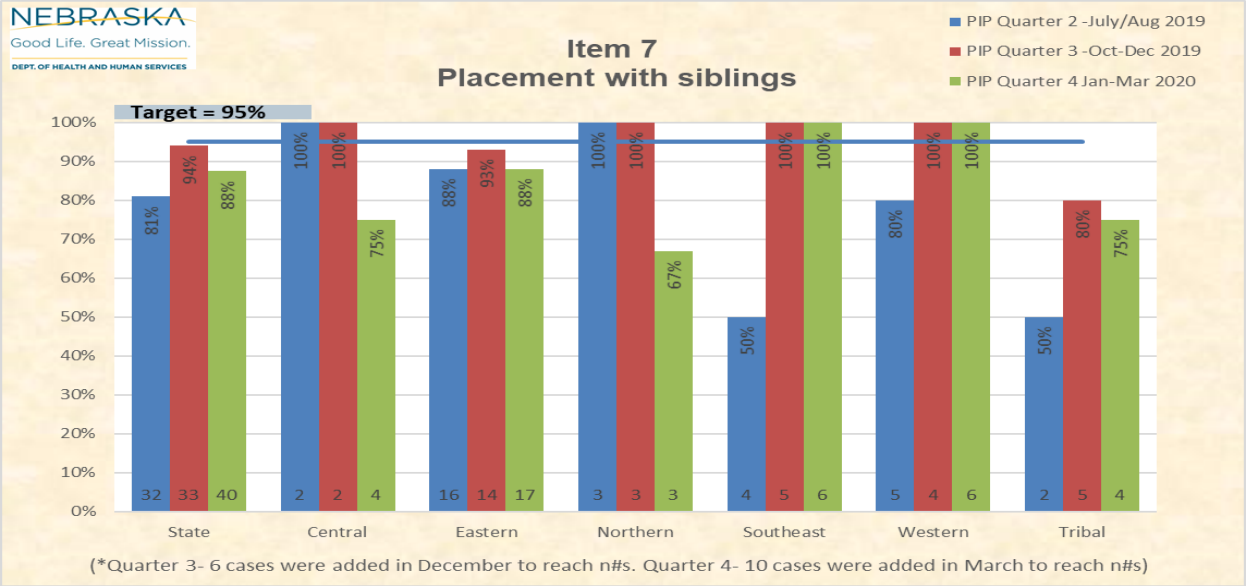
Findings from the 2017 Federal CFSR Review include the following essential items:

- Case reviews during the 2017 CFS review identified healthy practice in many areas, particularly in foster care cases. Reviewers saw good casework practice in maintaining connections for children in foster care. Additionally, placement with siblings and addressing the educational needs of children were often noted as areas of strength. There was an effective use of relative and kinship placements that promoted placement stability.

Updated Data and Information: During the most recent review, CFS ensured siblings were placed together or justified the need to place siblings separately in 35 of 40 (88%) applicable cases. Service Area performance ranges from 67%-100% for this item. The

most current data from PIP Quarter 4 (January 2020-March 2020) is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data:



Strengths:

- Efforts to place sibling groups in the same home are documented in the case file.
- CFS provided a 2-Day training of Safety Organized Practice (SOP) for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-day training for Administrators and Supervisors and was completed by December 2019.
- This item is not a CFSR PIP item.

Plan for Improvement:

- CFS Research, Planning, and Evaluation team have been trained in SOP and are including ongoing Quality Assurance reviews to determine if SOP practice is occurring as intended and consistent with the model. SOP improves CFS case manager communication with children and families and is an important tool to help us identify family members for placement more likely to accept sibling placements in the same home.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.

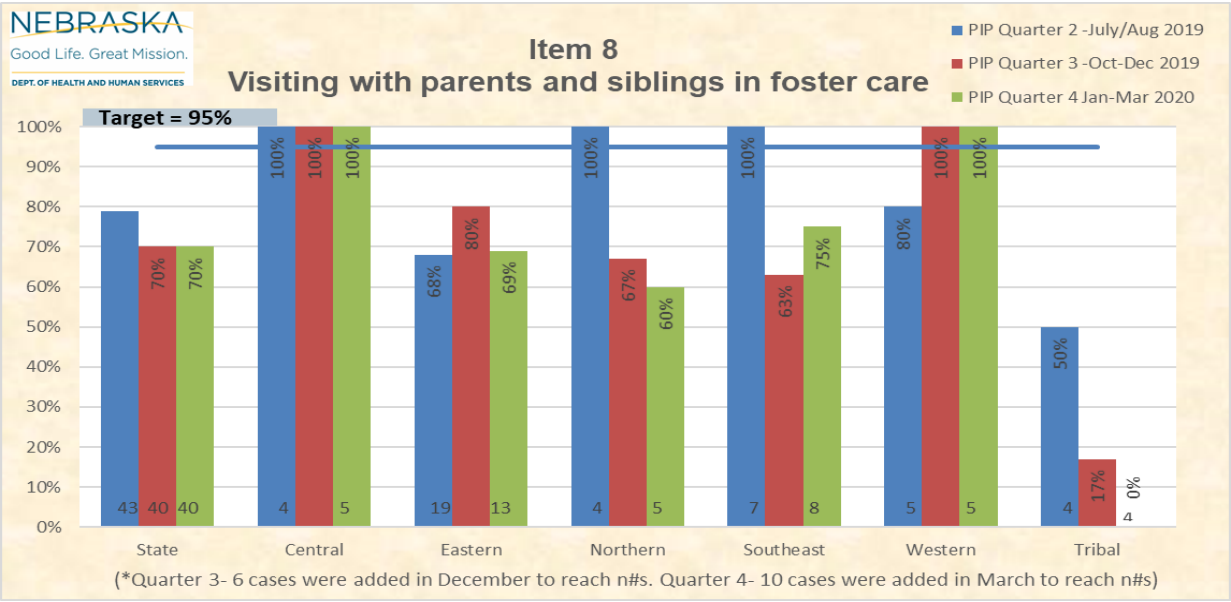
Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?

Findings from the 2017 Federal CFSR Review include the following key items:

- Case reviews during the 2017 CFSR review identified strong practice in many areas, particularly in foster care cases. Reviewers saw good casework practice in maintaining connections for children in foster care. Additionally, placement with siblings and addressing the educational needs of children were often noted as areas of strength. There was an effective use of relative and kinship placements that promoted placement stability.

Updated Data and Information: During the most recent review, CFS ensured youth placed in foster care continued to have visits with their parents and siblings in 28 of 40 (70%) applicable cases. The Service Areas have historically done a great job of ensuring visits are taking place, but have struggled with documenting information on NFOCUS regarding the quality of the visits. The Tribal cases have room for improvement in this area. The most current data from PIP Quarter 4 (January 2020-March 2020) is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data:



Strengths:

- Staff are utilizing NFOCUS to document visitation plans and addressing the frequency and quality of the visits in court reports.
- CFS provided a 2-day training of SOP for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-day training for Administrators and Supervisors and was completed by December 2019.
- CFS Internal Performance Accountability report consistently indicate CFS case managers are documenting either meeting with or making concerted efforts to meet with 93% of mothers and 87% of fathers each month.
- This item is not a CFSR PIP item.

Plan for Improvement:

- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- CFS is reviewing the strategies utilized in both the Western and Central Services Areas and are looking to replicate those strategies statewide through policy guidance, mentoring and supervisory monitoring.
- One CFS Lead Worker position is being added to each service area to assist in providing mentoring services to CFS case managers to increase family and child voice and choice for quality service delivery. This is a new classification in our CFS career ladder that is a retention strategy for our team.

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?

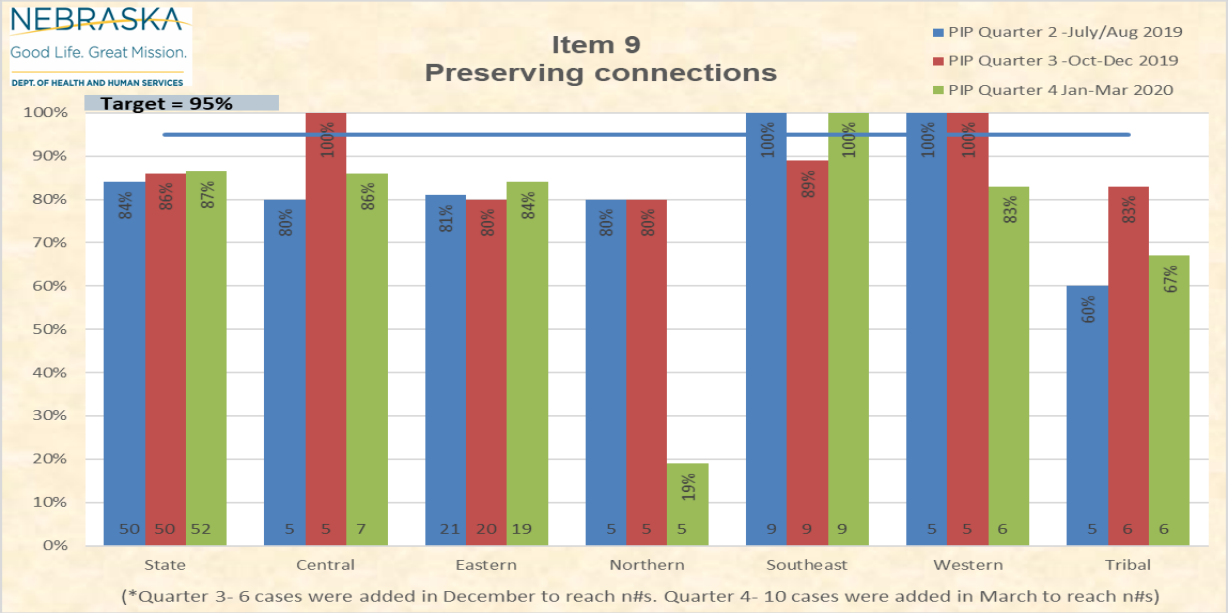
Findings from the 2017 Federal CFSR Review include the following essential items:

- Case reviews during the 2017 CFSR review identified healthy practice in many areas, particularly in foster care cases. Reviewers saw good casework practice in maintaining connections for children in foster care. Additionally, placement with siblings and addressing the educational needs of children were often noted as areas of strength. There was an effective use of relative and kinship placements that promoted placement stability.

Updated Data and Information: During the most recent CFSR review, CFS made concerted efforts to preserve meaningful connections for children in care in 45 of 52

(87%) applicable cases. Service Areas have seen increases and decreases depending on the review period. Service Areas often report making efforts to preserve the child's essential connections, however, the CFS case managers struggle with documenting information on NFOCUS regarding those efforts. The most current data from PIP Quarter 4 (January 2020-March 2020) is illustrated by the green bar in the following chart.

CFSR OSRI Case Review Data:



Strengths:

- Efforts are being made to maintain the children in the same school and community after they enter into foster care.
- CFS provided a 2-day training of Safety Organized Practice for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-day training for Administrators and Supervisors and was completed by December 2019 to engage and build good working relationships with children**,** youth, parents, and foster parents.
- This item is not a CFSR PIP item.

Plan for Improvement:

- CFS Quality Assurance Unit continues to conduct reviews to identify barriers to preserving connections and inform CFS on documenting children's connections before agency involvement.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of

all required case information on NFOCUS to reflect better case management activities completed in each Tribal Case.
- The CFS well-being administrator is developing a standard work instruction on transition planning for children who experience any transition to ensure they maintain connections with those who are important to them.

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

Findings from the 2017 Federal CFSR Review include the following key items:

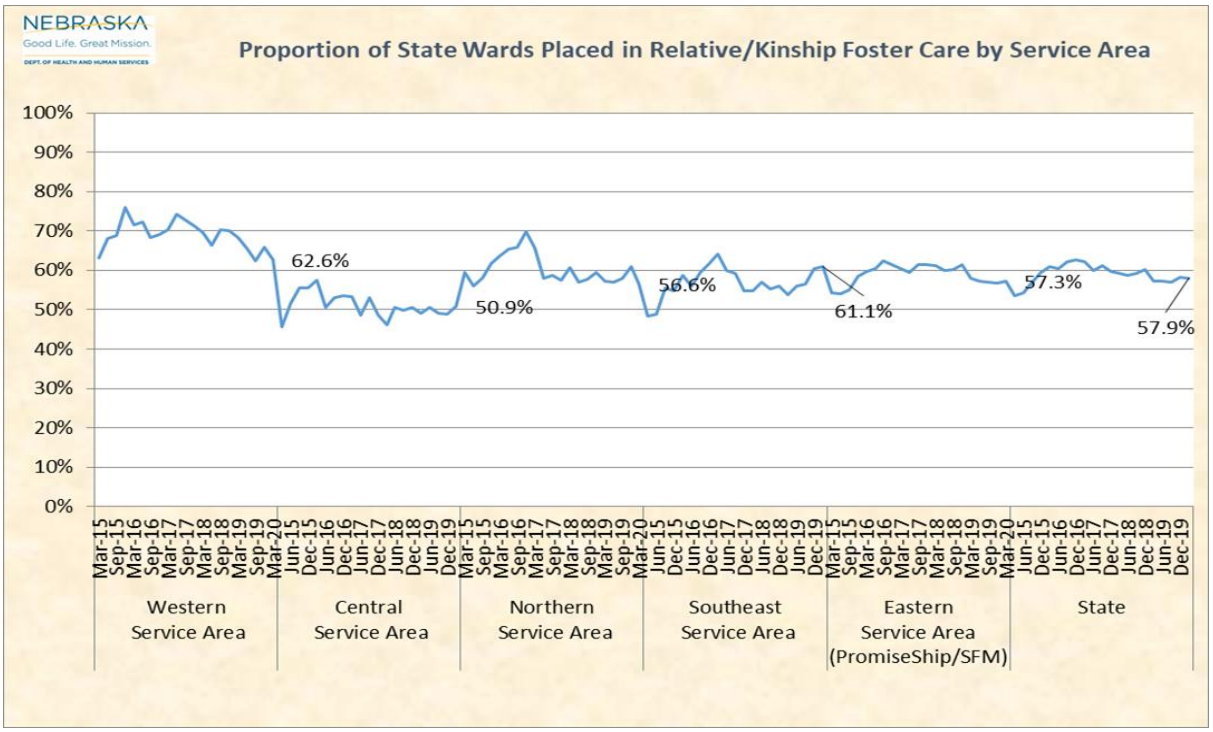
- Case reviews during the 2017 CFSR reviews revealed strong practice in many areas, particularly in foster care cases. Reviewers saw good casework practice in maintaining connections for children in foster care. Additionally, placement with siblings and addressing the educational needs of children were often noted as areas of strength. There was an effective use of relative and kinship placements promoting placement stability.

Updated Data and Information: During the most recent CFSR review, CFS made concerted efforts to place children with relatives in 44 of 50 (88%) applicable cases. The Central and Southeast Service Area placed with a relative in 100% of applicable cases during the past three CFSR reviews. The Northern Service Area struggled to meet this goal more than any other service area during the last review. The most current data from PIP Quarter 4 (January 2020-March 2020) is illustrated by the green bar in the following chart.

CFSR OSRI Case Review Data:

According to NFOCUS data, the Western Service Area had a drop in placing children in kinship and relative placements in December 2019. NFOCUS data shows that 57.9% of the children in foster care throughout the state are placed in a relative or kinship placement.

NFOCUS Data:



Strengths:

- Increase in efforts to identify and assess relatives even if the relatives are ultimately deemed inappropriate for placement.
- CFS provided a 2-day training of SOP for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-day training for Administrators and Supervisors and was completed by December 2019 to engage and build good working relationships with children**,** youth, parents, and foster parents.
- This item is not a CFSR PIP item.
- CFS continues to support more children in their own homes each year.

Plan for Improvement:

- CFS Quality Assurance Unit continues to conduct CFS Reviews to identify barriers locating and using relatives for placement.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.

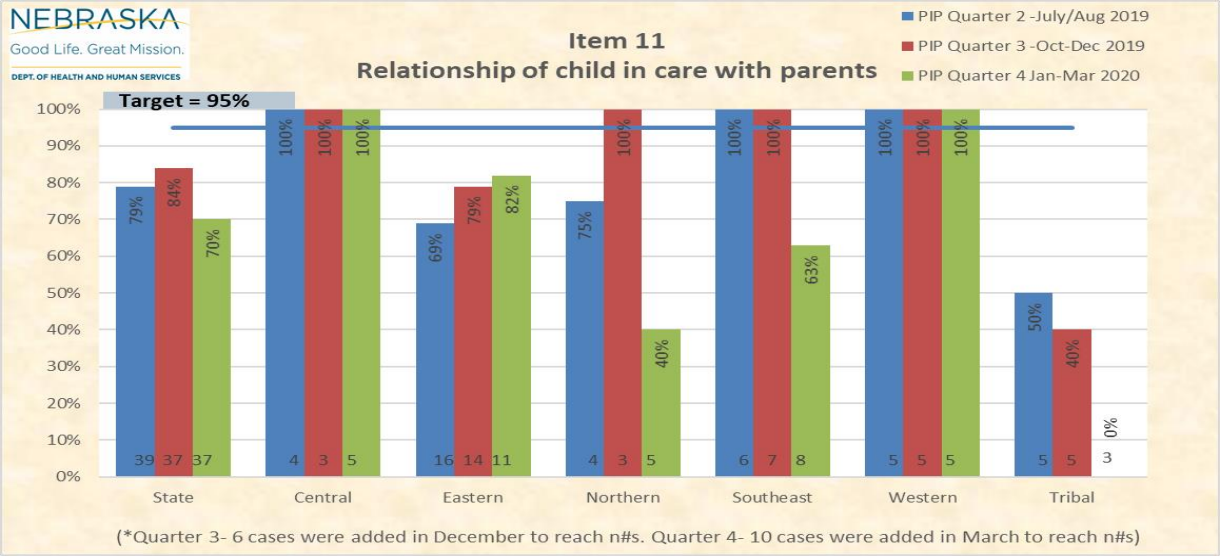
Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Findings from the 2017 Federal CFSR Review include the following essential items:

- Case reviews identified strong practice in many areas, particularly in foster care cases. Reviewers saw good casework practice in maintaining connections for children in foster care. Additionally, placement with siblings and addressing the educational needs of children were often noted as areas of strength. There was an effective use of relative and kinship placements promoting placement stability.

Updated Data and Information: During the most recent CFSR review, CFS made concerted efforts to preserve the relationship between the child in foster care and their parents in 26 of 37 (70%) applicable cases. The state has shown both a decrease and an increase in the achievement of this measure over the last 3 reviews. Central and Western Service areas are performing well in this area, while other Service Areas continue to struggle with efforts to engage non-custodial parents and also continue to struggle with documenting efforts made to preserve the relationship between the child and their parents. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart.

CFSR OSRI Case Review Data:



Strengths:

- Increase in efforts to address parent-child relationships during Family Team Meeting discussions.
- CFS provided a 2-day training of SOP for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-day training for Administrators and Supervisors and was completed by December 2019 to engage and build good working relationships with children**,** youth, parents and foster parents. CFS staff have also completed SOP training modules and begun to utilize components of SOP in their daily practice.
- This item is not a CFSR PIP item.

Plan for Improvement:

- CFS Quality Assurance Unit continues to conduct CFS Reviews to identify barriers and evaluate ways to promote, support, and maintain positive relationships between the child in foster care and his or her mother and father.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- CFS case managers will have laptops to document visits as they occur improving both the quantity and quality of documentation for visits.
- CFS Supervisors will conduct case reviews to encourage, support and monitor parent-child connections occurring and documented in the NFOCUS system.

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?

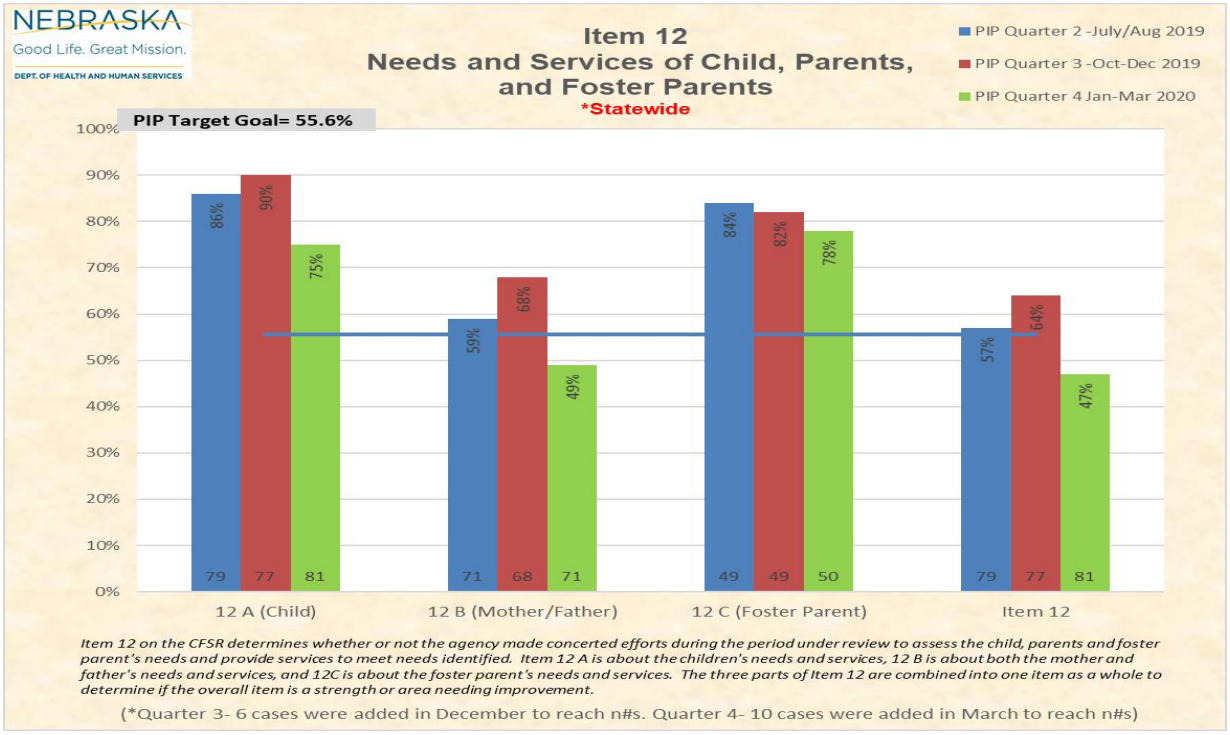
Findings from the 2017 Federal CFSR Review include the following key items:

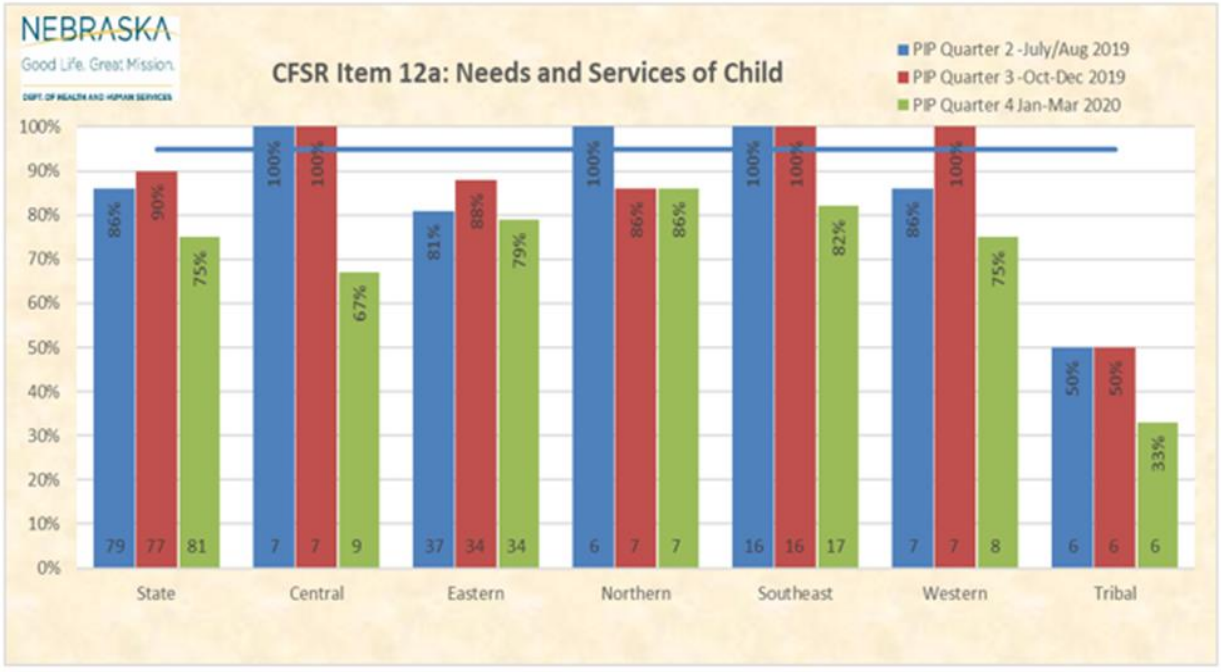
- Uneven practice across review sites, inconsistent practice, particularly in in-home cases.
- Safety and risk assessments not including all family members and not always done at critical case junctures.
- Lack of frequent and quality case manager visits to ensure adequate needs assessments.

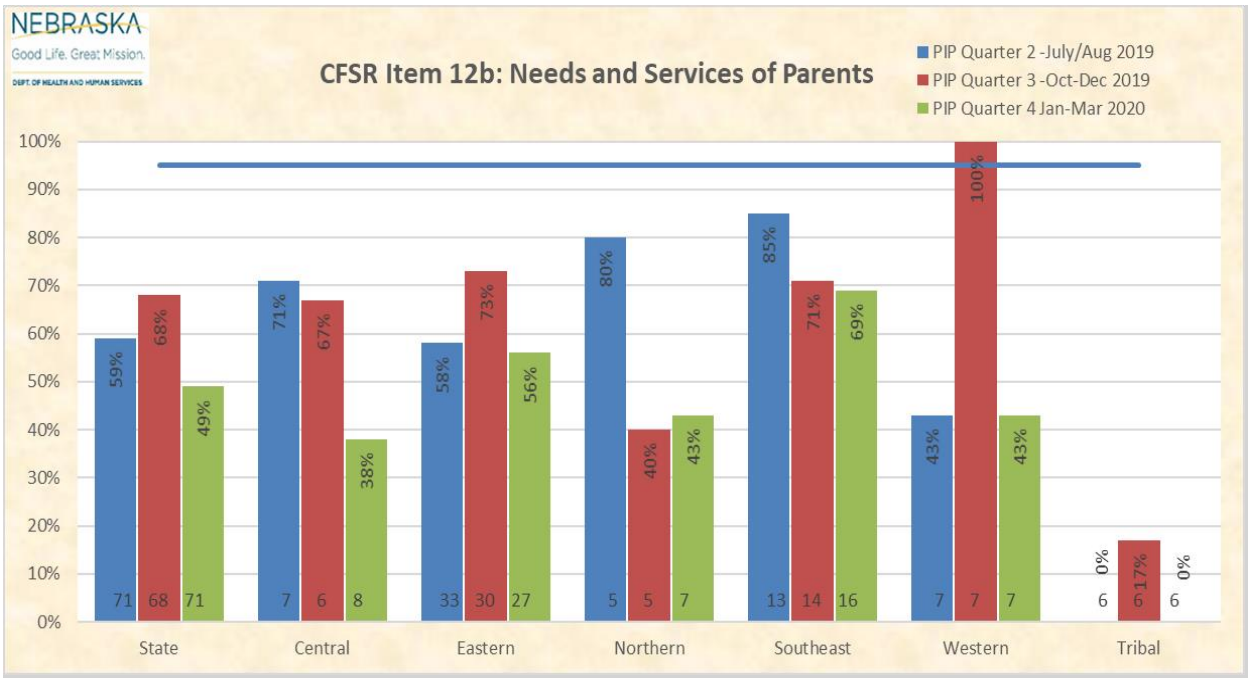
- Lack of frequent and quality contacts with the child's parents, particularly the child's father.
- Insufficient efforts to notify and engage non-custodial parents in permanency case planning, particularly for In-Home Cases.
- Challenges in appropriately assessing the needs of the parents, especially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

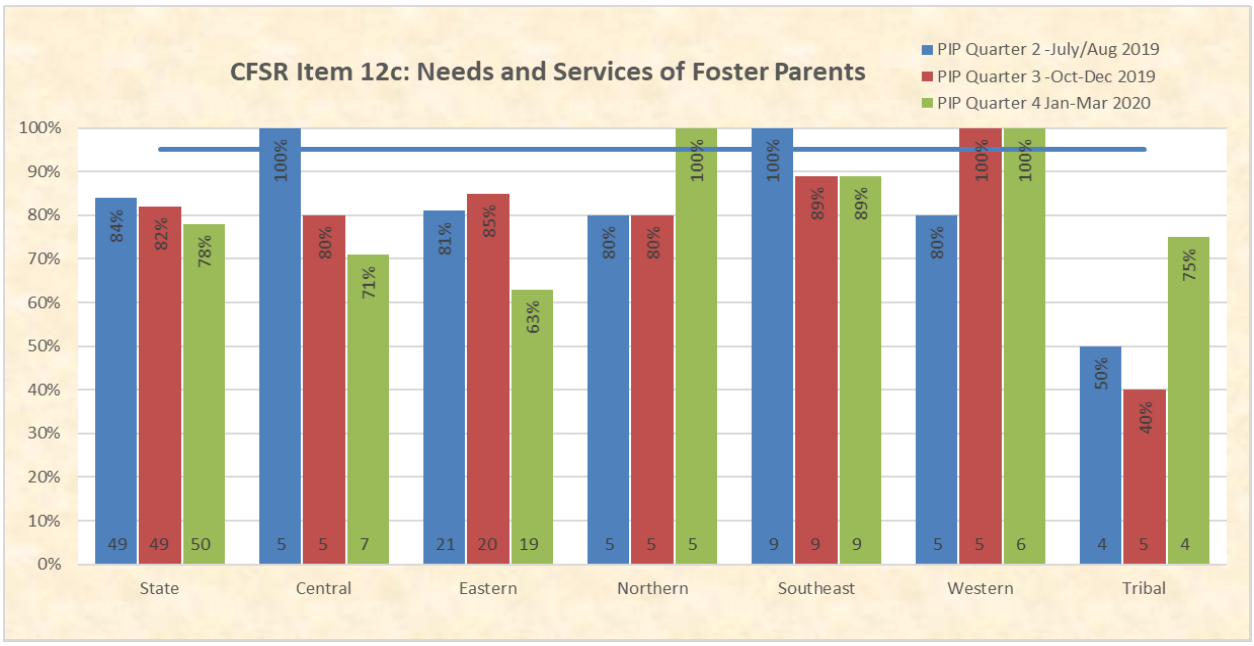
Updated Data and Information: During the most recent CFSR review, CFS made concerted efforts to assess the needs and provide appropriate services for children, parents, and foster parents in 38 of 81 (47%) applicable cases. The Service Areas typically do well with assessments and services for the child and foster parents, while sometimes struggling with completion of needs assessment and provision of services to the child's non-custodial parent. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data:






NEBRASKA
Good Life. Great Mission.
DEPT OF HEALTH AND HUMAN SERVICES
CFSR Item 12b: Needs and Services of Parents
PIP Quarter 2 -July/Aug 2019
PIP Quarter 3 -Oct-Dec 2019
PIP Quarter 4 Jan-Mar 2020
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
59% 68% 49%
71% 67% 38%
58% 73% 56%
80% 40% 43%
85% 71% 69%
43% 100% 43%
0% 17% 0%
71 68 71
7 6 8
33 30 27
5 5 7
13 14 16
7 7 7
6 6 6
State
Central
Eastern
Northern
Southeast
Western
Tribal


CFSR Item 12c: Needs and Services of Foster Parents
PIP Quarter 2 -July/Aug 2019
PIP Quarter 3 -Oct-Dec 2019
PIP Quarter 4 Jan-Mar 2020
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
84% 82% 78%
100% 80% 71%
81% 85% 63%
80% 80% 100%
100% 89% 89%
80% 100% 100%
50% 40% 75%
49 49 50
5 5 7
21 20 19
5 5 5
9 9 9
5 5 6
4 5 4
State
Central
Eastern
Northern
Southeast
Western
Tribal

Strengths:

- Documentation typically supports initial and/or ongoing assessments of needs for the child, the child's mother (custodial parent), and the foster parents are being conducted.
- On March 8, 2019 a Standard Work Instruction was issued to provide guidance to staff on the necessity of locating and engaging the non-custodial parent in active CFS Cases. The Standard Work Instruction does not require custodial parent consent for CFS case managers to locate, contact and engage non-custodial parents, specifically in Non-Court (In-Home) cases.
- The Standard Work Instruction was distributed to CFS staff throughout Nebraska. It was also posted on the Internal Resource Library which is accessible to all CFS staff.
- The Non-Custodial Parent Assessment Tool was created and distributed to CFS staff March 2019. The tool, which is posted on the Internal Resource Library and is accessible to all CFS Staff, can be printed and used in the field as needed.
- CFS Process Improvement Coordinators Monitor Daily Lean Six Sigma Huddles across the state. Process Improvement Coordinators for Children and Family Services collaborate with agency administrators to conduct Gemba Walks to observe daily huddles. The Process Improvement Coordinators also interview CFS Supervisors and CFS case managers to determine if the huddles and Quality Data Improvement Process (QDIP) is occurring according to program expectations. The CFS administrators are able to participate at any time, review QDIP boards as needed, and provide coaching to CFS Supervisors as needed. Each CFS supervisory team typically schedules team huddles during the same time every day and a QDIP board is displayed in the supervisor's work area and can be reviewed by the administrators and anyone at any time.
- CFS provided a 2-day training of SOP for administrators and supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-day training for administrators and supervisors and was completed by December 2019 to engage and build good working relationships with children**,** youth, parents, and foster parents. CFS staff have also completed SOP training modules and have begun to incorporate components of SOP in their daily practice.
- CFS has demonstrated improvement on this measure and achieved the CFSR Round 3 PIP target for Item 12.
- For additional details - **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020)*.***

Plan for Improvement:

- The CFS Research, Planning, and Evaluation team will be trained in SOP and conduct ongoing Quality Assurance (QA) reviews to determine if SOP practice is occurring as intended and consistent with the model. A QA review plan and

schedule outlining the targeted SOP QA reviews will be developed and implemented for the entire state.

- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are developed to address barriers to the documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- As an early implementer of FFPSA, Nebraska has identified numerous evidenced-based practice models for which research has demonstrated effectiveness and efficiency in meeting families' needs. CFS is working to provide additional guidance to CFS case managers on the process of matching evidenced based practice models to best meet family needs.
- Continued implementation of SOP throughout the child welfare system in Nebraska including families, advocates, legal parties and the courts will set expectations of child and family voice and choice.
- The development of a practice model for the State of Nebraska will conceptualize and articulate organizational ideology of how agency employees, families, and stakeholders should partner in creating a physical and emotional environment focused on the safety, permanency, and well-being of children and their families.

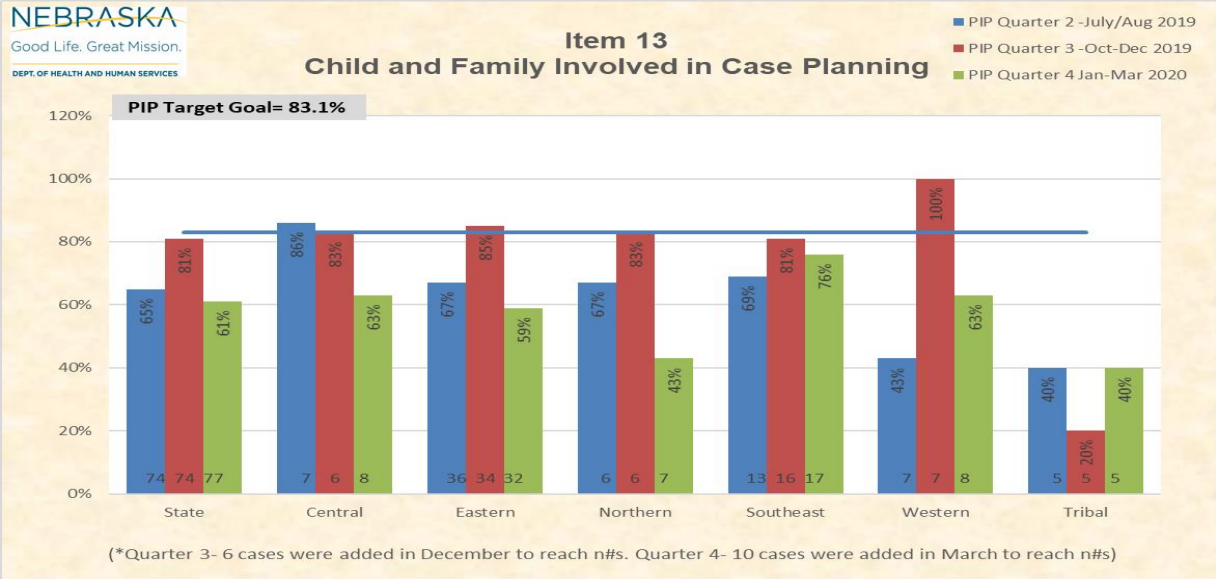
Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Findings from the 2017 Federal CFSR Review include the following essential items:

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

Updated Data and Information: Nebraska's CQI team conducts ongoing reviews of cases aligned with the federal CFSR structure. The quarterly findings during the most recent review reflect concerted efforts to actively involve children and parents in case planning in 47 of 77 (61%) applicable cases. In the 3rd quarter (October 2019-December 2019) review, the Western service area made efforts to involve 100% of the children in

the case planning process. Service areas continue to focus on addressing barriers to engaging non-custodial parents. The most current data from PIP Quarter 4 (January 2020-March 2020) is illustrated by the green bar in the following chart.



Strengths:

- Family Team Meetings and worker 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.
- The Non-Custodial Parent Assessment Tool was created and distributed to CFS Staff in March 2019. The Assessment Tool is posted on the Internal Resource Library and is accessible to all CFS Staff. The tool can be printed and used in the field as needed.
- CFS provided a 2-Day training of SOP for administrators and supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-Day training for administrators and supervisors and was completed by December 2019. This training teaches CFS case managers and Supervisors to engage and build good working relationships with children**,** youth, parents and foster parents. CFS staff have also completed SOP training modules and begun to utilize components of SOP in their daily practice.
- CFS has demonstrated improvement on this measure and achieved the CFSR Round 3 PIP target for Item 13.
- For additional details - **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).**

Plan for Improvement:

- CFS Research, Planning, and Evaluation team will be trained in SOP and conduct ongoing Quality Assurance (QA) reviews to determine if SOP practice is occurring as intended and consistent with the model. A QA review plan and schedule outlining the targeted SOP QA reviews will be developed and implemented for the entire state.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS better reflecting case management activities completed in each Tribal Case.
- Family and child participation are crucial to quality service delivery and positive outcomes based on the best interest of the child. Virtual participation with services and the courts necessitated by the COVID-19 pandemic allowed participating without the obstacles of transportation, leaving work or school, etc. CFS will continue to utilize that option in the future as it supports family and child voice.

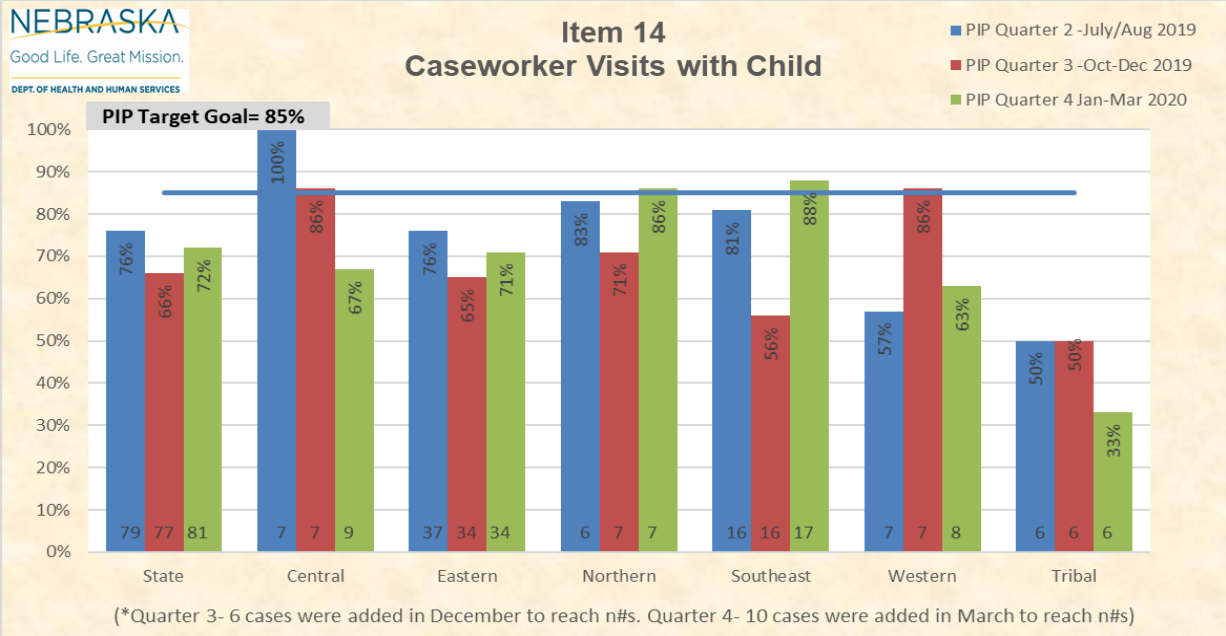
Item 14: Were the frequency and quality of visits between caseworkers and children sufficient to ensure the safety, permanency, and well-being of the children and promote the achievement of case goals?

Findings from the 2017 Federal CFSR Review include the following essential items:

- Uneven practice across review sites, inconsistent practice particularly in in-home cases; and,
- Lack of quality case manager visits to ensure adequate needs assessment for the child.

Updated Data and Information: During the most recent review, CFS maintained visits with children that were of sufficient frequency and quality in 58 of 81 (72%) applicable cases. Eastern, Northern and Southeastern Service Areas have seen an increase in performance for this measure during the last review. The most current data from PIP Quarter 4 (January 2020-March 2020) is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data:



Strengths:

- CFS case managers continue to utilize the case management due date report to ensure monthly child contacts are taking place with the child each month.
- Internal measures indicate Nebraska continues to meet with at least 95% of all foster youth each month according to federal guidelines.
- CFS provided a 2-Day training of SOP for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-Day training for Administrators and Supervisors and was completed by December, 2019 to engage and build good working relationships with children**,** youth, parents and foster parents. CFS staff have also completed SOP training modules and begun to utilize components of SOP in their daily practice. For additional details - **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).**

Plan for Improvement:

- CFS will utilize SOP champions and early adopters of SOP to address any biases vocalized by CFS case managers in providing a culture of Family Voice, Family Choice.
- Multiple QA reviews targeted at monthly contacts and engagement of children are continually being performed with analysis and feedback provided to the Service Area Administrators.
- CFSR item 14 results are continually analyzed and improvement areas discussed at performance meetings with Service Area Administrators, Supervisor CQI, &

stakeholder meetings. Brainstorming sessions are included in the performance discussions.

- Quality Quick Tips training materials are being developed to distribute to CFS case managers to reinforce the importance of documenting all visits and meeting with children privately to ensure compliance with this item.
- Closely monitor the results from Service Areas just under the 95% quantitative measure.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- Children utilize virtual platforms to maintain connections. Utilization of these platforms to meet the face-to-face requirement should be considered for children who are old enough to participate in independent living services if it is they are developmentally able to communicate their needs.

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

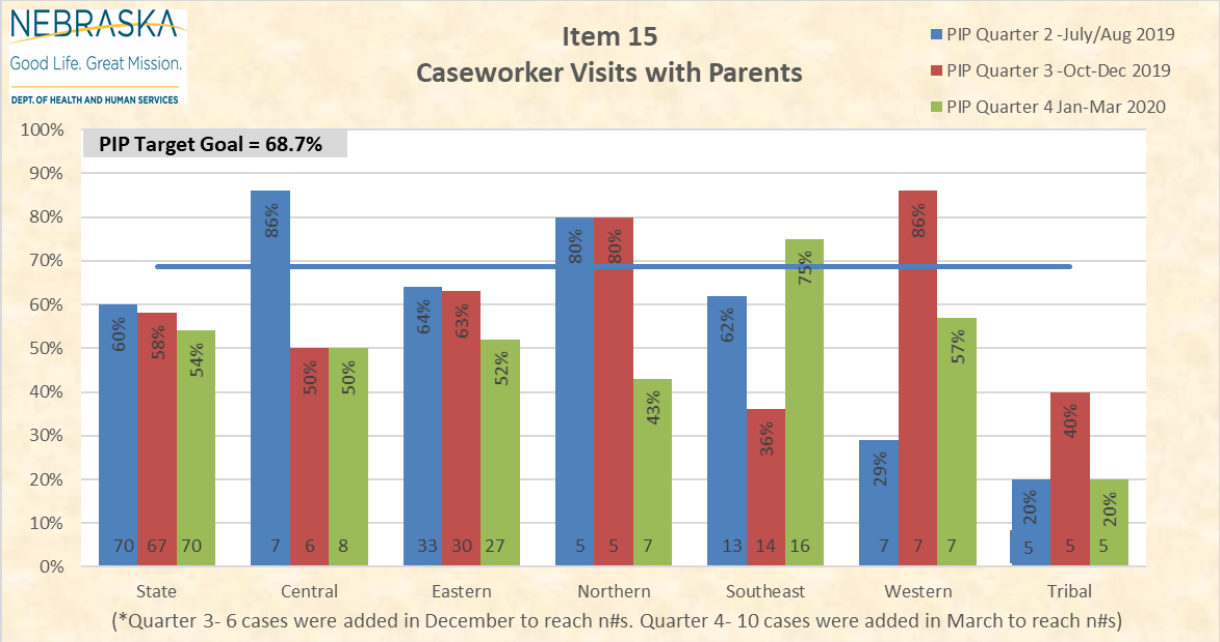
Findings from the 2017 Federal CFSR Review include the following essential items:

- Uneven practice across review sites, inconsistent practice particularly in in-home cases.
- 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 case planning, particularly in In-Home Cases.
- Challenges in appropriately assessing the needs of the parents especially fathers.

Updated Data and Information:

During the most recent review, CFS maintained visits with parents of sufficient frequency and quality in 38 of 70 (54%) applicable cases. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data



Strengths:

- CFS case managers continue to utilize the case management due date report to ensure monthly contacts are taking place with the parents each month.
- Agency Supported Foster Care contracts have been modified and foster parents are contacting biological parents within twenty-four hours after their child has been placed in their home. Additionally, a communication plan is to be developed between foster, pre-adoptive, kinship or relative foster parents and biological (legal) legal parents to ensure consistent communication.
- Internal monthly case management measures consistently indicate that CFS is meeting with or using concerted efforts to contact 93% of mothers and 87% of fathers each month.
- CFSR item 15 results are continually analyzed and improvement areas discussed at performance meetings with Service Area Administrators, Supervisor CQI, & stakeholder meetings. Brainstorming sessions are included in the performance discussions.
- CFS Staff provided a “quick tip” from the Contract Monitor Resource Development (CMRD) team to provide information and education about Family Organizations. CFS Staff are also being provided a “1 pager” via a Standard Work instruction providing education about the Family Organizations, peer support’s role, the role of CFS, and the referral process.
- CFS provided a 2-Day training of SOP for Administrators and Supervisors (focused on the early adopters) in January 2019. Training for front line staff began after the 2-Day training for Administrators and Supervisors and was completed by

December 2019 to engage and build good working relationships with children**,** youth, parents and foster parents. CFS staff have also completed SOP training modules and begun to utilize components of SOP in their daily practice.

- For additional details - **see PIP Progress Reports submitted by Nebraska for Quarters 1 through 4 activities (Period: July 2019 – June 2020).**

Plan for Improvement:

- CFS will utilize SOP champions and early adopters of SOP to address any biases vocalized by CFS case managers in providing a culture of Family Voice, Family Choice.
- Multiple QA reviews targeted at monthly contacts and engagement with parents are continually performed with analysis and feedback provided to the Service Area Administrators.
- CFSR item 15 results are continually analyzed and improvement areas discussed at performance meetings with Service Area Administrators, Supervisor CQI, & stakeholder meetings. Brainstorming sessions are included in the performance discussions.
- New reports are being created to help identify parents that have not been contacted or when a lapse in communication has occurred.
- Quality Quick Tips training materials are being developed to distribute to CFS staff to reinforce the importance of documenting all visits and meeting with children privately to ensure compliance with this item.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- CFS promotes the use of virtual contact to remove barriers for families to exercise their voice and choice.

Well-Being Outcome #2: Children Receive Appropriate Services to Meet their Educational Needs.

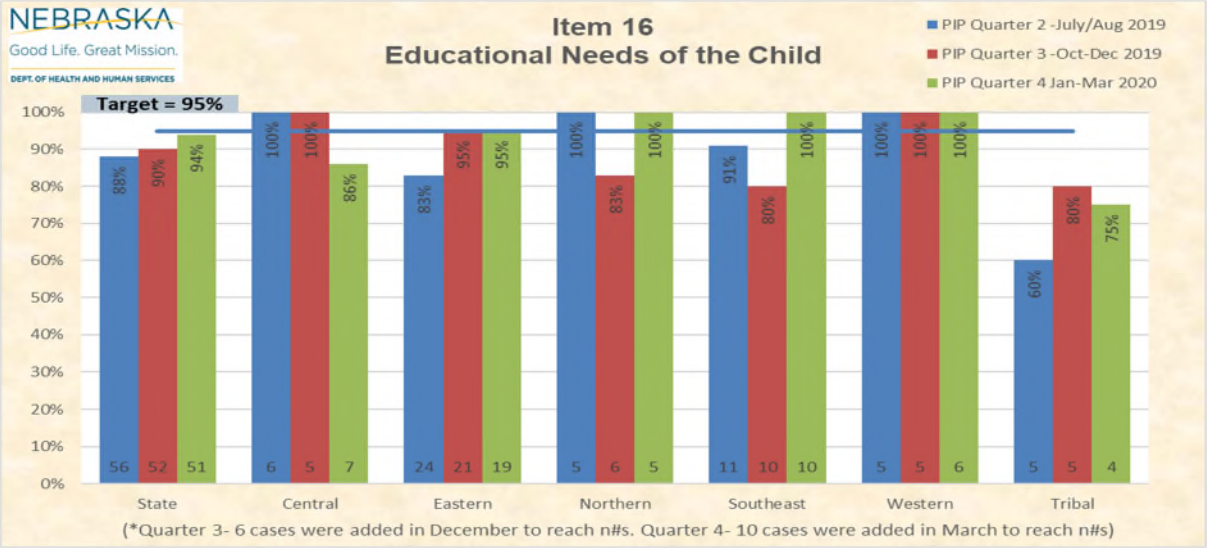
Item 16: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?

Findings from the 2017 Federal CFSR Review include the following essential items:

- Case reviews identified healthy practice in addressing the educational needs of children in both in-home and foster care cases.

Updated Data and Information: During the most recent review, CFS made concerted efforts to assess the educational needs of children and provide appropriate services in 48 of 51 (94%) of applicable cases. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data



Strengths:

- Efforts are being made to regularly assess the educational needs of children either informally or in conjunction with the school or daycare.
- Efforts are being made to provide appropriate services to meet all identified needs, typically in conjunction with the school.

Plan for Improvement:

- CFS is reviewing the process and content of monthly reports from our licensed child placing agencies to ensure all health information is appropriately communicated to the CFS case managers.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to the documentation of all required case information on NFOCUS to reflect better case management activities completed in each Tribal Case.
- CFS continues to meet regularly with the Department of Education, community members, schools, advocates and others to ensure educational services are available and appropriate to meet the child's needs specifically that each child receives a full day of education in compliance with Individuals with Disabilities Education Act and Rule 51. Many children with disabilities are currently receiving only a partial day of services. CFS does not have educational rights to children in

federal and state protections on education. CFS recognizes this issue and is developing strategies to support the educational outcomes for youth in care.

- The Bring Up Nebraska partners developed the following well-being guide to support children and families during the COVID-19 pandemic. However, it will be a practical tool for outreach to youth and families with an excellent resource list on page 2.
  http://dhhs.ne.gov/Documents/Supporting-Child-and-Family-Wellbeing.pdf

Well-Being Outcome #3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs.

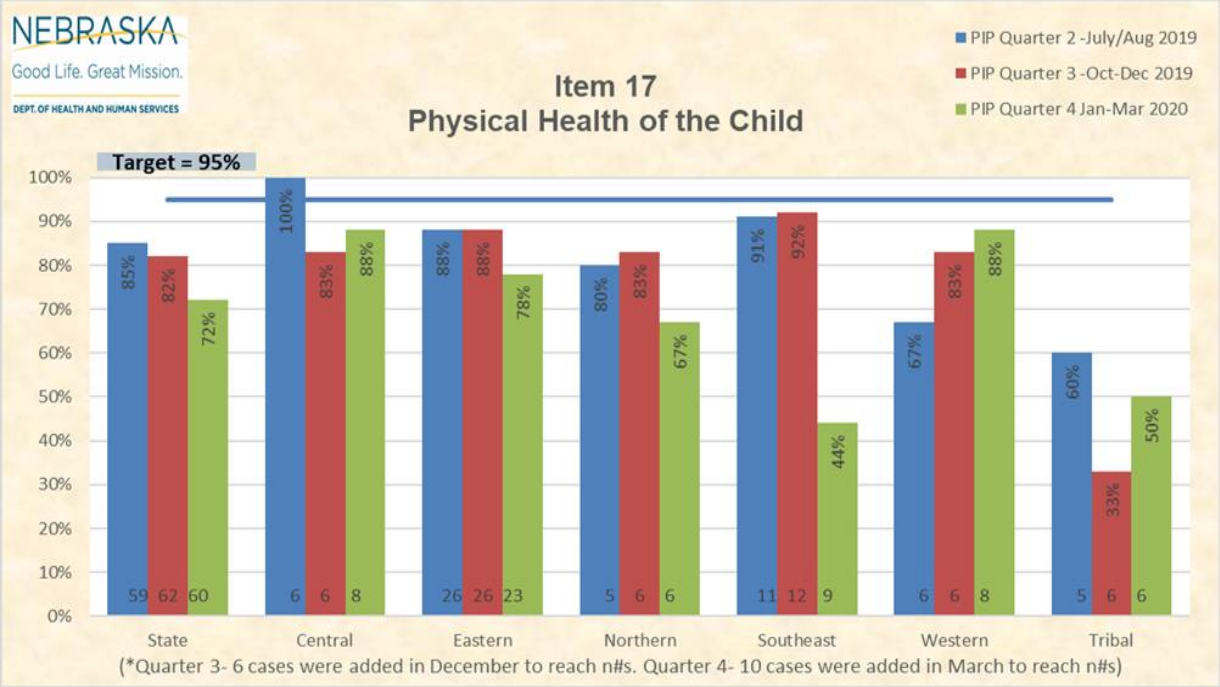
Item 17: Did the agency address the physical health needs of children, including dental health needs?

Findings from the 2017 Federal CFSR Review include the following key items:

- Challenges in accessing needed services in rural areas of the state, especially in the western part of the state.
- 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 parent's travel time to access services can be excessive
- Lack of assessment and/or appropriate follow-up services related to medical and dental needs

Updated Data and Information: During the most recent review, CFS made concerted efforts to assess the physical health needs of children and provide appropriate services in 43 of 60 (72%) applicable cases. The most current data from PIP Quarter 4 (January 2020-March 2020) is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data



Strengths:

- CFS works to make sufficient efforts to assess the child's physical health needs and provide services to the child.
- NFOCUS is used to document Family Strengths and Needs Assessments to identify and Physical Health needs of the child. Informal assessments are routinely completed during monthly contacts.

Plan for Improvement:

- CFS Quality Assurance Unit continues to conduct CFS Reviews to identify barriers and evaluate ways to improve assessments and service provision for children's physical health needs in in-home and foster care cases.
- CFS is reviewing the process and content of monthly reports from Agency Supported Foster Care providers to ensure all health information is appropriately communicated to the CFS case managers.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to documentation of all required case information on NFOCUS to better reflect case management activities completed in each Tribal Case.
- CFS has a well-being team who is working with the Division of Medicaid and Long-Term Care and the managed care organizations to meet the physical needs of state wards through regular meetings and development of Standard Work

Instructions on the immunization and physical health needs of children based on the American Pediatric Association standards.

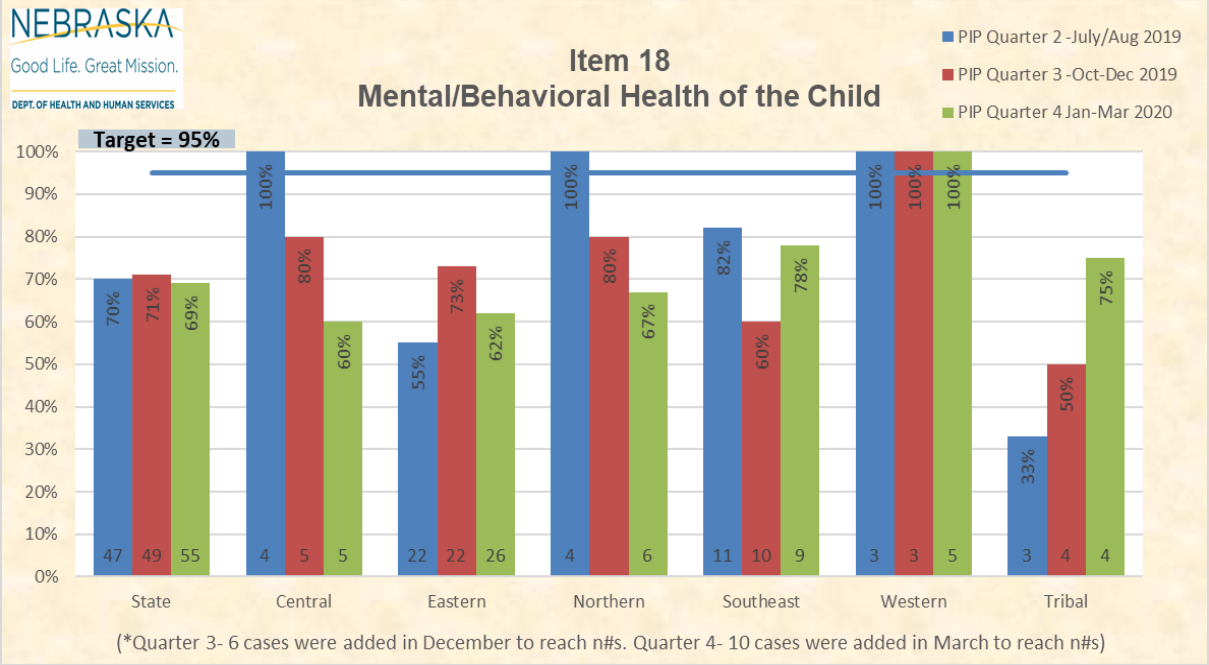
Item 18: Did the agency address the mental/behavioral health needs of children?

Findings from the 2017 Federal CFSR Review include the following key items:

- 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 parent's 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.
- Delays in service provision to address mental/behavioral needs. In particular, in-home youth is where it was discovered that there are insufficient efforts to conduct an appropriate assessment and provide needed services.

Updated Data and Information: During the most recent review, CFS made concerted efforts to assess the mental/behavioral health needs of children and provide appropriate services in 38 of 55 (69%) applicable cases. The most current data from PIP Quarter 4 is illustrated by the green bar in the following chart.

CFSR Onsite Review Instrument Case Review Data:



Strengths:

- CFS is making efforts to formally and/or informally assess the child's mental/behavioral health needs on a periodic basis.
- Services are more readily available in urban areas.

Plan for Improvement:

- CFS Quality Assurance Unit continues to conduct CFS Reviews to identify barriers and evaluate ways to improve assessments and service provision for children's behavioral and mental health needs for in-home and foster care cases.
- CFS is reviewing the process and content of monthly reports from licensed child placing agencies to ensure all health information is communicated correctly to the CFS case managers.
- CFS continues to meet with the Tribes during the monthly Tribal CQI meetings. Strategies are continually developed to address barriers to documentation of all required case information on NFOCUS to reflect better case management activities completed in each Tribal Case.
- The CFS well-being team in central office provides support by case staffing with the child's CFS team and the appropriately managed care organization to address any mental health or substance use concerns.
- CFS case managers is able to request a care coordinator for any child on their caseload and this information has been added to the Standard Work Instruction.

- The CFS well-being team also coordinates consultations for the CFS case managers and/or supervisor with a DHHS psychiatrist to review clinical concerns and provide guidance and expert testimony if needed.

Item 19. Statewide Information System

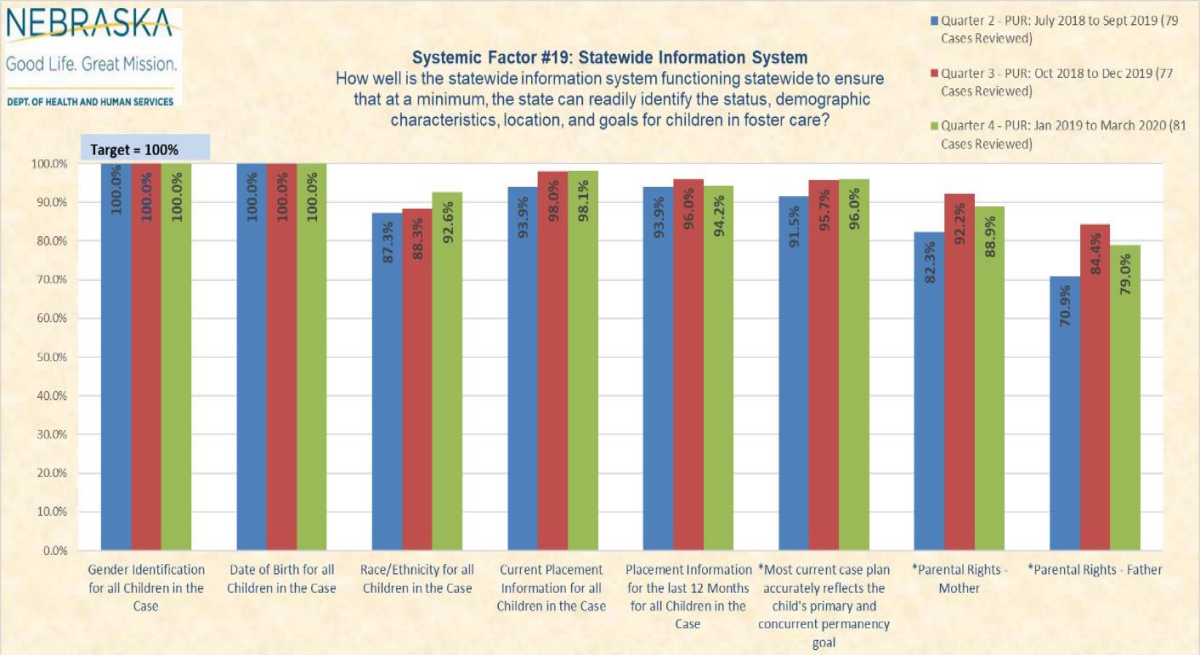
Description of Systemic Factor Item: CFS is operating a statewide information system that, at a minimum can, readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or has been within the immediately preceding 12 months) in foster care.

CFSR Finding: Data and information in the statewide assessment and collected during stakeholder interviews show Nebraska's statewide information system can readily identify the status, demographic characteristics, location, and goals for placement of children who are, or within the immediately preceding 12 months have been, in foster care.

Updated Data and Information: CFS operates a Statewide Automated Child Welfare System (SACWIS) called the Nebraska Family Online Client User System (NFOCUS). NFOCUS is available to CFS case managers, supervisors, managers, administrators and staff in supporting roles within CFS statewide. NFOCUS 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. Also, the SACWIS system allows CFS 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.

The Statewide Information system is functioning well in Nebraska to ensure that, at a minimum, CFS can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or has been within the immediately preceding 12 months) in foster care.

Quality Assurance reviews indicate that high-quality data is documented in the statewide information system by CFS case managers. Data from the last three QA reviews indicate the accuracy of the information collected for parental rights of the father has room for improvement. QA reviews indicate a range from 70% to 84.4% for this measure. QA reviews indicate a 92.6% accuracy in for race and ethnicity, compared to 96% for current case plans accurately reflecting the child's primary and concurrent permanency goal.



Strengths:

- CFS consistently meets goals for Gender Identification and Data of Birth demographics documented in NFOCUS.
- CFS QA reviews demographic information for Systemic Factor #19 for every child in the CFSR case review and sends an email regarding the error to the CFS case manager and supervisor. CFS case manager makes the necessary corrections in NFOCUS, and the supervisor validates the correction.
- CFS Research, Planning, and Evaluation team continues to ensure field staff has sufficient knowledge and understanding of CFS' Information System in order to capture, store, and retrieve accurate client information. The Research, Planning, and Evaluation team provides routine email and video instructions to ensure proper system usage and data definition understanding.
- Three times per year, NFOCUS releases significant user interface and functionality changes. During the past year a sampling of changes have been made to improve the user-interface and functionality based on policy or statute changes include;
    - Changes were made to make it easier for CFS case managers to document relative notifications and update contacts and responses to relatives for youth removed from their caregiver.
    - Added new groupings in document imaging to improve access to IV-E eligibility & IV-E foster home licensing documents in preparation for the IV-E audit.
    - Added a Family First functionality including user interface changes, IV-E claiming files and agency service fidelity measures.

- Added an allegation type of sex and labor trafficking to improve our ability to monitor trafficking allegations.
- Made changes to SDM assessment functionality ensure re-opened assessments transfer to final status.
- Developed a process to electronically transfer the case plan or court report to the Administrative Office of the Courts online system called Judge's Portal. This simplifies the process of delivering case plans and court reports to judiciary parties by electronically transferring the file to their system for retrieval.

Plans for Improvement:

- CFS continues to improve the level of collaboration between the Information System Business Analysts and internal and external data users. The CFS Business Analysts and Research Planning and Evaluation staff meet with CFS program administrators, supervisors, CFS case managers and other users to solicit input for system enhancements on a continual basis. Additionally, CFS Business Analysts continue to solicit feedback from external stakeholders regarding system functioning, data availability and accuracy. CFS Research, Planning, and Evaluation staff solicit feedback from CFS staff during quarterly Service Area CQI meetings and monthly CFS Service Area Administrator meetings. CFS staff are also encouraged to utilize the NFOCUS Suggestion box to make recommendations for changes to NFOCUS. The NFOCUS Suggestion box is monitored daily by the Business Analysts and responses are provided to CFS field staff regarding recommendations.
- RPE Quality Assurance team continues to review the Statewide Information System quality measures to assess the quality of data entry into NFOCUS.
- Currently our foster home licensing function requires extensive manual tracking as the license review process occurs. Improvements to the efficiency and accuracy of this process are being made by loading the information into NFOCUS.

Case Review System

Item 20. Written Case Plan

Description of Systemic Factor Item: The case review system is 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.

CFSR Finding: Data and information in the statewide assessment show that written case plans for children in the state's foster care system are not routinely developed jointly with parents.

Updated Data and Information: 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.

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 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 included with the Case Plan for court-involved families. The Court Report is a written document containing information about the child and the family and the progress towards achieving the goals in the Case Plan.

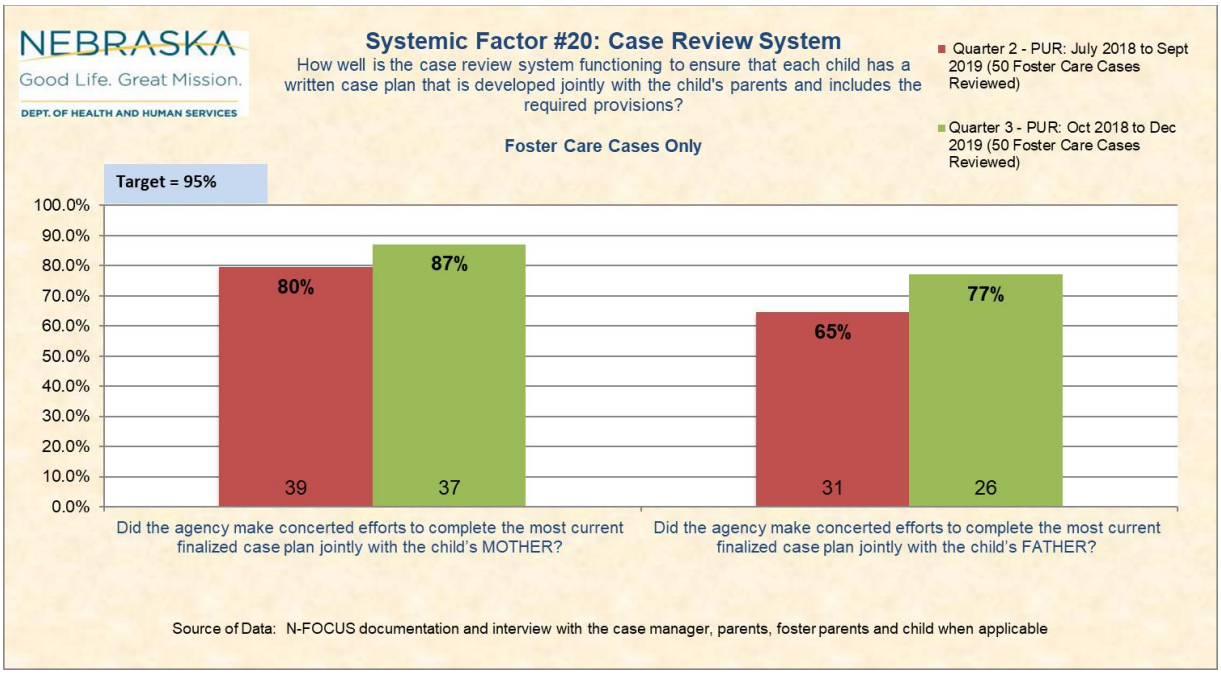
The data used to assess the performance for this systemic factor is derived from specific quality assurance review questions answered for cases randomly selected statewide for review using the Federal CFSR review tool each quarter. The Quality Assurance (QA) team incorporated the following questions 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. These questions are answered using information documented in the NFOCUS case file and gathered during interviews with the case manager, mother, father and youth whenever possible.

Questions:

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

CFS made improvements in efforts to develop the child’s case plan jointly with the child’s mother and father.

- CFS worked to develop the most current finalized case plan jointly with the child’s mother in 87% of the cases in which the mother was applicable in Quarter 3.
- CFS worked to develop the most current finalized case plan jointly with the child’s father in 77% of the cases in which the father was applicable in Quarter 3.



Strengths: In the past year, CFS implemented the following activities to improve parent engagement and ensure the child's case plan was jointly developed with the child's mother and father:

- The CFS Policy Team revised the Family Team Meeting Policy Memo to support Family Voice and Family Choice in August of 2019. The memo explains at least one biological or pre-adoptive parent must be present in person or by phone for it to be considered a Family Team Meeting. The memo also states the family team meeting must be held once per month unless the family has requested a different frequency based on their need.[2] The new policy memo was distributed by email to all CFS staff. CFS Supervisors review new policy memos with their case managers, address new practice changes and expectations and answer any questions during their own huddle and/or team meetings.
- In an effort to increase parental involvement in case planning, Nebraska developed a Standard Work Instruction for Requesting Visits in collaboration with the Department of Correctional Services (DOC) facilities. This document became effective on March 13, 2020, and provides the standardized process to arrange for caseworkers to maintain regular contact with parents residing in a Department of Correctional Services facilities.
- CFS utilize statewide and local CQI quarterly meetings to discuss and provide clarifications to CFS case managers regarding expectations around parental engagement. Statewide CQI information is shared and discussed with the Protection and Safety Deputy Director and the Service Area Administrators during monthly Administrator Meetings. Service Area CQI information is shared with

[2] See attachment M from Nebraska's PIP 6 month Report.

each Service area through Local CQI meetings held with the CFS Administrators and Supervisors every quarter.
- CFS field staff utilized Family Finding Program to locate and engage non-custodial parents.
- CFS field staff utilized other web-based programs and resources such as Lexus Nexis and Facebook searches to locate parents.

Plans for Improvement:

- CFS will implement SOP as a framework for guiding child welfare practice to better engage with parents, youth and all case participants. CFS case managers began utilizing SOP to better engage and build working relationships with children, youth, parents and foster parents as well as to ensure sufficient information is gathered to adequately assess the needs of the children, youth and families.
- CFS case managers will have a laptop to draft the case plan with the child and family at the child and family team meeting to ensure child and family voice and choice are clearly documented.

Item 21. Periodic Reviews

Description of Systemic Factor Item: The case review system is functioning statewide to ensure a periodic review for each child occurs no less frequently than once every 6 months, either by court or by administrative review.

CFSR Finding: Nebraska did not provide sufficient data or information in the statewide assessment to support the claim that periodic reviews were occurring no less frequently than once every 6 months. Stakeholders reported periodic reviews routinely occurred for many children in foster care. However, stakeholders said in some areas of the state, in cases when the judicial TPR decision is appealed, it is not uncommon for all periodic reviews to cease. As a result, timely periodic reviews do not occur for these children as required. CFS does not have data to indicate the magnitude of this issue.

Updated Data and Information: 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 a child for the purposes of foster care placement shall review the dispositional order for such a child at least once every six months.

The most recent data in Table #1 below received from the Foster Care Review Office indicate court review hearings are occurring every 6 months for over 93% of the children/youth whose cases are reviewed each quarter. The data is based on information gathered from the Foster Review Office quarterly reviews. The Foster Care Review Office utilizes paid staff to review case documentation and train volunteers who serve on the review board to review cases for children in foster care. During CFSR, IV-E foster care, and other targeted case reviews, which often include interviews, Program Accuracy case managers review the accuracy of hearing frequency, court orders, and documentation loaded into NFOCUS. The information from these reviews is logged to analyze and inform CFS Administration and legal stakeholders regarding the presence and accuracy of hearing information.

Table #1: FCRO Review Data
Court reviews occurring every 6 months for youth in foster care

Period	6 month court review held	Total children FCRO reviewed that were in care 6 months	Percentage
Jan-Mar 2019	1030	1050	98.1%
Apr-June 2019	1023	1077	95.0%
July-Sept 2019	940	952	98.7%
Oct-Dec 2019	959	1021	93.9%

Information from Foster Care Review Office reviews (Table #2 below) shows a decrease in 6-month review hearings for youth with TPR appeal. CFS continues to work closely with the Court Improvement Project to look address barriers to court reviews for cases with TPR appeal.

CFS receives the data contained in Table #2 from the Foster Care Review office annually. This information is shared with the Court Improvement Project (CIP). CFS continues to work closely with the CIP to improve permanency outcomes for children in foster care. The following provides additional information on strategies to address barriers to court reviews for cases with TPR appeal.

Table #2: FCRO Review Data
Court reviews occurring every 6 months for youth on TPR appeal

Period	6 month court review held	Total children FCRO reviewed that were in care 6 months and on appeal	Percentage
Jan-Mar 2019	30	30	100.0%
Apr-June 2019	31	32	96.9%
July-Sept 2019	42	42	100.0%
Oct-Dec 2019	15	22	68.2%

Strengths:

- The CIP continues to provide education to the Courts and attorneys on the importance of continuing to hold reviews every six months and during TPR appeal.
- Nebraska CFS created a report with a list of the youth involved in TPR appeals who are not experiencing ongoing court hearings. The first report was shared with CIP in June 2020. CFS and CIP will analyze the information and determine next steps to address barriers with each court jurisdiction.

Plans for Improvement:

- CFS and CIP will utilize collaborative process improvement meetings with CFS, CIP, Foster Care Review Office, court and other legal parties to discuss TPR and identify barriers to accomplishing timely TPR and court hearings while also addressing possible cultural/adaptive challenges across the state.

Item 22. Permanency Hearings Periodic Reviews

Description of Systemic Factor Item: The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body that occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months after that.

CFSR Finding: Nebraska did not provide sufficient data or information in the statewide assessment to support permanency hearings were occurring no later than 12 months from the date the child entered foster care and no less frequently than every 12 months after that. Stakeholders reported periodic reviews routinely occur for many children in foster care. However, stakeholders said in some areas of the state, in cases when the judicial TPR decision is appealed, it is not uncommon for permanency hearings to cease. As a result, timely permanency hearings do not occur for these children as required. CFS does not have data to indicate the magnitude of this issue.

Updated Data and Information: 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 court, juvenile court, another court of competent jurisdiction (including a Tribal court), or by an administrative body appointed or approved by the court 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). The court may not be under the supervision or direction of the title IV-E agency. (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 after that during the continuation of foster care. The court order shall include a finding regarding the appropriateness of the permanency plan determined for the child and 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 TPR, (ii) placed for adoption with a fit and willing relative, or (iii) placed with a guardian.

The most recent data received from the Foster Care Review Office indicates 98.5% of children in out of home 12+ months (621 out of 646) had a permanency hearing occur as expected. The data represents cases reviewed by the Foster Care Review Office from October to December 2019. Reviews are completed by the Foster Care Review Office on an ongoing basis and data is reported quarterly.

The most recent data in Table #3 below, received from the Foster Care Review Office, indicate permanency review hearings are occurring every 12 months for over 96% of the children/youth whose cases are reviewed each quarter. The data is based on information gathered from the Foster Review Office quarterly reviews. The Foster Care Review Office utilizes paid staff to review case documentation and trained volunteers who serve on the review board to review cases for children in foster care. The information gathered from DHHS documentation is verified through interviews and a formal documentation about the review is shared with the judge, DHHS and other legal parties.

Table #3: FCRO Review Data
Permanency hearings occurring every 12 months for youth in foster care

Period	Court Permanency hearing held	Total children FCRO review that were in care 12 months	Percentage
Jan-Mar 2019	621	646	96.1%
Apr-June 2019	632	652	96.9%
July-Sept 2019	568	581	97.7%
Oct-Dec 2019	543	551	98.5%

Foster Care Review Office review data in Table #4 below indicate permanency review hearings are also occurring every 12 months for the children/youth on TPR appeal. The

most recent Quarter shows 100% of TPR appeal had a permanency hearing in 12 months.

CFS receives the data contained in Table #4 from the Foster Care Review office annually. This information is shared with CIP. CFS continues to work closely with the CIP to improve permanency outcomes for children in foster care. The following provides additional information on strategies to address barriers to holding permanency hearings every 12 months for youth in cases with TPR appeal.

Table #4: FCRO Review Data
Permanency hearings occurring every 12 months for youth TPR appeal

Period	Court Permanency hearing held	Total children FCRO review that were in care 12 months and on TPR appeal at time of review	Percentage
Jan-Mar 2019	28	28	100.0%
Apr-June 2019	23	26	88.5%
July-Sept 2019	34	38	89.5%
Oct-Dec 2019	11	11	100.0%

Strengths:

- The Nebraska Court Improvement Project (CIP) continues to provide education to the Courts and Attorneys on the importance of continuing to hold permanency hearings during TPR Appeal.
- Nebraska CFS created a report with a list of the youth involved in TPR appeals who are not experiencing ongoing court hearings. The first report will be shared with CIP in June 2020. CFS & CIP will analyze the information and determine next steps to address barriers with each court jurisdiction.

Plans for Improvement:

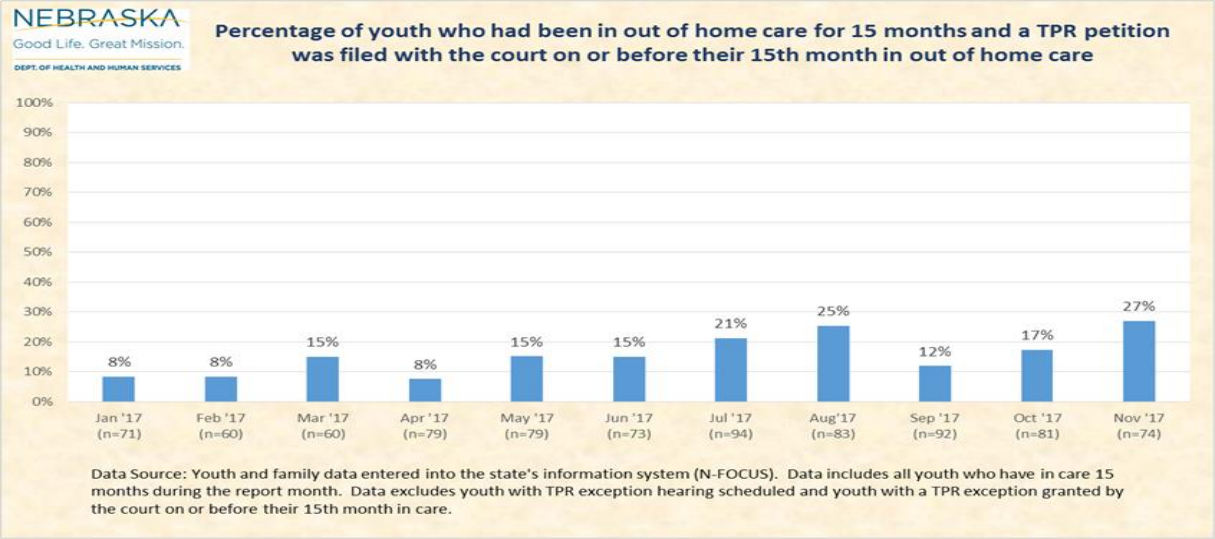
- CIP will continue to work collaboratively with the court system to address the barriers to continuing court hearings for the identified youth.
- CFS and CIP will utilize collaborative process improvement meetings with CFS, CIP, Foster Care Review Office court, and other legal parties to discuss TPR and identify barriers to accomplishing timely TPR and court hearings while addressing possible cultural/adaptive challenges across the state.

Item 23. Termination of Parental Rights

Description of Systemic Factor Item: The case review system is functioning statewide to ensure the filing of TPR proceedings occurs in accordance with required provisions.

CFSR Finding: Data and information from the statewide assessment shows TPR petitions are not routinely filed across the state in a timely manner as required.

Updated Data and Information:



Strengths:

- CFS offered new contracts to the two most populous counties in the state i.e. Douglas and Lancaster counties, to facilitate TPR hearings and to provide permanency to children timely. These contracts included new performance measures to more easily identify performance levels.
- CFS Supervisors and Administrators utilize a report identifying children qualifying for TPR filing and then staffed those cases with CFS case managers to ensure timely requests are submitted to the County Attorney. For example, the Central Service Area has seen a reduction in the number of children waiting for permanency and have met the federal measures for round two and three.

Plans for Improvement:

- CFS and CIP will develop process improvement meetings with CFS, CIP, Foster Care Review Office, court and other legal parties to discuss TPR and identify barriers to accomplishing timely TPR while also addressing possible cultural challenges across the state.
- TPR will be a mandatory component of the new CFS standardized supervisory case staffing model. The case staffing will include discussion of possible TPR

filing or TPR exception request in regards to both parents for all youth in the above report. CFS Case Staffing Standard Work Instruction is effective on June 1, 2020.

- CFS will continue to monitor 6-month review and permanency hearing data and case information from the Foster Care Review Office reviews to ensure all children/youth continue to experience a 6-month review and 12-month permanency hearings at a minimum.

Item 24. Notice of Hearings and Reviews to Caregivers

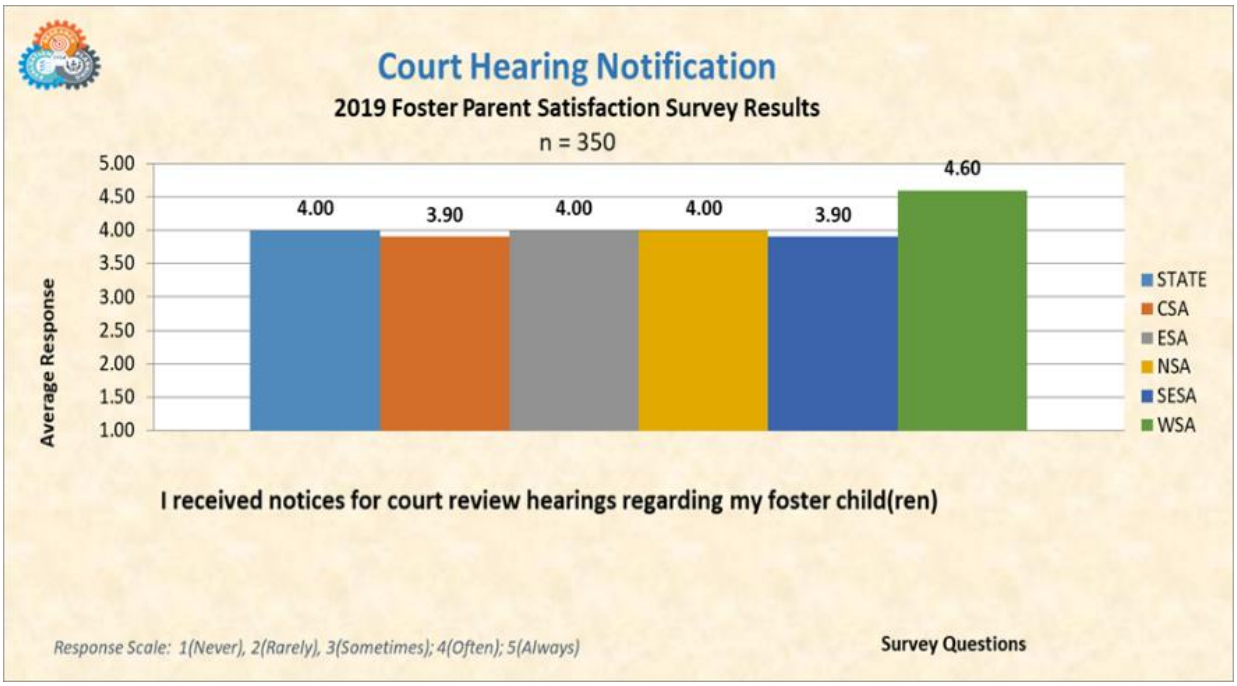
Description of Systemic Factor Item: The case review system is functioning to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child.

CFSR Finding: Data and information in the statewide assessment showed foster parents, pre-adoptive parents, and relative caregivers of children in foster care do not routinely receive notification of and have a right to be heard in any review or hearing held with respect to the child.

Updated Data and Information: The Nebraska Foster and Adoptive Parent Association (NFAPA) and child placing agencies who contract with CFS 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 case manager contact and foster parent continuing education training.

The data presented below is from the 2019 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.

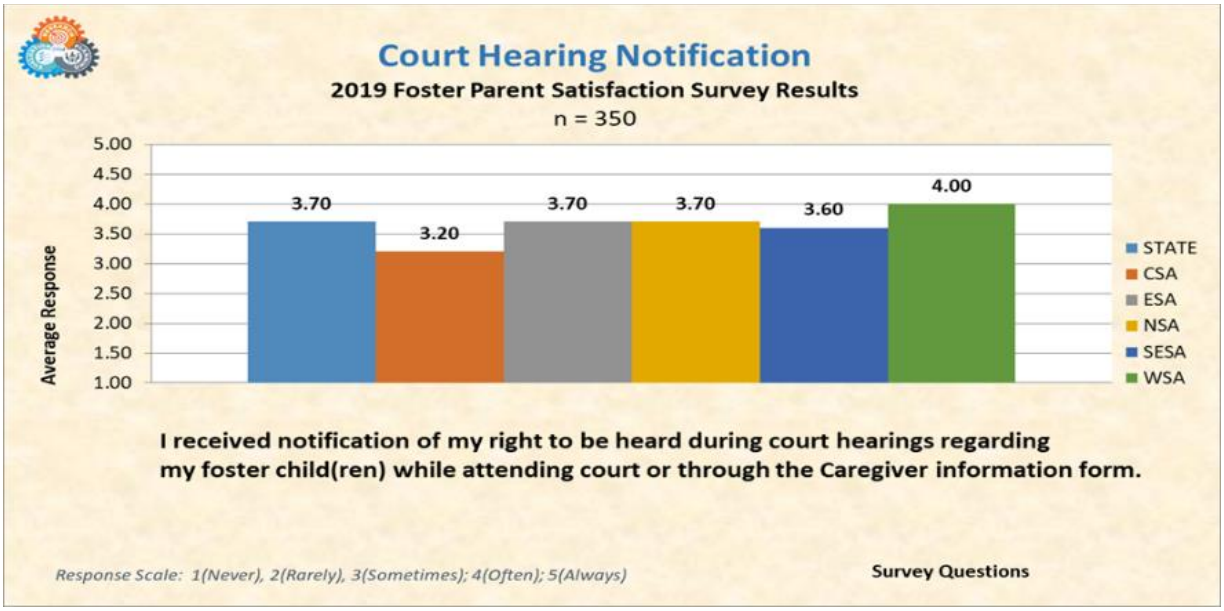
In 2019, of the 350 applicable foster parents surveyed, 238 or 72% indicated they often or always received notices for court review hearings regarding their foster child. Fifty-six, or 17% of the foster parents, indicated they rarely or never received notices for court review hearings regarding their foster child.



I received notices for court review hearings regarding my foster child(ren).						
Response	State	CSA	ESA	NSA	SESA	WSA
Never	32	5	16	4	6	1
Rarely	24	5	6	4	9	0
Sometimes	36	1	13	6	15	1
Often	44	8	12	4	12	8
Always	194	22	79	24	44	25
Not Applicable	20	3	7	2	5	3
Don't Know	0	0	0	0	0	0
Refused	0	0	0	0	0	0
Total	350	44	133	44	91	38

Of the 350 applicable foster parents surveyed, 196 or 63% indicated they often or always received notification of their right to be heard during court hearings regarding their foster child while attending court or through the Caregiver Information Form. Ninety or 29% of the foster parents indicated they rarely or never received notification of their right to be

heard during court hearings while attending court or through the Caregiver Information Form.



I received notification of my right to be heard during court hearings regarding my foster child (ren) while attending court or through the Caregiver Information Form.						
Response	State	CSA	ESA	NSA	SESA	WSA
Never	66	13	24	8	17	4
Rarely	24	2	9	3	8	2
Sometimes	26	0	12	3	9	2
Often	31	6	6	3	8	8
Always	165	15	70	21	41	18
Not Applicable	33	8	9	4	8	4
Don't Know	5	0	3	2	0	0
Refused	0	0	0	0	0	0
Total	350	44	133	44	91	38

Survey results indicate, in the majority of instances, foster parents have received notification and are aware of their right to be heard. CFS, however, believes the rate can and should be higher. As such, CFS is working on strategies to increase communication

with foster parents, directly as it pertains to this subject, and more broadly as it pertains to simply improving accessibility and involvement with the overall case.

Plans for Improvement:

- Engaging the Administrative Office of the Supreme Court to create a process to ensure foster parents are notified of review and permanency hearings.
    - Develop a court hearing email notification system.
    - CFS will include foster parent email addresses in the Justice Data exchange to the Supreme Court Daily.
    - Courts will send out notice of review and permanency hearings to all foster parents. The email with the notice of court hearing will also include a copy of the Caregiver Information Form*.

Children's Bureau Regional Office staff will consult with states to determine how to align and report on an update to the outcomes and systemic factors, taking into account considerations related to the timing of the CFSR and CFSR PIP reporting.

Item 25. Quality Assurance System

Description of Systemic Factor Item: The quality assurance system is functioning statewide to ensure that it accomplishes the following:

- Operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided,
- Has standards to evaluate the quality of services (including standards to ensure children in foster care are provided quality services to protect their health and safety),
- Identifies strengths and needs of the service delivery system,
- Provides relevant reports, and
- Evaluates implemented program improvement measures

CFSR Finding: Nebraska received an overall rating of Strength for Item 25 based on information from the statewide assessment and stakeholder interviews.

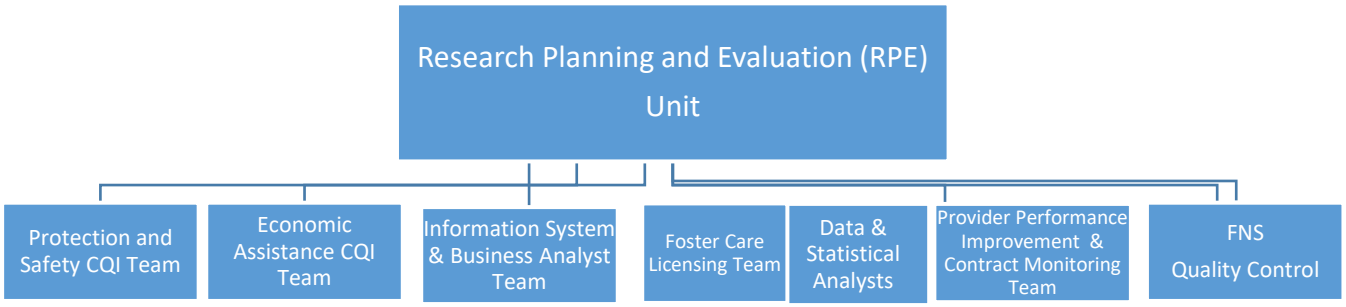
Information in the statewide assessment and collected during interviews with stakeholders showed that each element/category of the state's QA system is well-functioning. CFS actively engages an array of external and internal stakeholders in ongoing CQI initiatives through multiple levels of CQI teams and monthly quality improvement meetings.

Updated Data and Information:

(1) Operates in the jurisdictions where the services included in the APSR 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 Annual Progress Services Report are provided.

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



The Protection and Safety CQI Team's goal is to optimize the outcomes for children and families and improve the 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 training and recognition feedback regarding strengths and areas needing improvement as identified in case reads and quality assurance reviews.
- Providing ongoing field support, technical assistance, Quality Quick Tips and instructions to ensure staff across the state are aware of existing and modified policies and procedures.
- Working collaboratively with field CFS staff to implement 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.

- Creating a collaborative and open dialogue environment between each of Team Research, Planning, and Evaluation's divisions.

The CFS Business Analyst Team supports the Children and Family Services staff through completion of the following:

- Act as a liaison between business (policy/program) and the Information System and &Technology developers
- Initiate and coordinate NFOCUS enhancement projects for Children and Family Services
- Analyze business processes and works with CFS staff to determine needs and requirements for system changes
- Provide analytic support by coordinating data extraction from databases, organizing data, and providing data interpretation
- Provide technical support/instruction/assistance for applications
- Investigate system malfunctions and researches solutions
- Perform complete unit testing and business acceptance testing to ensure system enhancements function as designed without system interruption.

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

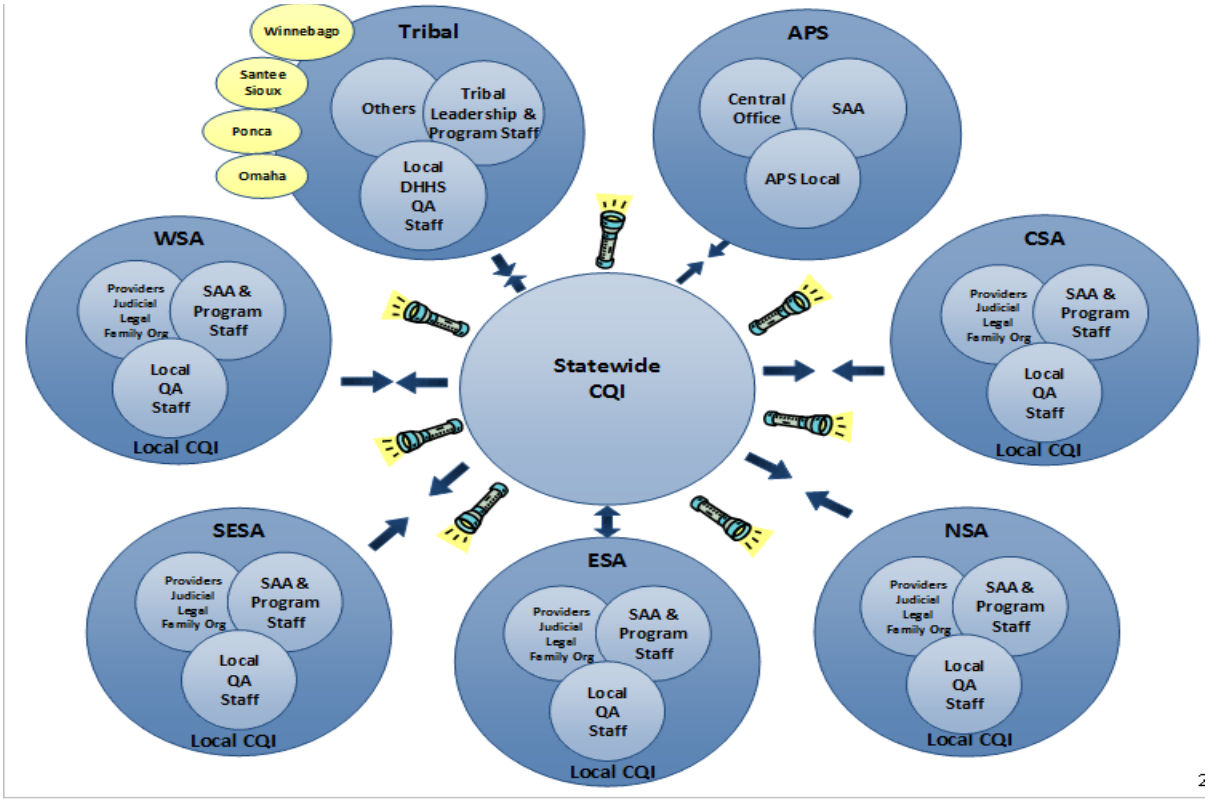
The Provider Performance and Contract Monitoring team's goal is to optimize the outcomes for children and families through completion of various contract monitoring and provider performance improvement activities. The success of our youth is highly dependent on services provided by private agency, so the goal is to monitor and improve agency performance.

The Foster Care Licensing team's goal is to ensure foster care provider's meet all licensing and background check requirements and all state and federal foster home licensing requirements in order to provide safety and well-being for children in foster care.

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. This team analyzes both adherence to federal and state statutes, and also responds to audit findings or other areas where performance is in question. This program provides continuous learning and recognition of staff through case reviews on a daily basis. Approximately 82% of the child abuse and neglect families served by protection and safety staff are receiving economic support.
The Food and Nutritional Services Quality Control Team follows a federally mandated program designed to measure the quality and timeliness of economic support budgeting

and processing. Accuracy, timeliness and program knowledge are critical to improve outcomes for out of home children and families whom are often eligible for economic assistance and Medicaid.

Nebraska has a strong CQI framework and an infrastructure necessary to implement an effective CQI statewide system as illustrated below. The framework is designed to create a synergistic process through information gathering, collaboration, feedback, and execution to improve based on inputs and a multi-level analysis.



Service Area (Local) CQI: CFS continues to operate CQI teams within each of the five service areas. Local CQI teams continue to review data, identity root causes for areas needing improvement and develop strategies for improvement. The local CQI process will be utilized to review Service Area specific data from CFSR Reviews and discuss action strategies and progress towards achievement of Program Improvement Plan activities.

External Stakeholder/Provider CQI: External stakeholders play a critical role with system improvements. The Contract Monitoring Resource Development team continues to share performance information on outcomes as well as agency performance on a continual basis.

Tribal CQI: A Tribal CQI Team continues to meet at least once per quarter in Nebraska. The tribal CQI team is comprised of CFS 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 CFS and tribal representatives.

(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 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 is further described in the **Foster and Adoptive Parent Licensing, Recruitment and Retention** section of the APSR.

Developing and implementing standards to ensure children in foster care are provided quality services that protect their health is an area of strength for Nebraska. CFS collects data from a variety of sources, including data from the CFS 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 reliable CQI system, which is why CFS has standards to ensure data quality and validity using various methods. The following are examples of quality data collection strategies implemented by CFS:

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

- System improvements were made to ensure quality data collection regarding youth and parental substance use.

- System improvements were made to ensure quality data collection to meet the Indian Child Welfare Act requirements.
- Enhancements were made to the SDM Assessment sections on NFOCUS to allow more efficient documentation and completion of SDM Assessments.
- CFS continues to improve the level of collaboration between the Information System Business Analysts and internal and external data users. The CFS Business Analysts and Research, Planning, and Evaluation staff meet with CFS program administrators, supervisors, CFS case manager and other users to solicit input for system enhancements on a continual basis. Additionally, CFS Business Analysts continue to solicit feedback from external stakeholders regarding system functioning, data availability, and accuracy. CFS Research, Planning, and Evaluation staff solicit feedback from CFS staff during quarterly Service Area CQI meetings and monthly CFS Service Area Administrator meetings. CFS staff are also encouraged to utilize the NFOCUS Suggestion box to make recommendations for changes to NFOCUS. The NFOCUS Suggestion box is monitored daily by the Business Analysts and responses are provided to CFS field staff regarding recommendations.
- Research, Planning, and Evaluation Quality Assurance team continues to review the Statewide Information System quality measures to assess the quality of data entry into NFOCUS

To ensure all CFS staff have adequate knowledge of and can use new functionalities on NFOCUS, CFS Research, Planning, and Evaluation staff develop 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 CFS intranet website.

Ensure quality data collection through inter-rater reliability and reviewer proficiency. In addition to system improvements, the Research, Planning, and Evaluation 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 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 discuss 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 inter-rater 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 CFSR. Reviewers are required to complete all Round 3 CFSR training modules and pass the 80 questions CFSR proficiency quiz available on the CFSR training website.
- Reviewers are required to be knowledgeable and proficient with current policy and practice expectations. Reviewers are required to attend at least twenty-four hours of ongoing training each calendar year.

Ensure the quality of data in the state's information system meets 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 ensuring quality data related to AFCARS, NCANDS and NYTD increase confidence in the quality of all system data.

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

The Research, Planning, and Evaluation Protection and Safety Continuous Quality Improvement (CQI) team conduct case 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. Also, the Research, Planning, and Evaluation 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 CQI review team uses the federal Onsite Review Instrument (OSRI) and the federal Online Management System to conduct case reviews on an ongoing basis. In the past year, the team reviewed approximately 65 cases each quarter randomly selected throughout the State. The review process is similar to the one used during the Federal CFSR reviews. The CQI unit Program Accuracy case managers (PAS) complete the initial case reviews, and a second QA reviewer also reviews 100 % of the cases for accuracy. The source of information for the case reviews include documentation from the case file and information from phone interviews with case participants (parents, foster parents, youth, and other case participants as needed).

The Research, Planning, and Evaluation CQI review team also utilizes other QA instruments to assess further and identify strengths and areas needing improvement. For example, when areas needing improvement are identified during case reviews completed using the federal CFSR 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
- Domestic Violence Reviews
- 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 CFSR 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. CFS utilizes various methodologies to assess Service Area and statewide SDM fidelity. CFS tested for accuracy of the item scores based on a comprehensive analysis of completed assessments. Case reviews were completed when necessary to support SDM Fidelity. The charts and analysis below are examples from the SDM Reunification Assessment Analysis report.
- 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 CFS Administrators. An email is sent to the CFS Administrators with a summary of each safety or non-safety concern identified.
- 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. Quality assurance reviews are also implemented to gather data to inform the state regarding specific barriers to Safety, Permanency and Well-Being and the Statewide Systemic Factors. The following is a list of some of the 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
- Sexual Abuse Intake Reviews
- Substance Abuse Reviews
- Comprehensive Services Reviews

The Research, Planning, and Contract Monitoring team 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:

- Comprehensive 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 the quality of an individual service provided to a family while involved with CFS.
- Personnel File Review: A review of a contractor's personnel files to determine contract compliance, including compliance with background checks, training, work eligibility, etc.
- 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 a 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.

CFS utilizes trained staff within the Research, Planning, and Evaluation 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 five Service Areas.

CFS continues to use data as part of the local CQI process to identify areas needing improvement. Understanding data reports are only as good as the data entered, CFS continually looks for ways to ensure staff wants to document information accurately and timely. In the past year, the Research, Planning, and Evaluation 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 NFOCUS.

Recognizing strengths and celebrating successes are essential aspects of CQI. CFS Research, Planning, and Evaluation CQI team continues to recognize and celebrate successes through positive feedback email and to provide data for special recognition awards for Service Area Staff.

(4) Provides relevant reports

CFS provides data to internal and external stakeholders in a variety of ways including the CFS 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.

CFS utilizes an internal report site called Quality Assurance Reports Library (QARL) to post CFSR Review Results and all Quality Assurance case review results and reports. This site contains detailed reports and pivot tables for CFS staff to use to drill down to the Service Area, Office, Supervisor, CFS case manager and case level to determine areas needing improvement.

CFS also utilizes the data from the CFSR case reviews, state data profiles, IV-E case reviews, SDM® fidelity reviews, safety and non-safety proactive reviews and other specific Quality Assurance reviews to update goals, objectives and interventions. Data from additional reviews are made available to CFS staff at the completion of the QA review. Also, QA reports are also posted on the Quality Assurance Reports Library (QARL) and accessible to all CFS staff.

CFS case managers, administrators, supervisors, and all other internal staff also have access to a variety of reports with aggregate case data from the state's information system (NFOCUS), as well as the case review results and other quality assurance reports. All CFS staff continue to be able to access aggregate reports from the CFS' information system through the EZ Access Report Site created in 2016. The CFS case managers are able to utilize reports to manage their work and identify cases requiring additional discussions or reviews to ensure timely achievement of safety permanency and well-being.

The EZ Access report site allows CFS staff to easily access key reports including the following:

- Daily Case Manager Due Date reports which illustrates all pending, completed and late case management activities. CFS case managers can review and print case details in an organized manner which may improve their case management capability.
- Ad hoc reports CFS staff use to identify cases for their internal reviews ensure safety, permanency and well-being is achieved for the youth. Some of these reports include:
    - Intake Weekly Reports assisting 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

In addition to accessing aggregated reports on the EZ Access Report Site, CFS generates many other data reports which are posted on the Department's share point site often referred to as "Business Intelligence (BI) Portal." CFS staff can access daily, weekly and monthly reports to inform them about safety, permanency and well-being outcomes. The CFS case management provider in the Eastern Service Area, Saint Francis Ministries, as well as each of the Tribes have access to their own Sharepoint folders with similar data reports only with information specific to the children and families they serve.

CFS continues to use a cloud-based information system for communications, performance tracking and reports with service providers. This cloud-based system allows CFS 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 outcomes and much more. The system also allows CFS and providers to track complaints and address on an ongoing basis.

CFS utilized results from the Federal CFSR Review in 2017, data from other state case reviews, quality assurance reviews, and stakeholder feedback to develop the State's

Program Improvement Plan (PIP) as well as update current statewide and local CQI goals, objectives and interventions. Root cause analysis, including specific data used to update goals and strategies, are included in Nebraska's Program Improvement Plan.

(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, NFOCUS data reports, stakeholder feedback, systemic factor reviews, CFSR case reviews, surveys, and other sources, they are prioritized and addressed through the CQI process.

In addition to internal CQI evaluations, DHHS also measures progress for specific programs through external evaluations. For example, in addition to internal case reviews and monitoring, Nebraska also contracts with the University of Nebraska Lincoln Center for Children, Family and the Law 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 processes and expected changes that address areas needing improvement.

Progress Made in the Past Year: During the past year, CFS has maintained a best-in-class comprehensive CQI program that continues to help keep children safe, while concurrently providing ongoing training and support to the CFS case managers and administration. The CQI program has continued to evolve according to Children's Bureau's input, the case review results, analytical results, and the needs or requests of Field Operations. During the past five years, CFS has sustained high-performance levels for many critical case management measures such as monthly required contacts, frequency of family team meetings, case planning, placement documentation, Structured Decision Making (SDM) fidelity, accurate intake screening decisions, absence of recurrence of maltreatment, absence of re-entry, and placement stability to name just a few.

Feedback continues to be one of the most important and often most difficult mechanisms in a successful CQI system. Nebraska continues to utilize a multi-pronged approach (Quick tips; emails, onsite training etc.) to ensure information is distributed to child welfare stakeholders.

In the past year, feedback and technical assistance has been provided to the Service Areas in numerous ways:

- Through weekly Service Area Administrator calls and monthly Administrator meetings. Each of these meetings are attended by relatively smaller groups where

the conversation is direct and focused to the agenda items. This format enables the communication to be succinct, include specific instructions and often the subject is finalized during the meeting.

- Statewide service provider meetings, and service area specific provider meetings. Each of these formats continues to be a very efficient method for facilitating consistent dialogue with providers to proactively plan, identify challenges, and to brainstorm solutions as one system collaboratively.
- Quarterly Service Area CFS Supervisor and Administrator CQI meetings. The focus of these meetings has been on Safety, Permanency, and Well-Being Outcomes. Discussions around strengths, areas needing improvement, and strategies for improvement.

Feedback and technical assistance was also provided by the QA team when a need is identified during CQI meetings and as requested by the Service Area Administrators. In the past year the CQI team provided the following assistance to field staff:

- Quality Quick Tip emails with reminders and tips on various case management activities and instructions for documentation of those activities in the state's information system.
- CFSR trainings are held for all new caseworkers to introduce them to the CFSR and the various components of Safety, Permanency and Well-Being. During this meeting, the Quality Assurance process is discussed and open dialogue between the Quality Assurance team and workers occurs.
- Administrative review notifications are sent to CFS Administrators in the event the case reviewer discovers incomplete work or insufficient explanation that could result in a safety issue for the child.
- Positive review notifications are sent to CFS Administrators to recognize excellent case management practices discovered during quality assurance reviews.

Plan for Improvement: In the past year, Nebraska began taking steps to address improvements in the following areas:

- Nebraska continues to have a strong CQI program and is committed to continuing to evaluate and make necessary changes to adapt to new findings, new regulations, and the ever-changing needs of the staff and stakeholders who utilize data to make crucial decisions as part of the State’s CQI process to improve outcomes for youth and families.
- In concert with the federal Family First Prevention Service Act (FFPSA) legislation, Nebraska is gearing up resources to add additional reviews and analysis to in-home youth to ensure alignment with FFPSA requirements.
- Nebraska expanded its CQI program by looking at both analytical and qualitative review of youth involved in both Economic Assistance and Protection and Safety systems to identify trends, corollaries, and areas that present opportunities to improve case management activities and performance.

Employee turnover within the Protection and Safety discipline is a challenge for Nebraska as it is for most jurisdictions. Fortunately, Nebraska is a member of the federal QIC-WD research project. This research project has provided CFS with many learning opportunities and is progressing as planned.

While quantitative reviews are of great value, Nebraska continues to have a nationally recognized and unique strength in our successful execution of proactive case reviews. Given this ability, Nebraska continues to be very vigilant about the quality of our case management. Nebraska's pro-active safety and administrative case reviews provide a powerful insight into the case management activities occurring across the state. These case reviews help identify safety risks before they become safety incidents while recognizing CFS case managers who perform high-quality work through case-specific recognition. As indicated previously, Nebraska's CQI is a synergistic process bringing together a wide array of information in a collaborative fashion, designed to improve outcomes for the children and families served.

Staff and Provider Training

Item 26. Initial Staff Training

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure initial training is provided to all staff who deliver services according to the CFSP, including the necessary skills and knowledge required for their positions.

CFSR Finding: Nebraska received an overall rating of Strength for Item 26 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed training for new case management staff routinely occurs across the state within the state's established time frames. Stakeholders noted that training routinely provides new staff with the knowledge and skills needed to assume their case management duties. Stakeholders explained any case assignments made before the completion of training are closely monitored and informed by the caseworker's supervisor's assessment of relevant skills and readiness.

Updated Data and Information: The CFS's training program was previously listed as a strength in its prior CFSR. CFS continues to enhance training to focus on the areas of need identified in the prior CFSR for case management practices, stakeholder recommendations, and new federal and state legislation.

CFS provides a comprehensive training program for new Children and Family Services Trainees. Training consultants were utilized to develop a New Worker Training Model, which was implemented in May 2017. The training was modified based on the feedback

of prior trainees, stakeholders, CQI, and needs of the field. Training is offered in an alternating pattern of multiple weeks of local office learning interspersed with single weeks of classroom application training.

During the local office learning weeks, trainees acquire new knowledge and skills by completing self-paced online learning activities, participating in webinars, completing field tasks outlined in the Service Area Learning Team (SALT) binder, and by participating in the field shadowing or observation opportunities supported by Field Training case manager (FTS)s.

Classroom weeks are face-to-face instructor-led training in Lincoln, Nebraska focused on application, role play, and simulated experiences allowing trainees to apply what is learned during the previous local-office learning weeks. CFS Trainees are assigned to work with four families and supervisors will assess the CFS Trainees knowledge, skills and abilities utilizing the Competency Development Tool (CDT) between weeks 16 and 20. Upon successfully passing the CDT, the CFS Trainee may be promoted to CFS case manager on original probation.

After promotion to a CFS case manager, their caseload will gradually increase to a full caseload. For a full description of New Worker Training, please see the **Training Plan submitted for 2021**. Changes and modifications are included in the **Training Plan submitted for 2021**. For the purposes of this systemic factor, Initial Training will be defined as New Worker Training.

The CFS has a waiver process for employees returning to CFS or those who have case management experience from another child welfare entity. The SALT reviews the learning objectives from the trainee's prior training and compares them to the current learning objectives. If the learning objectives are the same or similar, that unit may be waived, and the trainee would not have to attend that course.

Relative Quantitative and Qualitative Data and Information
CFS) staff receive training under the established curriculum and time frames for the provision of initial training. For consistency, initial training functions on a statewide basis.

Completion of Initial Training data. Number of CFS Trainees Completed New Worker Training
(March 2019 – March 2020)

START DATE / MODEL	03/4/19	04/22/19	05/27/19	07/15/19	09/02/19	10/07/19	11/1819	01/16/20	02/10/20	3/23/20	Sub-total
# of CFS Trainees who *should have* completed Initial Training	16	14	26	15	14	16	10	11	8	8	111
# of CFS Trainees who *actually* completed Initial Training	14	13	25	14	14	14	9	-	-	-	103
% completed	87.5	92.9	96.1	93.3	100	87.5	90	-	-	-	92.8

***Source – UNL-CCFL and CFS Human Resources Data – Compiled by S. Borowski on 5/1/2020*

This data illustrates that from March 2019 through March 2020, 92.8% of CFS Trainees completed new worker training. This is an increase in completion rate from the prior reporting period of 75.7%. The data is based on the number of new workers who had an opportunity to complete training but did not meet all requirements within the training period. In review, the reasons for lack of completion or delays in training completion are related to illness and approved time off. Notably, this this data does not include the resignation of new workers during the training phase.

In order to educate CFS Supervisors on how to receive timely feedback on their trainees and to monitor training completion, a CFS Supervisor training was created. This training walks the CFS Supervisor through the Online Classroom processes and provides information on what to expect from the Field Training case managers. The Field Training case managers provide a monthly training completion report to CFS Supervisors that monitor unit completion, in addition to ongoing SALT meetings with CFS Trainees and Supervisors. Despite the communication, some trainees are still not completing all training units or assignments prior to case assignment. Adding another level of accountability, the monthly training completion report will be forwarded to CFS Administrators. The monthly training completion report identifies the new worker and the training components not completed. The University of Nebraska- Lincoln, Center on Children, Families, and the Law's quarterly report will be forwarded to Service Area Administrators and Central Office Program case manager, to determine if additional follow up steps are needed. This quarterly report includes information on new workers missing training components. CFS Administrators are expected to follow-up with their teammates to ensure all training is completed.

Number of Tribal Workers Completed New Worker Training (March 2019 – March 2020)

START DATE / MODEL	03/4/19	04/22/19	05/27/19	07/15/19	09/02/19	10/07/19	11/18/19	01/16/20	02/10/20	03/23/20	Sub-total
# of Tribal Workers who *should have* completed Initial Training	4	0	0	5	2	1	0	0	2	2	12
# of Tribal Workers who *actually* completed Initial Training	0	0	0	0	0	0	0	-	-	-	0
% completed	0	0	0	0	0	0	0	-	-	-	0

*****Source – UNL-CCFL and CFS Human Resources Data – Compiled by S. Borowski as of 5/1/2020

University of Nebraska Lincoln-Center on Children, Families, and the Law (UNL-CCFL) tracks and maintains training completion data for Tribal workers attending New Worker Training. For the period under review, Tribal training completion data is outlined in the table above.

Completion numbers are based on completing all training and activities. Despite Tribal workers attending more regularly, Tribal workers still rarely complete the entire required training. Barriers identified by Tribal Workers completing New Worker Training include: being assigned to work with families during training, high workload and work specialization. Tribal training completion requirements are adjusted for Tribal Workers, as some training units are not applicable for their tribal child welfare system. Examples are court systems (legal training and testifying). There are some Tribal Workers who only attend the portion of training that is related to their specific job duties and functions. Tribal Workers perform a multitude of different functions, and oftentimes, workloads are prioritized above attending the training. The Tribal staff has the same communication in regards to missed training as CFS staff, and a make-up plan is created when needed. In order to address completion of new worker training, additional planning meetings are being scheduled to ensure New Worker Training is attainable for Tribal Workers and if any other accommodations are needed to ensure they are sufficiently trained to complete case management duties.

Number of St Francis Trainees Completed New Worker Training (Nov 2019 – March 2020)

START DATE / MODEL	11/01/19	12/12/19	01/08/20	02/10/20	3/23/20	Sub-total
# of Trainees who *should have* completed Initial Training	4	8	4	2	9	16
# of Trainees who *actually* completed Initial Training	2	5	3	-	-	10
% completed	50	62.5	75	-	-	62.5

***Source – UNL-CCFL and St Francis – Compiled by S. Borowski as of 5/1/2020*

University of Nebraska Lincoln-Center on Children, Families, and the Law (UNL-CCFL) tracks and maintains training completion data for SFM trainees attending New Worker Training. For the period under review, SFM training completion data is outlined in the table above. From November 2019-January 2020, Saint Francis Ministries (SFM) CFS case managers received an expedited-eight week modified training, receiving units most closely aligned with their responsibilities. All remaining identified training units in New Worker Training were offered post eight weeks, including field shadowing. Starting in February 2020, SFM new workers joined the regularly scheduled training with CFS and Tribal workers for training. SFM has seen similar reasons regarding lack of completion, as CFS staff. SFM staff have the same communication in regards to missed training as CFS staff and a make-up plan is created when needed.

Accuracy and Quality of Completion Data: Training completion data continues to be tracked in LINK-EDC and the Online Classroom (OC). LINK-EDC is the CFS tracking system for training and other work activities. UNL-CCFL has systems in place to ensure trainees are attending and completing training for all methods offered. The OC allows UNL-CCFL to examine trainee's work on the OC, including the length of time spent on activities, progress, and completion of activities. The OC tracking functions allow trainers, Field Training case managers (FTS), and supervisors the ability to track their trainees' progress in real-time and supports the provision of timely feedback. Further, the FTSs track training received by trainees and then follow up to ensure completion of training requirements. This type of tracking allows for trainers, FTS and supervisors to hold the trainee accountable to complete all the required training.

UNL-CCFL's tracking data for Tribal workers and SFM workers is consistent with the measures taken for CFS trainees.

Quality of Initial Training Data: CFS continues to use Quality Improvement Team reviews, curriculum delivery reviews, end of unit evaluations, field evaluations, competency assessments, and the Competency Development Tool to determine how well training addresses necessary skills and knowledge needed by staff to carry out their duties. 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 training 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. Training Units is the number of unique curricula included (e.g., Testifying Techniques, Worker Safety). The results are based on training evaluation data recorded between July 1, 2019 and May 4, 2020.

Evaluation Item	**New Worker Training**
	Responses = 7,177 Training Units = 50
1. The trainer showed a high level of knowledge about the training topic	4.86
2. The trainer presented information in a clear and concise manner	4.83
3. The trainer demonstrated a high level of preparation and organization	4.83
4. The trainer provided summaries and emphasized the main points	4.86
5. The trainer demonstrated a respectful attitude toward trainees	4.87
6. The trainer responded effectively to the trainees' questions and comments	4.85
7. The training was well paced–not too fast/not too slow	4.78
TRAINING QUESTIONS (all methods)	Responses = 9,369 Training Units = 76
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)	4.63
3. The training engaged me in the learning process (e.g., through activities, practice, and discussion)	4.64

4. The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation	4.63
5. The training gave me new knowledge and skills that will be useful in my job	4.70
ONLINE TRAINING ONLY QUESTIONS (webinar and self-paced online)	Responses = 5,254 to 7,578 Training Units = 36 to 64
1. I was able to see everything I needed to see (e.g., slides, videos, documents, other trainees, or the trainer)	4.53
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	4.73
4. The trainer demonstrated proficiency in the use of the technology	4.67
5. I was able to easily access the training and training materials	4.52
6. The training technology enhanced the learning experience	4.44
SELF-PACED TRAINING ONLY QUESTIONS	Responses = 2,595 Training Units = 32
1. The instructions were clear and easy to follow	4.37
2. The training materials were clear and easy to follow	4.30
3. The training activities and exercises could be accomplished with the information provided	4.31
TRAINING TRANSFER QUESTIONS (all methods)	Responses = 9,340 Training Units = 75
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	4.65

In addition to answering the Likert Scale items, trainees can 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.

Trainees and supervisors complete an evaluation at the end of training titled ‘End of Training Field Evaluation Report’. The following table displays average ratings for the different types of training and corresponding evaluation items. Trainees and supervisors are asked to rate their level of agreement with each evaluation statement (*1 = Strongly Disagree, 5 = Strongly Agree*). Ratings are then collapsed across trainees, supervisors,

and training sessions to arrive at response averages for each evaluation item. *Responses* are the number of ratings provided for each evaluation item by trainees and supervisors. The following chart provides the average ratings only for the training units provided to trainees who began training between March 2019 and December 2019.

Description of Evaluation Question	End of Training Worker Survey[1]	Quarterly Supervisor Survey[1]
	N = 66 to 68[2]	N = 37 to 52[3]
SALT meeting effectiveness	**3.99**	**4.10**
Adequacy and timeliness of training feedback	**3.42**	**3.98**
Effectiveness of the online classroom for training	**3.90**	**3.68**
Ability to navigate the online classroom	**4.18**	**N/A**
Effectiveness of distance learning format	**3.79**	**4.42**
Value of in-person training format to observe and practice skills	**4.42**	**N/A**
Value of field training opportunities to observe and practice skills	**4.06**	**N/A**
FTS availability and support	**3.97**	**4.12**
Supervisor availability and support	**4.28**	**4.31**
Knowledge of where to find required information	**4.22**	**4.18**
Timing and sequence of training	**3.52**	**N/A**
Preparedness when began working independently with families	**3.88**	**4.00**
Discussion of first cases with SALT	**N/A**	**4.43**
Availability of someone to accompany trainees to court	**N/A**	**4.32**

[1] For all measures, the rating scale is 1 to 5. Higher ratings are more desirable.

[2] These data are from trainees who began training between March 2019 and December 2019. The response rate ranged from 47.48-48.92% for these data.

[3] These data are from supervisors whose trainees began training between January 2019 and November 2019. The response rate ranged from 35.24-49.52% for these data.

Based on this most recent data, a few identified areas for improvement are adequacy and timeliness of training feedback, timing and sequence of training.

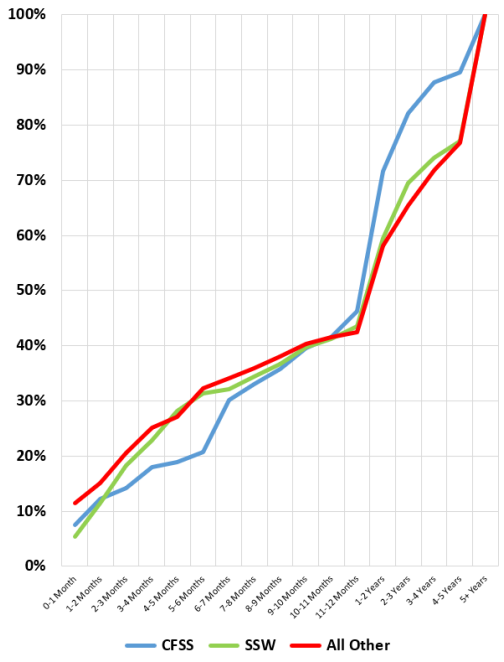
The Competency Development Tool (CDT) continues to be used as a measure to indicate a trainee is ready to independently case manage and be promoted to a Child and Family Services case manager. Based on reduced completion rates of the CDT as described in the prior CFSP/APSR submission, a workgroup was created to modify the CDT to meet the needs of the field yet still provide for assessment on competency. Modifications to the CDT were finalized in October 2019. In order to a clear picture of whether the modifications resulted in improved completion, data will need to be collected for the next six months.

Retention Data CFS: In looking at retention data based on separations from DHHS, CFS Trainees and case managers have a higher retention rate relative to other CFS employees, such as Social Services Workers (SSW), during the first six months. At about one year of experience in the role, CFS case manager staff begin to separate faster relative to the other groups. It should be of note that CFS New Worker Training is approximately five months long. Upon completion of training, CFS case managers build towards a full caseload. After analyzing this data, additional retention strategies should be put in place once CFS Trainees and CFS case managers start building a caseload.

Nebraska Department of Health and Human Services (NEDHHS) - 2019 Separation Data*

Cumulative 2019 Separation Data (*cf %*)

Span	CFSS	SSW	All Other
0-1 Month	8%	5%	11%
1-2 Months	12%	11%	15%
2-3 Months	14%	18%	21%
3-4 Months	18%	23%	25%
4-5 Months	19%	28%	27%
5-6 Months	21%	31%	32%
6-7 Months	30%	32%	34%
7-8 Months	33%	34%	36%
8-9 Months	36%	37%	38%
9-10 Months	40%	40%	40%
10-11 Months	42%	41%	42%
11-12 Months	46%	44%	42%
1-2 Years	72%	60%	58%
2-3 Years	82%	69%	65%
3-4 Years	88%	74%	72%
4-5 Years	90%	77%	77%
5+ Years	100%	100%	100%



Saint Francis Ministries (ESA): Saint Francis Ministries (SFM) derives its initial and ongoing training from a variety of sources. SFM employs a case manager who provides initial and ongoing training to employees regardless of their programs or positions. A Program Training case manager provides initial training to new CFS case managers and case management supervisors who do not have previous case management experience or training. In contrast, a Program Trainer provides initial training to new Family Support Workers who do not have previous support worker experience or training. All of these pieces of training are provided in person or virtually through a variety of web-based applications.
SFM also maintains its learning management system hosted by Moodle where initial and ongoing self-paced online training is available to employees. Also, within this system are links to other initial and ongoing self-paced online training hosted by external entities. Also, SFM coordinates with the University of Nebraska-Lincoln, Center on Children, Families and the Law for the initial CFS Child Protection and Safety New Worker Training for new CFS case managers and case management supervisors who do not have previous case management experience or training.

All new SFM employees complete an Online Orientation Program located within SFM' own learning management system. As you will see in the table below, 275 out of 281 employees who were hired by SFM to provide case management in the Eastern Service Area completed it, for a completion rate of 98%. The six employees who did not complete it were terminated before they were able to do so.

# of Employees Hired for Nebraska Eastern Region	281
# of Employees Who Completed Online Orientation	275
% Completed	98%

Within the Online Orientation is a link to a Defensive Driving course sanctioned by the National Safety Council for those employees who transport clients. The table below shows 93% of employees who transport clients completed the Defensive Driving training. The four employees who did not complete it were terminated before they were able to do so.

# of Employees Who Transport Clients	60
# of Employees Who Completed Defensive Driving	56
% Completed	93%

SFM utilizes the same initial new worker training utilized by DHHS for all of its new CFS case managers and case management supervisors who do not have previous case management experience or training. This training, as referenced above in the DHHS section, consists of a variety of self-paced online, webinar, and instructor-led training, as well as team meetings, simulations, labs, shadowing, tours, demonstrations, and field observations. See the DHHS Initial Staff Training section described above for additional information.

Employees who have previous case management experience or training are waived of New Worker Training and Defensive Driving by the DHHS Administrator. The table below reflects 100% of the waivers requested were approved.

# of Employees Who Required a Waiver	134
# of Waivers Received	134
% Approved	100%

SFM Supervisors and the Program Training case manager administer a Competency Development Tool (CDT) whereby new CFS case manager and case management supervisors who do not have previous case management experience or training must demonstrate their competency before assuming case management or supervisory responsibilities. The CDT consists of oral and written evaluations of the employee's case management knowledge and skills. New CFS case managers must complete a CDT in order to be assigned additional cases and to have unsupervised contact with clients. The table below shows 16 out of 36 employees have completed a CDT while 10 out of 36 employees are currently in process, for a completion or in process rate of 72%. The ten employees who did not complete the CDT and are not in the process were terminated before they were eligible to do so.

# of CDTs Required	36
# of CDTs Successfully Completed	16
# of CDTs in Process	10
% Completed/In Process	72%

SFM supervisors and directors may make an exception if a new case manager has prior case management experience or can demonstrate their readiness to accept additional assignments beyond the progression of assignments outlined above.

All new Family Support Workers at SFM begin initial training regarding their program, office, and position, including SFM specific policies, procedures, and forms. These training are available in person, virtually, and self-paced online. Employees who have previous support worker experience or training are waived of new worker training. As you will see in the table below, most trainings have a completion rate of 100%. Those that do not are currently in process.

Training Title	Advanced Boundaries	Baggage and Bonding	Bridges Out of Poverty	Case Management Procedures	Child Development	Childhood Domestic Violence	Compassion Fatigue
# of Employees Required to Complete Training	12	12	12	12	12	12	12
# of Employees Who Completed Training	12	11	12	12	11	12	12
% Completed	100%	92%	100%	100%	92%	100%	100%

Training Title	Critical Thinking	Documentation	Domestic Violence Risk Assessment	Engaging Children and Families	Ethical Professional	Ethics of Cultural Competence
# of Employees Required to Complete Training	12	12	12	12	12	12
# of Employees Who Completed Training	12	12	10	12	12	12
% Completed	100%	100%	83%	100%	100%	100%

Training Title	Human Trafficking	NFOCUS/ SDM Overview	Parent Coaching/Visit Planning	Safe Sleep	Social Service Safety	Trauma Informed Care
# of Employees Required to Complete Training	12	12	12	12	12	12
# of Employees Who Completed Training	12	12	12	12	12	12
% Completed	100%	100%	100%	100%	100%	100%

At 60 and 120 days, Supervisors and the Program Trainer conduct evaluations with new Family Support Workers to determine if their performance meets the expectations and competencies of the positions for which they have been hired.

Beginning in May 2020, once New Worker Training has been completed, all new CFS case managers and case management supervisors will complete training regarding their

program, office, and position, including SFM specific policies, procedures, and forms not covered in New Worker Training. Topics will include:

- Case Management Procedures
- Multiethnic Placement Act

Also beginning in May 2020, all direct care employees who provide case management services will be required to complete additional training, per SFM, the contract, Joint Commission, and best practice standards. Topics will include:

- CPR/First Aid
- Case Life Skills
- Educational Boundaries with Clients
- Motivational Interviewing
- Reasonable and Prudent Parent Standard
- Suicide Risk Assessment and Precaution Intervention

Level I Training Evaluations are conducted for in-person or virtual initial and ongoing training. Participants rate the content and presentation of the material using a Likert scale ranging from 5 (Best) to 1 (Worst). The table below, which includes results from initial and ongoing trainings, demonstrates the results from 62 evaluations received with an Overall Average Score of 4.86 out of 5.

Content	**Average Score**
Information provided was of use to me.	**4.72**
Information was at an appropriate level for me.	**4.71**
Content was well organized.	**4.9**
Content was of interest to me.	**4.81**
Learning objectives of the program were clear.	**4.89**
Presentation	
Instructor(s) presented ideas clearly.	**4.95**
Instructor(s) appeared knowledgeable.	**4.93**
Instructor(s) invited participation from group.	**4.95**

Handouts and visuals assisted the overall understanding of material.	**4.82**
Instructor(s) helped make connection between content and practice.	**4.89**
Overall Average Score	**4.86**

In addition, participants are asked to respond to two statements. The first statement is "Please list one new idea you learned that you believe you will try to use in your work." This statement encourages participants to consider how they will apply the training material to their everyday work to facilitate the transfer of learning. Most participants complete the statement, and the feedback is typically positive. Responses consistently indicate participants are engaging in the training in ways allowing trainees to identify skills they can use moving forward. Typical responses include how participants will strive to practice self-regulation, pay more attention to how they listen to others, and demonstrate compassion based upon the history of others. The second statement is "Please make any comments you believe will help us improve this training." In response to this statement, participants focus on topics they would like to have added to the training or on additional topics they would like to have training. For instance, the impact of culture on de-escalation, having difficult conversations with children, and de-escalation via the telephone are topics that have been requested. All feedback provided through these evaluations is utilized to improve the content and presentation of future training for SFM employees.

Item 27. Ongoing Staff Training

Description of Systemic Factor Item: The staff and provider training system is functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.
CFSR Finding: Nebraska received an overall rating of Strength for Item 27 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed staff across the state routinely complete the required ongoing training hours within the state's established time frames. Stakeholders said ongoing training routinely provides caseworkers and supervisors with the knowledge and skills needed to perform their duties.

Updated Data and Information: CFS has a Professional Development Standard Work Instruction requiring all CFS case managers, CFS Supervisors, CFS Administrators and CFS Program case managers to complete twenty-four hours of in-service professional

development per year. The twenty-four hour annual training requirement is based on a calendar year, January 1 through December 31 following the successful completion of New Worker Training.

Professional development is training as approved by the employee's supervisor that enhances the employee's knowledge and skills of assessing child or adult safety, initial assessments of children and families, ongoing case management and the provision of services. Data is 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.

SFM requires all CFS case managers and case manager supervisors to complete twenty-four hours of ongoing training each year. Tribal workers do not have an ongoing training requirement.

CFS-Relative Quantitative and Qualitative Data and Information: All data for CFS regarding ongoing training is collected in the LINK-EDC system. Trainings developed and delivered by the Center on Children, Families and the Law (CCFL) or CFS are loaded and tracked through the LINK-EDC system. The Protection and Safety Professional Development Requirements memo includes instructions for staff to upload any pieces of training or conferences attended not delivered by CCFL or CFS in order to receive credit for attending. A certificate or documentation verifying attendance is required and scanned into the LINK-EDC system in order to receive credit for those training hours. CFS saw an increasing trend in the completion of Professional Development Requirements from 79% in 2018 to 86% in 2019. Accuracy of the completion of ongoing training data is not guaranteed as CFS staff do not always enter the information required for external training. The data is also skewed as CFS has no way to exclude staff who have not been with CFS for an entire calendar year from the denominator. Therefore, CFS will always have staff showing they have not completed twenty-four hours of ongoing Professional Development.

When training is provided by CCFL, an end of unit evaluation is provided to the participants regarding perceptions of how well the training was delivered; whether the training provided the participant with new knowledge and skills useful in the job; and of the transfer of learning from the classroom to the field. The following chart outlines the responses from the evaluations collected from In-Service units held during July 1, 2019-May 4, 2020.

The following table displays average ratings for the different types of In-Service training 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. *Training Units* is the number of unique curricula included.

Evaluation Item	**In-Services**
TRAINER QUESTIONS (face-to-face and webinar)	Responses = 207 Training Units = 8
1. The trainer showed a high level of knowledge about the training topic	4.73
2. The trainer presented information in a clear and concise manner	4.72
3. The trainer demonstrated a high level of preparation and organization	4.72
4. The trainer provided summaries and emphasized the main points	4.65
5. The trainer demonstrated a respectful attitude toward trainees	4.78
6. The trainer responded effectively to the trainees' questions and comments	4.74
7. The training was well paced–not too fast/not too slow	4.69
TRAINING QUESTIONS (all methods)	Responses = 223 Training Units =18
1. The training was arranged in a logical sequence	4.55
2. The training utilized helpful teaching aids (e.g., helpful visuals, examples, handouts, job aids, videos)	4.55
3. The training engaged me in the learning process (e.g., through activities, practice, and discussion)	4.56
4. The training allowed me a fair opportunity to demonstrate the knowledge and skills I learned through a test or other evaluation	4.54
5. The training gave me new knowledge and skills that will be useful in my job	4.56
ONLINE TRAINING ONLY QUESTIONS (webinar and self-paced online)	Responses = 168 Training Units = 13
1. I was able to see everything I needed to see (e.g., slides, videos, documents, other trainees, or the trainer)	4.47
2. I was able to hear everything I needed to hear (e.g., videos, other trainees, or the trainer)	4.85
3. I was able to ask and answer questions or contribute comments	5.00

Evaluation Item	In-Services
4. The trainer demonstrated proficiency in the use of the technology	4.50
5. I was able to easily access the training and training materials	4.51
6. The training technology enhanced the learning experience	4.49
SELF-PACED TRAINING ONLY QUESTIONS	Responses = 71 Training Units = 13
1. The instructions were clear and easy to follow	4.51
2. The training materials were clear and easy to follow	4.38
3. The training activities and exercises could be accomplished with the information provided	4.44
TRAINING TRANSFER QUESTIONS (all methods)	Responses = 209 Training Units = 9
1. I am committed to applying what I learned in this training to my job	4.57
2. I feel confident that I can successfully apply what I learned in this training to my job	4.56

Based upon 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.

Saint Francis Ministries-Relative Quantitative/Qualitative Data and Information: All SFM direct-care employees are required to complete twenty-four hours of ongoing training per year. While the topics are not required, employees may access any of the following optional training to not only meet this requirement but to further their knowledge and skills:
SFM places great emphasis on the continuous improvement of its leadership staff. To that end, a leadership training program is provided to enhance leadership skills and to develop the future leaders of the organization. Topics include:

- Adoption and Kinship Preparation Processes
- Adverse Childhood Experiences/Paper Tigers
- Bed Bugs in Home Visit
- Child and Family Services Review Fundamentals
- Child Sexual Predators
- Childhood Grief
- Crossover Youth Practice Model
- Difficult Conversations
- DSM 5 Diagnosis and Treatment

- Ethics: Dual Relationships
- Federal Discrimination Law
- Fetal Alcohol Spectrum Disorder
- Healing and Resilience
- Human Trafficking
- Icebreaker Meeting Facilitations
- ICWA Active Efforts
- Keeping Kids Safe Online
- Legal (Basic, Intermediate, Advanced)
- Non-custodial Parents
- Personal Resilience
- Six Protective Factors
- Strengthening Families Program
- Transition Plan for Successful Adulthood
- Trauma-Informed Care
- Trauma Systems Therapy
- Visiting Children in Out of Home Placements
- Working to Keep Families Together
- Xtreme Recruitment

The same Level I Training Evaluations conducted for initial training are conducted for ongoing training, whereby participants rate the content and presentation of the material using a Likert scale ranging from 5 (Best) to 1 (Worst). See above SFM Initial Staff Training section for additional information.

Item 28. Foster and Adoptive Parent Training

Description of Systemic Factor Item: The staff and provider training system is functioning statewide 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) in order to address the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

CFSR Finding: Nebraska received an overall rating of Strength for Item 28 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed that foster and pre-adoptive parents routinely receive the twenty-four hours of initial training before receiving a license and the initial training routinely addresses the skills and knowledge base needed by foster and adoptive parents.

Updated Data and Information: CFS continues to utilize TIPS-MAPP and Deciding Together for pre-service training for foster parents. CFS worked with their contracted providers and the Children's Alliance in Kansas during the COVID-19 pandemic to ensure these pieces of training could still occur with some modifications to ensure social distancing was able to occur. CFS is working on training and licensing all foster homes, including relative and kinship foster homes. CFS developed and began to utilize, in the fall of 2019, online training for relative and kinship homes. CFS staff and contracted foster care providers work with families to ensure they receive pre-service foster parent training.

CFS is developing additional online training modules for foster/adoptive families. These training modules help families with learning more about supports and services to assist with the placement of the foster/adoptive child in their home. CFS contracted with Project Harmony to develop training regarding sexual abuse. All foster parents are required to attend Darkness to Light training, and there have been other training modules created to address sexual abuse. These modules are Managing Sexual Abuse and Sexual Abuse Prevention. These modules are available for foster parents as well as staff.

Service Array and Resource Development

Item 29. Array of Services

Description of Systemic Factor Item: The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.

CFSR Finding: Nebraska received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews.

Information from the statewide assessment and collected during interviews with stakeholders showed Nebraska has challenges in accessing needed services in more rural areas of the state, especially in the western part of the state. Stakeholders reported accessing substance abuse assessment and treatment services for parents and youth was awkward and there were challenges with accessing mental health services for parents and children, uniquely more specialized services to address attachment, trauma, adoption, dual-diagnosis, and sexual abuse-related issues.

Stakeholders stated it was difficult to access housing, residential treatment for youth, prevention services, and reported a lack of adequate placement resources for children. While the state has increased the availability of Intensive Family Preservation Services, stakeholders said the need for this service exceeds the current capacity. Stakeholders reflected the lack of transportation, lack of providers, waitlists, and limited payment options are barriers to accessing needed services.

Updated Data and Information: Nebraska continues to provide Intensive Family Preservation Services and Intensive Family Reunification services statewide. Nebraska has expanded capacity in providing Family Centered Treatment (FCT) and intends to add capacity in the coming year. At this time, there is limited capacity in the Western Service Area to provide FCT due to a lack of therapeutic providers. Nebraska has engaged stakeholders to strategize ways to recruit FCT therapists for this area. The FCT model allows bachelor level staff to provide therapeutic services. Nebraska will work with our partners in Medicaid and the Division of Public Health to determine if this is a viable option. The Family Centered Treatment Foundation is exploring a pilot program to utilize a telehealth model, given the present circumstances regarding COVID-19.

Saint Francis Ministries (SFM) serves this area but has been unable to serve the eleven panhandle counties since September 2019 when a provider left the agency. SFM committed to continuing services for the existing families served in panhandle counties until discharge but have been unable to take new referrals since that time. SFM has reached out to the local colleges and had the position posted on several platforms but had no viable applicants. Given the current pandemic and most service models allowing services via telehealth, CFS worked with SFM on a short term solution to begin taking some referrals in this area via telehealth with the approval of the Family Centered Treatment Foundation, the licensing body of FCT providers.

Nebraska is working with stakeholders to strategize ways to recruit FCT therapists for Western Nebraska. In May 2020, CFS facilitated a brainstorming session on how to maintain FCT services in the panhandle of Nebraska with a group of stakeholders, including Educational Service Unit (ESU) 13 and Region 1. It is not uncommon in this region of the state to experience long delays in service access. Several options were explored, including ESU 13 and Region 1 reaching out to providers to train FCT clinicians with no candidates thus far. Overall, the consensus is to explore offering FCT in this area using bachelor level staff as the most viable and sustainable option.

The FCT model allows flexibility while still maintaining fidelity to the model and consistent outcomes. CFS continues to work with SFM and the FCT Foundation on a proposal to pilot FCT with bachelors' level staff with clinician oversight and supervision. CFS is working with the Division of Public Health to ensure this proposal complies with licensing standards. Stakeholders agree this is a solution for in-home intensive services to families in this area and an opportunity to use FFPSA funding creatively to ensure equity of services to families across the state. A second option is the use of FCT via telehealth to

ensure and increase access. The FCT Foundation is gathering research and data on maintaining model fidelity and outcomes with an FCT model solely via telehealth to allow providers to use selectively. If approved by the FCT Foundation, FCT telehealth would be yet another option.

In the 2021 APSR, the state must review and update the data and information provided in their 2020-2024 CFSP. States are encouraged to supplement use of the Statewide Data Indicators and additional Contextual Data with use of additional current administrative data (CCWIS and other sources), as appropriate. Those administrative data resources should be combined with case record review data and other relevant data for this assessment to provide relevant and reliable data on performance on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors. (See 45 CFR 1355.34(b) for the seven CFSR outcomes and 1355.34(c) for the seven CFSR systemic factors.)

The state must identify strengths and concerns related to the state's performance on each outcome and each systemic factor. States are encouraged to include an analysis of data regarding significant areas of concern, with particular focus on those areas that may impact current goals, objectives, interventions and target populations. For each outcome and systemic factor, states must provide a brief update on any current or planned activities targeted at improving performance or addressing areas of concern identified.

Children's Bureau Regional Office staff will consult with states to determine how to align and report on an update to the outcomes and systemic factors, taking into account considerations related to the timing of the CFSR and CFSR PIP reporting.

Service Array and Resource Development

Item 29. Array of Services

Description of Systemic Factor Item: The service array and resource development system is functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP: (1) services that assess the strengths and needs of children and families and determine other service needs, (2) services that address the needs of families in addition to individual children in order to create a safe home environment, (3) services that enable children to remain safely with their parents when reasonable, and (4) services that help children in foster and adoptive placements achieve permanency.

CFSR Finding: Nebraska received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews.

Information from the statewide assessment and collected during interviews with stakeholders showed Nebraska has challenges in accessing needed services in more rural areas of the state, especially in the western part of the state. Stakeholders reported accessing substance abuse assessment and treatment services for parents and youth is awkward and there are challenges with accessing mental health services for parents and children, especially more specialized services to address attachment, trauma, adoption, dual-diagnosis, and sexual abuse-related issues.

Stakeholders reflected a difficulty in accessing housing, residential treatment for youth, prevention services, and a lack of adequate placement resources for children. While the state has increased the availability of Intensive Family Preservation Services, stakeholders said the need for this service exceeds the current capacity and the lack of transportation, lack of providers, waitlists, and limited payment options are barriers to accessing needed services.

Updated Data and Information: In June of 2019 Nebraska held a Family First Prevention Services Act (FFPSA) kickoff. Hundreds participated in the event either in person or by phone. The implementation team subsequently broke off into teams to address each aspect of the FFPSA legislation. Workgroups were identified for people to volunteer to participate, team leads were identified, and a website was developed. The website is located here: http://dhhs.ne.gov/Pages/Family-First.aspx

Meeting were scheduled and held and minutes were posted on the website. The draft FFPSA prevention plan was posted for review and comment. CFS held statewide FFPSA forums in Gering, North Platte, Grand Island, Norfolk, Lincoln and Omaha. Two sessions were held at each site. The FFPSA plan has been developed through a family advocate, community, and provider engagement. CFS has identified and implemented several EBPs currently in the process of implementing it.

Nebraska continues to provide Intensive Family Preservation Services and Intensive Family Reunification services statewide.

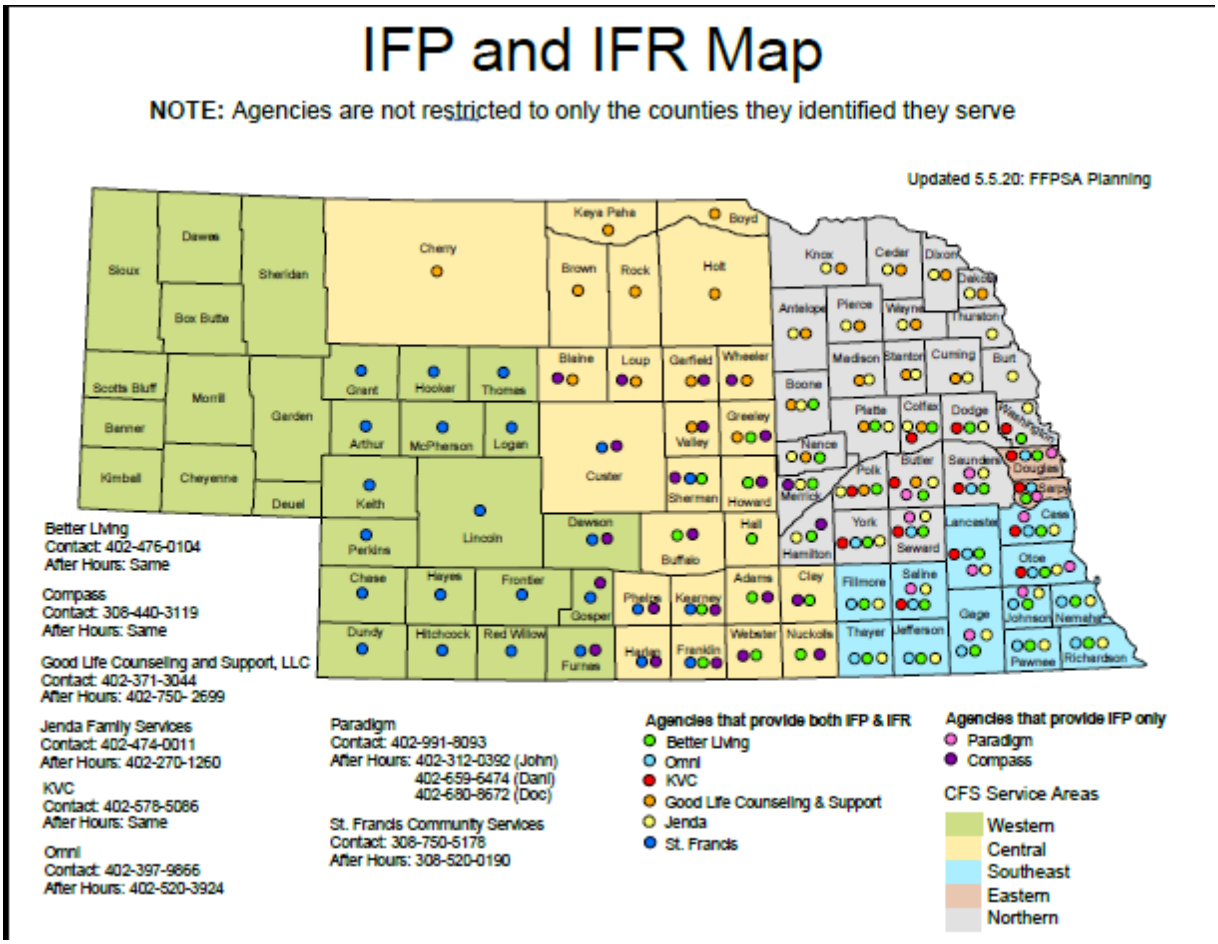
Nebraska has added Homebuilders to its FFPSA plan and is working with current IFP/IFR providers to determine interests to moving to the Homebuilders model of service delivery and the needs to make that transition. A second request for qualifications was issued for evidenced-based programs outlined in the FFPSA Title IV-E Prevention Services Plan for identifying current DHHS providers, or others, able to offer these services.

DHHS has identified the panhandle of Nebraska as the most remote site for service availability. Saint Francis Ministries (SFM) provides services in Western and Central Nebraska. As noted above, SFM has experienced difficulties hiring and retaining qualified staff for FCT service provision. Consequently, the workforce can be a barrier to delivering treatment services in rural areas. To overcome this barrier, CFS is partnering

with the provider network to strategize leveraging telehealth in rural areas to address the deficit.

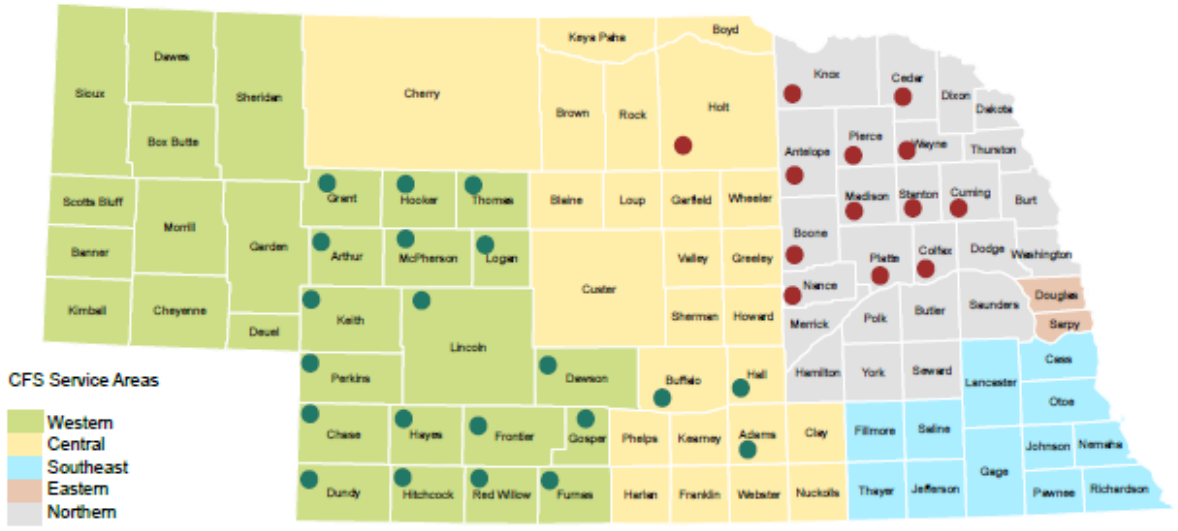
SFM has reached out to the local colleges and had the position posted on several platforms but had no viable applicants. Given the current pandemic and most service models allowing services via telehealth, CFS worked with SFM on a short term solution to begin taking some referrals in this area via telehealth with the approval of the Family Centered Treatment Foundation, the licensing body of FCT providers.

CFS and stakeholders collectively agree this is the best long term solution for in-home intensive services to families in this area and an opportunity to use FFPSA funding creatively to ensure equity of services to families across the state.



Family Centered Treatment (FCT)

Date: 5.5.20 for FFPSA Planning



Agency	Contact Number	Managed Care Organization agency with
St.Francis	(308) 390-9738	W, NTC, CHC
Good life Counseling	(402) 371-3044	W, NTC, CHC

Map Key

County agency serves

W-Wellcare

NTC-Nebraska Total Care

UHC-United Health Care

Family Support Service is defined as the provision of face-to-face assistance with coaching, teaching, and role modeling by a trained professional in the family home or community based setting to maintain and strengthen family functioning and alleviate stresses in the home. This service can be accessed for any adult or child involved with and referred by CFS. The purpose of Family Support Service is to assist with the prevention of out-of-home placement of children, and with the preparation of the natural family, including the child in placement, for the return of the child to the home.

The Family Support Service worker shall work with the case manager, parent, and involved professionals in assisting the family with meeting goals designed to (1) prevent or remedy abuse and neglect; (2) improve basic daily living, and coping skills; and (3) better manage the home, income, and resources. The Family Support Service Worker shall know the community and program resources and assist families with arranging for and obtaining: necessary medical care and treatment, appropriate support systems, and necessary training and education as identified in the service referral.

Family Support Service promotes child and family well-being, enhances the protective factors through increased knowledge of parenting and child development, builds

personal resilience by helping parents and family members overcome obstacles, promotes meaningful social connections, provides concrete supports, and encourages social and emotional competence.

Parenting time or supervised visitation is defined as supervised and monitored visits between parents and their children sufficient in length to promote parent-child attachment. The safety and best interest of the children involved are the primary considerations. Parenting time and supervised visitation workers engage, teach, and role model nurturing parenting practices during the supervision of parenting time. These services are provided in the family home whenever possible; or in the least restrictive, most home-like community-based setting that meets the needs for safety and that improves the stability of family members and the family unit. At this time, providers are not utilizing an identified evidenced-based practice model that they are utilizing for this service. The FFPSA team is working with our provider community to identify models that meet FFPSA standards.

The provider of this service will follow the parenting time plan developed by the DHHS case manager in accordance with the court order, and as described in the service referral. Whenever possible and appropriate, the parenting time plan shall be developed together with the parent(s), non-custodial parent, family members and other adults with whom the child has a significant attachment to. The provider will assist parents with developing the necessary skills and parenting practices to improve and promote a positive and healthy relationship between themselves and their child and to assist with the reunification of the family.

For additional information regarding service provision to address Item 29, please refer to the Service Array for Well Being Team and System of Care Services section.
The following are updates over the last year regarding Nebraska's System of Care (NeSOC) and related services indicated in the Service Array section of the CFSP submitted in 2019:

Nebraska's System of Care (NeSOC)
Over the last year, there has been increased availability of access to home-based services through implementation or expansion of evidence-based practices such as Family Centered Treatment (FCT), Parents and Children Together (PACT) and Multi-systemic Therapy (MST). As of July 2019, Saint Francis Ministries (SFM) was able to serve Nebraska's Western Service Area of 29 counties with FCT. In the past year, FCT has expanded to the Central Service area with (2) Clinicians, (2) Clinical interns who will provide FCT upon graduation and licensing in July 2020. There is active recruiting to fill a clinical position in McCook, a position in Scottsbluff, and three positions in Northern Nebraska Region 4 and surrounding areas. Good Life Counseling and SFM have five Clinicians who have completed the training. In November 2019, SFM expanded to include three more counties, and in May 2020, SFM provided FCT services via telehealth

due to COVID-19. FCT expansion across the entire state is currently under review through contract updates. Parents and Children Together (PACT) and Multi-Systemic Therapy (MST), also evidence-based practices, continue to be available for Nebraska families. There were 78 youth and family members served via PACT during the last fiscal year. Data from the Division of Medicaid and Long-Term Care (MLTC), during 2019, shows there were 677 Medicaid claims filed for MST for state wards in Nebraska.

NeSOC also implemented Intensive Outpatient services, the expanded capacity of:

- Wraparound services through the Professional Partner Program
- Youth and Family peer support

Youth Mobile Crisis Response (YMCR)
Over the last year, there were 380 individual episodes (instances) of YMCR usage across the state. Of those 380 episodes, 281 or 74% of those youth remained in their own home or with a trusted family friend. 93 of those 380 episodes, or 24%, were referred to a hospital emergency department or to have an additional assessment completed. Less than 2% were referred to Children and Family Services or the Administrative Office of Probation for placement options.
**Please note that this data does not include Nebraska's Behavioral Health Region 6 because YMCR in that area is not funded through NeSOC*.

Youth Intensive Outpatient Program (YIOP)
YIOP started with funding from the System of Care grant in partnership with Nebraska's Behavioral Health Region 1 and Educational Service Unit 13. It is a self-sustaining program, billing behavioral health treatment provided to commercial insurance and Nebraska Medicaid, to cover the ongoing cost of this service.

Parent-Child Interaction Therapy (PCIT)
Over the last year, a contract for this early intervention service was executed between NeSOC and the University of Nebraska Lincoln-Center for Children, Family and the Law (UNL-CCFL) to build PCIT training sustainability in Nebraska by September 30, 2020. A report from the System of Care (SOC) indicates that over **50** therapists from Nebraska have been trained in PCIT over the last several years. The SOC has contracted with UNL-CCFL to train a cohort of **8** clinicians in PCIT. That training was scheduled for spring 2020. Due to COVID-19, the training is scheduled for September 2020. The training dollars supplied from the SOC will also be applied to build the capacity in Nebraska through training an in-state provider to train in PCIT as well as create and maintain a PCIT master database of Nebraska therapists.

Child-Parent Psychotherapy (CPP)
Over the last year, a contract for this early intervention service was executed between NeSOC and UNL-CCFL to begin initial training to add three CPP trainers in January, including Train the Trainer (TOT) and three trainers with intensive CPP training to occur in July 2020. The overall goal is to add twenty new CPP therapists by September 30, 2020. Twenty practitioners started this 18 month-long training in January 2020.

The SOC Contract/Efforts with the Nebraska Resource Project for Vulnerable Young Children (NRPVYC) at the UNL-CCFL are listed below to develop Nebraska CPP trainers:

- Initial CPP training (including TOT with 3 trainee trainers) (January 2020)
- Ongoing consultation calls (twice monthly) for January 2020 training cohort
- Intensive CPP training (including TOT with 3 trainee trainers) (July 2020)
- CPP trainer monthly TOT call
- CPP Expert monthly TOT call
- Total: $63,485

For updates over the last year on the following services within Nebraska's Service Array for young children, please refer to the APSR section **Services for Children Under the Age of Five**:

- Mom and Me Programs
- Early Development Network (EDN)
- First Five Nebraska
- Communities for Kids
- Rooted in Relationships
- University of Nebraska-Nebraska Resource Project for Vulnerable Young Children
- Impact from Infancy Program
- Child Welfare Adaptation of Healthy Families America (HFA)
- Sixpence
- Preschool Development Grant Birth through Five (PDG B-5)
- Nebraska Expectant and Parenting Grant (NEPG)

The following are updates over the last year on Nebraska Medicaid related supports and services indicated in the **Service Array** section of the CFSP submitted in 2019:

Telehealth
Over the last year, the usage of telehealth through Nebraska Medicaid has increased. MLTC data reflects that during 2019, there were approximately 294 Medicaid filed claims for telehealth appointments among Nebraska's state ward population. This is an increase over 2018, which saw about 88 Medicaid telehealth claims for Nebraska's state ward population. Due to COVID-19, Nebraska expects a significant increase in the usage of

telehealth services in Nebraska. Unfortunately, due to billing timelines CFS does not have data on usage of telehealth during COVID-19 but will review the data when it becomes available for review. CFS is hopeful that overcoming the obstacle of providing services during COVID-19 will allow for expanded use of additional telehealth services to be utilized.

Multi Systemic Therapy (MST)
Before 2017, MST was only available in 6 counties in Nebraska. Through the work of system partners, MST is now provided in 41 counties in Nebraska. According to data from MLT, during 2019, there were 677 Medicaid filed claims for MST for state wards in Nebraska.

Weekly meetings with each of the contracted Nebraska Medicaid Managed Care Organizations (MCOs) and DHHS CFS case managers
Over the last year, consultations occurred between the MCOs and CFS case managers to benefit the youth served. Weekly consultations were occurring until December 2019, when a shift to complete consultations began as requested by CFS field staff, or the youth's MCO, rather than require weekly consultations on youth who meet specific criteria.

The consultations currently utilized include DHHS' Executive Medical Officer. In addition to the youth consultations between CFS and the MCOs, monthly meetings occur between CFS and the MCOs to address systemic issues.

The following are updates over the last year on services handled by the CFS Well-Being team:

Circle of Security-Parenting™ (COS-P)
Over the last year, CFS involved families continued to participate in the COS-P classes offered throughout the state. CFS contracts with the Nebraska Association for the Education of Young Children (NAEYC) to connect referred families from child welfare to the COS-P class aligned with their schedule and location. From January 1, 2019, through December 31, 2019, a total of 333 parents participated in COS-P and 118 of those parents were referred by CFS to NAEYC to take a COS-P class. Of those individuals who completed a class, only two had substantiated reports of abuse or neglect after the class was completed.

Due to COVID-19, COS-P classes were temporarily moved online as of April 1, 2020. NAEYC referred to an estimated 34 child welfare involved parents into COS-P classes from April 1, 2020, through May 5, 2020, using this online format. Overall, there has been positive feedback given to NAEYC from parents regarding the online format of the classes.

Qualified Residential Treatment Program (QRTP)
Over the last year, CFS entered into a contract with OMNI Inventive Care Therapeutic Group Home to provide QRTP services for state wards residing at this facility. The group home is located in Seward, Nebraska, but is open to youth throughout Nebraska. The QRTP services provided are following guidelines from the federal Family First Prevention Services Act and include providing trauma-informed treatment, nursing staff available 24/7, facilitating family member participation in the youth's treatment program, and discharge planning/family-based aftercare for at least six months following the youth's discharge from the facility.

Upon acceptance at OMNI Inventive Care, a youth must have a QRTP Assessment completed by an independent assessor. Nebraska has contracted with Region V Systems to provide QRTP Assessments. These assessments are completed by a licensed mental health provider and provide recommendations determining if the placement is in the best interest. If assessed otherwise, other recommendations must be made on the youth's behalf. Thus far, all placement recommendations made by Region V Systems have been adopted and followed by CFS for each youth. Region V Systems completes QRTP assessments on youth across the state as needed. Telehealth may be used if meeting in person is not viable.

Six youth have utilized these QRTP services since the contract between CFS and OMNI Inventive Care began. Since that time, two youth were discharged and are currently receiving aftercare services. Aftercare services are individualized for each family, but include a minimum of one contact per month made by OMNI Inventive Care to the family and youth to help provide a smooth transition. CFS receives and reviews monthly reports from OMNI on placed youth, as well as youth involved in aftercare.

Item 30. Individualizing Services

Description of Systemic Factor Item: The service array and resource development system is 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.

CFSR Finding: Nebraska received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews.
Information in the statewide assessment and collected during interviews with stakeholders showed that, although the state has made efforts in recent years to improve how well the state individualizes services to meet the needs of children and families, there is variation across the state. Stakeholders reported that individualizing services to meet the needs of non-English-speaking families is a challenge in some areas of the state even though translation/interpreter services are generally available. Some stakeholders stated placement resources lack individualization to meet the needs of youth with high needs, and, as a result, such youth are placed in homes/facilities based on availability rather than the youth's needs. Stakeholders were concerned about

whether services are routinely individualized for relatives providing care for children in foster care.

Updated Data and Information: CFS provided a Memorandum on December 11, 2019, valid on January 1, 2020, indicating DHHS staff have a variety of options for obtaining interpretation and translation services across the state. Interpretation is provided telephonically or in-person. With this service, there are varying levels of proficiency available based on interpretation and translation needs. These proficiency levels have been established by the Interagency Language Roundtable. Please visit https://www.govtilr.org/ for more information regarding these proficiencies. Utilization of the translation and interpretation services can assist DHHS in being able to identify individualized services for the youth and family.

Nebraska partners with contracted child pacing agencies statewide in order to improve recruitment efforts to reflect current ethnic, racial, and cultural diversity among youth in Nebraska's foster care system. CFS conducts bi-monthly meetings with contracted providers. Also, CFS provides data about Nebraska foster care children, including numbers in care per county, reflecting the ethnic and racial diversity present in Nebraska's foster care population.

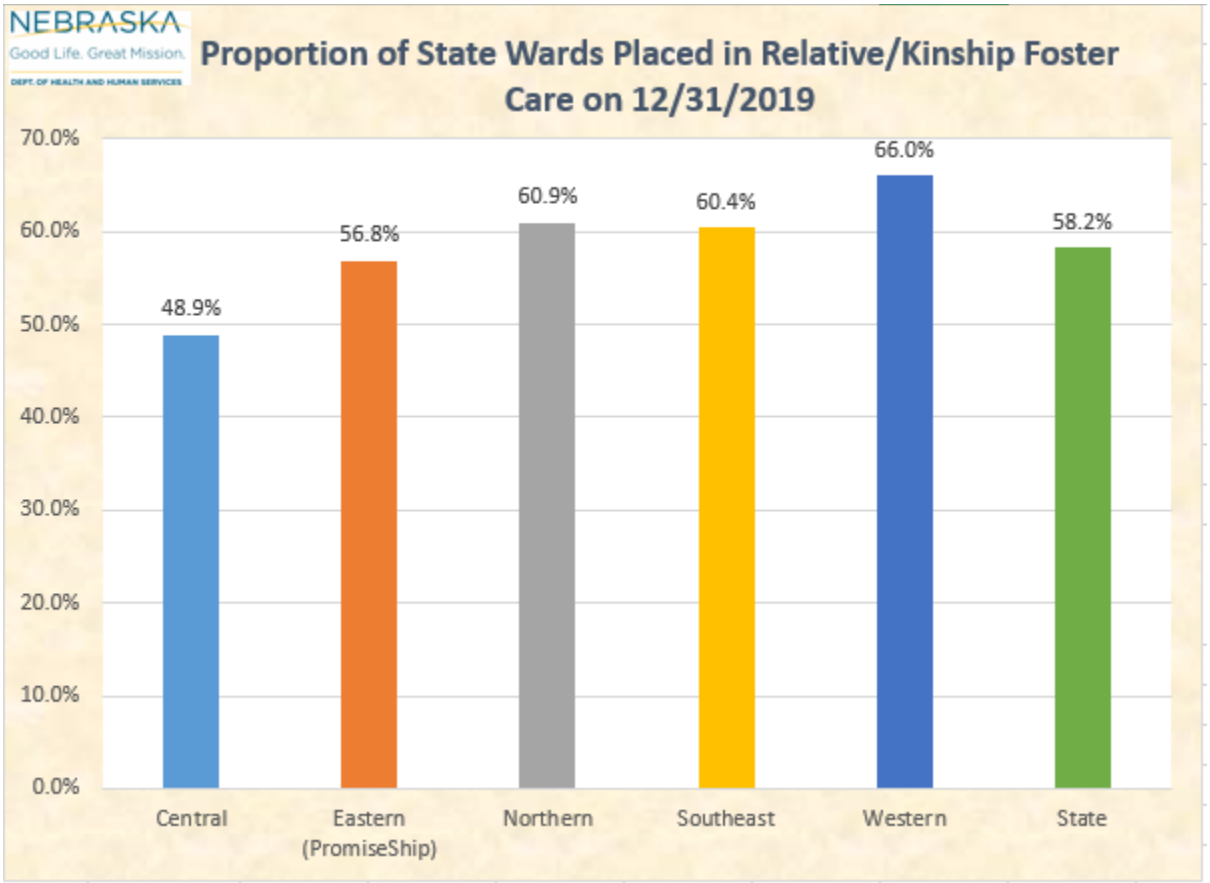
Children who are state wards and determined to have an intellectual or developmental disability have unique and specialized needs, which can result in additional challenges to secure stability and well-being. Through letters of agreements (LOAs), CFS is addressing these needs with specialized developmental disability providers who offer services in a certified extended family home (EFH) setting and benefit from specialized wrap-around supports.

Reflected in data are the child's gender, age, and the number of placements, important factors to consider for recruitment and retention activities. Data provided includes the number of foster homes in each county, noting the race and ethnicity of active foster homes. This point-in time-data provides agencies with comparable real-time data when seeking specific foster parents for children with special needs or when strategizing for recruitment and retention purposes.

CFS recognizes the importance of keeping children in the school of origin if removal has occurred to reduce trauma, and focus on the child's safety and well-being.
CFS and child placing agencies emphasize the need to recruit foster and adoptive homes for children between the ages of 11 and 18, which may need additional support to make these placements successful.

Nebraska understands the importance of placing children with relatives or within a kinship placement, i.e., someone who has had a significant relationship with the child before the child's removal. CFS prioritized relative and kinship placements and developed an online foster parent training in 2019 specific for this population. This training helps families learn about Nebraska's child welfare system, the Nebraska court

system, Adverse Childhood Experiences (ACES), Trauma-Informed Care, and Reasonable Prudent Parent Standard, among other topics. An additional benefit of providing on-line training is to increase relative and kinship home licensure and increase opportunities for Title IV-E reimbursement.



When a relative or kinship placement cannot be located at the time of removal, CFS and the contracted child placing agencies partner together to find an appropriate placement for the child being removed. CFS staff provide accurate information to the child placing agencies in order to find a placement well-equipped to nurture and care for the child or children coming into the home. Safety Organized Practice increases CFS staff's knowledge and understanding of the importance of getting to know the family through their voice and choice and creating a support network to work and encourage the family to be successful. Nebraska emphasizes placing siblings together, supporting and encouraging relationships with members of the birth family, and fostering the relationships between the child and their entire support team.

Nebraska is working with Parlay Consulting, the Nebraska Children's Home Foundation (NCFF), and the Sherwood Foundation. CHAMPS-Children Need Amazing Parents is a national policy and communications campaign ensuring bright futures for kids in foster care by promoting the highest quality parenting. Arrangements including a MOU and

surveying Nebraska foster parents are being made for 2020, to obtain data to increase efforts of supporting fantastic parenting to improve the well-being and outcomes for children in the Nebraska foster care system.

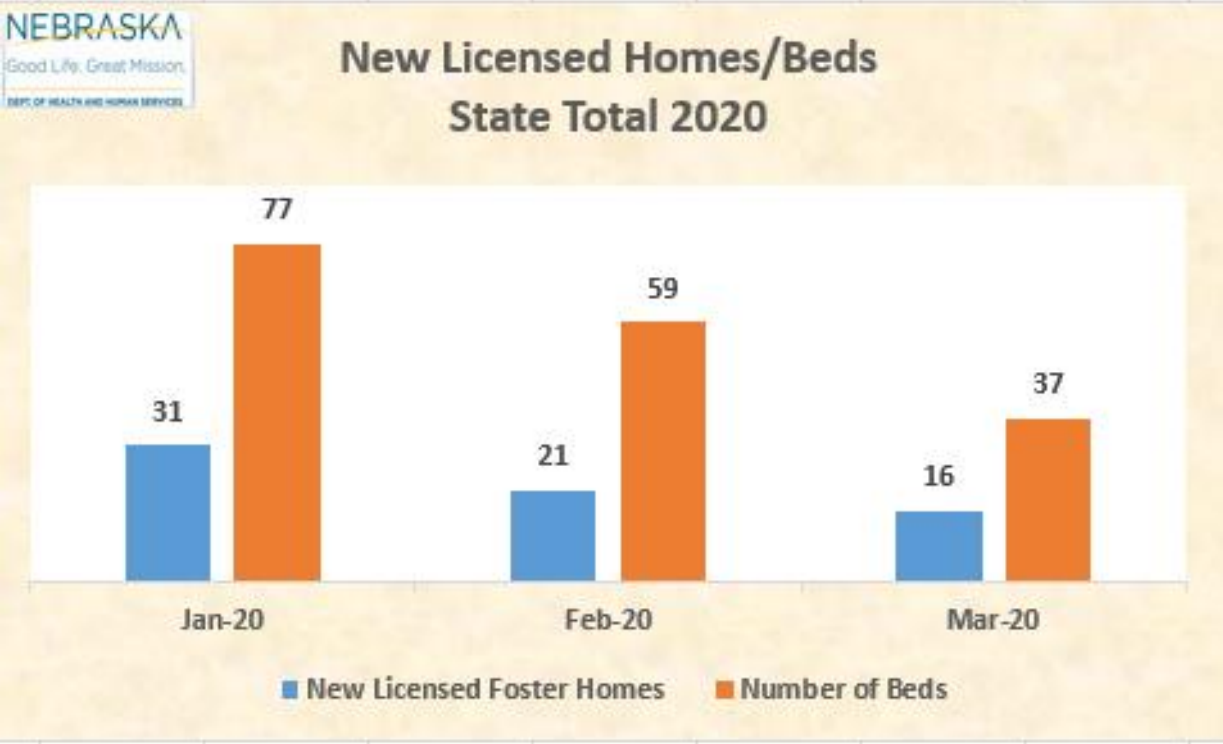
CFS Foster Care Resource Development has two teams dedicated to improving the quality of foster care placements and licensure. Each team has staff with specific focus and expertise to assist child placing agencies to complete successful placement and licensure processes. Resource Development has implemented quarterly performance quality discussions with contracted child placing agencies, including the following list of performance measures addressed:

- Age Groups serviced in Agency Supported Foster Care
- Levels of care in Agency Supported Foster Care
- Agency Supported Foster Care Service Outcome Measures
- Placement Stability ** tied to Program Improvement Plans
- Types of Foster Homes **tied to Program Improvement Plans
- Foster Homes with and without placements

Additional information is obtained that includes analyzing the data CFS provides the agencies, discussing successes, and addressing performance challenges. The information provided includes action steps agencies will use to improve the performance issues or continue success, such as noting: outside resources have assisted in addressing any performance challenges and successes along with factors contributed to the agencies discussed successes or performance challenges.

Nebraska requires placement support plans for children in out of home care. These plans are essential to support the team with information including emergency communication, community resources, transportation, permanency objective, medical and mental health and educational information, child care and respite. The placement plan coordinates information into one document to improve placement stability to reduce the trauma experienced by children in out of home care.

CFS performs quality assurance on placement support plans to understand the overall quality of care children receive and to improve these efforts. CFS Contract Monitors are an important resource and collaborate with our child placing agencies by reviewing submitted recruitment and retention plans to ensure compliance to the plans and identify new approaches to recruitment and retention in Nebraska.



Children's Bureau Regional Office staff will consult with states to determine how to align and report on an update to the outcomes and systemic factors, taking into account considerations related to timing of the CFSR and CFSR PIP reporting.

Agency Responsiveness to the Community

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

Description of Systemic Factor Item: The agency responsiveness to the community system is 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.

CFSR Finding: Nebraska received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment collected during interviews with stakeholders showed that although the state actively seeks input from an array of groups in the

development of CFSP goals, objectives, and annual updates, no process exists for soliciting input from parents. Therefore, the development of CFSP goals, objectives and annual updates do not incorporate the perspectives of parents. Stakeholders reported that the state is developing a process to ensure parent input is actively solicited and used to develop CFSP goals, objectives, and annual updates.

Updated Date and Information:

Ongoing Consultation with Tribal Representatives: CFS continues to facilitate Tribal Operations and CQI meetings with the four federally recognized Tribes with governmental headquarters within Nebraska. The Tribes are: the Omaha Tribe, the Ponca Tribe of Nebraska, the Santee Sioux Nation, and the Winnebago Tribe. The Tribal Operations and CQI meetings have provided opportunities to ask for input, share information, discuss barriers and identify strategies to improve case practice. CFS continues to contract with Nebraska headquartered tribes to provide services for victims of domestic violence and sexual assault. For more information about the collaboration between CFS and the Tribes, see the "*Consultation and Coordination between States and Tribes*" section.

Ongoing Consultation with Clients: In August 2019, CFS hired a youth with lived experience to fill a new Voice and Choice Advocate position as an important way to ensure agency policy, procedures and processes reflect and support the consumer voice and choice philosophy. The Voice and Choice Advocate serves on several stakeholder groups, including the Health Care Oversight Committee and the Plan to Prevent Child Maltreatment Deaths Workgroup. In addition, the Children's Bureau and the Annie E. Casey Foundation selected Nebraska to participate in the 2020 Activating Youth Engagement Summit, which is scheduled for August. The Nebraska team includes the director of CFS; the DHHS Voice and Choice Advocate; three young leaders with lived experience; a representative from the Nebraska Children and Family Foundation (Nebraska's Jim Casey Youth Opportunities Initiative site); and a juvenile court judge. CFS continues to work with two Citizen Review Panels (CRP), the Project Everlast CRP and the Family Caregiver CRP, to solicit youth and family voice.

Ongoing Consultation with Service Providers: CFS meets regularly with service providers. During the COVID-19 pandemic, CFS facilitated weekly calls with service providers to address challenges and support open dialogue and communication. CFS 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.

Over the past year, service providers also participated within various workgroups regarding the Family First Prevention Services Act (FFPSA).[3] The workgroups were:

- Prevention Services and Program Plan Workgroup
- Criminal Record Checks for Residential Child Caring Agencies
- Model Licensing Standards Workgroup
- Plan to Prevent Child Maltreatment Deaths Workgroup
- Prevention of Inappropriate Diagnoses Workgroup

From these workgroups, goals, and strategies were implemented to meet the requirements of these provisions within FFPSA. The Prevention Services and Program Plan Workgroup meets on an as-needed basis or when a new service has been rated by the Federal Clearinghouse. The Criminal Record Checks for Residential Child Caring Agencies Workgroup finalized the new process to complete FBI checks for all employees in the fall of 2019. The Model Licensing Standards Workgroup met bi-monthly to provide feedback on what the state should implement in the foster care licensing regulations. The Workgroup's task is complete as the regulations went to a public hearing on August 22, 2019. The Plan to Prevent Child Maltreatment Deaths Workgroup and the Prevention of Inappropriate Diagnoses Workgroup continue to meet quarterly.

Ongoing Consultation with Foster Care Providers: CFS continues to work with the Foster Family Treatment Association (FFTA). FFTA is a valuable resource for CFS in identifying barriers and successful recruitment and retention efforts of foster homes. The CFS Permanency Administrator meets with FFTA quarterly, upon request or to address placement stability, recruitment, contracts or other requested information. This past year, the group discussed CHAMPS and began working together on a statewide Recruitment and/or Retention Plan.
Nebraska Foster and Adoptive Parent Association (NFAPA) provides a valuable service for Nebraska by communicating foster parent and adoptive parent information to individuals interested in becoming a foster or adoptive parent. NFAPA also provides resources and support such as facilitating peer to peer foster and adoptive parent support groups; hosting a Tuesday night chat group called FACES In Nebraska, which is a group of foster, adoptive and guardianship parents who are able to connect each other to network or to offer support and advice; managing the toll-free Nebraska foster parent information line; and, providing opportunities for pre-service and in-service foster parent training.

Ongoing Consultation with the Juvenile Court: CFS continues to meet regularly with juvenile court partners. The CIP/CFS meeting occurs every six weeks and rotates between offices. It is a forum to report on initiatives such as the Reunification in 12

[3] A calendar documenting the various stakeholder, provider, and public meetings can be found at: http://dhhs.ne.gov/Pages/Family-First-Calendar.aspx.

Months project and to review data. Attendees of this joint meeting include the Director of CIP and team, as well as numerous Administrators and staff from CFS Policy and CQI.

The CEO of DHHS and the Director of CFS are members of the Supreme Court Commission on Children in the Courts, which meets quarterly. The purpose of the commission is to study and recommend appropriate steps for the judicial system to undertake to ensure the courts are as responsive as possible for children who interact with or are directly affected by the courts.

The Three Branch Collaboration continues to meet monthly. The Three Branch Collaboration consists of the Chief Executive Officer of DHHS, the Director of the Division of Children and Family Services at DHHS, a representative from the Health and Human Services Committee, a representative from the Juvenile Justice Committee, the Chief Justice of the Supreme Court, the Court Administrator, the Foster Care Review Office, the State Probation Administrator and the Commissioner of the Nebraska Department of Education. The purpose of the meetings is to collaborate to identify barriers and develop strategies that will increase the likelihood of expediting permanency for youth. These monthly meetings continue to be a helpful vehicle for communication of information and updates.

Through the Eyes of The Child, meetings occur at the local level:

- Central Service Area staff meet monthly with District 10 judges. Although the team has not met since COVID-19, a standard meeting is scheduled on the Third Tuesday of each month. Supervisors, administrators, and SAA are invited to these meetings. The Central Service Area Administrator also participates in quarterly Through the Eyes of the Child meetings with District 9 judges.
- The Northern Service Area meets every other month with District 7 judges at the Through the Eyes of the Child meeting.
- The Eastern Service Area participates in the Douglas County Through the Eyes of the Child meetings on the last Wednesday of every month and the Sarpy County Through the Eyes of the Child meetings once a quarter. These meetings have occurred via zoom in Douglas County during COVID-19, but not in Sarpy County.
- The Southeast Service Area participates in Lancaster County Through the Eyes of the Child meeting every other month, which the Service Area Administrator and CFS Administrators attend. During the month in between, there is a Through the Eyes of the Child Steering Committee Meeting, which includes the Juvenile Court Presiding Judge, the County Attorney, a GAL representative, and the Service Area, Administrator. This meeting is used to jointly plan the agenda for the upcoming Through the Eyes of the Child Meeting. Since COVID-19, these

meetings are held virtually. The remaining Through the Eyes of the Child meetings in the Southeast Service Area are not on any set schedule, and occur between once and four times a year.

The collaboration between the Administrative Office of Probation and the Division of Children and Family Services was developed to effectively address needs and improve outcomes for youth who experience both the child welfare and juvenile justice systems commonly referred to as “crossover youth.” These youth are perceived as higher risk, tend to move deeper into the juvenile justice system, experience high-end services, and disproportionate minority representation. CFS’ goal is to improve cross-system practice, utilize strength-based family engagement, align resources, and seek opportunities to divert youth from dual-system involvement, reduce out of home placements and reduce disproportionate minority representation. CFS is utilizing evidence-based practices infused in all phases of our daily work built upon the Crossover Youth Practice Model (CYPM).

Ongoing Consultation with Other Public and Private Child and Family Serving Agencies: The CEO of DHHS and the director of CFS 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, identifying 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.
CFS continues to partner at the state and local levels with Bring Up Nebraska. Bring Up Nebraska is led by the Nebraska Children and Families Foundation, and is a partnership which includes community collaboratives, Governor Pete Ricketts, First Lady Susanne Shore, state agencies, and numerous nonprofit organizations working to increase the availability of critical supports and services and improve the lives of Nebraska children and families.

Bring Up Nebraska coordinates existing resources within a community, enabling young adults and families to determine their own paths toward well-being goals, and lifts up their lived experiences to shape the well-being system. Longer-term solutions are designed to increase family and community protective factors, strengthen parent and child resiliency, increase self-sufficiency and realize positive life outcomes.

Nebraska is proud to report in January 2020, Bring Up Nebraska received the Jim Casey Building Communities of Hope Award. This award recognizes communities that brought

together public, business, nonprofit, philanthropic and community partners to improve the safety and success of children and their families.

Item 32. Coordination of CFSP Services with Other Federal Programs

Description of Systemic Factor Item: The agency responsiveness to the community system is functioning statewide to ensure the state's services under the CFSP are coordinated with the services or benefits of other federal or federally assisted programs serving the same population.

CFSR Finding: Nebraska received an overall rating of Strength for Item 32 based on information from the statewide assessment.

In the statewide assessment, Nebraska provided examples of how the state coordinates services or benefits with other federal or federally assisted programs serving the same population. These included coordination and partnership with federal and federally funded programs related to early childhood development, education, developmental disability, behavioral and mental health, independent living and adult transition initiatives for older youth, family violence prevention, community partnership, prevention of human trafficking, and federal self-sufficiency initiatives.

Updated Date and Information:

Ongoing Coordination with Early Childhood Development
CFS continues to serve on the Early Childhood Interagency Coordinating Council and work closely with the Early Development Network (EDN) to help prevent or minimize negative effects of exposure to risk factors such as abuse and neglect. Over the past year, collaboration between CFS and EDN has resulted in changes to the EDN process that leveraged technology to increase operating efficiencies and improvements. The following highlights a few of the group's accomplishments:

- Development of Comprehensive Addiction and Recovery Act (CARA) and EDN Standard Work Instructions for the CFS case managers in the field. The Standard Work Instructions incorporated language to ensure referrals for suspected substance-use-exposed infants following law and guidance on how CFS case managers can engage parents from the time a referral is generated, in the hope more parents will take part in this service for their children.
- EDN referrals are now automatically generated for those child abuse and neglect reports received as law enforcement only for children are three and under with a substantiated report or pending findings.

EDN and CFS are in the process of revising the school notification letter used when a child in their district is referred to EDN.

Ongoing Coordination with Education: CFS and NDE continue to meet monthly, or more often as necessary, to address the ongoing challenges and roadblocks impeding the success of state wards in the educational arenas throughout Nebraska. NDE is a member of the Bring Up Nebraska Partnership and CFS serves on the Special Education Advisory. Also, CFS program staff meet monthly with NDE's Educating Systems Involved Students (ESIS) Facility/Coordinator.

Ongoing Coordination with the Division of Developmental Disability (DD): CFS and DD continue to work together to support transitions of DD eligible youth exiting the foster system to comprehensive DD services. CFS and DD work together regarding areas of eligibility, funding options, medical/mental health and education needs of young adults to ensure continuity of care and supports. CFS issued a Standard Work Instruction in December 2019, outlining the process for applying for DD services for state wards. In addition, when CFS staffs cases with the Medicaid Managed Care Organizations, the team frequently discusses youth that may benefit from services from DD and then contacts DD to discuss those possible benefits.
Applying for DD services can happen anytime. When a state ward is identified as potentially having an intellectual disability (ID) or developmental disability (DD), an application for services should be made. An application can be obtained by the AccessNebraska portal for a printable version, by calling a toll–free number or by sending an email to a designated mailbox and requesting an application. A completed application and supporting documentation can be mailed to the DD Division, faxed, or emailed to the designated email mailbox. This application will be reviewed within 30 calendar days of application receipt. A Notice of Decision (NOD) is sent once eligibility is determined. CFS and DD work cooperatively in review and in the completion of determinations for state wards.

CFS field staff, MCO's, Executive Medical Director, Clinical Director and Well Being Administrator staff DD eligible cases upon request to assist with transition planning to DD services to ensure medical, behavioral, legal, financial and well-being supports are leveraged in the planning process.

In December 2019, DD and CFS presented a joint webinar geared towards CFS staff regarding DD services for youth. This presentation is also stored on the internal Resource Library for CFS staff to access at any time.

Ongoing Coordination with the Division of Behavioral Health (DBH): CFS 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 using a collaboration across and involving public and private partners, families, and youth. It is youth-guided, family-driven, trauma-informed and culturally responsive. Nebraska's System of Care is

operationalized through a public/private partnership with Nebraska Children and Families Foundation (NCFF) and overseen by DHHS' Division of Behavioral Health in partnership with Nebraska's six Behavioral Health Regions.[4]
CFS works closely with the System of Care Administrator to understand how System of Care services can benefit the youth and families CFS serves. Currently, a training is being developed between CFS and DBH geared towards CFS staff to help explain System of Care and what it entails.

Children and families involved in the child welfare system often utilize their local regional behavioral services and supports to meet their family's needs. These services include assessments, therapeutic interventions, and peer support, the Nebraska Family Helpline, the Nebraska Treatment Referral Helpline and Nebraska Strong: Recovery Project.

Ongoing Coordination with Independent Living and Adult Transition Initiatives for Older Youth: CFS continues to collaborate with the Nebraska Children and Families Foundation (NCFF) on the Connected Youth Initiative. The Connected Youth Initiative is a public/private partnership focused on improving outcomes and opportunities for young people between 14-25 years of age who have experienced the foster care system, juvenile justice system and/or probation, homelessness, or human trafficking. The Connected Youth Initiative recently received a moderate evidence rating from an independent study as part of the Social Innovation Fund grant.
During COVID-19, the Connected Youth Initiative created several services and procedures to support young people:

- Project Everlast Omaha and other Connected Youth Initiative sites continue to engage youth in a virtual space. Connected Youth Initiative locations are using Facebook live, on-line learning sessions, Zoom, and other communication platforms to help youth who feel isolated, triage needs, and access available services. Connected Youth Initiative is developing a menu of at on-line social distancing independent and transitional living-learning sessions that would provide youth with a stipend for participating.
- Connected Youth Initiative has continued to provide state-wide coaching services for youth who have experienced foster care. These services were developed in partnership with the coaching providers. Connected Youth Initiative virtual coaching will be used with Chafee funded services, ETV services, and Youth Homeless Demonstration Project coaching services. Connected Youth Initiative created a document to provide guidance for virtual coaching and the support young people will receive while social distancing.

[4] https://www.unmc.edu/bhecn/education/nebraska-system-of-care/soc-map.html.

- Connected Youth Initiative has also created a Venmo payment and Venmo debit card process, to continue to support youth by sending out emergency payments or stipends in a virtual environment. Youth are contacting Connected Youth Initiative for a variety of needs and with the electronic process to provide emergency funds or additional stipends.
- Connected Youth Initiative developed a process to pay Young people to be Social Media Influencers and promote accurate information and resources regarding COVID-19 to fellow young people. This information is coming from credible sites, therefore, providing facts and less fear to young people.
- Connected Youth Initiative created a guide for virtual youth engagement for providers. This will help guide new practices and processes for partners to engage youth effectively while remaining virtual.
- Connected Youth Initiative developed a youth-friendly one-pager to help guide youth on how to apply for unemployment.
- Connected Youth Initiative and partners worked with the University of Nebraska to provide pro-rated room and board fees for youth who moved off-campus. This is helping to financially assist youth.
- Connected Youth Initiative and partners worked with Metro Community College and Southeast Community College to create emergency assistance funding for students.

CFS also partners with NCFF to support independent living services and the Educational and Training Voucher Program (ETV). The partnership with NCFF allows Nebraska to braid private and public funding to support services and enhance outcomes for older youth in Nebraska communities. For more information about coordination efforts, please see the “Chafee Program” section of the APSR.

Finally, CFS supports and collaborates with the Project Everlast Statewide Leadership Council. The Council continues to act as a Citizen Review Panel focusing on issues and concerns faced by youth currently or previously involved in the child welfare system.

Ongoing Coordination with the Federal Family Violence Prevention and Services Program: CFS is the state agency responsible for administering the Family Violence Prevention and Services Act (FVPSA) funds. FVPSA is the primary federal funding stream dedicated to the support of emergency shelter and core supportive services, including crisis response, safe housing, advocacy counseling, legal assistance, safety planning, and comprehensive support, for victims of domestic violence and their children. CFS sub awards the FVPSA funds to 20 local domestic violence/sexual assault programs to provide the core domestic violence services across Nebraska. CFS contracts with the Nebraska Coalition to End Sexual and Domestic Violence to provide training and support to Nebraska’s network of domestic violence and sexual assault

programs, as well as federally recognized Tribes in their work to meet the needs of survivors and their children.
The Coalition also interacts on an ongoing basis with the network of programs and Tribes, maintaining an “information gathering” perspective to continually assess for gaps and challenges, and is able to provide 1:1 capacity building support as well as local, regional, or statewide training to improve service implementation. CFS FVPSA Administrator and Program case manager meets quarterly, or more often as necessary, with the Coalition to discuss the needs of the domestic violence programs; to help bridge the gaps in services and to develop appropriate responses to the needs of survivors and their children. Reaching underserved populations experiencing domestic violence for sexual assault remains a high priority, and is an integral part of ongoing discussions, training efforts, collaborative relationships, and strategic planning.

Ongoing Coordination with the Community-Based Child Abuse Prevention Lead Agency: For the past 21 years, NCFF has been designated as the lead agency to receive funds through the Community-Based Child Abuse Prevention Grant Program. CFS has a strong, collaborative partnership with NCFF to support the well-being of children and families in Nebraska.
A coordinated primary, community-based prevention system is critically important for families and communities. It is part of a well-functioning child welfare (“child well-being”) system. The child welfare agency alone cannot prevent abuse and neglect. Working with families sooner, before they come to the attention of the state child welfare agency is necessary to improve outcomes. Bring Up Nebraska is focused on a proactive approach to keeping families safe and healthy.

CFS continues to partner at the state and local levels with Bring Up Nebraska. Led by NCFF, Bring Up Nebraska is a partnership including community collaboratives, Governor Pete Ricketts, First Lady Susanne Shore, state agencies, and numerous nonprofit organizations working to increase the availability of critical supports and services and improve the lives of Nebraska children and families. Bring Up Nebraska coordinates existing resources within a community, enabling young adults and families to determine their own paths toward well-being goals, and lifts up their lived experiences to shape the well-being system in Nebraska.

In order to support the Bring Up Nebraska communities, CFS meets weekly with NCFF and other Bring Up Nebraska partners to ensure the state-level efforts are coordinated. The meeting is called Connect the Dots and is scheduled first thing every Monday morning. Meeting participants include the lead of Bring Up Nebraska (NCFF); the Court Improvement Project; the Children’s Behavioral Health System of Care, Society of Care; the Department of Education, and other DHHS divisions. Because of this coordination, Nebraska has successfully applied for and received federal discretionary grant dollars to support community-based prevention. Grant opportunities generally require a quick turn-

around time. The state-level team is structured to identify the opportunities that support community-identified needs and quickly identify the resources from state partners needed for the grant, such as data and letters of support. For example, the team successfully applied for and received the Community Collaboration to Strengthen Families Grant from the Children's Bureau to support the community-based prevention system in Omaha. In addition to discretionary grants, CFS supports Bring Up Nebraska communities through federal and state prevention dollars. Those dollars are braided with private dollars from the Nebraska Children and Families Foundation and support the unique needs of each community.

At the local level, one of the most important ways the CFS team supports Bring Up Nebraska is by participating in collaborative meetings. Together, CFS staff, in partnership with their community, are addressing gaps in services and supports for children and families. As a community, everyone is working together to prevent abuse and neglect, reduce childhood trauma, and promote long-term well-being. Also, the DHHS Community Support case managers work statewide with all of the Bring Up Nebraska communities and bring their extensive knowledge of DHHS economic assistance resources which helps ensure communities are aware of and accessing economic supports offered by the state such as the Supplemental Nutrition Assistance Program, WIC, Child Care Subsidy and Energy Assistance. It also allows CFS to hear directly from the community what is working and what challenges exist. Finally, CFS also provides local-level data such as the number of calls to the child abuse and neglect hotline and substantiated cases of abuse and neglect. This data, along with other community-level data, helps inform the local service array process and informs the community plan.

The collaborative infrastructure created through Bring Up Nebraska and its community partners are proving to be an efficient means of gathering people together to solve the challenges in their community and help families stay safe and healthy. While the collaboratives were not explicitly created to address emergencies, the collaborative infrastructure created in communities has proven to be an effective means of supporting families through disasters as well as providing resources to keep families safe and healthy in the long term.

Bring Up Nebraska is playing a critical role in supporting children, youth, and families during the COVID-19 pandemic. In response to the COVID-19 outbreak, Bring Up Nebraska partners – communities, nonprofits, state, and local government agencies – collaborated to create "playbooks" to help articulate the emergent needs of Nebraskans. These playbooks serve as a summary of needs and allow communities to identify gaps

in services, develop plans, coordinate activities, and respond quickly to the needs of youth and families across the state.[5]

The collaborative effort has highlighted critical issues in Nebraska communities, which were compounded by COVID-19, such as food insecurity, inadequate technology, and childcare resources.

To assist with the COVID-19 response, Bring Up Nebraska is using the playbooks to help guide partners at the state and local level in addressing COVID-19-related issues. Among the collaborative solutions being implemented:

- A Well-Being Guide was distributed to educators, behavioral health providers, and other child and family services stakeholders. The guide provides information about connecting families to critical resources and recognizing signs of abuse and neglect.
- The Nebraska Child Care Referral Network at www.nechildcarereferral.org was launched in May 2020. The site provides parents a database where childcare providers and essential workers can match openings in licensed care centers.
- Money raised through the Nebraska Impact COVID-19 Relief Fund has been directed to the community collaboratives in Dakota, Madison, Hall and Dawson counties to ease food challenges.
- The Nebraska Department of Education (NDE) worked with the U.S. Department of Education, the USDA, and school districts to secure waivers to federal school lunch programs. Those waivers allowed schools to provide lunches to their students even though they were not attending classes in the building due to the COVID-19 outbreak. Schools across the state have delivered thousands of meals to students in need.
- One of the biggest challenges facing schools during the pandemic has been equity. The NDE and community collaboratives within the Bring, Up Nebraska initiative, have worked with technology partners to bring internet and devices to families without access. With children no longer able to attend class in person, the disparity between children with adequate technology and internet access and those without need to be addressed to ensure equitable educational opportunities and outcomes.
- As part of the Department of Health and Human Services response to COVID-19, Supplemental Nutrition Assistance Program (SNAP) recipients received maximum allotments for March and April. SNAP recipients have their benefits calculated on a scale with the maximum set by how many members are in the household. This change allowed all SNAP recipients to receive the maximum allotment based on the number of people in their household. Also, as part of a partnership between the USDA and the Nebraska Department of Health and Human Services (DHHS), SNAP recipients are able to order groceries online from

[5] For more information about NCFF's community response to COVID-19, please visit: https://www.nebraskachildren.org/COVID-19-information-and-resources.html

Amazon and pay with their EBT cards. Families who did not qualify for SNAP but still had food security issues were then referred to their local collaborative, where flexible funds could be used to help them meet their needs.

Other notable accomplishments over the past year include:

- The Jim Casey Building Communities of Hope Award. Nebraska is proud to report in January 2020, Bring Up Nebraska received the Jim Casey Building Communities of Hope Award. This award recognizes communities that have brought together public, business, nonprofit, philanthropic and community partners to improve the safety and success of children and their families
- The launch of the Nebraska Community Opportunity Map. One of the data-driven tools created by Bring Up Nebraska is an adaptation of the Community Opportunity Map launched by Casey Family Programs in 2018. Bring Up Nebraska has expanded the functionality by adding local data to identify needs and opportunities in communities better. Bring Up Nebraska rolled out the Nebraska Community Opportunity Map in 2019 for use by community partners, all to create more positive outcomes for children and families. Localized data also have been invaluable to the Bring Up Nebraska project, which is committed to promoting consistent measurement and data-sharing practices. In addition, community collaboratives in Nebraska have used the map to inform their stakeholders —including state legislators—about specific needs. As each community collaborative engages in strategic planning around its community-based prevention activities, stakeholders are being directed to the Community Opportunity Map for quick access to timely and relevant data, instead of having to pore through stacks of paper as in the past.

Foster and Adoptive Parent Licensing, Recruitment, and Retention:

Item 33. Standards Applied Equally

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

CFSR Findings: Nebraska received an overall rating of Area Needing Improvement for Item 33 based on information from the statewide assessment and stakeholder interviews. Information collected in the statewide assessment and during interviews with stakeholders noted standards are applied equally across licensed foster family homes and childcare institutions. One exception is that stakeholders reported that pre-service training for relatives is waived, and these waivers do not occur on a case-by-case basis.

Updated Data and Information: Nebraska developed an online foster parent training that started in the fall of 2019. Currently, this pre-service online foster parent training is for relative and kinship providers. Nebraska recognized many of the relative and kinship providers were not attending the pre-service training, as it requires the completion of a ten week face-to-face training for three hours each week. Many relative and kinship providers have children placed with them and were unable to attend these trainings. Some families living in the rural parts of Nebraska were required to drive a long distance to receive training. With the implementation of this online foster parent training, Nebraska has increased the number of relative and kinship foster homes becoming licensed. CFS is collaborating with contracted providers to encourage the relative and kinship foster homes they are supporting complete the online training.

Item 34. Requirements for Criminal Background Checks

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure the state complies with federal requirements for criminal background clearances. Operation of the system relates 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.

CFSR Findings: Nebraska received an overall rating of Strength for Item 34 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and data collected during interviews with stakeholders showed criminal background checks occur before the licensure of any foster and adoptive home as required, and the state protocols to address child safety and report safety concerns for children in foster homes and child care institutions are routinely followed.

Updated Data and Information: CFS continues to process background checks following current federal and state regulations. Our most recent update on background checks includes:

Criminal records checks for individuals who may be approved for placement of youth or child.

Background check requirements:

- The DHHS Background Check Waiver form (form #PS-800 revised 08.19.2019 or #PS-800-S) is required and must be completed and signed by every current or prospective licensed or approved foster parent for whom criminal history records are requested by DHHS.

- For an Emergency Placement, verbal permission and a signed DHHS Background Check Waiver form must be obtained from the individual within 5 business days.
- Finger-print based checks of the national crime information databases (the National Crime Information Center and its incorporated criminal history databases, including the Interstate Identification Index III, National Fingerprint File [NFF]) are required for any prospective foster or adoptive parent before the foster or adoptive parent may be finally approved for placement of a child.
- The State shall check the National Sex Offender Registry on any prospective foster or adoptive parent and on any other adult, 18 years of age or older, living in the home of such a prospective parent. Checks of this system must include a printed sheet with the results that include a date and time stamp.
- Ineligible: In any case in which a record check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or for a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery, if a State finds that a court of competent jurisdiction has determined that the felony was committed at any time, such final approval shall not be granted; and,
- Ineligible for five (5) years: In any case in which a record check reveals a felony court conviction for physical assault, battery, or a drug-related offense, and the felony was committed within the past 5 years, such final approval shall not be granted; and,
- Eligible at Department's Discretion: If an individual has been convicted of a crime or crimes that does not otherwise result in ineligibility, the Department will review the facts and circumstances of the convictions to determine whether the individual is eligible to provide foster care.
- The State shall check any child abuse and neglect registry maintained by the State for information on any prospective foster or adoptive parent and on any other adult, 18 years of age or older, living in the home of such a prospective parent. Checks of this system must include a printed sheet with results that include a date and time stamp; and,
- Request any other State in which any such prospective parent or other adult, 18 years of age or older, has resided in the preceding 5 years, to enable the other State to check any child abuse and neglect registry maintained by such other State for such information, before the prospective foster or adoptive parent may be finally approved for placement of a child; and,
- Comply with any request that is received from another State, to check the Nebraska state child abuse and neglect registry for such information; and,
- Have in place safeguards to prevent the unauthorized disclosure of information in any child abuse and neglect registry maintained by the State, and to prevent any such information obtained from being used for a purpose other than the conducting of background checks in foster or adoptive placement cases; and,
- Any relative guardian and any other adult, 18 years of age or older, living in the home of any relative guardian, must have a Finger-print based checks of the

national crime information databases (the National Crime Information Center and its incorporated criminal history databases, including the Interstate Identification Index) before the relative guardian may receive kinship guardianship assistance payments on behalf of the child under the State plan.

- All background checks, including the national criminal history check, results are valid for two years from the date received for decision making purposes such as issuing or renewing a foster home license.

Background check requirements for Adoption and Guardianship:

- The DHHS Background Check Waiver form is required and must be completed and signed by every prospective adoptive parent or prospective guardian of a state or tribal ward.
- For all adoption petitions filed on or after January 1, 1994, the judge shall order the petitioner or their attorney to request the Nebraska State Patrol to file a national criminal history record information check by submitting the request accompanied by two sets of fingerprint cards or an equivalent electronic submission and the appropriate fee to the Nebraska State Patrol for a Federal Bureau of Investigation background check and to request the Department to conduct and file a check of the central registry for any history of the petitioner of behavior injurious to or which may endanger the health or morals of a child. An adoption decree shall not be issued until such records are on file with the court. The petitioner shall pay the cost of the national criminal history record information check and the check of the central registry.
- An adoptive home study will include a national criminal history record information check and a check of the central registry for any history of the petitioner or petitioners of behavior injurious to or which may endanger the health or morals of a child.
- The Agency shall maintain completed background checks in each adoptive family's record on all members of the household age 18 or older and shall include the results of the State Central Registry of Abuse and Neglect, the State Adult Protective Services Central Registry and the National Sex Offender Registry. All checks of these systems must include printed sheets with results that include a date and time stamp for each result.
- All background check results, including national criminal history check, are valid for two years from the date received for decision making purposes such as issuing or renewing a guardianship or an adoptive home study.
- All background check results, including the national criminal history check, are valid for two years from the date the results were issued. If the Adoption Assistance Agreement is not signed by all parties during the time frame when results are valid, new criminal records checks will be required.

Item 35. Diligent Recruitment of Foster and Adoptive Homes

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system is functioning to ensure the process for 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.

CFSR Finding: Nebraska received an overall rating of Area Needing Improvement for Item 35 based on information from the statewide assessment. Nebraska agreed with this rating and felt that additional information collected during stakeholder interviews would not affect the rating.

Information in the statewide assessment reflected the state collects data on the race and ethnicity of children in foster care and of foster and adoptive parents, yet the information is not used to inform diligent recruitment efforts. Additionally, diligent recruitment efforts are not adequately occurring across the state.

Updated Data and Information: CFS continues to review the data on children in foster care and are alarmed at the disproportionate number of minority children involved in our child welfare system. CFS continues to provide supports and services to children in their natural family setting whenever possible. If a child is removed from their home, CFS works to ensure the children can live with relatives or in kinship homes whenever possible. CFS identifies possible family and kinship homes through the use of a genogram and an ecomap to help identify supports already known to the child. In addition CFS provides information to agency supported foster care contracted providers regarding the children in care which includes race and ethnicity. CFS staff contacts family members, neighbors, friends, schools, communities, providers, and the Tribes to identify individuals who know and want to support children and their families through foster care. CFS will continue to work with our agency supported foster home contractors to conduct contract and performance reviews related to the recruitment and retention of foster homes for minority children. Provisions in the CFS contracts for the agency supported foster care state their Foster Care and Adoption Recruitment and Retention Plan is reflective of the types of foster and adoptive parents needed to meet the unique and special needs of children referred by CFS and are reflective of the diversity of children served in the Service Area.


NEBRASKA
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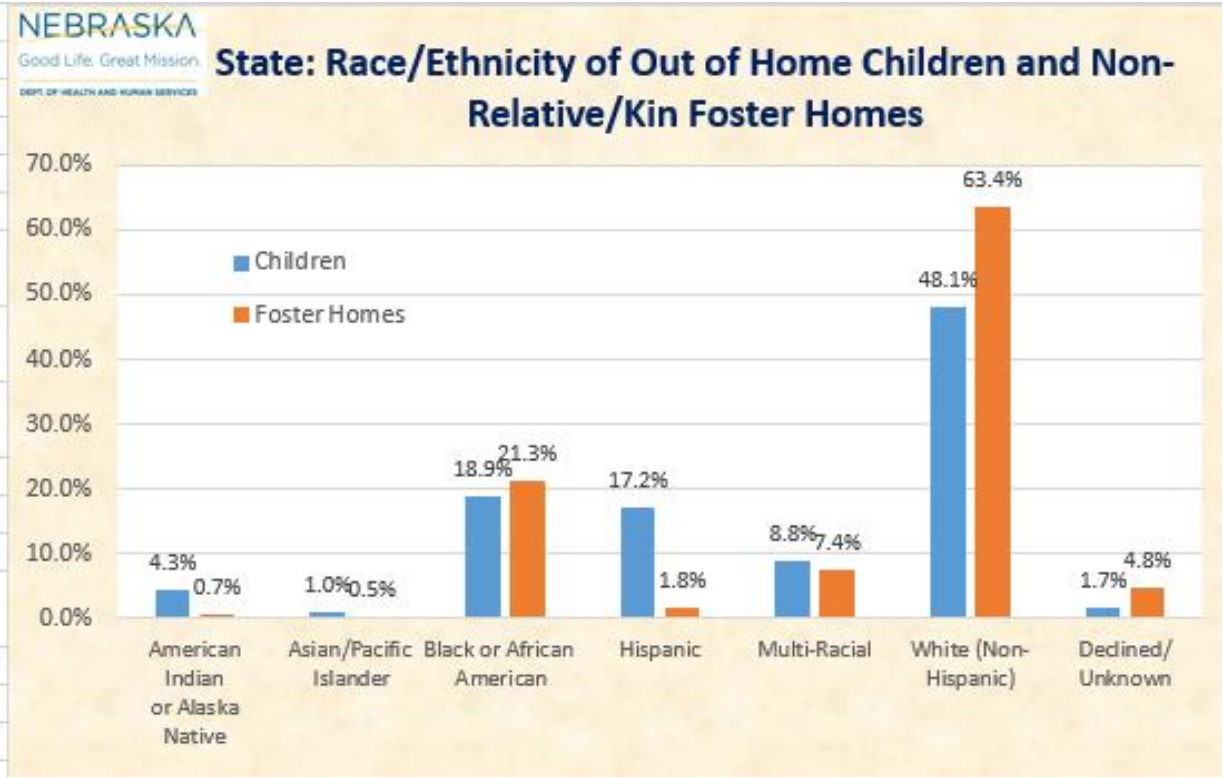
Active Foster Homes Family Ethinic Comparison
December 2017 -2019
1600
1400
1200
1000
800
600
400
200
0
12/4/2017
12/3/2018
12/2/2019
15
1481
1384
38
399
429
20
229
201
12
123
151
10
116
89
9
9
8
290
354
White (not Hispanic Origin)
Black/African American
Multi-racial
American Indian /Alaskan Native
Hispanic
Asian/Pacific Islander
Blank


NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES
State: Race/Ethnicity of Out of Home Children and Non-Relative/Kin Foster Homes
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Children
Foster Homes
4.3%
0.7%
1.0%
0.5%
18.9%
21.3%
17.2%
1.8%
8.8%
7.4%
48.1%
63.4%
1.7%
4.8%
American Indian or Alaska Native
Asian/Pacific Islander
Black or African American
Hispanic
Multi-Racial
White (Non-Hispanic)
Declined/ Unknown

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

Description of Systemic Factor Item: The foster and adoptive parent licensing, recruitment, and retention system are 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.

CFSR Finding: Nebraska received an overall rating of Area Needing Improvement for Item 36 based on information from the statewide assessment and stakeholder interviews.

Information in the statewide assessment and collected during interviews with stakeholders showed Nebraska has processes in place to monitor the state's effective use of cross-jurisdictional resources. Nebraska provided information in the statewide assessment showing that although there have been improvements in the timeliness of completing home study requests, timely completion of home studies remains a challenge for the state.

Updated Data and Information: CFS developed contracts with five providers, Lutheran Family Services, KVC, Nebraska Children's Home Society, Child Savings Institute, and CEDARS to complete home studies for foster/adoptive homes supported by CFS. These contracts were developed in response to a report conducted by the Office of Inspector General (OIG) regarding cases where sexual abuse was alleged to have occurred. A third party currently completes the home study and makes a recommendation for foster or adoptive care.

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

The state must review, update and revise, as necessary, the goals, objectives, and interventions identified in the 2020-2024 CFSP to ensure that they are consistent with their CFSR PIP or to sustain improvements for successfully completed PIPs. States must also incorporate any additional areas needing improvement that were identified in a title IV-E, AFCARS, NYTD, or other program improvement plan or in the "Update on Assessment of Current Performance," Section C2 identified above (45 CFR 1357.16(a)(2)). States should include information on how the state CQI/QA system was utilized to identify and inform revisions needed to the goals, objectives, and interventions.

If the state's 2020-2024 CFSP did not have a goal, objective, or intervention that addresses key areas needing improvement as identified through the "Update on Assessment of Current Performance" and in joint planning with CB, the associated goal, objective, intervention and measures of progress must be revised or added to the 2021 APSR.

States are encouraged to add goals and objectives developed in response to CB convenings, such as the State Team Planning Meetings, the Adoption Call to Action, and other targeted technical assistance to states.

CFS has engaged technical assistance and planning in recent weeks to ensure system priorities are clear with quality practice woven in both process and policy. The efforts of CFS seek to provide depth in service array ensuring the individualized needs of children and families are met. A continuium of services for children and families begins with communities and the collaboration with Bring Up Nebraska and community collaboratives allows us to continue efforts on preventing children and families from entering the child welfare system.CFS utilizes he CFSR PIP, APSR, and FFPSA to direct our overarching efforts. The goals, strategies, timelines and progress outlined in those documents serves as a compass for Nebraska's child welfare system in order to achieve positive outcomes for children and families.

Activities for Year 1 and 2:

- Addressed goals and strategies in the CFSR PIP;
- Continued implementation of the Family First Prevention Services Act (FFPSA) as indicated in the Title IV-E Prevention Program Plan;
- Nebraska currently has one Qualified Residential Treatment Program (QRTP)

Activities for Year 3:

- Review data from NFOCUS for continuous assessment, evaluation, and improvement of Nebraska's Title IV-E Prevention Program Plan. This includes, but not limited to, sharing CFS case workers, supervisors, and administrators. Data will also be shared with families and other external stakeholders for feedback. This includes a plan of improvement and discussion around sustainability of services.
- In year three, the Title IV-E Prevention Plan will be resubmitted to our federal partners for review and response for any revisions needed.

Activities for Year 4 and 5:

- Focus on continued FFPSA implementation with input and feedback from stakeholders
- Nebraska will have a minimum of two QRTPs

- Nebraska will continue to have a robust prevention network that focuses on ensuring at-risk families and children encounter no wrong door when seeking services and supports that promote safety, togetherness, and well-being

Child safety and supporting families to keep their children safe continues to be a top priority. Proving the tools and resources to internal CFS staff using Structured Decision Making (SDM) training, Safety Organize Practice (SOP) and Motivational Interviewing are critical.

These tools aide our teammates in engaging families and giving them a voice, while encouraging normalcy and accountability to safety and planning. Evidence Based mental health services, substance use and in-home parenting are just a few of the practices that families and children receive to meet their needs. Stability of the workforce has continued to improve and has resulted in better outcomes for children and families.

To promote successful implementation of its current or revised goals and objectives, all states are encouraged to: 1) align implementation support across the CFSR PIP and CFSP; 2) identify the additional supports needed to achieve and sustain each goal and objective; and 3) plan a timeline for ensuring the supports are or will be put in place. Examples of implementation supports include: staffing, training and coaching, financing, data systems, policies, physical space, equipment, and memoranda of understanding with tribes, other agencies and organizations. In the 2021 APSR, states are encouraged to provide an update to implementation supports as needed.

As described in the Nebraska CFSP, there are two documents to guide the next five years of the child welfare system: the federally approved *CFSR PIP* and the *Family First Prevention Services Plan*. These two documents represent the collective goals, strategies, anticipated timelines, and measures of the entire child welfare system in the State of Nebraska.

Describe the state's training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of CFSP/CFSR goals and objectives since the submission of the 2020-2024 CFSP. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year (See 45 CFR 1357.16(a)(5)).

Training and Technical Assistance provided over the past reporting period:
Technical assistance continues to be provided to the Service Areas in various ways. Much of the communication occurs through weekly Service Area Administrator calls and monthly Administrator meetings. Each of these meetings are attended by relatively smaller groups where the conversation is direct and focused on the agenda items. This format enables the communication to be succinct, including specific instructions, and often the subject is finalized during the meeting.

Children and Family Services Central Office sends out a weekly email to front line staff and supervisors that includes information to assist them in doing their work. These weekly updates can include a Quick Tip on how to complete a task, a Standard Work Instruction on new ways to perform the work, or informational resources used to support children and families. Also, there are system team calls that provide a dialogue for changes and clarification in practice and policy. A system team consists of CFS case managers, Supervisors, Administrators, and Central Office staff who regularly meet on a specific subject. The system team is primarily facilitated by Central Office staff gathering agenda items on areas of concern for discussion and, if necessary, recommendations for policy or practice changes or interpretation. Examples of a system team are Intake and Initial Assessment; Adoption; ICWA.

These updates and meetings are an example of methods used to communicate new information, reminders, and support to staff that leads to better engagement with children and families; better understanding of laws, regulations, practices, and protocols as well as improving data and staff performance.

In 2018, CFS implemented a practice model called Safety Organized Practice (SOP). SOP is one of the strategies outlined in the Child and Family Services Report (CFSR) Program Improvement Plan (PIP). Training on the 12 modules began in June 2019. Each Service Area developed a training calendar to ensure the current staff receives SOP training. The training plan consists of training one module each month for 12 months. CCFL has included the SOP training module into new worker training. Central Office program staff partner with local office CFS Supervisors and Administrators to train CFS case managers on SOP modules.

e had been delays providing training in parts of Nebraska experiencing significant flooding in 2019 and then again in 2020 with the COVID-19 pandemic. Ongoing QA reviews identify the use of SOP as indicated by improved family engagement, family voice and choice, clearly defined danger and harm statements and case mapping. CFS has identified safety plans describing behavioral changes to be demonstrated over time to ensure child safety. CFS recognizes that with SOP “Services do not equal Safety”.

Child Welfare Training Innovations have a monthly coaching call with CFS “early adopters” of SOP to discuss any SOP related issues and receive support in the implementation, training and coaching of SOP. Early adopters are CFS staff who embraced the practice model early and made subsequent practice changes.

The Court Improvement Project (CIP), Supreme Court Children’s Summit, is held annually in the fall and is well attended by Nebraska’s judicial branch, along with DHHS staff and other stakeholders interested in the welfare of Nebraska’s children and families.

During the 2019 Summit, Nebraska was incredibly fortunate to have Commissioner Jerry Milner, D.S.W. be a keynote speaker. Dr. Milner is the Associate Commissioner at the

Children's Bureau, Acting Commissioner for Family and Youth Services Bureau. During Dr. Milner's keynote, he spoke about the importance of community-based prevention.

Included below from the Summit Brochure are descriptions of the sessions where DHHS were key partners in presenting:

- **Comprehensive Addiction and Recovery Act (CARA)/ Child Abuse Prevention and Treatment Act (CAPTA):** Representatives from the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Perinatal Quality Improvement Collaborative Team collaborate to discuss prenatal substance exposure in Nebraska and its effect on infants. The group explored the Comprehensive Addiction and Recovery Act (CARA) and the Child Abuse Prevention and Treatment Act (CAPTA) as it pertains to Nebraska. The speakers will provide an overview of the Plan of Safe Care and an explanation of its population parameters. Participants had an opportunity to see examples of working Plans of Safe Care in Nebraska.

- **Collaborating to Support Crossover Youth:** Review and discussion of a collaborative policy to serve children who are dually adjudicated with Probation and Child Welfare.

- **Breaking it Down: Indian Child Welfare Act - (ICWA) and Active Efforts:** This presentation provided a better understanding of what Indian Child Welfare Act (ICWA) is, why it exists and why it is still necessary. Presenters will also discuss active efforts vs. reasonable efforts.

- **Family First Prevention Services Act (FFPSA) 101 and Overview**: Overview of FFPSA to include practice changes, requirements of evidence-based services, efforts to support children in the home, and a qualified residential treatment program. The state of Nebraska is joining 12 states in implementing Family First Prevention Services Act provisions October 1, 2019.

- **Strengthening ICWA Compliance through Coalition Development:** This presentation provided an overview of how the Nebraska Indian Child Welfare Coalition, Inc. (NICWC) got started, accomplishments o, and programs and services they are able to provide. Presenters also discussed ways to improve services to Native children and families.

- **What's New in IV-E:** This session was a collaborative presentation by the Nebraska Department of Health and Human Services (DHHS), JUSTICE, and the Court Improvement Project (CIP). With updated technical assistance from the Administration on Children and Families, presenters shared how to ensure the correct IV-E findings are made on Docket or in an order for removal and permanency hearings. Presenters also delved into more complicated questions

surrounding IV-E findings necessary for disrupted adoptions and guardianships, youth who crossover from probation to DHHS, and constructive removals.

- **Barriers to Permanency and Active Case Management for Children with Extended Stays in Foster Care:** This session brings together the Foster Care Review Office (FCRO) and Department of Health and Human Services (DHHS)/Child and Family Services (CFS) who discussed the barriers to permanency for children with extended stays in foster care. The Foster Care Review Office will outline the findings from longitudinal data that identify key indicators for extended periods in foster care and critical turning points in cases that require intensive case management and advocacy. Attendees heard specific examples of case management services provided to children with extended stays in foster care and discussed on how data can be used both internally and externally to improve system response to children in care.

- **Family First Prevention Services Act (FFPSA) – What courts need to know: Qualified Residential Treatment Program (QRTP) requirements and timelines:** Judicial leaders and court stakeholders will understand their role in Family First Prevention Services Act to include, specific judicial findings for the placement at a Qualified Residential Treatment Program, reasonable efforts for preventing removal and reunification, and the role of the court in prevention.

- **Bridge to Independence Program: The Why, the History and the Future**: This presentation talked about why the Bridge to Independence (B2i) Program was implemented. Presenters will share information about the legislation, history and creation of the program, as well as what the future looks like for B2i. The panel included representatives from the B2i Legislative committees, interested parties, Department of Health and Human Services and young people in the program.

- **Ensuring School Stability for Children in Foster Care:** Research has found every time a child in foster care changes schools, up to 6 months of academic progress may be lost. Federal and state law mandate that a child placed in foster care continue attending the school of origin, unless a determination is made that this is not in that child's best interest. Knowing when students are placed in foster care, whether a change in schools is in their best interest, and current status in the child welfare system is crucial for all those involved. This session provides an overview of Every Student Succeeds Act (ESSA) requirements on educational stability for foster children as well as a series of associated resources collaboratively developed by the Nebraska Department of Education and Department of Health and Human Services. Statistical profiles of state wards' education outcomes will also be highlighted.

Refresher trainings are provided to Service Areas for Alternative Response. This training is provided to CFS case managers, Supervisors, and Administrators to increase

understanding of Alternative Response and working with families. These pieces of training were done in person and over video conferencing at the request of Service Areas. These trainings ensure case compliance and appropriate engagement with families that are assigned Alternative Response. Technical assistance has been provided through data report reviews and case consultations, as requested.

Training and Technical Assistance were provided to external stakeholders regarding Plans of Safe Care for the Comprehensive Addiction and Recovery Act (CARA). A training was distributed by the Nebraska Perinatal Quality Improvement Collaborative (NPQIC) for medical professionals on opioids, which is required once per year. This web based training, "Perinatal Substance Exposure: Opioid & Substance Use & CARA Federal Law Implementation" covered the topic of CARA Plans of Safe Care and the importance of ensuring that each infant and their family affected by substance abuse received the appropriate services needed. Additional work was done to provide CME credit at no charge for those completing the training. NPQIC promoted the webinar through conversations with birthing hospitals, their January 2020 newsletter, and emails to nursing leader contacts across the state of Nebraska.

Training and Technical Assistance has been provided to staff and external stakeholder regarding Family First Prevention Services Act (FFPSA) which included some of the following outreach strategies:

- FFPSA Q&A sessions for Service Area town hall and stakeholder meetings. These were conducted to inform the public about the planning and implementation of prevention services programs. There were also numerous FFPSA presentation for stakeholders co-presented with CIP. The goal is to provide education regarding FFPSA and how Nebraska can best use this opportunity to improve upon prevention services to keep families together.
- Technical assistance was provided to staff and stakeholders, as needed, regarding Intensive Family Preservation, Intensive Family Reunification and Family Centered Treatment.

In October 2019, CFS presented at the Lancaster County Court Lunch and Learn about eligibility determination for the Adoption and Guardianship Assistance Program. The training provided external parties further information to assist legal parties on available assistance, eligibility criteria, and IV-E determination.

<u>The state must report on the progress made since the 2020-2024 CFSP submission to improve outcomes for children and families and to provide a more comprehensive, coordinated and effective child and family services continuum (45 CFR 1357.16(a)(1)).</u>

<u>Progress Measures: States must cite relevant state and local data supporting the state's assessment of the progress toward meeting each goal and objective of the 2020-2024 CFSP and the 2021 APSR. States should include information on how the state's CQI/QA system was utilized in determining and measuring progress (see Section C4).</u>

Measures of progress may be stated in terms of improved performance on the CFSR Round 3 statewide data indicators for safety and permanency, case review items, or other available data, and may reference data provided in the "Update on Assessment of Current Performance," Section C2 of the 2021 APSR.

As Nebraska will be reporting on the first year of the five-year plan, the objectives and interventions associated with some goals may not yet be fully implemented and the state may not be able to demonstrate measurable improvement statewide in this first year. States are encouraged to assess and report in the 2021 APSR on the progress made in any geographic areas or populations that have experienced the intervention during the past year. In addition, the state should review the progress measures identified in its 2020-2024 CFSP and add to or revise the progress measures in the 2021 APSRs, aligning them to be consistent with the CFSR Round 3 statewide data indicators, systemic factors or outcomes, where applicable, and report progress in the 2021 APSR based on updated measures to the extent possible.

See following APSR section for additional information to address this item:

- **Assessment of Current Performance in Improving Outcome *Sections*** for relevant state and local data to support the state's assessment of progress toward meeting each goal and objective of the 2020-2024 CFSP and the 2021 APSR.

- **Quality Assurance Systemic Factor** & **Quality Assurance APSR Section 4** for relevant information on how the state's CQI/QA system was utilized in determining and measuring progress.

Training Planned for the Upcoming Year:

Alternative Response training and technical assistance will be provided at the request of service areas. This is particularly important as Nebraska continues to expand Alternative Response to a larger population and ensuring model fidelity.

Training and technical assistance for CFS case managers and Supervisors is a focus for the upcoming year regarding CARA's Plans of Safe Care. While birthing hospitals are developing their policies for CARA, DHHS is looking to provide additional guidance to staff working with birthing hospitals in completing the Plans of Safe Care and ensuring the plans being monitored appropriately.

Additional training and technical assistance for staff and stakeholders regarding FFPSA will be provided as new services become available and implementation continues.

Describe the technical assistance and capacity building needs that the state anticipates in FY 2021 in support of the CFSP/CFSR goals and objectives. Describe how capacity building services from partnering organizations or consultants will assist in achieving the

identified goals and objectives. (See 45 CFR 1357.16(a)(5).) States that have engaged with the Capacity Building Center for States, the Capacity Building Center for Courts, and/or the Capacity Building Center for Tribes are encouraged to reference needs and planned activities that were documented during assessment and work planning.

On April 29, 2020, CFS met with representatives of the Capacity Building Center for States (CBC) to discuss Nebraska's needs for the upcoming year. Below is a summary list of potential projects with the CBC:

1. Assessment and integration of initiatives towards a cohesive strategic plan
Statement of need: Nebraska has a range of past and current initiatives aimed at improving child welfare practice and performance on key child welfare outcomes. The state team expressed a need articulate a strategic vision for where the agency is trying to go, what it is trying to accomplish, and the priority outcomes it is trying to improve.

Also, there is a need for stakeholders to understand the purpose of each initiative that is underway, what outcomes the initiative is designed to influence, and how it fits into the broader picture. Within this effort, there should an intentional examination of evaluation findings and lessons learned from past initiatives (e.g. Nebraska's Title IV-E waiver) to ensure that the State is integrating this information into current strategic planning and decision-making.

Brief project: The CBC could provide facilitation support and technical expertise toward the articulation of a strategic vision for the Nebraska Division of Children and Family Services (CFS). This effort would include the identification of all strategic initiatives underway or planned for Nebraska and facilitated discussions with key stakeholders to understand the purpose of each initiative, its desired outcomes, and how it fits into the bigger picture. The project would also include an exploration of evaluation findings and lessons learned from current or past initiatives to ensure that this knowledge is integrated into the child welfare agency's broader strategic planning and decision-making.

2. Child Welfare Practice Model Development and Implementation
Statement of need: Directly related to the potential project #1 above, the state team expressed the need for comprehensive, integrated practice model to guide their child welfare practice across the continuum of care. Staff expressed a need for all members of the workforce to understand their role and expected practice towards achieving the intended outcomes with children and families served by CFS. The practice model would clarify agency values and practice principles, and help operationalize expected behaviors for the child welfare workforce.

Intensive project(s): The CBC could provide facilitation, subject matter expertise, and implementation support toward the development and implementation of a comprehensive and integrated child welfare practice model for Nebraska. This represents a likely longer term project that might best be approached in phases, following completion of the brief project above.

3. Sustainable integration and implementation of Safety Organized Practice into child welfare practice

Statement of need: CFS has invested considerable efforts to implement Safety Organized Practice (SOP) for quite some time. Implementation has been largely optional (a 'try it on' approach) and has been generally well-received by the work force, particularly in some regions of the state. However, SOP has not been formally integrated into CFS infrastructure and not all stakeholders have fully bought into this approach (e.g. some legal/court partners). CFS is committed to fully and sustainably integrating SOP into its child welfare practice and engaging all key stakeholders in this process.

Intensive project: CBC can support CFS in an assessment of the degree to which SOP is implemented across the state and the extent to which key stakeholders are bought into the process. From there, CBC can partner with CFS to develop and execute a robust implementation plan to fully integrate SOP 'into the fabric' of how CFS works with families to prevent child maltreatment and promote family stability and well-being.

IV. Quality Assurance System

Building on information provided in the 2020-2024 CFSP, address the following in the 2021 APSR:

Assess the progress in making planned enhancements in capacity to the state's current CQI/QA system. Include information on training or other supports to enhance the capacity of CQI/QA staff to develop analytic questions, generate appropriate measures, understand how to evaluate outcomes during the phases of implementation, and account for variation in populations that impact the ability to observe improvements over time.

The CQI process made several notable improvements in the ability to provide quality assurance reviews, analysis and feedback to the service areas and stakeholders. One major improvement is the Research, Planning & Evaluation unit assumed oversight responsibility for the foster care licensing resource development team during the fall of 2019. This change has been helpful in several ways. For example, approvals to make an exception to overfill a home's capacity is now determined by Research, Planning, and Evaluation rather than by the Service Area. This provides a form of separation of duties and enables improved objectivity when making over-capacity decisions. Additionally, the licensing team is now empowered and encouraged to report and review any foster home based upon concerns in the past history and/or current events. As such, the licensing team can efficiently request the QA team perform a targeted case review to seek out noted concerns documented in NFOCUS needing attention and address needs quickly. This positions CFS to be proactive addressing both over-capacity issues as well as safety concerns in licensed foster homes.

Historically, the foster care licensing team has depended on external spreadsheets for tracking and monitoring much of the daily work. The manual tracking is time consuming and introduces delays in the license approval and renewal process and makes managing workloads and distributions very difficult. Accordingly, the team is working to develop more on-line information and tracking data by modifying the case management system to include additional license processing information during the licensure process.

The licensing team also implemented a new QA system for home studies to monitor the quality and completeness of the document and simultaneously assess how the licensing team is providing feedback. With this review, CFS can identify home study concerns, including concerns with the agency providing the study and the licensing employee reviewing the study. Together this information improves the ability to improve the quality of home studies to ensure youth will be safe in these homes.

Another notable improvement underway for the licensing team is a change for the Nebraska criminal background check process. The process used today by the licensing team lacks efficiency and creates opportunities for errors in interpretation and exclusion of aliases. Accordingly, CFS is contracting to build an electronic interface into Nebraska's criminal justice system, which will turn a highly manual data compilation process into an automated process. The new process is expected to decrease the time required to compile this information from two hours to a completion time of two minutes, while improving accuracy and making it possible to search multiple aliases simultaneously. While work is just beginning following the analysis during the winter of 2019, funding has been approved, and CFS is confident this system will greatly improve the efficiency and accuracy of our Nebraska background/criminal check for foster parents and household members.

An area of concern for Nebraska is placement disruption. Preventing disruptions is a system-wide issue and requires multiple approaches. The Research Planning and Evaluation team, in concert with CFS field teams, are designing a series of actions, data, communication, etc., to be taken to reduce placement disruptions and study disruptions to understand potential causes. This new process will be data-driven, but collaboratively implemented to include staff from the Licensing team, Contract Monitoring, Data, QA, CFS and Licensed Child Placing Agencies.

The Protection and Safety CQI team spends a significant amount of time on CFSR items 1-18 reviews. These reviews are statewide and the location of CQI staff across the state significantly improves the ability to perform reviews and engage service area administration and staff. CFS staff turnover has been low across the entire Research, Planning, and Evaluation team, which has greatly improved the ability to improve skills and competencies as CFS strive to align with ACF guidelines and instructions. In addition to CFSR reviews, the Quality Assurance team continues to perform invaluable proactive, targeted reviews regarding areas needing improvement on the Program Improvement Plan. An example is a sexual abuse review explicitly designed to monitor both the hotline

decision making and ongoing case management support when/if sexual abuse allegations are made while a youth is in the custody of the state.

Nebraska continues to generate a flagship CQI document that contains a myriad of data points with 57 pages of data in the May 2020 report. This report continues to be actively utilized by central office and service area administration teams across the state. With the ongoing PIP, CFS has increased the content on CFSR item pages to include awareness of PIP activities and ensuring CFS staff have an awareness of the CFSR item and activities created and implemented to increase performance.

Several new dashboards were created to complement this report. For example, a report was created specifically on non-court youth. With prevention activities rapidly expanding in Nebraska, this ensures CFS has extensive inferential and descriptive statistics for youth and families on this case management track. Another significant report added during 2019 is an Eastern service area report focused on the private contractor, Saint Francis Ministries (SFM). This new report illustrates 21 additional charts not found in other CQI reports. This report has been helpful to monitor the outcomes and process performance of the case management contractor in the Eastern Service area.

The CQI team is responsible for the tracking and Federal reporting regarding the status of the Program Improvement Plan and activities. With hundreds of process improvement activities included in the PIP, a multi-layer process was created to ensure all activities have owners and progress is documented in preparation of submitting the bi-annual PIP activity report and conference. This process has worked well and has created a communication link between CQI, Policy/Program as well as service area teams. The process of communicating about each activity on an ongoing basis ensures information is known and shared across CFS and, most importantly, items are not being overlooked.

As CFS continues to progress towards implementation of Families First Prevention Services Act, various methods and sources of data that will allow CFS to measure quality, outcomes and fidelity to the service model are being designed. Much progress has been made and CFS is confident the planned systems will function effectively and provide the requisite data points as implementation progresses.

CFS does not anticipate needing additional resources or technical assistance from the Children's Bureau (CB) or other partners regarding Quality Assurance other than the current assistance CB provides during the phone calls to discuss CFSR Onsite Review Instrument related questions and specific guidance and assistance that may be needed as the state conducts case reviews to measure state performance during the Program Improvement Plan (PIP) period.

See *Quality Assurance System Section* for additional information regarding the State's CQI /QA System assessment of progress and planned enhancements.

If not already addressed in "Progress Made to Improve Outcomes" in Section C3, describe how the CQI/QA system was used to measure progress on achieving goals, objectives, and interventions.

CFS utilizes data from the CFSR Case Reviews, State Data Profiles, IV-E Case Reviews, SDM Fidelity reviews, Safety and Non-Safety Proactive Reviews and other specific Quality assurance reviews to update goals, objectives and interventions. Data from additional reviews are made available to CFS after the QA review. In addition, QA reports are also posted on the Quality Assurance Reports Library (QARL) and accessible to all CFS staff.

CFS also utilizes data from the state's information system and stakeholder feedback to continually develop and update current Statewide and local CQI goals, objectives and interventions. Root Cause Analysis, including specific data used to update goals and strategies are included in the State's Program Improvement discussions and plans.

See **Quality Assurance System Section** for additional information regarding the State's CQI /QA System assessment of progress and planned enhancements.

If not already described in "Collaboration" in Section C1, describe how feedback loops are being utilized as part of the CQI/QA process to provide useful information that parents, families, youth, and other partners and stakeholders will find useful to assist the state in system improvement efforts.

Feedback from the CFRS reviews and outcome data is monitored and disseminated to staff and stakeholders across the state. PIP item feedback from CFSR case reviews, as well as the federal data indicators, continue to be primary sources and focus of the CQI feedback loop. Feedback occurs in numerous ways including; delivery of review results and commentary to the CFS case manager's supervisor, distribution of numerous case specific reports related to PIP items, dissemination at virtual statewide CQI meetings, and sharing at the Quarterly Service Area Supervisor CQI meetings. Additionally, CFS continues to share Quick Tips and conduct CFSR new employee training. The various forms of feedback provide multiple modes of communication and data types, including case specific and overall outcomes as well as qualitative and quantitative results. Delivery modes vary with the team sharing feedback via virtual meetings, e-mail, self-serve EZ Access reporting data access, and in-person on-site CQI discussions.

In the past year CFS has strengthened the feedback loop with the Court Improvement Project. With a shared goal to reduce time to permanency, CFS has numerous data sharing processes in place. For example, CFS shares information on timeliness to permanency stratified by courts/Judicial Districts for purposes of the pre-hearing permanency review effort. CFS shares other data as well including results and analysis on concurrent planning and TPR filings, and review hearing frequencies which became an area of interest during the COVID-19 pandemic.

Additionally, as described in the Systemic Factor: Agency Responsiveness to the Community, over the past year CFS has worked to strengthen collaboration and to be more inclusive and engaging with stakeholders. CFS seeks to involve stakeholders, Tribes and the courts in the review of data, the assessment of agency and system strengths, and areas needing improvement through a variety of means. Please see the Systemic Factor: Agency Responsiveness to the Community section for more details.

Describe the state's current case review instrument and whether the state is using the federal Onsite Review Instrument (OSRI) as part of the state's ongoing QA/CQI process.

Nebraska's Federal CFSR Review was conducted in June 2017. The RPE Protection and Safety Continuous Quality Improvement (CQI) utilizes the federal Onsite Review Instrument (OSRI) and the federal Online Management System to conduct case reviews as part of the State's measurement for the CFSR Program Improvement Plan (PIP). Nebraska CFS fully supports the CFSR case review process and is committed to holding CFS accountable to the federal guidelines that have been established. CFS' case review process if further described in the ***Quality Assurance System Systemic Factor Section*** of the APSR.

Provide an update to move towards or sustain the ability to conduct a State Case Review Process for CFSR Purposes. (See CB resource "Criteria for Using State Case Review Process for CFSR Purposes.")

Nebraska believes the CFS CQI team of Program Accuracy case managers is adequate and currently staffed as required in order to perform a state review at the time of the upcoming CFSR Round Four. Following the completion of Nebraska's PIP and the continual case reviews, CQI will have highly skilled staff available to perform the next round of the CFSR. Nebraska is also equipped with the Onsite Review Instrument, an achieved requirement to performing reviews according to CB's requirements.

The one area CFS will pursue, should Nebraska opt for the state review or should the state review be required, is the training/onboarding manual the Children's Bureau requires. While Nebraska holds the necessary information, it is not documented in the form of a training manual due to the extensive amount of time required to produce and constantly update a manual.

V. Update on Service Description

In the following section, states will provide an update on the services provided to support the vision and goals since the submission of the 2020-2024 CFSP and how the services will continue to assist in achieving program goals.

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

Briefly describe the services provided since the submission of the 2020-2024 CFSP, highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in achieving program goals (45 CFR 1357.16(a)(4)).

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

The Stephanie Tubbs Jones Child Welfare Services program funds may be utilized for the following purposes: (a) protecting and promoting the welfare of all children; (b) preventing the abuse, neglect, or exploitation of children; (c) supporting at-risk families through services that allow children to remain with their families or return to their families in a timely manner; (d) promoting the safety, permanency, and well-being of children in foster care and adoptive families; and (e) providing training, professional development, and support to ensure a well-qualified workforce.

Nebraska utilizes these funds for family support services and parenting time or supervised visitation.

Family Support Service is defined as the provision of face-to-face assistance with coaching, teaching, and role modeling by a trained professional in the family home or community based setting to maintain and strengthen family functioning and alleviate stressors in the home. This service can be accessed by any adult or child involved with and referred by DHHS. The purpose of Family Support Service is to assist with the prevention of out-of-home placement of children, and with the preparation of the natural family, including thee child in placement, for the return of the child to the home.

As noted in the CFS's contract with its sub award the Family Support Service worker shall work with the case manager, parent, and involved professionals in assisting the family with meeting goals designed to (1) prevent or remedy abuse and neglect; (2) improve basic daily living and coping skills; and/or (3) better manage the home, income, and resources. The Family Support Service Worker shall have knowledge of community and program resources and assist families with arranging for and obtaining: necessary medical care and treatment, appropriate support systems, and necessary training and education as identified in the service referral.

Family Support Service promotes child and family well-being, enhances the protective factors through increased knowledge of parenting and child development, builds personal resilience by helping a parent or family member overcome obstacles, promotes meaningful social connections, provides concrete supports, and encourages social and emotional competence.

Since the submission of Nebraska's CFSP in 2019, $737,874 or a total of 541 individuals have been served through family support.

Parenting time or supervised visitation is defined as supervised and monitored visits between parents and their children that are long enough in length to promote parent-child attachment. The safety and best interest of the children involved are primary considerations. Parenting time or supervised visitation workers engage, teach, and role model nurturing parenting practices during the supervision of parenting time. These services are provided in the family home whenever possible; or in the least restrictive, most home-like community based setting, that meets the needs for safety and that improves the stability of the family.

The provider of this service will follow the parenting time plan developed by the CFS case manager, in accordance with the court order and as described in the service referral. Whenever possible, the parenting time plan shall be developed together with the parent, non-custodial parent, family members and other adults with whom the child has a significant attachment to. The provider will assist parents with developing the necessary skills and parenting practices that improve and promote a positive and healthy relationship between themselves and their child and that assist with the reunification of the family.

Since the submission of Nebraska's CFSP in 2019, $738,138 for a total of 558 individuals has been expended on parenting time/supervised visitation.

For information on Nebraska Child Welfare's response in providing family support and parenting time or supervised visitation during the COVID-19 pandemic, please review Nebraska's Disaster Plan.

B. Services for Children Adopted from Other Countries

Describe the activities, including provision of adoption and post-adoption supports, that the state has undertaken since the submission of the 2020-2024 CFSP to support the families of children adopted from other countries and any changes to the activities the state plans to take to support children adopted from other countries.

The CFS is not involved with families adopting internationally prior to adoption finalization. CFS is involved if the family is referred through the child abuse neglect hotline and screened for traditional or alternative response services.

CFS extended its contract with Right Turn, through the 2020 calendar year for post adoption and guardianship support services. Right Turn serves international adoptive families when the family, CFS, or community stakeholder reports or refers for support or training.

Right Turn provides a variety of services including but not limited to, Permanency Support Services, Parent2Parent Mentoring, support groups, trainings, recreational activities, respite care connections, and community events to support the adoptee, the family, and mental health connections or referrals. Right Turn staff served one family that adopted internationally in 2019.

CFS continues to participate in the Nebraska Adoption Agency Association (NAAA), which includes members from licensed child placing agencies in Nebraska providing adoption services. Holt international provides information regarding services and events available to the adoptive family community. When appropriate, events and resources are sent to child placing agencies contracted for foster adoption care for CFS.

The NAAA provides training opportunities that involve all types of adoptions, including international adoptions that CFS staff participate in. On October 10, 2019 a CFS Program case manager attended the training titled, *Why Transitions Can Be So Hard for Children with Attachment Trauma and How To Help Them*, presented by Bonnie Sarton Mierau, LICSW. This training was conducted at the Nebraska Children's Home Society in Omaha, Nebraska and was sponsored by NAAA.

Implementation planning for the National Adoption Competency Mental Health Training Initiative (NTI) has been occurring with CFS Program case managers in collaboration with the Division of Behavioral Health (DBH) Program Administrator. Both Divisions are reviewing training that was released to states. CFS will ensure child welfare staff complete the training as part of their ongoing training requirement. The intended goal is to have professionals working with youth and families to have an understanding of the complexities of adoptions and guardianships to better support the child and the family.

NTI includes education and training within many lessons covered in eight training modules titled:

- A Case for Adoption Competency;
- Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanency through Adoption or Guardianship;

- Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanency through Adoption and Guardianship;
- How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children;
- The Impact of Loss and Grief Experience on Children's Mental Health;
- The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health;
- Positive Identity Formation and the Impact of Adoption and Guardianship;
- The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families

C. Services for Children Under the Age of Five

Describe the activities the state undertook in the past year to address the developmental needs of all vulnerable children under five years of age, including children in foster care, as well as those served in-home or in a community-based setting.

The state of Nebraska focused on developing or supporting several programs and organizations since the submission of the 2020-2023 CFSP, to reduce the length of time children under the age of five are in foster care without a permanent family. These include:

- Preschool Development Grant Birth Through Five
- Child Welfare Adaptation of Healthy Families America
- Nebraska Expectant and Parenting Grant
- The Bridge Mom and Me Program
- Early Development Network
- Impact from Infancy Program
- University of Nebraska-Nebraska Resource Project for Vulnerable Young Children
- Sixpence
- Communities for Kids
- Rooted in Relationships

Preschool Development Grant Birth through Five (PDG B-5):
The Nebraska Department of Health and Human Services applied for and was subsequently awarded a three-year, $30 million Preschool Development Grant Renewal proposal designed to improve the quality of early childhood services and expand access to the most vulnerable families while strengthening and streamlining state-level infrastructure. The proposal builds on the accomplishments of the first-year PDG grant, including the comprehensive needs assessment and statewide strategic plan.

The final PDG Needs Assessment report was completed and submitted to the federal government at the end of November 2019. There were many partners who participated

in surveys and interviews, helped to connect with families and other stakeholders, and provided feedback on the data and report. Findings from the Needs Assessment have provided a strong foundation for the strategic planning process. Stakeholders in Strategic Planning Advisory Team (SPAT) meetings in Bridgeport, Kearney, and Omaha participated on October 23-25, 2019. In these meetings, participants discussed key gaps and opportunities for improvement in Nebraska's early childhood system, and they shared recommendations for strategic actions to achieve desired outcomes.

Child Welfare Adaptation of Healthy Families America (HFA):
Home Visiting has long been utilized as a preventive health program in local communities, serving infants and their families. The education, personal relationships and referral services have helped decrease infant mortality rates, increase positive parenting skills, and decrease child abuse and neglect. Healthy Families America (HFA) is the evidence-based home visiting administered by the Nebraska Department of Health and Human Services Division of Public Health (PH), historically funded with the support of federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grants and state general funds.

Over the past year, CFS and PH have partnered to expand capacity in existing HFA sites utilizing federal Family First Prevention Services Act (FFPSA) dollars and federal Temporary Assistance for Needy Families (TANF) grant dollars. The expansion of capacity in one urban and one rural HFA site is a strategy in the Department's 2019-2020 Business Plan.[6]

Since October 2019, there have been 12 families referred from the child welfare agency and enrolled in HFA at the two pilot sites. As of May 2020, CFS and Division of Public Health (PH) are at various stages of the implementation process with five additional HFA sites that include enrollment of children up to 24 months of age for child welfare referrals. In addition, CFS participated in the federal needs and capacity assessment of early childhood home visitation programs to inform possible future expansion of home visiting programs to new sites in Nebraska.

Nebraska Expectant and Parenting Grant (NEPG):
After the Bring Up Nebraska launch in September 2017, CFS shared the following data with state-level partners:

48% (689/1422) of children who are state wards ages 0-5 have at least one parent who was also a state ward in Nebraska (NFOCUS Point in Time on 2/26/2018).

Based on this data, CFS and PH, in partnership with the Nebraska Children and Families Foundation, successfully applied for the "Support for Expectant and Parenting Teens, Women, Fathers, and Their Families" federal grant from the Office of Adolescent Health.

[6] See pages 24-25 of the DHHS Business Plan at: http://dhhs.ne.gov/Documents/BusinessPlan2019-2020.pdf

The grant money supports five Bring Up Nebraska communities and their implementation of NEPG strategies. Generally, after the central navigator completes an intake on a parenting young adult, the intake is forwarded on to a service provider to offer coaching or case management, or link them to appropriate needed services. The new and additional piece provided by this grant is to link services for the children, as well.

NEPG work aims to affect change at both the individual and the system level.

Intended outcomes at the individual level: NEPG work aims to:

- Increase protective factors for expectant and parenting young adults,
- Increase parenting effectiveness and parental resiliency,
- Decrease parental stress, and
- Increase economic self-sufficiency for NEPG participants.

Intended outcomes at the system level: NEPG work aims to:

- Increase the sustainability of services for expectant and parenting young people within local community systems.

Longer term, a key intended outcome of this work is to:

- Reduce two-generation involvement in the child welfare system among children under age 5 years.

In year two (July 2019-June 2020), NEPG became more integrated with Community Response (CR) as the grant limitations tasked communities with meeting certain needs of expectant and parenting young people.

In communities where CR and NEPG are managed by different agencies, this provided the opportunity to collaborate closely. Enrollment of young people in NPEG continues to be strong in year two for most communities with little need for recruitment. Most communities are on track to meet the enrollment goals set in year two. In addition, “train the trainer” training for Families Thrive was held in order for communities to establish a sustainable process for the continuation of the Families Thrive training within the individual communities with local trainers.

The Bridge Mom and Me Program: The Bridge’s Mom and Me Program continues to be a useful substance abuse treatment community model for Nebraska. The program provides long-term (6-18 months), residential treatment for adult women experiencing substance use for whom short-term treatment is deemed inadequate. Currently, there are three Mom and Me Programs in Nebraska. Consistent with the FFFPSA, the Department has entered or will be entering, into sub awards with the Mom and Me

Programs in order to use Title IV-E funds. These funds support the children of the mothers in the Mom and Me Programs.

Over this last year the programs have seen the following outcomes:

The Bridge

- 81% of clients successfully completed the program.
- 100% of clients left the program drug-free
- 88.8% of clients left the program stable in their recovery
- 94.7% of clients reported improving their quality of life
- 100% of clients demonstrated they have learned essential parenting skills for a healthier life

St. Monica's

- 43% of clients successfully completed the program.
- 43% of clients left the program drug-free and stable in their recovery
- 100% of clients reported improving their quality of life.
- 80% of clients demonstrated they have learned essential parenting skills for a healthier life.

Heartland Family Works Program

- 73% of clients successfully completed the program.
- 94% of clients left the program drug-free and stable in their recovery
- 95% of clients reported improving their quality of life.
- 100% of clients demonstrated they have learned essential parenting skills for a healthier life.
- Below are discharge survey comments from several of the Mom and Me Programs.
- "The Bridge is an amazing facility. The 24 hour a day staff always available, always compassionate. What has helped me the most is having so many positive role models here. Staff and clinical staff are great. Being able to change and grow and have my kids with me, learning how to budget, planning meals, learning new parenting skills and how to be a productive member of society."
- "What has been beneficial for me being at The Bridge is the support, love, and understanding I have received. I have learned that I'm not alone anymore and the sisterhood that's here is not only inspirational, but so strong. I'm truly blessed to be here and grow the way I have here at The Bridge."
- "The Bridge has allowed me the opportunity to have my kids with me while I work on my substance abuse and mental health. It's more than I could have ever imagined and I'm so thankful for these great people (counselors, techs, peer/roommates, SASA and parenting coach). Hopefully one day I can give back!

Early Development Network: Automatic Early Development Network (EDN) Child Abuse Prevention and Treatment Act (CAPTA) referrals occur when a Child and Family Service case manager enters the findings of "Court" or "Agency Substantiated" into the NFOCUS system and the identified victim is a child birth to 3 years of age. CFS case managers manually generates an EDN referral for unsubstantiated and Alternative Response cases, if it is believed a child may have a delay in his or her development or when they are aware a child has been directly affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder.

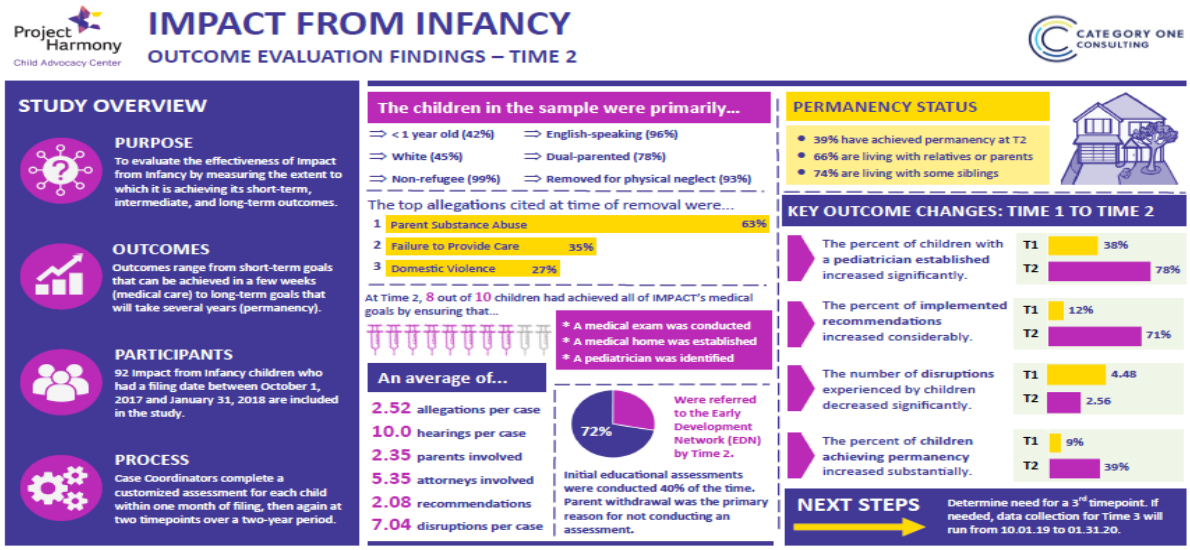
The following people meet together quarterly to address EDN coordination issues:

- Amy Bunnell, IDEA Part C Coordinator, Nebraska Department of Education
- Greg Brockmeier, IT Business Systems Analyst Supervisor
- Julie Docter, EDN Program Coordinator, DHHS
- Jennifer Hamilton, IT Business Systems Analyst, DHHS
- Emily Kluver, Prevention Administrator, DHHS
- Angie Ludemann, Well-being Administrator, DHHS
- Jessie Monks, IT Business Systems Analyst, DHHS
- Allison Wilson, Program case manager – Meeting Coordinator

Over the past year, this group has made changes to the EDN process that leveraged technology to increase operating efficiencies and improvements. The following highlights the group's accomplishments:

- Development of Comprehensive Addiction and Recovery Act (**See Attachment A: Plan of Safe Care Standard Work Instruction**).
- CFS is currently developing EDN Standard Work Instructions for the CFS case managers in the field. The Standard Work Instructions incorporated language to ensure referrals for suspected substance-use-exposed infants in accordance with law and guidance on how CFS case managers can engage parents from the time a referral is generated, in the hope that more parents will take part in this service for their children.
- EDN referrals are now automatically generated to the Early Development Network for assessment regarding child abuse and neglect reports received as law enforcement only for children that are 3 years of age and under that had a substantiated report or pending findings. CFS is currently revising the school notification letter used when a child in their district is referred to EDN.

Impact from Infancy Program: The Impact from Infancy program, a local initiative in the Eastern Service Area (ESA), continues to target families with children birth to five involved in the juvenile court and child welfare systems. The below chart highlights some of the positive outcomes this program has recently experienced:



In addition to the programs described above, there are several organizations in Nebraska recognizing the critical developmental period of children ages 0-5. Over the next five years, CFS will work with these groups to connect these resources with the families that CFS serves, as well as the general population. A brief description of each group is provided below:

University of Nebraska-Nebraska Resource Project for Vulnerable Young Children

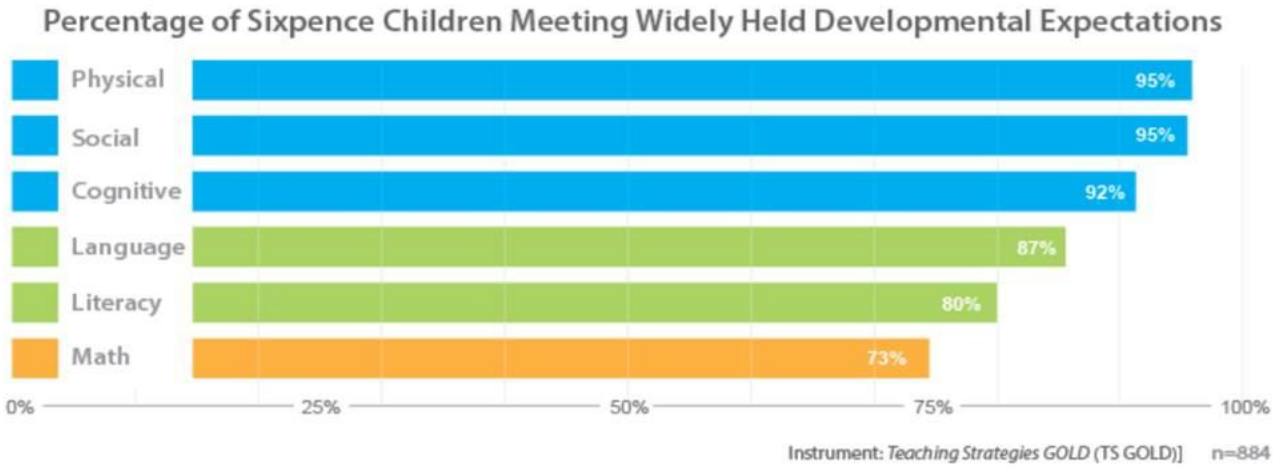
The Nebraska Resource Project for Vulnerable Young Children, formerly known as the Nebraska Infant/Toddler Court Improvement Project (CIP), was created under the Through the Eyes of the Child Initiative to address the needs of young children involved in the child welfare court system.

The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) at UNL - Center on Children, Families and the Law provides training, technical support and evaluation in the areas of reflective practice, court infusion and early childhood mental health. As part of its early childhood mental health work, the NRPVYC manages the Child-Parent Psychotherapy (CPP) training program for master's level therapists and offers annual cohorts at a reduced rate. The NRPVYC is developing a Community of Practice for early childhood mental health professionals to support their work and reduce turnover, which includes reflective consultation groups, regular communications and an annual conference. The NRPVYC is also building capacity to support Parent-Child Interaction Therapy (PCIT) training for early childhood mental health therapists.

The NRPVYC's Nebraska Center on Reflective Practice (NCRP) has worked to provide reflective practice to the early childhood education and mental health workforces. Reflective practice assists in mitigating the effects of the emotionally intrusive nature of the work by helping individuals examine their current and past actions, emotions,

experiences, and responses in order to evaluate their work performance and learn to improve in the future. In 2019, the NCRP trained more than 30 early childhood education providers to utilize reflective practice in the context of supervision and consultation. Additionally, the NCRP provides reflective practice through facilitated groups for many professions that work with young children, including early childhood education and mental health professionals, judges, attorneys, child welfare caseworkers, and other child welfare professionals.

Sixpence: Sixpence promotes high-quality early care and learning opportunities that help parents guide the healthy development of their infants and toddlers.[7] The analysis shows that, even though Sixpence children often face exceedingly serious developmental hazards, the majority approach age-level expectations across a range of developmental domains.



While Sixpence-funded programs serve large concentrations of children in the state's major metropolitan areas, the large majority (68%) of Sixpence programs are distributed throughout Nebraska's rural communities.

Communities for Kids: Over the past year, Communities For Kids (C4K) supported 30 different communities across Nebraska. The large majority of these communities are rural or frontier populations where access to a licensed child care provider may be in short supply. Leaders from these communities are building partnerships and finding creative solutions to build capacity for families with young children to access high quality child care. Depending on the amount of funds Nebraska receives through the Preschool Development Grant (PDG), C4K is planning to expand its work to 10 additional communities.

[7] https://www.singasongofsixpence.org/index.html

Rooted in Relationships: In 2019, Rooted in Relationships served 119 child care programs across Nebraska. Sixty-two percent (62%) were center-based programs and thirty-eight percent (38%) were home-based child care programs.

According to the 2018 -2019 annual Rooted in Relationships evaluation, over 2,650 children were directly served by the participating child care programs. About 21% of these children qualified for the State's Child Care Subsidy Program and 6% of the children spoke another language other than English.

In the next year, the Rooted in Relationships team is planning to assist at least three more communities in expanding their work in implementing the Pyramid Model and bringing systems together to enhance the social-emotional well-being of children in their communities. The communities that are expanding starting in July 2020 are: Saline/Jefferson expanding into Gage County in the Southeast Service Area, Dawson County in the Western Service Area will be expanding to another cohort of 9 – 15 childcare providers and in the Northern Service Area, Madison County will be receiving Rooted in Relationships funds to implement the Pyramid Model with 9 – 15 childcare providers.

Also in the Northern Service Area, Platte County will receive funding in July 2020 to start planning for program implementation that will take effect July 2021. In January 2021, Dodge County will be given the opportunity to expand to another cohort of providers in their county or continue to expand into another neighboring county.

D. Efforts to Track and Prevent Child Maltreatment Deaths

The following information must be submitted as part of the 2021 APSR:
An update on the steps the state is taking to compile complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on the deaths from the relevant organizations in the state including entities such as state vital statistics department, child death review teams, law enforcement agencies, or offices of medical examiners, or coroners; and

The State of Nebraska uses available resources to gather data for the National Child Abuse and Neglect Data System (NCANDS). Child deaths that may be attributed to abuse or neglect of the child are identified through different data systems including the following:

- Information gathered from law enforcement agencies;
- Multidisciplinary Teams (MDT) coordinated through the Child Advocacy Centers (CAC);
- The Office of the Inspector General for Child Welfare;
- Vital Statistics; and
- The Nebraska Child and Maternal Death Review Team (CMDRT).

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

Nebraska does not have a state medical examiner's office. There are forensic pathologists located across the state who perform autopsies when necessary. Autopsy findings are provided to law enforcement for review. The autopsy results are then shared directly with CFS or reviewed at an MDT meeting when there is concern the fatality may have resulted from maltreatment. CFS program staff are identified to review data from the CFS data system (NFOCUS) and compare it to critical incident reports to ensure accurate information is reported to NCANDS.

An update on the steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts. Provide a copy or link to any comprehensive plan that has been developed.

In 2019 Nebraska began developing a comprehensive plan to prevent child maltreatment fatalities by involving relevant public and private agency partners. Since the inaugural meeting of the "Plan to Prevent Child Maltreatment Deaths Workgroup" on April 25, 2019, the roster of participants has grown from 16 to over 30 stakeholders who are committed to helping develop and execute Nebraska's Prevention Plan for Child Maltreatment Deaths.

This workgroup now includes the following collaborators:

- Members of Nebraska's Child and Maternal Death Review Team (CMDRT);
- Representatives of the Douglas County Fetal Infant Mortality Team;
- Division of Public Health, including Life Span Services and Maternal Child Health Epidemiology representatives;
- Office of the Inspector General for Child Welfare;
- A County Attorney;
- Nebraska Alliance for Child Advocacy Centers;
- Tribal partners representing the Ponca Tribe, the Omaha Tribe, the Dakota Tiwahe Service Unit Santee Sioux Nation, Santee Sioux Nation Society of Care, Winnebago Tribe Child Welfare Director and the Nebraska Indian Child Welfare Coalition;
- The Court Improvement Project;
- Nebraska Children & Families Foundation;
- Child care institutions;
- Juvenile probation;
- Nebraska State Legislature;

- The Stephen Group (consultant for DHHS);
- Family Voice and Choice Advocate who joined the CFS Team in July 2019; and
- SFM, which succeeded PromiseShip as the agency contracted to provide case management services in the Eastern Service Area.

As planned, the workgroup has met quarterly since April 2019. Although the workgroup's participants are from all areas of the state, the majority are based in or near Lincoln and Omaha. For this reason, we have alternated the location of in-person meetings between Lincoln and Omaha and also made WebEx an option at each of our meetings. The March 30, 2020 meeting was completed only by WebEx in accordance with COVID-19 safety precautions and Directed Health Measures.

Prior to the April 2019 meeting, literature and reports were shared with the workgroup to review. Workgroup members were asked to come prepared to identify the areas they believe are most concerning and to discuss activities that could impact and prevent child fatalities from maltreatment.

Information shared includes:

- The 2017 interim report from Nebraska's Child and Maternal Death Review Team (CMDRT), dated 1/15/2019;
- A 2018 report from one of Nebraska's Citizen Review Panels who are conducting reviews of near fatalities and serious injury cases;
- The 2015-16 Annual Report from Nebraska's Office of Inspector General for Child Welfare which focused on child deaths and serious injury of children;
- The 2016 report *Within Our Reach – A National Strategy to Eliminate Child Abuse and Neglect Fatalities*;
- A power point from the National Center for Fatality Review and Prevention;
- 2018 Infant Mortality Data by State;
- *Other State Best Practices in Child Fatality Review* prepared by The Stephen Group; and
- The 2016 Five-Year Strategic Plan developed by the State of Texas Department of Health and Human Services.

On April 25, 2019, the Plan to Prevent Child Maltreatment Deaths Workgroup met and discussed the steps needed to develop and implement a comprehensive statewide plan to prevent child fatalities. Participants reviewed best practices and agreed that the process should inform system improvement by supporting primary prevention campaigns and monitoring accountability.

The workgroup discussed the need for additional data and information in order to make decisions, planed how to proceed, and considered other individuals or groups who should be invited to serve on this committee or as members of future subcommittees, including:

- The Crime Commission;
- Juvenile Probation (suicide prevention);
- Department of Education (preschool/HC suicide prevention training, Office of School Health); and
- Medical professionals.

The CFS Central Office program case manager met with Douglas County Health Department (DCHD) program manager on May 10, 2019, regarding DCHD's use of data gathering, the cycle of improvement and the successful Baby Blossoms Collaborative. The Cycle of Improvement model will be used to maintain accountability as we go forward with the Plan to Prevent Child Maltreatment Deaths in Nebraska.

On June 28, 2019, the Plan to Prevent Child Maltreatment Deaths Workgroup met in Lincoln, Nebraska. At each meeting, the workgroup reviews the purpose of the group, reminding the members that the Families First Prevention and Services Act amended requirements relating to information about child maltreatment deaths and now requires states to document steps taken to track and prevent child maltreatment deaths. The workgroup reviewed additional data provided by the Division of Public Health and Nebraska Child and Maternal Death Review Team: Causes of Death of Resident Children by Age, Nebraska, 2007-2014. At this meeting, the group began to discuss and define the scope of Nebraska's Plan to Prevent Child Maltreatment Deaths.

The September 30, 2019 workgroup meeting was in Omaha and by WebEx. The Inspector General for Child Welfare briefly outlined the OIG recommendations. The Division of Public Health Epidemiology Surveillance Coordinator revisited the data presented at the previous meeting, summarizing the findings of the Causes of Death by Age in Nebraska are as follows:

- Sudden Unexplained Infant Death (SUID) and Intentional Injury deaths are the predominant non-medical underlying causes of infant death;
- Assault and Unintentional Injury (specifically, drowning and fire) are predominant non-medical underlying causes of death for children ages one through five years; and
- Motor Vehicle-Related incidents are the predominant non-medical underlying causes of death for children ages six through 17, closely followed by suicide and assault.

Further, the CMDRT data provide the following observations:

- Overall, the number of deaths from non-medical underlying causes appears to be decreasing:
    - Motor Vehicle-Related, Unintentional Injury and Child Neglect, and Intentional Injury deaths are generally decreasing;

    - Suicide has increased since 2009; and
    - SUID data is relatively stable.
- Child Abuse (intentional injury) deaths are predominantly committed by caregivers, while Homicides (intentional death) are primarily committed by non-caregivers. The most common age for child abuse is age 1 or younger (34%).

The workgroup also discussed the difference between the global "intentional injury" and the specific terms or subsets such as "assault," "homicide," and "suicide."

The proposed task for the workgroup was to identify and review the existing recommendations garnered from the cohort and the recommendations proffered in the "Within Our Reach" report that workgroup members had been given time to review. The original list exceeded 50 recommendations. Many items were combined and the list was reduced to 21 for the workgroup to review. The team decided to conduct a survey to determine final recommendations.

In November 2019, a Survey Monkey was provided to the membership whereby each person could consider the recommendations individually and rate each with regard to criticality and importance using the scale range of "Not," "Somewhat," "Moderately," "Highly," and "Extremely".

At the large workgroup meeting of November 20, 2019 held in Lincoln, workgroup members reviewed the survey results as a team and tentatively prioritized six of the 21 recommendations. The prioritization was based on weighted average scores of "important" and "critical" ratings. The prioritized recommendations are:

- Ensure that the most vulnerable children are seen and supported. All referrals of children under age three and repeat referrals receive responses.
- Children under age five and children with prior reports are prioritized for home visiting programs. Consider Medicaid reimbursement for evidence-based infant home visiting services. This promotes the expansion of home visiting services to youth in foster care who are parenting (a high-risk population).
- Collaborate with Tribes to identify better ways to identify Native American children whose deaths are related to child abuse and neglect.
- Ensure that education on crying babies and safe sleep become a routine part of education efforts with parents.
- Ensure health information exchanges (NeHII) facilitate access to injury and health service histories of children at the point of care, especially for children presenting with injuries in hospitals' emergency departments.
- Assess the availability of training and statewide standards for medical professionals related to child abuse and neglect to determine what could be done to enhance the ability of medical providers to identify and treat child maltreatment.

The large workgroup developed “Affinity Groups” which are groups of individuals formed around a common goal to focus on areas of interest. Each Affinity Group has taken on a recommendation and is working to identify goals and strategies that will reduce or prevent child maltreatment causing fatalities. The Affinity Groups are meeting as needed between the large workgroup meetings. Workgroup members were identified to gather together and lead each of the Affinity Groups.

Between the meetings on November 20, 2019 and March 30, 2020 the goal was to form the Affinity Groups and begin meeting to develop the Implementation Plan. The identified members were charged to return to their communities and colleagues and pull together their Affinity Groups, begin their work and be prepared to report out on their efforts at the March 2020 meeting of the large workgroup.

Due to the need to comply with social distancing measures related to COVID-19, the Plan to Prevent Child Maltreatment Deaths Workgroup met via WebEx on March 30, 2020. The Affinity Groups each gave reports on their activities since November 2019 and proffered recommendations for ongoing efforts.

- Plan to Prevent Child Maltreatment Deaths Affinity Group reports including: (1) Summary of current work related to this recommendation; (2) Goals for Year 1 (July 2020-June 2021); (3) Strategies; and (4) Measures of Success.

This work is ongoing and the Affinity Groups continue meeting in their communities. When the Plan to Prevent Workgroup convenes again on June 15, 2020 it will review progress, expand or narrow the focus of the groups as appropriate, and determine our next steps. The workgroup is committed to spending the next year focused on our tasks in order to ensure that a comprehensive, actionable plan is developed and implemented.

E. MaryLee Allen Promoting Safe and Stable Families Program

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

Briefly describe the services provided since the submission of the 2020-2024 CFSP highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in achieving program goals. Provide an update to the services the state offers under each category in title IV-B, subpart 2: family preservation, family support, family reunification, and adoption promotion and support services.

The use of the MaryLee Allen Promoting Safe and Stable Families (PSSF) formula grant, is provided via a sub-award to other entities, to provide family preservation, family support, family reunification services and adoption promotion and support services.

Family Preservation Services: Nebraska DHHS provides a sub-award to the Nebraska Children and Families Foundation (NCFF) to provide Community Response (CR). CR is

a family preservation service, which was initiated in 2012, as an answer to a need for communities to create a system of coordinated efforts across Community Well Being partners to align and maximize resources to best serve families in their local prevention systems. CR is a voluntary system available to all families in a community, connecting them with resources and support to meet their goals and strengthen community relationships. CR is designed to reduce unnecessary involvement of higher-end systems (child welfare, juvenile justice, etc.) while increasing the informal and community supports in place for children, youth, and families.

The goal of CR is to coordinate existing resources within the community to help children, youth, and families, either by matching them with a resource to solve an immediate need or through developing a longer-term relationship. This longer-term relationship is meant to increase family and community protective factors, strengthen parent and child resiliency, increase self-sufficiency, and realize positive life outcomes over time. Family-driven goals can include:

- Meeting basic needs like housing, utilities, food, and transportation.
- Developing parenting skills, navigating challenging behavior, and seeking further education on parenting topics.
- Building life skills such as job searching, budgeting, and money management.
- Strengthening family support systems and building community connections so all families feel they have partners who provide a “safe zone” to ask for help.

Family Support Services: Nebraska DHHS provides a sub-award to NCFF to provide community-based family support services. The goals of family support services are to:

- Promote the safety and well-being of children and families;
- Increase the strength and stability of families (including adoptive, foster and extended families);
- Increase parents’ confidence and competence in their parenting abilities;
- Support and retain foster families so they can provide quality family-based setting for children in foster care;
- Afford children a safe, stable and supportive family environment;
- Strengthen parental relationships and promote healthy marriages;
- Provide peer-to-peer mentoring and support groups for parents and primary caregivers
- Provide services and activities designed to facilitate access to and visitation of children by parents and siblings; and
- Enhance child development through mentoring.

Circle of Security Parenting: Circle of Security Parenting is a Family Support service. Circle of Security is a relationship-based intervention designed to change young children’s (Birth to 5) behavior through changes in parents’ behavior and enhanced attachment between parents and children. Research has confirmed that secure children

exhibit increased empathy, higher self-esteem, better relationships with parents and peers, enhanced school readiness, and an increased capacity to handle emotions more effectively when compared with children who are not secure. Parent education groups are a primary means of delivery.

Parent Child Interaction Therapy (PCIT): Parent Child Interaction Therapy is a Family Support service. It is an empirically supported treatment for children ages 2 to 7 that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. One primary use is to treat clinically significant disruptive behaviors. In PCIT, parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. Outcome research has demonstrated statistically and clinically significant improvements in the conduct-disordered behavior of preschool age children. Parents report significant positive changes in psychopathology, personal distress, and parenting effectiveness.

Parents Interacting with Infants (PIWI): This model is a Family Support service based on a facilitated group structure that supports parents with young children from birth through age 2. Parent participants often do not have the information or experience to know how to provide responsive, respectful interaction with their young children at this stage. PIWI increases parent confidence, competence, and mutually enjoyable relationships. PIWI is primarily conducted through facilitated groups but may be implemented as part of home visiting or other services. When delivered through groups, it also helps parents build informal peer support networks. PIWI is part of the Center on Social and Emotional Foundations for Early Learning (CSEFEL), which promotes social-emotional development and school readiness for young children and is funded by the Office of Head Start and Child Care Bureau.

The Lincoln Community Learning Centers (CLCs): This service is a Family Support Service. The CLC's are designed to develop partnerships that bring concentrated resources to high-need schools in the community of Lincoln. The initiative currently utilizes a community school model to provide the most economically feasible way to prepare students to learn, expand learning opportunities beyond the school day, and strengthen families and neighborhoods. CLCs are a strategy that supported 26 schools in the Lincoln Public Schools district. CLCs were implemented in Lincoln Schools through community partner organizations. The network in Lincoln connected schools to communities who, in turn, provided enriching out-of-school activities for children and families. The CLCs supports increased school attendance, positive behavior and academic performance, increased access to learning opportunities and behavioral supports, more substantial community prevention infrastructures, and parent engagement.

FAST: This model is a Family Support service. It is a set of multifamily group interventions designed to build relationships between families, schools, and communities to increase community well-being. Family activities are led by the parents, with support to be authoritative and warm. Participants work together to enhance Protective Factors for children, including parent-child bonds, parent involvement in schools, parent networks, family functioning, parental authority and warmth, and social capital, with the aim of reducing the children's anxiety and aggression and increasing their social skills and attention spans. KIDS FAST is for all families of children 4-5 years old in communities with high risk factors. FAST experimental studies have shown statistically significant results at home and at school in child behavior, reduced aggression, reduced anxiety and depression, along with reduced family conflict at home and increased parent involvement in school.

Family Reunification Services: Family Reunification means the services: 1) Provided to a child who is removed from the child's home and placed in a foster family home or child care institution or a child who has been returned home, and (2) Services provided to the parents or primary caregiver of such child. In both cases, these services must facilitate the reunification of the child safely and appropriately within a timely fashion and to ensure the strength and stability of the reunification. In the case of a child who has been returned home, the services shall only be provided during the 15-month period that begins on the date the child returns home. These services include but are not limited to:

- Individual, group, and family counseling;
- Inpatient, residential, or outpatient substance abuse treatment services;
- Mental health services;
- Assistance to address domestic violence;
- Services designed to provide temporary child care and therapeutic services for families, including crisis nurseries;
- Peer-to-peer mentoring and support groups for parents and primary caregivers;
- Services and activities designed to facilitate access to and visitation of children by parents and siblings; and
- Transportation to or from any of the services and activities described in this subparagraph.

Nebraska DHHS provides a sub-award to the Nebraska Children's Home Society to provide Family Reunification Services. This is primarily provided via the Family Finding program. This service is provided in all 93 counties in Nebraska and is sub-awarded through the Nebraska Children's Home Society. Per Neb. Rev. Stat. § 43-2203, this service is to include engagement, searching, preparation, planning, decision-making, lifetime network creation, and healing and permanency in order to:

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

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

Family Preservation Services: Eleven communities are implementing Community Response and participated in the statewide evaluation of this work during the current evaluation year. These include:

- Community & Family Partnership (Platte and Colfax counties)
- Douglas County Community Response Collaborative
- Families 1st Partnership (Lincoln and Keith counties)
- Fremont Family Coalition (Dodge and Washington counties)
- Growing Community Connections (Dakota County)
- Hall County Community Collaborative (Hall, Howard, Valley, Sherman, and Greeley counties)
- Lancaster County
- Lift Up Sarpy (Sarpy County)
- Norfolk Family Coalition (Madison, Wayne, and Stanton counties)
- Panhandle Partnership (Scottsbluff, Dawes, Sheridan, Deuel, Kimball, Cheyenne, Box Butte, Sioux, Morrill, Garden, and Banner counties)
- York County Health Coalition

Two communities (Sandhills and the Santee Sioux Tribal Community) are in year one of implementing Community Response, with a plan to join the statewide evaluation in the subsequent evaluation year. Two additional communities beyond these (Dawson County and Winnebago Tribal Community) are in the initial, planning stage for Community Response.

According to the Community Well-Being Community Response Six Month Progress Report[8]:

[8] Community Well-Being Community Response, Six Month Progress Report, July 2019-December 2019. University of Nebraska Medical Center Munroe-Meyer Institute.

- Number of Families Served Directly = 1,331
- Number of Children Served Directly = 2,322

Family Support Services: Family Support services include Circle of Security Parenting, Parent Child Interaction Therapy (PCIT), Parents Interacting with Infants (PIWI), the Lincoln Community Learning Centers (CLC), and FAST. The following individual-level data is included in the Community Well-Being, Six Month Progress Report:[9]

Strategy: Circle of Security	
Location	Lancaster County, Hall County Community Collaborative, and the Panhandle Partnership.
Number of Families Served Directly	86
Number of Children Served Directly	86

Strategy: PCIT	
Location	Community & Family Partnership, York County, Families 1st Partnership, Growing Community Connections, and Norfolk Family Coalition
Number of Families Served Directly	18
Number of Children Served Directly	18

Strategy: PIWI	
Location	Community & Family Partnership, Family 1st Partnership, and Growing Community Connections.
Number of Families Served Directly	19
Number of Children Served Directly	19

Family Reunification Services: Family Reunification Services are provided in all 93 counties in Nebraska. These services are provided to identify, engage, and provide permanency options through the process of family finding for youth in the custody of DHHS. Through this program, the sub-recipient is required to identify, locate, engage and receive agreement from a minimum of one family member or connection willing to provide permanency, adoption or legal guardianship within six months of the service start date, for at least 55% of the family referred to this program. The sub-recipient shall also identify, locate and engage with a minimum of five family members or connections who are committed to providing a lifetime network of unconditional support, for at least 80% of the families referred.

[9] Community Well-Being, Six Month Progress Report, July 2019-December 2019. University of Nebraska Medical Center Munroe-Meyer Institute

In addressing the state's planned use of PSSF funds, CB encourages states to consider how services funded under PSSF, particularly in the area of adoption promotion and support, can support achievement of goals or objectives developed at the Adoption Call to Action summits and incorporated into their 2021 APSR.

CFS has utilized PSSF-Adoption funds to support Nebraska Foster and Adoptive Parent Association for support groups and a recruitment/inquiry phone line. CFS is evaluating which federal funds may be utilized to support the Adoption Call to Action Plan. CFS had program staff and an attorney attend the Adoption Call to Action Summit in January 2020, CFS has also been collaborating with Court Improvement Project (CIP) and prepared a plan for the Adoption Call to Action. The action steps identified in the plan will assist in developing changes that are needed in order to assist children in achieving permanency timely. Part of the plan is to have permanency expediters who provide additional resources and attention to the youth who are free for adoption and need a permanent family. Permanency expediters would be able to address barriers, attend team meetings, lead quarterly meetings to staff specific cases in the service areas throughout the state, and enlist outside resources to expedite permanency.

F. Service Decision-Making process for Family Support Services

The Family Support Services component of the PSSF program represents an important source of funding to support community-based prevention efforts. The statute requires that these services be community-based (section 431(a)(2)(A)). As outlined in CB's priorities, the most effective services are located in communities where families live, where they are easily accessible and culturally responsive.

In developing the 2020-2024 CFSP and planning for the use of funds in collaboration with families, children, youth, Tribes, courts and other partners, CB encouraged states to consider carefully how they target and distribute funds for family support services.

In the 2021 APSR, provide an update on the agencies and organizations selected for funding to provide family support services and how these agencies meet the requirement that family support services be community-based.

Children and Family Services (CFS) will continue to leverage the Family Support funding stream to support community-based prevention efforts. Through the Bring Up Nebraska initiative, national, state and community partners are working with the Nebraska Children and Families Foundation and the Governor's designated lead agency for Community-Based Child Abuse Prevention programs to bring resources and solutions together to address and support prevention efforts at the community level. Bring Up Nebraska is a community-owned effort working to prevent families from reaching a crisis point and to reduce the likelihood of child maltreatment. "Community" is defined by each local area. Communities can be one county, one school district, or

multiple counties and school districts coming together (particularly useful in maximizing rural resources.)

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

The Bring Up Nebraska approach is premised on a belief that collaboration between community-based providers and public child welfare agencies is a critical component to effectively providing "front-end" primary prevention. Such collaboration is especially important in light of challenges such as high worker turnover, new practice requirements, and restricted funding streams. At the core of this theory of change is the expectation that by simultaneously enhancing children's and families' protective factors and by building the capacity of communities to co-create an environment that values and actively supports prevention, positive outcomes can be realized for children and families.

Indicate the specific percentages of title IV-B, subpart 2 funds the state will expend on actual service delivery of family preservation, community-based family support, family reunification and adoption promotion and support services, and on planning and service coordination, with a rationale for the decision. The state must provide an especially strong rationale if the percentage provided for any one of the four service categories is below 20 percent. The amount allocated to each of the service categories should include only funds for service delivery. Report separately the amount to be allocated to planning and service coordination. Provide the estimated expenditures for the described services on the CFS-101.

The Mary Lee Allen Promoting Safe and Stable Families formula grant is allocated, as reported below:

- 25% is spent on family preservation services primarily, via a sub award with the Nebraska Children and Families Foundation for Community Response.
- 25% is spent on family support services via a sub award with the Nebraska Children and Families Foundation for evidence-based programs.
- 20% is spent on family reunification primarily via a sub-award with the Nebraska Children's Home Society for Family Finding.
- 22% is spent on adoption promotion and support services primarily via a sub-award with the Nebraska Foster and Adoptive Parent Association for training, support groups, and a recruitment/inquiry line.

- 8% is spent on administrative costs.

G. Populations at Greatest Risk of Maltreatment

In the 2020-2024 CFSP, states were required to identify and describe which populations are at the greatest risk of maltreatment, how the state identifies these populations and how services will be targeted to those populations. In the 2021 APSR, provide an update noting any changes or emerging trends in the populations the state has identified as at greatest risk of maltreatment and how services that will be targeted to these populations during the coming year.

This requirement represents a critical opportunity for states to convene community partners to determine how and where to be target child abuse prevention resources to ensure that services are easily accessible to children and families at risk.

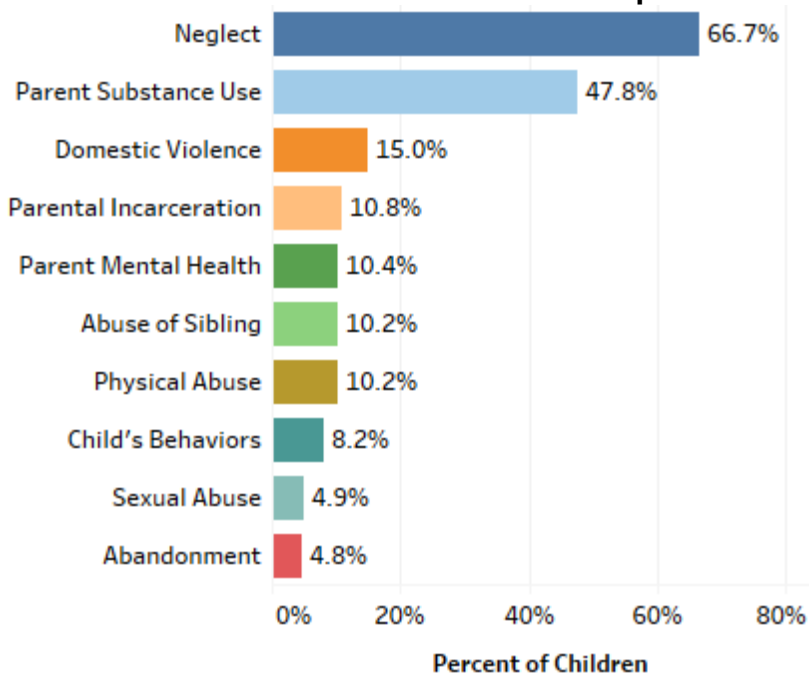
A complex interplay of risk factors, including those associated with the parent or caregiver (e.g., depression, substance abuse, and mental health issues), as well as contextual factors (e.g., social isolation, poverty and violence) may contribute to child abuse and neglect.

Neglect continues to be the most common reason for children entering out-of-home care in Nebraska. According to the Foster Care Review Office (FCRO) December 2019 Annual Report10, 66.7% of children removed from the home enter out-of-home care due to a court adjudication on the basis of parental neglect. Last year it was 63.5%.

The FCRO conducted 3,277 reviews on children who were in an out-of-home placement under CFS custody in FY2018-19, and the figure below shows the adjudicated reasons for removal of those children. Children may have multiple reasons. For children reviewed more than once the data reflects their most recent review.

[10] https://fcro.nebraska.gov/pdf/FCRO-Reports/2019-annual-report.pdf

Most Common Adjudicated Reasons for Removal from the Home by Major Category
N=3,277
(Multiple Reasons May Be Identified for Each Child)
Foster Care Review Office 2019 Annual Report



Recognizing that neglect, substance abuse, and domestic violence are indicators of high-risk populations, CFS has engaged in the following activities over the past years:

Neglect: According to the FCRO report, the majority of removals, 66.7%, are adjudicated based on neglect. "Neglect" is a broad category of serious parental acts of omission or commission that fail to provide for a child's basic physical, medical, educational, and/or emotional needs, including the failure to provide minimally adequate supervision.

To address this need, CFS continues to support Bring Up Nebraska and Alternative Response. Bring Up Nebraska is a statewide effort to give local communities the ability to develop long-term plans using the latest strategies to prevent life's challenges from becoming a crisis for vulnerable Nebraska families and children. Alternative Response allows CFS to partner with families to safely care for children in their own home and community. Alternative Response is a family-centered approach to reports of abuse and neglect that do not allege serious or imminent harm. Through Alternative Response, no formal investigation occurs. While services to a family are voluntary, ongoing assessments for safety, risk and well-being are not.

Parental substance use is an adjudicated reason for removal for 47.8% of children reviewed by the FCRO. CFS continues to actively participate in Nebraska's System of Care. In addition, consistent with the Family First Prevention Services Act, CFS has entered into sub awards with the three Mom and Me Programs to allow the use of Title IV-E funds. These funds support the children of the mothers receiving treatment. For more details, please see the "Services for Children 0-5" section of the APSR. Please also refer to the CAPTA section regarding prenatal drug exposure prevention efforts.

Domestic violence is an adjudicated reason for removal for 15% of children reviewed by the FCRO. During the past year, CFS continues to focus on building stronger and more collaborative relationships with Nebraska's twenty local domestic violence programs, the Nebraska Coalition to End Sexual and Domestic Violence and the Tribal Coalition of Programs through regular meetings.

H. Kinship Navigator Funding

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

To assist title IV-E agencies in preparing to participate in the new title IV-E Kinship Navigator program, the Congress, in each of FYs 2018-2020, set aside funding appropriated under title IV-B, subpart 2 to make grants to states to develop, enhance or evaluate kinship navigator programs. A separate PI will be issued providing instructions on how to apply for FY 2020 kinship navigator funding.

In the 2021 APSR, provide an update on how the state has used FY 2018 and FY 2019 funds to support or evaluate kinship navigator programs in the state.

CFS used the FY 2018 and FY 2019 funds to support the planning and implementation of a kinship navigator program.

CFS formed a workgroup to advise the state on the development of a kinship navigator program. During the planning process, CFS engaged kinship caregivers and organizations representing them, relevant government agencies and relevant community-based or faith-based organizations. The workgroup included:

- Kinship caregivers and organizations representing them: Jewel Schifferns (kinship caregiver) and the Nebraska Children's Home Society
- Relevant government agencies: DHHS, Legislative Fiscal Office, Health and Human Services Committee of the Nebraska Legislature, Children's Commission, and the Foster Care Review Office
- Relevant community-based or faith based organizations: Nebraska Appleseed, Voices for Children, KVC, Cedars, Boystown, Promise Ship, Christian Heritage, Building Blocks for Kids, Child Savings Institute, Better Living Counseling Services, and Legal Aid of Nebraska

Last year, the workgroup conducted an analysis to identify system gaps; researched existing kinship navigator programs; and met with several model developers. The workgroup recommended the kinship navigator program be piloted in at least one urban and one rural county and be housed within a community-based organization versus the state child welfare agency. In addition, the workgroup recommended the Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech) model based on a review of the Family Connection Grant evaluation and conversations with the model developers. These recommendations informed the design of Nebraska's kinship navigator program.

Currently, CFS has sub awards with two community-based organizations – Lutheran Family Services (LFS) and Nebraska Children's Home Society (NCHS). CFS selected these organizations through a competitive procurement process to deliver the Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech) to families in Lancaster, Dodge and Madison Counties.

I. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

In the 2020-2024 CFSP states described the standards for the content and frequency of caseworker visits for children who are in foster care and described how the state plans to use the Monthly Caseworker Visit Grant over the next five years to improve the quality of caseworker visits.
In the 2021 APSR, describe:

How the Monthly Caseworker Visit Grant is used to improve the quality of caseworker visits; and

Funds provided through this grant have not yet been expended. CFS is working to allocate the remaining dollars and plans to purchase laptops for case managers. CFS is looking at technology advances to assist with documenting the quality and quantity of visits with children and families. CFS recently had a presentation of SafeMeasures, from the National Council on Crime and Delinquency, which is a software reporting service that helps human services agencies improve outcomes for children and families by transforming case management data into actionable information.

Continued action steps to ensure that statutory performance standards are met. If the state has missed previous performance standards, describe the reasons the state's performance has fallen short and the steps the agency will take to ensure compliance.

The current federal goal for monthly contact with children in out-of-home care is 95%, with at least 50% of the total number of monthly visits made by caseworkers to children in foster care must occur in the child's residence.

Nebraska created a Standard Work Instruction (SWI) in 2019 that outlines CFS's standards for content and frequency of caseworker visits for children that are placed in foster care. This was submitted with Nebraska's 2020-2024 CFSP.

For further information on how Nebraska is working to be in compliance with statutory performance standards regarding monthly contact with children in out-of-home care during COVID-19, please refer to Nebraska's Disaster Plan.

J. Adoption and Legal Guardianship Incentive Payments

In the 2021 APSR, describe:
How Adoption and Legal Guardianship Incentive Payment funds received by the state have been used in the past year and the services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds in FY 2021.

Any changes, issues, or challenges the state has encountered to the plan outlined in the 2020-2024 CFSP for timely expenditure of the funds within the 36 month expenditure period.

The State of Nebraska continues to use these funds to provide resources and supports similar to past years. Thus far, funds spent for the Fiscal Year include:

- Purchasing national criminal history background checks for fingerprinting of foster and adoptive parents.
- Contracting with the Nebraska Heart Gallery to post on their website state wards that are available for adoption.
- Contracting with Nebraska Foster Adoptive Parent Association (NFAPA) to provide TIPS-MAPP and Deciding Together Pre-Service training for foster homes that are supported by CFS. NFAPA also provides in-service trainings for Western, Southeast, Central, and Northern Service Areas.
- Active Participation in the American Public Human Services Association's Association of Administrators of the Interstate compact on the Placement of Children (APHSA-AAICPC). This includes development and training opportunities through national conference attendance.
- Paying for travel costs accrued for Foster Care and Adoption Managers Annual Grantee Meeting and Adoption Call to Action Summit II which was held January 14-16, 2020 in Washington D.C.
- Paying for travel costs accrued for CFS Deputy Director to attend the ASPHA Collaborative Center Advisory Council Meeting held in Washington D.C. in January 2020.

There is still approximately $414,000 that has yet to be obligated or spent from FY17. CFS is currently discussing opportunities to use the remaining money for other contracts e.g. for adoption home studies completed for CFS.

Not all FY18 funds have been obligated. The Division awarded $10,000 towards a contract with the Child Saving Institute. Currently, CFS has $915,000 that awaits obligation.

CFS is partnering with members of the Court Improvement Project (CIP) to develop a plan for adoption Call to Action. CFS is seeking other members to be added to this group for collaboration and steps toward implementation. Some members include attorneys, contracted providers, and other child welfare stakeholders. The action steps identified will assist in influencing the change needed to reach the goal of children who are free for adoption while achieving permanency timely.

Components of these efforts include, but are not limited to, detailed training and education of DHHS staff, agency contractors, mental health providers and broader court stakeholders to increase adoption and guardianship competency. Identify staff to serve as permanency expediters is another component of the Adoption Call to Action Plan. Permanency expediters provide additional resources and attention to the youth free for adoption needing a family. Permanency expediters can address barriers, attend team meetings, lead quarterly service area case staffing, and enlist outside resources to expedite permanency. CFS is identifying which funds will be utilized to support the Adoption Call to Action.

The National Adoption Competency Mental Health Training Initiative (NTI) created by the Center for Adoption Education and Support through a Children's Bureau grant is the detailed training and education that Nebraska is implementing for child welfare staff and agency contractors. CFS is collaborating with the Behavioral Health Division to market NTI to the mental health providers serving Adoption and Guardianship families.

Outcomes outlined by the child welfare worker and mental health professionals support better outcomes for children and families. Additionally, NTI increases knowledge of the complexities of adoption, kinship, and guardianships. NTI enhances professional skills needed to promote stability and permanency for children and their families. Nebraska will train an initial core group that works with adoption and guardianship families, but will expand the training to all staff engaging with children and families in the CFS as the year progresses.

K. Adoption Savings

Beginning with the selection of a methodology for FY 2018, CB determined that title IV-E agencies will need to submit an updated annual Adoption Savings calculation method notification only if they had not submitted such a notification previously or are making

changes to the methodologies or procedures identified in their most recent submission. If the state wishes to make changes in its Adoption Savings methodology, complete and submit the Adoption Savings Methodology form at ACYF-CB-PI-19-02 Attachment E and return it with the 2021 APSR.

CFS provided respite care services to adoptive families using its Adoption Savings and has not experienced any issues with using its Adoption Savings as calculated. The CFS will continue to utilize Adoption Savings in order to provide respite services. CFS has not had any unused savings in the previous years and does not anticipate any challenges in the future.

L. John H. Chafee Foster Care Program for Successful Transition to Adulthood

Briefly describe the services provided since the submission of the 2020-2024 CFSP, highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in achieving program goals (45 CFR 1357.16(a)(4)). Indicate how these activities have been integrated into the state's continuum of services and aligns with the state's vision. Describe how Chafee-funded services support the goals identified in the state's CFSR PIP (see Section C3).

CFS is responsible for administration of the Chafee Foster Care Independence Program (CFCIP). CFS contracts with the Nebraska Children and Families Foundation (NCFF) to achieve program goals and deliver Chafee related services to older youth and young adults across Nebraska. Focusing on quality youth and young adult services that highlight prevention services improving a youth or young adult's transition into adulthood.

Four primary goals continue to drive our work:

Goal 1: 100% of youth 14 years of age and older will have a youth-driven Transitional Living Plan (TLP) completed with a focus on needs, strengths, supports and services.

The CFS created a monthly report titled *Youth 14 and Over Independent Living Plan Status Report*. This report is summarized on a monthly basis and is available for CFS staff to view. CFS Program case managers will provide data to Service Area Administrators periodically throughout the year on staff's progress in helping complete the TLP.

CFS completes quality reviews of TLPs, these quality reviews will educate staff on where improvements can be made within each TLP. CFS Program case managers review TLP's and provide feedback to staff. Currently the range for TLP completion varies between each Service Area with a completion rate ranging from 58% to 99%.

Goal 2: 100% of youth and young adults involved with Connected Youth Initiative (CYI) will identify an increase in social connections by identifying at least one sustainable adult.

Nebraska recognizes that enduring connections with a supportive person is critical in helping a youth successfully transition into adulthood. As such, CFS identified a strategy that is future-forward. In September 2019, CFS provided guidance and recommended that all youth aging out of foster care need at least 6 to 10 connections for successful transition to adulthood.

CFS can analyze data from National Youth Transitional Data (NYTD) and CYI Transitional Services Survey. To accomplish this goal, NCFF will conduct a *Transitional Services Survey* to all youth and young adults that are involved in their supportive systems at the time of the survey. These surveys are voluntary and are only offered to those that are currently receiving supports. Key indicators among the *Transitional Services Survey* respondents were disaggregated by age groups. The age groups, 18 and under, 19-20, 21-23, and 24 and over were selected based upon age groups ages that impact eligibility for CYI programing. NCFF conducts surveys twice a year, which occur during the months of April and October. The following are the findings from both data sets:

NYTD: Throughout the three separate cohorts surveyed for NYTD, our average for connections to adults has remained considerably consist hovering between 70% and 78%. The connections decrease as the age of the youth or young adult increases.

With each age grouping there is an incremental decrease in terms of percentage of respondents who report having enough people to turn to for advice about a crisis and advice for work or school. Among those 18 and under, 73.6% report having enough people to turn to for advice regarding a crisis. Among those 24 and over, 50.6% report having such social support. CFS notes that since these surveys began in April 2017 outcomes have not improved during this time with an average of 72%-76% reporting adequate supportive relationships.

<u>Goal 3: 100% of youth will experience normalcy by learning life skills in their kinship or foster homes.</u>

Planning for the goal is ongoing and will include collaboration between CFS, foster care agencies and NCFF.

<u>Goal 4: Increase the number of services and social supports for pregnant and parenting youth and young adults who are state wards or who are former state wards involved in CFS.</u>

Nebraska's received the Nebraska Expectant and Parenting grant funded through the Office of Adolescent Health Pregnancy Assistance Fund (PAF). This grant helps states create and implement programs to improve the educational, health, and social outcomes for expectant and parenting teens, women, fathers and their families. Nebraska is currently in the second and final year of this grant opportunity. CFS is completing this

grant in partnership with the Nebraska Department of Public Health, NCFF, and five community collaboratives (Lincoln, Norfolk, Sarpy County, North Platte and Omaha).

Through this 2-year grant opportunity, identified successes include:

- Flexible funds to provide for unexpected “needs”
- New Partnerships with schools and other collaborative partners
- Alignment and integration of services of services for both young parents and their children
- Providing needed concrete supports
- Social media influencer’s involvement with young people

Formal plans by the communities for sustaining the work they have been providing to young parents has not been completed; however, the communities across the state can choose to include these services and supports in their annual budget provided to NCFF for their respective community collaborative teams. Regardless of whether funding will be secured it is anticipated that trainings, community work group meetings, and the process established during the grant to serve this population will be sustained. The support for pregnant/parenting older youth is being embedded into existing community-based prevention investments through Connected Youth Initiative and Community Well-being. Pregnant/parenting older youth will continue to be a priority for Bring Up Nebraska. All parenting older youth can continue to access supports through central navigation. These supports include services for them as a parent (e.g. home-visiting, parenting classes, child care resources, medical copays, etc.) as well as services for them as a young adult (e.g. strength-based coaching, Opportunity Passport, youth leadership, mental health services). In addition, older youth providers across the state can continue to access training in best practices funded by public and private investments from NCFF such as Youth and Families Thrive, Your Money Your Goals, and the Reaching Teens network.

Current Program Services: Nebraska Youth Initiative (CYI), has a strong stakeholder network and provides opportunities to older youth and young adults for additional services.

The CYI provides support to communities across the state to develop youth and young adult support systems. These community systems provide core services including central navigation, financial well-being opportunities, coaching and case management, and youth and young adult leadership opportunities.

CYI Focus:

- Youth and Young adults being in control of their future and having the skills, resources, relationships, and equitable opportunities to thrive as a productive member of their community.
- Decreasing generational involvement in the child welfare system by increasing protective and promotive factors of youth and young adults and their children to have resources, relationships, and equitable opportunities to thrive.

CYI continues the approach of positive youth development (PYD) that emphasizes building on youths' strengths and providing supports and opportunities that will help them achieve goals and transition to adulthood in a productive, healthy manner. CYI has encouraged and trained stakeholders in local communities to use a PYD model that can be used to enhance their local youth-serving programs. Using PYD, Nebraska continues to see the increase in positive relationships and development of programs that provide supportive connections for youth and young adults.

CYI serves youth who are in between the ages of 14-26, which identify as the following:

Current or Former Participation in Nebraska's Foster Care System between the ages of 14 to19: Defined as youth currently in the legal custody of the Department living in the home of their parents or in out of home care. Youth currently or previously in legal custody of DHHS living independently.

Former Foster Care Young adults ages 19-21: Young adults who have aged out of foster care, entered into independent living prior to aging out of care, or entered into a guardianship at age 16 or older.

Tribal Youth: Youth and young adults who live on the Omaha and Winnebago tribal reservations receive case management through their identified child welfare office on their own reservation. CFS contracts with the Ponca Tribe of Nebraska to serve youth who are identified as Native American and living in their Service Delivery Areas. The Santee Sioux Nation receives their Chafee funds directly from the Administration for Children and Families (ACF).

Human Trafficking Victims: Youth and young adults who have been victims of human trafficking.

- Unconnected Youth and Young Adults:
  - Youth and young adults age 14 to 26 who are not connected to any adults (system or no system involvement);
  - Youth aged 14-18 that have been adjudicated as a juvenile offender, and committed to the Office of Juvenile Services due to a status offense of truancy or misdemeanors, and are within six months of case closure;

- Youth aged 19-26 that have been adjudicated as a juvenile offender, were committed to the Office of Juvenile Services due to a status offense of truancy or misdemeanors, are at risk of being homeless and are post case closure;
- Youth for whom it is not possible to live in a safe environment with a relative and who has no other safe alternate living arrangement; or
- Youth who have been identified as missing from care, or indefinitely or intermittently (couch surfing) homeless, for whom it is not possible to live in a safe environment and who has no other safe alternate living arrangement.

In addition to the core services described above, the following services have been provided since the submission of Nebraska's 2020-2024 CFSP:

Financial Case-management: Financial case-management is a best practice that promotes financial empowerment.

Financial Empowerment: Financial Empowerment is the process of increasing the capacity of people to make choices and transform those choices into actions and desired results. Financial empowerment includes financial education and financial literacy, but it is focused both on building the ability of individuals to manage money and use financial services and on providing access to products that work for them. Financially empowered individuals are informed and skilled, they know where to get help with their financial challenges.

Housing: Youth have access to available, safe, stable, and affordable housing in the community to provide a place of belonging and self-reliance. Housing should be dependable and in order to be self-reliant youth must be able to have an affordability plan to maintain their housing opportunity.

Youth Support Services Funds: Youth Support Services Funds are flexible funding for older youth (current or former foster youth ages 16-23) to access an array of basic needs and support in emergencies where support is not available through other sources. This may include, but not limited to, financial assistance for housing, work supports (e.g. uniform or work boots), daily living expenses, adequate healthcare education, parenting (e.g. childcare), transportation (e.g. car repairs) and other needs identified by the youth or community partners. Youth Support Services Funds do not cover traffic tickets, court costs, child support, debt (e.g. credit cards, fines, IRS), cable, Internet, IDA deposits, Opportunity Passport™ deposits, entertainment or electronics.

Opportunity Passport™: A unique matched savings program that helps older youth and young adults improve their financial capability when transitioning from foster care or navigating other youth-serving systems. The program includes financial literacy training that equips participants with tools for planning for the future, saving money for important expenses and essential financial skills critical for success.

Postsecondary Support and Employment: Older youth receive sufficient supports and resources to achieve educational goals and have access to employment trainings/internships to give them the opportunity to obtain and retain employment.

Physical and Mental Health: Older youth have sufficient and affordable health insurance and services for both physical, dental, and mental health. Health services should also provide special considerations for addiction, medications, and supports for parenting and pregnant unconnected youth.

Youth leadership and Advocacy: Members serving on a standing or ad-hoc community committee, council, and/or leadership group, in order to provide a consistent avenue for youth voice at an agency, community, and system level.

Your Money Your Goals: Consumer Financial Protection Bureau's *Your Money, Your Goals* is a financial empowerment toolkit for social service program(s), human service CFS case managers, system CFS case managers, and front-line workers. *Your Money Your Goals* has online booklets and materials to help front line supports for youth with financial case management in order to increase financial empowerment.

Youth Individual Development Accounts: A matched savings account, which could be Bridge to Independence Program (b2i):
personal bank account or an Individual Development Account (IDA), designed to help an individual establish a pattern of regular savings and accumulated assets.

Ansell Casey Life Skill Assessment: The CFS continues to utilize the Ansell Casey Life Skill Assessment to assess the skills and knowledge of older youth in order to achieve their long term goals. This assessment is culturally sensitive and takes into account areas such as career planning, communication, daily living, housing, work or study skills and money management.

The Bridge to Independence Program (B2i) is a statutorily required program that extends foster care services and supports to young adults aging out of foster care, those who exited foster care through independent living, guardianship or adoption. B2i also allows the ability to extend guardianship and adoption assistance.

Nebraska's young adults recognize the value of the extended supports as B2i enrollment is above the national average for young adults voluntarily choosing to remain in foster care. Since 2016, young adults entering B2i within 30 days of exiting foster care has ranged from 80% to 90%.

B2i continues to offer case management, a monthly stipend, and medical coverage if the young adult qualifies for IV-E Funding. Case management duties focus on the following areas:

- Employment needs
- Obtaining needed identification
- Financial Needs
- Connecting young adults with community resources
- Educational needs
- Health Care Needs
- Social and family Connections
- Accessing Pregnancy and Parenting resources and services

In the fall of 2019, NCFF contracted with Child Trends to complete an evaluation of the B2i program. Child Trends conducted focus groups with young adults and participated in telephonic interviews with additional B2i participants who reside in the rural area. Child Trends gathered input from urban and rural participants who were enrolled in B2i and those young adults that are no longer enrolled in B2i.

The evaluation team first had to define success for participants within B2i. The final definition of success came directly form the conversations with young adults. While many of the young adults described success in terms of some of the outcomes as outcome based such as employment, education, financial capability, and housing stability, community involvement most focused on attributes other than the outcomes typically used to measure well-being. Most of the focus group stressed the importance of setting goals and working to reach them, many explained success was ultimately their experience of feeling “normal” when spending time with their peers without foster care experience.

B2i participants experienced:

- Some post-secondary education, 58% compared to non B2i participants;
- Better housing outcomes than non B2i peers;
- Being able to cover their expenses better than their non B2i peers to report, and
- More hopefulness and self-regulation of B2i participants involved in asset matching compared to those peers who were not.

B2i participants expressed appreciation for the monthly stipend, as it makes them feel financially secure while working towards their goals. For many the stipend prevents the stress that can come from worrying about expenses such as schooling and parenting. Young adults expressed, at first, when the stipend was offered to them, they were not ready to manage their money and would quickly spend it and not have funds to cover their bills. However, through the program they eventually learned how to manage their

money. A former B2i participant did express the difficulty to adjust no longer receiving the stipend after exiting the program.

The evaluation provided valuable feedback for future program development. Four major suggested recommendations through the evaluation are as follows:

1. Staff and agencies should work to ensure that young people are prepared to B2i prior to enrollment. Caseworkers for pending B2i participants should work closely with Independence Coordinators to educate young people about the program and help young adults establish a budget before they receive there stipend. Closer coordination between agency staff will aloe better preparation for young people fir the financial assistance, trusting relationship, and transitioning after high graduation into the next phase of their life.
2. B2i participants need more support and guidance to prepare for exiting the program. B2i young adults who exited b2i are no more likely than their peers without B2i experience to be able to cover their monthly expenses, homelessness or cough surfing. Focusing on the following, that may ease the stress of transitioning out of B2i include: encouraging savings accounts, leveraging Opportunity Passport, provide financial literacy, tapering off the stipend.
3. Studies must reflect participant definitions of success in B2i. Future evaluations of B2i should include measures that reflect more expansive definitions of program success. Although the Transitional Services Survey collected by NCFF currently collects data on hopelessness and self-regulation, data collection instruments be modified to include measures that assess normalcy, community engagement and self-advocacy.
4. Data on participants' knowledge perceptions and outcomes be collected at different stages in their B2i experience. Although this evaluation examined the outcomes of B2i participants during the program and after they exited, future evaluations should evaluate young adult's knowledge, perceptions, and outcomes before, during and after their B2i experience.

Enhanced Services and Supports: Since the submission of the 2020-2024 CFSP, CFS and NCFF have worked to enhance services and supports provided to youth and young adults. To better serve youth and young adults, CYI enhanced coaching to include best practice models. This includes dual-generation core competencies and training. Coaching staff utilizes the following programs:

- **Adverse Childhood experiences (ACES):** Center for Study of Social Policy's Youth Thrive and Families Thrive protective and promotion factors which a strength based approach designed to counteract Adverse Childhood experiences (ACES) to strengthen older youth, young adults and their families across the lifespan.
- **Reaching Teens:** In September 2019, Dr. Kenneth Ginsburg provided a two-day training for 50 community stakeholders working with older youth and young adults on his "Reaching Teens" curriculum. The Reaching Teens approach compliments the

Youth Thrive philosophy which Nebraska providers are using with older youth and young adults. Five community collaborative teams located across the state will receive the Reaching Teens 2.0 curriculum to share with organizations within their area. This is allowing stakeholders within the community to deliver services with the same "framework" by providing hands on tools and strength based approaches.

- **Keys to Your Financial Future:** In September 2019, three Opportunity Passport Lead Staff from across the state had the opportunity to attend a National Train the Trainer for the new Keys to Your Financial Future Curriculum. This curriculum was developed by the Annie E. Casey Foundation's Jim Casey Youth Opportunities Initiative. Keys to Your Financial Future was created with young people's input as it aims to empower young people to make informed decisions about their finances. It is organized into eight segments called keys, which cover topics such as understanding credit, paying bills and budgeting, saving and investing, banking and protecting your identity.
- **Your Money Your Goals:** All CYI Coaches throughout the state have been trained in Using Your Money Your Goals. This financial curriculum gives coaches tools to help young people plan through specific financial goals.
- **Futures Back on Track™ (BOT):** Gives youth with academic challenges the opportunity to assess their academic choices, analyze their challenges, strengthen skills and develop strategies for future academic and personal success.

New Supports and Services: Below are additional services and supports that have been created by Nebraska and will continue throughout this next year.

- **Your Money Your Goals:** This application is a financial tracker for young adults to help their personal finances. NCFF piloted this app with students in post-secondary institutions. The app was not successful with this group of students, due to the students already having financial stability. The App requires that young adults input their financial goals, it was discovered that even though this age group is app savvy, they really liked the one-on-one connectedness that CYI offered and preferred the personal interaction over an app. CYI is planning to pilot this app on a group of youth aged 17-18 to see if this age group appreciates the usage of the app.
- **Social Impact Partnerships to Pay for Results Act (SIPPRA):** In 2019, NCFF was awarded a planning grant from the Annie E. Casey Foundation to facilitate a state-based, cross-sector Nebraska team in which CFS was involved. The goal of the planning grant is to increase the number of youth and young adults accessing and completing post-secondary education and credentials. During the 2019 planning period, a cross-sector collaborative group of stakeholders convened to review available data, create metrics, identify a baseline hypothesis, and created a skeleton plan that would result in significantly more youth and young adults in Nebraska that would be able to access in succeed in attaining post-secondary education, training and credentials. This planning period intends to result in Nebraska participating in a multi-state consortium SIPPRA feasibility study proposal in 2020.

- **Independence Mapping:** In the past year, CFS has been training staff on Safety Organized Practice designed to help stakeholders involved with a child to keep a clear focus on assessing and enhancing child safety at all points in the case process. However, mapping with older youth is an activity that can be completed for transitional planning. The goal for Independence Mapping is to identify actions of enrichment taken by youth with support of their permanent connections and support network, which mitigate educational barriers, unemployment, unhealthy relationships, unstable housing and physical or behavioral health needs that are demonstrated over time. In the next year, CFS Program case managers for transitional aged youth will enhance CFS staff skill building for Independence Mapping by staffing youth and using this method as another way to plan for transitioning into adulthood.
- **Youth Thrive Survey Pilot:** Throughout the Chafee section, information has been offered on training across Nebraska. One of the most extensive training initiatives has been NCFF training Youth and Families Thrive across Nebraska. Both NCFF and CFS have been searching for an alternative for assessing youth and young adults with independent skills. Youth Thrive has created a survey to assist in creating goals and measuring protective and promotion factors of a youth over time (accessing at least every 6 months). CYI will implement this survey as a pilot in the Central Service Area and will begin earlier this year.
- **Learn and Earn to Achieve Potential (LEAP):** LEAP strategies are to increase enrollment to post-secondary education and/or career training for youth and young adults. LEAP was implemented in 2016 and has served 312 young people.
    - In 2019, NCFF received a 5 year funding commitment from the Annie E. Casey Foundation to continue LEAP strategies and scale the project to increase the number of youth who enter post-secondary education and persist through the first year of college or training. Building on the existing partnerships for the program implementation, this funding commitment will allow NCFF and key partners the opportunity to expand implementation to:
        - Convene with additional investment partners, education systems, government entities, and workforce partners.
        - Increase access to training for effective practices, programs, and services to help youth achieve success in education and careers, utilizing Jobs for the Future's Back on Track™ (BOT) model.
        - Develop specific strategies to support expectant and parenting youth in their pathway to education and career. Approximately 15% of LEAP participants are parenting.
        - Enhance current financial capability strategies for youth through LEAP Coaching.
        - Expanding and provide cross training to post-secondary partners.
        - Provide Youth led opportunities for program development, design and leadership.

During the COVID pandemic CFS and NCFF worked to identify COVID resources specifically for older youth. Including the following:

- CYI Helping youth stay socially connected - a guide put together by Project Everlast staff and Lincoln A. to help youth advisors, coaches and other youth workers stay connected with young people during the pandemic
- Youth and young adults social distancing help - a guide specifically for youth with ideas to help them during social distancing; including links to lots of websites with things to do, ways to stay connected, places to get accurate news, places to find positivity and calm, lean new things, and ways to give back (this was compiled by several youth-serving organizations)
- CYI LEAP support for college students - a one-pager with resources and information for college students during COVID pandemic
- CYI Unemployment benefits guide for youth - this is a one-page guide put together by Lincoln A. to help youth get started filing for unemployment with a link to a step-by-step guide
- CYI virtual coaching guidelines - a document put together by Crystal that includes considerations for virtual coaching
- CYI Telehealth - this document helps youth know how to access tele-behavioral health
- CYI Venmo payment process - NCFF's guide for using Venmo to pay youth stipends electronically. This can be used by others as a guide if you would like to set-up your own Venmo payment processes.

Please share these resources as needed. There is also a "Youth and Young Adult" section on the COVID-19 Resource page at www.NebraskaChildren.org.

Provide an update on the state's plan to strengthen the collection of high-quality data through NYTD and integrate these efforts into the state's quality assurance system. To the extent not addressed in "Collaboration" in Section C1 or "Quality Assurance" in Section C4, provide an update to the state's process for sharing the results of NYTD data collection with families and youth; tribes, courts and other partners; Independent Living coordinators; service providers and the public. Describe how the state, in consultation with youth and other stakeholders, is using the state's quality assurance system, NYTD data and any other available data to improve service delivery and refine program goals.

As noted in Nebraska's recently approved CFSP, CFS chose to utilize the basic NYTD survey based on other opportunities for data collection from youth and young adults through CYI. CYI offers surveys to all youth and young adults involved with any service or support through CYI during the months of April and October. Additionally, Opportunity Passport provides a survey on an annual basis for youth and young adults participating in Opportunity Passport Program and the Youth Thrive Survey Pilot that will begin last summer 2020.

CFS in partnership with NCFF continues to explore ways to maximize the use of NYTD data within the CYI data. NCFF has collaborated with Assistant Professor Aaron Banman and Professor Grace Abbott School of Social Work at the University of

Nebraska-Omaha, to explore ways in which several publicly available datasets, including but not limited to NYTD, can potentially be linked and analyzed to inform our older youth work better. This work involved requesting and pulling individual-level data and conducting exploratory analyses. Once key data points are identified, a system needs to be determined to regularly pull and analyze data that can be shared and discussed at various stakeholder meetings and incorporated into a continuous quality improvement processes where appropriate.

As a specific example, NYTD data around school attendance and employment could be reviewed and discussed alongside Learn Earn and Achieve Potential (LEAP) program data, and LEAP team members could discuss the extent to which NYTD and LEAP populations overlap, and whether we expect to see NYTD school attendance among young adults responding to follow-up surveys for 19 and 21-year-olds to increase in the coming years due to the contributions of LEAP.

Beyond the individual-level, custom analyses of NYTD and other publicly available datasets, NCFF can continue to leverage data products that are already created using NYTD data in various settings. For example, Nebraska Data Snapshots that are shared by CFS can be reviewed at CFS and NCFF partner meetings to identify any strengths or opportunities for improvement. Similarly, the Jim Casey Youth Opportunities Initiative regularly pulls and provides state-specific data products that leverage NYTD, which Nebraska can continue to share and discuss both internally, with community collaboratives and other partners to strengthen our understanding of how segments of the unconnected youth population are faring. Though limitations to both NYTD and the CYI evaluation exists, it is hoped that the findings will nevertheless help inform future decisions and actions of those who seek to support youth and young adults.

CFS has utilized NYTD collection to ensure adults are also connected with community supports and services. The conversations had while conducting the survey constitute a valuable time to discuss the needs of the youth or young adults. During these conversations, CFS has been able to assist numerous youth or young adults access Medicaid, referred to ETV and additional educational programs, provide coaching and offer needs based funds for those youth and young adults who need crisis financial assistance.

CFS knows the importance of meaningful information to improve service delivery and refine program goals and to share with partners, stakeholders, the Tribes and courts. Therefore, CFS will continue to work diligently on the above strategies and will incorporate any additional strategies that might be of benefit. During the past year, 3 surveys were conducted with 19 year olds. For survey responses and demographics please see **Attachment B: Chafee NE FY15-29 Data Snapshot**.

Provide an update on coordinating services with “other federal and state programs for youth (especially transitional living programs funded under Part B of Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education

programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies" in accordance with section 477(b)(3)(F) of the Act.

On behalf of the CFS, NCFF has worked with local community partners to develop community plans that address the needs of transitional age youth in their communities. This process involves coordination with a CFS representative from each Service Area. The goal of these partnerships is to establish and maintain a supportive system of government, private, and community resources to support youth wherever they live.

NCFF has worked closely with several Continuum of Care (CoC) providers through CYI. The partnership between homeless assistance providers, CFS and NCFF provide an opportunity to apply for a homeless grant for rural Nebraska, recognizing the issues surrounding unconnected youth and young adults with homelessness. Youth homelessness point in time numbers have remained consistent the last several years with an average of 60 youth identified on a single night in January, 2020. Over the last several years, Nebraska identified at least 500 youth experiencing homelessness. The greatest barrier from provider's perspective in housing youth and young adults is the availability and affordability of housing in rural areas.

Other barriers identified include the absence of support services, employment, transportation, mental health, substance abuse, youth education, and accountability. In terms of specific homeless programing needed, emergency shelter programs and rapid rehousing were identified most often by service providers as needed to meet the need of homeless youth.

CFS was awarded the Youth Homeless Demonstration Grant (YHDP) in the summer of 2019. Programming was launched with referrals starting in December 2019. YHDP identified strategies to work on for each of the following identified population groups:

- LGBTQ;
- Unaccompanied youth;
- Youth and young adults with disabilities;
- Pregnant and parenting;
- Juvenile justice population;
- Youth involved in child welfare or those that aged out of foster care;
- Victims of sex trafficking and exploitation, and
- Undocumented youth.

All youth and young adults experiencing homelessness shall have immediate access to safe, secure, and stable housing of their choice without preconditions in line with these strategies. This outcome can be accomplished through the development of additional needs based and innovative housing projects and housing supports services through the CoC funding. This outcome will be in part be accomplished through coordinated efforts

and integration at the state level of the multiple systems and agencies that work with and assist the youth population including CFS, Department of Education, Office of Probation, and the Nebraska Commission on housing and homelessness around the goals, objectives and actions identified in YHDP Comprehensive Community Plan.

This outcome will also be accomplished by enhancing and expanding the collaborative partnerships between NCFF, Department of Education, Balance of State (BoS), CoC, All Doors Lead Home Coordinated Entry, and Homeless Management Information Systems. Integrating these efforts and creating a seamless information system in which any youth and young adult in a housing crisis, no matter where or by whom identified, is critical to responding rapidly and in a positive, trauma informed manner connected to Nebraska's BoS CoC homeless service system. The goals of the grant are as follows:

Goal #1: Youth and Young Adults at risk of homelessness or experiencing homelessness are in a safe and reliable places to call home with a youth-driven support system.
This includes conducting a comprehensive youth diversion, shelter and housing programs. Increasing Rapid rehousing capacity; Host homes; Coaching and flexible funding.

Goal#2: Youth and Young Adults at risk of or experiencing homelessness have healthy and thriving services and connections and attachments to family, community, school and other social networks.
This includes adding websites or Apps, hiring a Social media Influencer using evidence based practices by all providers, expansion of legal services, developing dual generation supports for parting youth and young adults.

Goal #3: Youth and Young adults imminently at risk of or experiencing homelessness are actively engaged in education, training and employment activities to thrive in adulthood and building behaviors and attitudes that allow long-term success as an adult at work, in relationships, and in the community.
This includes providing additional training to McKinney-Vento Liaisons, promoting post-secondary partnerships.

Goal #4: The Nebraska BoS CoC will have designed and implemented a youth homeless services system that is ending youth homelessness as determined by the United States Interagency Council on Homelessness.
This includes identifying all unaccompanied youth and young adults who are unsheltered, developing re-rapid housing

As described in the *Services for Children Under the Age of Five* Section, the DHHS Division of Public Health in partnership with CFS and the Nebraska Children and Families Foundation successfully applied for the "Support for Expectant and Parenting Teens, Women, Fathers, and Their Families" federal grant from the Office of Adolescent Health, referred to as the Nebraska Expectant and Parenting Grant (NEPG). Enrollment

of young people in NPEG continues to be strong in year two for most communities with little need or effort given towards recruitment. Most communities are on track to meet the enrollment goals set in year two.

In July 2019, the U.S. Department of Housing & Urban Development (HUD) announced the "Foster Youth to Independence" (FYI) Voucher Program. The FYI program provides eligible young adults with a housing voucher to assist in the prevention of homelessness among young adults with foster care histories. In order to receive a voucher the child welfare agency must ensure the provision of supportive services for the duration of the voucher. While FYI operates in most states at the community level, it is important that state child welfare agencies support and facilitate conversations to assist in implementation of this initiative. As part of the update on the coordination of Chafee services with other federal and state programs, provide information on the state's efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities to utilize FYI vouchers.

The Foster Youth to Independence (FYI) Voucher program extended the availability of vouchers to young adults residing outside of Douglas County, which is Nebraska's only housing agency that administers Family Unification Program Vouchers. HUD's investment required local and cross-system collaboration to identify and target young adults at-risk of, or currently experiencing, homelessness. Young adults who qualified for this program could receive a housing voucher up to 36 months and supportive services.

After HUD's announcement, CFS and NCFF started discussions immediately, working with communities across the state to provide supportive services for those young adults who would qualify for these vouchers. CFS and NCFF were able to present the shared vision with housing authorities at their statewide meeting.

Nebraska has 18 Public Housing Authorities who qualify to provide Housing Choice Vouchers that can issue the new FYI Vouchers. CFS has entered into a memorandum of Understanding with the following stakeholders:

- NCFF
- Balance of State-Continuum of Care
- Metro Area Continuum of Care for the Homeless (Metro Area CoC)
- Bellevue Housing Agency
- Kearney Housing Agency
- Norfolk Housing Agency
- Fremont Housing Agency
- Columbus Housing Agency
- West Central Housing Agency

As a result of the COVID-19 pandemic, partnership conversations have stalled with the following housing agencies:

- McCook Housing Agency
- Northeast Housing Agency
- Hastings Housing Agency
- Hall County Housing Agency

Unfortunately, Nebraska's largest metro areas (Omaha and Lincoln) have not agreed to enter into an MOU to administer FYI vouchers, as each of these housing agencies recently started new programs and did not want to take on another new housing voucher program. The CFS will re-initiate partnership conversations again in the summer or fall 2020. CFS will continue to explore the interest to collaborate with those remaining housing agencies previously approached to provide FYI Vouchers.

Provide an update on how the state involves the public and private sectors in helping youth in foster care achieve independence (section 477(b)(2)(D) of the Act).

As elaborated throughout this section CFS and NCFF have been working collaboratively with communities in both the private and public sectors to develop plans to address the needs of youth transitioning in their local communities. Using a cross-sector community based collaborative approach, the following are examples of how Nebraska's stakeholders in their local communities are designing services for youth and young adults:

Continued Flexibility**:** The Family First Prevention Services Act has provided states with flexibility in how it can offer Chafee services. With these new opportunities for service provision, Nebraska has encouraged youth and young adults who have been involved in the foster care system to participate in state and community meetings, sitting on local boards and providing feedback through peer meetings. Youth can provide valuable input on how DCS can offer Chafee services. The CFS Program case manager meets regularly with Project Everlast to discuss barriers and gaps in Chafee Services Nebraska is offering.

Positive Youth Development: NCFF has been a strong influencer in promoting positive youth development strategies and training across the state. NCFF has offered training on utilizing best practices (e.g. Youth Thrive™, Families Thrive™, Your Money Your Goals, Reaching Teens or other trauma-informed approach) to implement in community services and supports. By having partners trained in best practices which utilizes protective and promotion factors designed to counteract ACE's, it allows community members and others working closely with youth and young adults to better understand the process of age-appropriate brain development. Additional Positive Youth Development is discussed in the Positive Youth Development section of this Chafee section.

Peer to peer relationships: NCFF has developed a three-tier youth leadership system in Nebraska for youth and young adults who have been involved in the foster care system. The local level allows youth connected with other youth or young adults in positive relationships who have shared experiences.

Innovation: Local communities have come together to braid local funding into services and supports for youth and young adults. Many communities have partnered together to obtain different grants which provide additional funding for services and supports which enhance services for those barrier youth and young adults that have been identified for successful transitioning into adulthood. Please refer to 2019 CFS APSR for the details of these grants.

Targeting and Tailoring Services: Intentional efforts to engage older youth in activities and meetings to address policy changes, system/service coordination, and/or leadership roles within organizations, the community, or their schools. Additionally, through the collection of data through NYTD, Opportunity Passport surveys, and CYI surveys, Nebraska has been able to gather information about independent living services and supports. This information is shared routinely throughout the year with state and local communities and allows communities to tailor services and supports towards their specific needs.

Role of Adults: Due to the age of this population, education and employment are often major focuses in the lives of youth and young adult served through CYI. The collaborative nature of CYI allows community organizations and resources to work together along with employers to wrap around the youth or young adult and provide opportunities for education, training, and skill building. Adult and youth/young adult relationships are also built through the local level through meetings and planning sessions.

The mission of the CYI youth and young adult model is to bring young people together with service providers, funders, and decision makers to create supportive communities committed to improving outcomes for youth and young adults. It is designed to build strong collaborations and infrastructure necessary for community ownership of youth and young adult well-being and the realization of improved outcomes. This model requires firm cross-sector commitments and adherence to the practices of collective impact, prevention, increased protective and promotion factors and engagement.

NCFF has been working with communities including the private and public sectors to develop community plans to address the needs of transitional age youth in their local communities. This process also involved coordination with CFS representatives from each Service Area. The goal is to create and maintain a supportive system of government, private, and community resources to support youth and young adults where they live. *The following can also be found in the Consultation and Coordination Between States and Tribes Section.*

Describe the results of the state's consultation with Indian Tribes as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care.

Each Tribe is provided the opportunity for ongoing consultation regarding Chafee Foster Care Independence Program (CFCIP) programming and allowable services. Consultation is done between the Tribes and CFS to ensure that Native American youth are receiving services through CFCIP. CFS and the Tribes continue to have monthly Tribal Operations and CQI meetings, and additional discussion of CFCIP programming is discussed when needed or requested. This past year, Chafee was a prominent topic of discussion throughout this reporting period due to the limited funding available.

CFS acknowledges that CFCIP programming can be strengthened within the tribal communities. A meeting was held on March 25, 2020 with all four Nebraska tribes, ACF Regional Staff, and CFS to discuss possible CFCIP services and programs enhancement and identification of how CFS and the Tribes can partner together next year for CHCIP programs. This initial meeting did not result in any final decisions; however, an agreement was made to schedule additional meetings in the future. A meeting will be scheduled in the near future and each Tribe will be asked to collaborate and generate ideas on how CFCIP programming could be enhanced within their own community or within the Native American Tribal community as a whole. CFS continues to consult with the Tribes in regards to improving programming and equitable distribution of Chafee funding.

Report Chafee benefits and services currently available and provided for Indian children and youth

All four Nebraska Tribes run their CFCIP services and programs differently. For example:

- The Winnebago Tribe conducts individual independent living programs on the reservation.
- The Ponca Tribe provides independent living programs for youth and young adults who live in their service delivery areas.
- The Santee Sioux Tribe receives CFCIP funds directly from the Administration for Children and Families.
- Native American youth and young adults living on the Omaha reservation receive independent living services through the reservation in which they reside.

The following is a brief summary of services that Tribes have been providing to tribal youth and young adults.

- **Life Skills Assessment:** Tribal workers have been trained on how to administer the Ansell Casey Life Skills Assessment to youth.

- **Life Skills education:** Tribes are having the youth foster parents, family or workers provide education and guidance on various life skills.
- **Education:** Tribal workers are setting up college tours, filling out applications and scheduling placement tests.
- **Service Referrals:** Referrals to local agencies for services.
- **Mentoring:** Family and community support provide personal and emotional support to youth.
- **Needs Based Funds:** Funds made available to help youth and young adults with daily living and other concrete needs to enhance self-sufficiency.
- **Housing:** Housing assistance through Tribal Housing Authority.
- **Education and Training Vouchers:** Educational coaching and tuition assistance.
- **Bridge to Independence:** Extension of foster care services and supports including a monthly financial stipend and case management.
- **LEAP:** Tribal Youth who reside or will be attending post-secondary education in Lancaster or Douglas County can be referred to LEAP. LEAP has been identified to help our most at risk older youth enter postsecondary education or vocational training that will lead to long term sustainability.

Also, Native American Youth and young adults living in the Panhandle Area are served through Chadron Native American Center, funded through the private/public partnership between CFS and NCFF. Chadron Native American Center has a representative at the Panhandle CYI stakeholder meetings assisting the Chadron Native American Center coordinate services with other agencies in the area. All Native American youth and young adults living off the reservation or not in the Ponca Service Delivery Areas are able to access services through Connected Youth Initiative. Bi-annually, CFS and the Tribes have compared youth that are under tribal jurisdiction with tribal youth who have been identified with a CFS report “Identifying youth who have Tribal Affiliation”, to ensure Nebraska is capturing all Native American Youth that are in foster care and eligible for Chafee services.

Describe how each Indian tribe in the state has been consulted about programs to be carried out under the Chafee Program

As described previously in this section, CFS continues to meet regularly with the Nebraska Tribes to discuss Chafee and independent living needs.

Describe the efforts to coordinate the programs with such tribes

As described earlier in this section, CFS continues efforts to strengthen the relationship with tribal communities. Currently, there are on-going meetings to ensure benefits and services are made available to Indian Children.

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

Legislative Bill (LB) 849 was introduced during the 2020 Nebraska Legislative Session. LB 849 would modify the age for young adults who were adjudicated equivalent to section 43-247 (3)(a) under tribal law to become eligible for the Bridge to Independence Program at age eighteen. Currently young adults are often ineligible to participate due to becoming ineligible to continue in tribal court when they turn 18 years of age. The language of the bill is clear and will provide for a "service gap" due to differences within the ages between the Nebraska Juvenile Code and Tribal Courts. Currently, Bridge to Independence eligibility requires the young adult to be nineteen before they can chose to enter the Bridge to Independence program. LB 849 was on its way through the process of Final Reading when the legislative session was suspended till a later date due to health concerns related to COVID-19. It is expected for session to resume in July of this year.

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

As noted above CFS, the Winnebago and Omaha Tribes of Nebraska were not able to execute an agreement to administer CFCIP programs. Budget submissions were not received from Winnebago or Omaha Tribe to execute a sub award. Both of the Tribes desire a full-time staff person to provide CFCIP programming. At this time there is not sufficient funding to support a full-time position for CFCIP programming. CIP and CFS entered into a sub-award with the Ponca Tribe of Nebraska. Santee continues to receive CFCIP funding directly through Administration of Child and Family Services. The Tribes do not administer ETV funds. All Native American youth are eligible to apply for ETV through Central Plains Supportive Services.

M. Education and Training Vouchers (ETV)

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

Education and Training Vouchers (ETV) applications are received by mail, fax or email. Each application is processed within 2-Days of receipt to verify a student’s eligibility, as

well as allowing for notification for students of acceptance. To ensure an effective and client-focused operation, information is processed through a central database system. The Central Plains Center for Supportive Services database tracks student contact information, service area within Nebraska, status in the ETV program, type of college attending, documents assessments, and tracks college completion and college retention rates. In addition the accounting systems tracks payments by student, school, amount awarded, and payment timeframe.

The Central Plains Center for Supportive Services ETV staff compile the total cost of attending each institution at the start of each academic year. The estimated cost of attendance is a standardized estimate of the comprehensive cost of being a college student at a specific post-secondary institution for a specific enrollment period. The costs includes tuition, fees, room and board, books, school supplies, and allowances for transportation, personal expenses, and loan fees. Each institution has individual total for attendance and that figure is accounted for at each institution at the start of each academic year.

ETV serves as the total dollar amount a student can receive at the specified institution in the form of grants, scholarships, and loans. The cost of attendance is not necessarily what a student will pay, but it is an estimated dollar figure to what the overall cost of college is at a specific post-secondary institution for a certain time period. A budget is completed with a student which include types of aid the student may receive including federal grants, state grants, loans, federal work study, and other scholarships through outside and private organizations.

The ETV worker totals the full amount of financial aid for the academic year and compares that to the total cost of attendance at the respective institution. Students may receive up to and equal to the total cost of attendance but may not exceed the dollar amount of the total cost of attendance. ETV Payments are figured into the student's financial aid and ETV payments are made as long as there is room in the student's total cost for attendance. Additionally, when the ETV worker recognizes there is a potential "over award" in the total cost of attendance, ETV staff communicate directly with the student and financial aid office at the respective college to ensure students are not over-awarded and benefits are adjusted accordingly.

<u>The method the state uses to avoid duplication of benefits under this and any other federal or federally assisted benefit program.</u>

The ETV Program strives to avoid duplication of benefits through the ETV Program and any other federally assisted benefit program. A duplication occurs if a student receives assistance from multiple sources for the same purpose that exceeds the total need for that same purpose. When the total need is more than the total assistance for the same purpose, the difference is the unmet need. ETV may only contribute when there is an unmet need.

Central Plains Center for Supportive Services avoids duplication of assistance by ensuring that ETV funds are reported to the post-secondary institution and that any other aid paid on behalf of the student is reported to the office of financial aid and appears in the student's financial aid package. If there is a duplicative award, Central Plains Center for Supportive Services takes steps to ensure the awards are reduced accordingly.

The following methods used to avoid duplication of benefits is to work with post-secondary institutions and students to ensure:

- Educational grants and scholarships are not duplicating the same purpose and do not exceed the student's total cost of attendance;
- Any state grant administered by other state agencies awarded to students are not duplicative;
- Institutional aid, when combined with other aid, would not exceed the total cost of attendance or duplicate benefits;
- If private aid is awarded when combined with other forms of assistance, it should not exceed the student's cost of attendance or duplicate benefits;
- If Federal Student Loans are awarded, when combined with other forms of assistance, would not exceed the student's cost of attendance or duplicate benefits; and
- If Federal Work Study is providing income to a student, when combined with other forms of assistance, would not exceed the student's cost of attendance or duplicate benefits.

Briefly describe the services provides since last year highlighting any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in establishing, expanding or strengthening program goals.

As described in the Chafee section, the Nebraska Children and Family Foundation (NCFF) works with the new and existing system and community partners in Omaha and Lincoln to craft a thorough implementation plan and logic model to align postsecondary (LEAP – *described in the Chafee Section*) goals to strategies, performance measures, and baseline indicators. Program participants, other providers, and community partners aim to establish a framework for developing local education and career support systems for youth with a foster care experience that help youth achieve postsecondary goals, increase earning potential, and be independent citizens in their community.

Nebraska's ETV program has strengthened programming by including the implementation of Future's Back on Track™ (BOT) as a best practice for youth receiving ETV and participating in independent living coaching services (e.g. case management) and are pursuing post-secondary education or career training. This allows for BOT implementation beyond the Omaha and Lincoln area and will support additional youth with foster care experience to achieve postsecondary goals. Coaches across the state utilize the BOT model with youth in the ETV program who are pursuing post-secondary

education or career training. CFS is committed to ongoing collaboration and is working with NCFF to develop replication and scaling opportunities for BOT implementation. Through this partnership, NCFF aims to serve additional youth outside of the Omaha and Lincoln metropolitan areas in 2020-2021.

Additional plans to scale, serve more youth, and develop new partnerships with postsecondary partners will require additional resources. NCFF plans to leverage public and private funding to meet this need. Going forward, NCFF is committed to developing new partnerships with community colleges and working together to develop standards of practice for foster and former foster youth as a special population, these do not currently exist at community colleges in Nebraska. NCFF and CFS anticipate these practices will be adopted by community colleges across the state due in part to the success demonstrated in Omaha and Lincoln area Replication of the work includes the following:

- Specified advisors for the population of focus;
- Preferred housing options, break housing or reduced-cost hotel rooms during breaks;
- On-campus postsecondary bridging, freeing up capacity of coaches to focus on first year support;
- Cohort classes for developmental courses;
- Peer-to-peer mentoring; and
- Leverage existing community partnerships with Nebraska's CYI and Community Response (CR) infrastructure within community collaboratives.

<u>If applicable, address any change in how the ET program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.</u>

The ETV program in Nebraska is administered through a statewide sub award with NCFF. In 2018, NCFF placed the ETV sub-award out for a competitive bidding process. The ETV contract was awarded to Central Plains Center for Supportive Services and has been synonymous with strength based, high quality, individualized, youth driven service for over two decades.
The cornerstone of Central Plains Center for Supportive Services has been their unwavering commitment to provide quality individualized services and supports through strong relationships with youth and young adults. With their extensive emphasis on relationships, Central Plains Center for Supportive Services is the recognized "go-to" partner across the state of Nebraska for service providers and young people with foster care experience. The quality and consistency of trained staff has been a hallmark of their work. The ETV program is provided to current and former wards throughout Nebraska who are eligible and willing to participate between the ages of 17-26. Young adults receive funds towards college tuition, book and fees.

Provide an unduplicated number of ETV awards each school July 1st to June 30th

ETV DATA **July 1, 2018 thru June 30, 2019**		
TOTAL NUMBER OF PARTICIPANTS		**329**
NUMBER OF UNDUPLICATED ETV VOUCHERS AWARDED		**222**
ETV DATA **July 1, 2019 thru June 30, 2020**		
TOTAL NUMBER OF PARTICIPANTS (Includes an estimate of 13 new participants April 1, 2020 – June 30, 2020)		**338**
NUMBER OF UNDUPLICATED ETV VOUCHERS AWARDED (Includes an estimate of 13 payments for new participants April 1, 2020 – June 30, 2020)		**224**

N. Chafee Training

In the 2020-2024 CFSP, states provided information on specific training planned for FYs 2020-2024 in support of the goals and objectives of the Chafee plan. If needed, provide an update on the specific training needed in support of the goals and objectives of the states' Chafee plan and to help foster parents, relative guardians, adoptive parents, workers in group homes, and CFS case managers understand their opportunity to promote and assist youth in the transition to adulthood, consistent with section 477(b)(3)(D) of the Act. Please note that such training should be incorporated into the title IV-E/IV-B training plan, but identified as pertaining to Chafee, with costs allocated appropriately. State are encouraged to incorporate principles of Positive Youth Development (PYD) in its Chafee training in support of the program.

CFS has contracts with licensed Child Placing Agencies (CPA) that require CPA staff to be able to, "review and discuss the foster parent's ability to meet the needs of the youth placed in their home." This includes the ability to promote and assist youth in the transition to adulthood. Trainings and support of foster parents in this area is important to reach this goal. The following are some of the training opportunities offered over the last year by CPAs:

- Homelessness and Domestic Violence
- Child Sex Trafficking
- Brain Development
- Trauma Informed Care
- Harm Reduction
- Positive Youth Development
- Youth Thrive

- Case Management and Assessment
- Training on Gender identity and issues facing LGBTQ youth
- Any training annually related to youth work (12 hours minimum)

Foster Parents in Nebraska are also required to get initial and on-going training. Below are topics of training foster parents access online:

- Reasonable and Parent Prudent Standard (RPPS)
- Former foster youth experiences in foster care
- Fostering teens
- Transitions that foster children face during different times in their lives
- Independent living
- Importance of foster children maintaining connections to their siblings

In addition, NCFF has implemented training opportunities for communities across the state to include best practices focusing on protective and promotion factors within the work force. This training can be offered to CFS programs case managers, Bridge to Independence Coordinators, community providers, foster parents, host homes, congregate care and kinship homes. This past years training delivery focused on:

- Social Emotional Competence and Resilience
- Social Connections and concreate Supports
- Introduction and Knowledge of Parenting and Child and Adolescent Development
- Resilience
- Your Money Your Goals
- Keys to Your Financial Future
- Reaching Teens
- Ask able Adults Matter

As described in the Nebraska's Training Plan, CFS staff are provided training to help understand their opportunity to promote and assist youth in the transition to adulthood:

- **Making Decisions about Daily Care and Sensitive Issues:** Trainees learn about appropriate decision making regarding daily care and specific sensitive issues for a child or youth in care. Topics include: the philosophy of cultural humility, the importance of engaging families in decision making, types and roles of various decision makers, applicable policies and procedures regarding daily care decisions (e.g., haircuts, tattoos, discipline) and specific sensitive issues (e.g., religious practices, birth control, sex education, abortion, and end-of-life decisions), LGBTQ youth, bullying, and how to talk with families about these decisions.

- **Transitional Living Services for Youth:** Trainees learn about services and resources that support youth through age 19 who are wards of the state in their transition to independent living and self-sufficiency.
- **Transitional Living Case Management:** Trainees learn about the case management steps necessary to support youth who are state wards ages 14 through 18 as they are prepare for adulthood and/or transition to independent living and self-sufficiency. Trainees also learn where to access the information necessary to support the completion of their case management responsibilities.
- **Transition Team Meeting - Creating a Youth-Driven Transitional Living Plan:** Trainees learn skills needed to coordinate and facilitate a transition team meeting and to create and document a youth-driven Transitional Living Plan (TLP).
- **NFOCUS Practice:** Trainees practice skills in documenting on NFOCUS in areas used by a CFS case manager in Initial Assessment or Ongoing work.

VI. Consultation and Coordination Between States and Tribes

As referenced throughout this PI, states are expected to consult, collaborate and coordinate with all federally recognized Tribes within their jurisdiction on all aspects of the development and oversight of the 2020-2024 CFSP and subsequent APSRs. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with Tribes. States must then report on the outcomes of these discussions. These issues include state compliance with ICWA, the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or Tribe, and the provision of independent living services under the Chafee program. States without federally-recognized tribes within their borders should still consult with tribal representatives and document such consultations.

In the 2021 APSR, states must update the following:

Describe the process used to gather input from tribes since the submission of the 2020-2024 CFSP, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the name of tribes and tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).

CFS holds Tribal Operations Meetings with the 4 federally recognized Tribes in Nebraska. These are in-person every other month, rotating between the reservations (6-hour meetings). On the alternating months, CFS program staff meet in-person with each of the Tribes individually at their offices (3-4 hours). CFS also helps to arrange any trainings, meetings, or technical assistance that is requested. CFS has at least weekly email contact with the Tribe (sending youth in care spreadsheets, addressing billing questions, following up on AR or IV-E documentation issues, training questions, forwarding guidance from CFS, ACF, National Indian Child Welfare Association (NICWA)

and, while not able to travel, CFS staff have been connecting with Tribes telephonically at least every other week.

Contact with these tribes varies in frequency depending on each Tribes' needs and requests. Contact ranges on a continuum from email, phone and in-person contact for training and meetings both on and off reservations. Contact has been frequent and at the high end of the continuum with the four headquartered Nebraska Tribes. Oglala and Rosebud Sioux Tribes have been frequently contacted with ICWA case issues via phone, email and at least annually in-person, given the high number of their tribal youth involved in the Nebraska child welfare system. CFS has designated a Program Coordinator to work with the Nebraska Tribes as well as a Program case manager who works more specifically with ICWA cases. Contact information for both of these positions can be found on DHHS's Indian Child Welfare webpage and all email correspondence contains signature lines with current contact information.

Contact with these Tribes varies in frequency depending on each Tribes' needs and requests. Current regional Tribal representatives with whom the Nebraska Division of Children and Family Services (CFS) are in contact include, but are not limited to, the following:

TRIBE	**TRIBAL REPRESENTATIVES CONSULTED and/or CONTACTED**
Cheyenne River Sioux Tribe	**Diane Garreau, ICWA Program Director**, dgarreau61@hotmail.com P.O. Box 590, Eagle Butte, SD, 57625, 605-964-6460
Crow Creek Sioux Tribe	**Marlow Medicine Crow, Jr., ICWA case manager**, icwaccst@gmail.com P.O. Box 143, Fort Thompson, SD, 57339, 605-245-2581
Flandreau Santee Sioux Tribe	**Jessica Morson, ICWA Director**, Jessica.morson@fsst.org P.O. Box 283, Flandreau, SD, 57028, 605-997-5055
Iowa Tribe	**Shelly Thompson, ICWA case manager**, nafscm@iowas.org 3313 B. Thrasher Rd, White Cloud, KS 66094, 785-595-2360
Lower Brule Sioux Tribe	**Jera Brouse-Koster, ICW Social Worker**, jerabrouse@lowerbrule.net 187 Oyate Circle, Lower Brule, SD, 57548, 605-473-5561
Oglala Sioux Tribe	**Jake Little, ICWA Supervisor,** jake@oglala.org **Jeannie Trueblood, ICWA Supervisor,** jtrueblood@oglala.org P.O Box 604, Pine Ridge, SD, 57770, 605-867-5752

Omaha Tribe	**Denine Morris, Chief of Tribal Operation,** denine.morris@theomahatribe.com **Sarah Rowland, Acting CEO of Carl T. Curtis IHS Center** **Marcella Clark, Crisis Coordinator,** Marcella.clark@theomahatribe.com **DeAnna Parker, CFS Director,** deanna.parker@theomahatribe.com **Mosiah Harlan, ICWA Director,** Mosiah.harlan@theomahatribe.com **Joe Fleming, Financial Assistant,** joe.fleming@theomahatribe.com **Kash Echtenkamp, ICWA case manager,** kash.echtenkamp@theomahatribe.com **Bailey Wimmer, Investigator,** bailey.wimmer@theomahatribe.com P.O. Box 500 Macy, NE 68039, 402-837-5331
Ponca Tribe	**Stephanie Pospisil, Director of Social Services**, spospisil@poncatribe-ne.org **Lynn Schultz, ICWA case manager**, lschultz@poncatribe-ne.org **Donna Larson, Case Management Coordinator,** dlarson@poncatribe-ne.org 1800 Syracuse Ave, Norfolk, NE 68701, 402-371-8834
Rosebud Sioux Tribe	**Shirley Bad Wound, ICWA case manager**, rsticwa9@gwtc.net P.O. Box 609, Mission, SD 57555, 605-856-5270
Sac and Fox Nation	**Darla Noll, Director ICW/Social Services**, darla.noll@sacandfoxks.com 305 N. Main Street, Reserve, KS 66434, 785-742-4708
Santee Sioux Nation	**Danielle LaPointe, DTSU Director**, Danielle.lapointe@ssndakota.com **Clarissa LaPlante, Assistant Director**, Clarissa.laplante@nebraska.gov **Renae Wolf, ICWA case manager**, renae.wolf@nebraska.gov **Eliza Thomas, Case Manager,** eliza.thomas@nebraska.gov **Stephanie Lowery, Foster Care Recruiter**, Stephanie.lowery@nebraska.gov Rt. 302, Box 5191, Niobrara, NE, 402-857-2343
Sisseton-Wahpeton Oyate Tribe	**Evelyn Pilcher, ICWA Director**, evelyn.pilcher@state.sd.us P.O. Box 509, Agency Village, SD, 57262, 605-698-3992

Standing Rock Sioux	**Rebecca Grey Bull, ICWA Director**, rgreybull@standingrock.org P.O. Box 770, Fort Yates, ND, 58538. 701-854-3095
Three Affiliated Tribes Mandan, Hidatsa, & Arikara	**Bobbie Johnson, ICWA Worker**, bjohnson@mhanation.com **Paula Snow, Supervisor**, psnow@mhanation.com 404 Frontage Drive, New Town, ND 58763
Turtle Mountain Band of Chippewa Indians	**Marilyn Poitra, ICWA Coordinator**, marilynp@tmcwfs.net P.O. Box 900, Belcourt, ND, 58316, 701-477-5688
Winnebago Tribe	**Chiara Cournoyer, Human Services Director**, Chiara.Cournoyer@winnebagotribe.com **Kitty Washburn, CFS Program Manager**, katherine.washburn@winnebagotribe.com **Elexa Mollet, ICWA Worker**, Elexa.Mollet@winnebagotribe.com Winnebago Human Services Department P.O. Box 723, Winnebago, NE, 68071, 402-878-2379
Yankton Sioux Tribe	**Melissa Sanchez, ICWA Director**, yst_icwa@outlook.com P.O. Box 1153, Wagner, SD, 57361, 605-384-5712

Tribal Operations and CQI Meetings: The opportunity for Tribal CFS and CFS staff members to build relationships and network is one of the valuable aspects of continuing this collaborative process. CFS facilitates bi-monthly Tribal Operations and Continuous Quality Improvement (CQI) meetings with the four headquartered Nebraska Tribes. These meetings provide opportunities to ask for input, share information, discuss barriers, and identify strategies to improve child welfare case practice in the furtherance of child safety, permanency, and well-being. On months when there are not Tribal Operation and CQI meetings, the CFS Program Coordinator meets on-reservation with tribal CFS leadership for all four Tribes to determine technical assistance and training needs, discuss budgets and agreements, and address any barriers that are occurring in service provision to families.

CFS ensures that the correct program staff are present at meetings to discuss specific topics and to ensure the correct information is shared with Tribal CFS staff. CFS and the Tribes discuss the importance of having quality data and the need for accurate and timely data entry. Tribes are asked to provide input as to any necessary changes to practice and protocols that impact the work of the CFS case managers and to improve services provided to children and families. The Tribes and CFS share and discuss Child and Family Services Plan shared areas of interest such as Disaster Plans, Health Care Oversight Committee, and Family First Prevention Services Act, as well as the Strengthening Families Act (SFA) Human Trafficking task force. The Tribes have open invitations to participate in any and all workgroups facilitated by CFS. There are

instances in which the Tribe agrees that a specific tribal representative will participate in a workgroup and will bring back information to all the Tribes for input and consideration. There are also times when one or more Tribes actively participate in workgroups. CFS understands that the Tribes have limited staff to commit to workgroups, so the monthly Operations and CQI meetings are a way to share information and obtain input from all the Tribes.

Tribal Operations and CQI meetings also provide the opportunity for tribal CFS staff to receive additional training on topics pertinent to their work. Over the last year presentations have been given on central registry findings and expungements, submitting guardianship packets, foster care licensing requirements, Comprehensive Addiction and Recovery Act (CARA), Family First Prevention Services Act (Family First), and the Nebraska Caregiver Responsibilities tool. Trainings have also been offered to tribal CFS staff on the IV-E eligibility process, Medicaid Application Process, and Safety Organized Practice. Future topics for training over the next year include additional information on FFPSA, Alternative Response, Medicaid, ICPC, Healthcare Oversight, and Chafee.

Nebraska Court Improvement Project: The Nebraska Court Improvement Project (CIP) coordinates Through the Eyes of the Child Teams (TEOC) in each judicial jurisdiction. These teams meet to coordinate efforts and address concerns within the child welfare and juvenile justice systems. Mary Ann Harvey, a Project case manager with Nebraska CIP participates in Tribal Operations and CQI meetings as her schedule permits. These collaborations facilitate sharing concerns among State and Tribal Judicial Branches and CFS Departments.

CIP has also collaborated with CFS in establishing a TEOC team with the Omaha Tribe and held a TEOC meeting there in December 2019 and tentatively scheduled a meeting for March 2020, which ultimately did not occur do to COVID-19 related travel concerns. CFS and CIP will continue to talk to the Omaha tribal systems to determine when these meetings can resume. The Winnebago Tribe has had a TEOC team, led by their chief judge, established for several years though the frequency of the meetings is inconsistent. The Santee Sioux Nation has a multi-disciplinary team that meets regularly to discuss and coordinate tribal child welfare systems and has extended invitations to CFS to attend some of these meetings. There is ongoing communication with each Tribe as to how CIP and CFS can continue to encourage and support the efforts of the Tribes in these collaborations.

In the fall of 2018, CIP facilitated the development of a consortium of State, Federal, and Tribal Judges and received a grant to hold community listening sessions. Focusing on legal issues, these sessions were held in October 2019 in each of the reservation communities (Santee, Macy, and Winnebago), as well as in the city of Omaha. CFS attended all but one of these sessions to listen to the conversations that occurred to identify any issues that needed to be addressed on the child welfare side. Three main areas of concern that surfaced during these community sessions were ICWA

compliance, jurisdictional clarification, and difficulty accessing quality legal representation. Listening sessions were also scheduled to be held in Scottsbluff, Chadron, and Rushville in March 2020, but have been postponed due to concerns with COVID-19. These sessions will be rescheduled when travel restrictions are lifted.

Nebraska Commission on Indian Affairs: The Nebraska Commission on Indian Affairs (NCIA) periodically invites CFS to present information on ICWA compliance to the NCIA Commissioners. When invited, CFS will attend future meetings to provide details of CFS ICWA case compliance review reports and the updated agreements with the Omaha, Santee, and Winnebago Tribes. CFS has also been working collaboratively with the NCIA Director and Assistant Director in response to and prevention planning for the suicide epidemic on the Omaha reservation. Additionally, CFS is in communication with the NCIA Director regarding Tribes' requests for assistance in preparing for the COVID-19 pandemic.

In February 2020, NCIA hosted community listening sessions at each of the reservation communities and the Ponca Tribal office in Omaha as part of a Legislative interim study regarding the response to Missing and Murdered Indigenous Women and Girls (MMIWG). CFS had several members participate in this listening session and heard the concerns of the Native communities. CFS is working with Tribes and other external partners to identify funding for additional support to trafficking victims.

The opportunities described above, although not all-inclusive, has facilitated mutual learning and provided a means for soliciting and receiving input and feedback from the Tribes, as well as ways to identify barriers and brainstorm potential solutions to achieving the outcomes of child safety, permanency, and well-being.

Provide a description of the state's plan for ongoing coordination and collaboration with tribes in the implementation and assessment of the CFSP/APSR. Describe any barriers to this coordination and the state's plans to address these barriers.

CFS meets monthly and as needed with the four Nebraska headquartered Tribes' CFS Directors, Program Managers, and supervisors. When requested or necessary, CFS will meet with the Tribes' Prosecutors, Attorney General, Tribal Operations Administrative staff members, Tribal Councils, and other Tribal staff members who provide child protective services through agreements with CFS (Omaha Tribe, Santee Sioux Nation, Winnebago Tribe). While the Ponca Tribe of Nebraska does not currently have child welfare or Title IV-E agreements with CFS as the other three headquartered tribes do The Ponca Tribe attends most meetings to provide input to the CFS Child and Family Services Plan (CFSP) and Annual Progress and Service Reports (APSR) development, ICWA case issues, and training and education needs.

CFS continues to work with the Ponca Tribe's Social Services Director to develop an agreement with CFS for the Ponca Tribe to transfer ICWA case involving Ponca youth to the Ponca Tribal Court. The current agreements with the other headquartered Tribes

have been shared and reviewed and the Ponca Tribe's Social Service Director is engaging their Tribal Court Improvement Program, Director of Tribal Affairs, Tribal Council and federal partners to determine their readiness to enter into an agreement. The following meetings and trainings are examples of how CFS will continue to engage and gather input from our tribal partners in the coming year:

Tribal Operations and CQI Meetings: CFS will continue to hold Tribal Operations and CQI meetings with the four headquartered Nebraska Tribes. The operations portion of this meeting allows for discussion on program and policy issues, child welfare agreements, APSR, and joint planning. CFS Program case managers, Quality Assurance staff, Resource Development staff, Administration staff, and other CFS staff may attend and participate in these meetings based on the agenda and topics for discussion. Representatives from all four Tribes make a concerted effort to participate in every meeting. The CQI portion of the meeting focuses on data related to achieving positive outcomes for children and families related to CFSR measures of child safety, permanency, and well-being. Typically these meetings are held in person and rotate between the three reservations and the Ponca tribal office in Norfolk, though with travel and meeting restrictions due to COVID-19, meetings will be held over video conference until it is determined safe to resume meeting in-person.

Training: New workers and in-service training schedules are shared, and the four headquartered Nebraska Tribes can send their staff to any of these CFS training. The Tribes provide input as to in-service training needs, and training will also be scheduled and held on the reservation. These requests are made to and arranged by the CFS Program Coordinator working with the Tribes. Program case managers and Program Accuracy case managers are available to spend time on the reservations to provide one-on-one technical assistance as needed and requested.

Quality Assurance Program Accuracy case manager and Tribal CFS Partnerships: Program Accuracy case managers (PAS) from the CFS Quality Assurance (QA) teams are assigned to connect with each of the three Nebraska Tribes that have child welfare agreements with the Department. The QA PAS and Tribal CFS Partnership was initiated in July 2017. The QA PAS plans to visit their assigned Tribal CFS, in person, at least once per quarter and follow up via email, phone or Skype during other months. All Tribes have expressed how helpful their QA PAS have been.

Nebraska Court Improvement Project: CFS and Nebraska Court Improvement Project (CIP) hold monthly meetings in which Tribal Court and ICWA issues are a standing agenda item. Additionally, CFS continues to work with a CIP Project case manager on supporting Tribal TEOC teams.

Title IV-E Planning Grant Meetings: CFS remains in communication with the Children's Bureau's Tribal Child Welfare as manager, and the Omaha and Winnebago Tribes regarding their Title IV-E planning grants, offering and arranging technical assistance with other CFS Program case managers as needed.

This communication ensures that policies, procedures, and reporting requirements are aligned between the state, federal, and tribal agencies. Additionally, CFS will continue meeting with the Ponca Tribe to develop an IV-E claiming agreement and to offer support in program and policy development. The Ponca Tribe of Nebraska applied for the IV-E Planning grant from the Administration on Children and Families in March 2020, the award status is still pending.

Nebraska Commission on Indian Affairs: The Nebraska Commission on Indian Affairs (NCIA) periodically invites CFS to present information about ICWA compliance to the NCIA Board members. Current Commissioners include two members of all four headquartered Nebraska Tribes, a Member at Large, a member of the Navajo Nation, Southern and Northern Panhandle representatives, a member of the Oglala Sioux Tribe and a vacancy, a City of Lincoln representative, a member of the Yankton Sioux Tribe, two City of Omaha representatives, a member of the Omaha Tribe and a member of the Cherokee Tribe of Oklahoma.

Chafee Foster Care Independence Program: Chafee Foster Care Independence Program (Chafee) was discussed throughout this reporting period. Due to limited funding availability to each Tribe, not all Tribes have entered into sub award agreements with CFS each year. The Santee Sioux Nation receives direct federal funding for their Chafee funds. The Ponca Tribe of Nebraska continues to receive a sub-award from CFS. The Omaha and Winnebago Tribes receive their Chafee funding as a pass-through award from the Nebraska Children and Families Foundation (NCFF) in the form of community response flex funding. CFS continues communication with the Omaha, Ponca, and Winnebago Tribes regarding the best way to distribute Chafee funding for the upcoming fiscal year.

Provide an update, since the submission of the 2020-2024 CFSP, on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children delineated in section 422(b)(8) of the Act, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements outlined in section 475(5)(C) and 475A(a) of the Act. (See 45 CFR 1357.15(q).)

Tribes have concurrent jurisdiction with the State of Nebraska over children who are members of, or are eligible for membership in a federally recognized Tribes and reside outside of a reservation. Tribes have exclusive jurisdiction over Indian children who are wards of their Tribal Court or who are residents of or are domiciled on their reservation. CFS recognizes that all Nebraska children, whether under State or Tribal jurisdiction, are

entitled to child welfare services and protections. Additionally, as provided by the federal ICWA, the State of Nebraska has had child welfare agreements with the three land-based Tribes in Nebraska for several years.

CFS provides funding through child welfare agreements for the Omaha and Winnebago Tribes and the Santee Sioux Nation to provide case management and services for the children they serve under Tribal jurisdiction. Personnel, operations and indirect costs are included in this funding. Title IV-E funding for eligible tribal wards in eligible placements is paid directly to the placement resource by CFS. No Title IV-E funds are passed directly to the Tribes. Children from the Ponca Tribe of Nebraska are currently served by CFS with few, if any, transfers to the Ponca Tribal Court. CFS is continuing discussions with the Ponca Tribe about developing a child welfare agreement.

The Omaha, Santee Sioux and Winnebago Tribes renegotiated their child welfare funding agreements with CFS in 2017 resulting in agreements that provide more adequate funding for the Tribes' CFS Departments to hire additional CFS workers to significantly decrease caseload sizes. The current agreements are set to expire June 30th, 2020, but have the option to extend for two additional one-year terms. All three Tribes are exercising their extensions and are submitting new budget justifications for negotiation in the new term.

The three Tribes with child welfare agreements utilize the CFS data management system, NFOCUS, to document, track and report the work they do with children and families. The Omaha, Santee Sioux and Winnebago Tribes report that their primary population are children who are wards of the tribal court, although they have been working with some non-court involved families to prevent entry in to the Tribal child welfare system. Additionally, Omaha, Santee Sioux and Winnebago Tribes participate in CFS Alternative Response (AR) for families. To date, all 3 Tribes have been assigned several AR cases. All Tribes provide services for children at risk of entering foster care, however the services available have historically been limited primarily due to funding and staffing constraints.

Currently, CFS is working on its IV-E Prevention Plan that provides IV-E reimbursement for certain prevention services. CFS is working with the Tribes to identify their unique needs and strategies for leveraging Family First related services. In January 2020 a CFS and Tribal CFS staff met to discuss the Tribes' needs surrounding prevention of foster care as well as to examine the practices that are currently used in tribal communities and how these practices can be supported by CFS. The Tribes expressed the need for drug and alcohol counseling for both adults and youth, more options for the placement of children with special needs (including shelters, group homes, and treatment centers), and increased parenting support. CFS is working with community providers and division partners to establish a contract with the Women are Sacred Program, an organization dedicated to serving parenting American Indian women and their children in a therapeutic and supportive service, known as the Mommy and Me program. Women are

Sacred Program focuses on the needs of American Indian families and cultural responsiveness as the foundation.

Importantly, Tribal CFS staff noted that access to culturally appropriate services are limited and that they would like efforts to be made to include Native American behavioral and mental health practitioners in the conversations about FFPSA supported evidence-based practices. The Tribal CFS staff also shared that they currently use the Motherhood and Fatherhood is Sacred models of parenting classes and would be interested in utilizing Positive Indian Parenting and Healthy Families America. The IV-E Prevention Plan and implementation strategies are discussed with the Tribes at each Tribal Operations and CQI meeting. Tribal CFS leadership has been invited to participate in the various FFPSA workgroups that have been formed.
Tribal staff with the three contracted Tribes have been trained on Structured Decision Making® (SDM®) tools. Each tool assists the Tribal worker with key decision points during the course of working with a family. Utilization of SDM® tools has been and will continue to be a topic at the Tribal Operations and CQI discussions. The Tribes indicate an understanding that it is essential to use the SDM® tools to help guide decision making, though use of the tools remains sporadic. Barriers include staff turnover and time constraints. The Tribes currently use the following SDM® tools:

1. **Safety Assessment:** The Safety Assessment provides decision guidelines on the child's current safety situation and whether the child can be safely maintained in the home or if out-of-home care is needed.
2. **Risk or Prevention Assessment:** The Risk and Prevention Assessments provide decision guidelines regarding the possibility of future maltreatment. The Tribes do not usually offer ongoing services to families unless the children are determined to be unsafe.
3. **Family Strengths and Needs Assessment:** The Family Strengths and Needs Assessment is the foundation for case planning. Information gathered through this process assists the tribal worker in identifying the strengths and needs of the parent/caretaker and the child. The Family Strengths and Needs Assessment includes an assessment of the child's well-being to include the child's health, education and psychological needs. The case plan is developed with the family based on the Family Strengths and Needs Assessment. The case plan address the needs identified that will assist the family in achieving safety, permanency and well-being.
4. **Reunification Assessment:** The Reunification Assessment is completed on all families where one (or more) child is in out-of-home care. The Reunification Assessment looks at the current risk level of the family, a parenting time evaluation, a reunification safety assessment, and permanency plan recommendations. The combination of these components and the inclusion of the length of time the child has been in out-of-home care assist the worker in determining if reunification should be recommended or if the permanency goal should change to achieve permanency other than reunification.

5. **Risk Reassessment:** The Risk Reassessment is completed on families where all children are residing in the home. This assessment guides the worker's decision on whether the case should be closed or remain open for continued intervention.

Tribal staff are required to visit children in out-of-home care each and every month. Discussion of these contacts and case planning occurs during the monthly Tribal Operations and CQI meetings. The Tribes report that they do see the children in their care regularly and struggle with timely documentation of the contacts in NFOCUS, the Tribes have worked meticulously to make infrastructure changes to ensure accurate and timely data is entered into NFOCUS. Discussions at Tribal Operations and CQI meetings have led to a form being developed for Tribal CFS workers to use when conducting home visits and family team meetings that can be scanned in to NFOCUS as documentation.

Tribal CFS workers have been informed they must enter the date and type of contact in the appropriate place and with a note to see document imaging for meeting notes. Through the CQI PAS and Tribal Partnerships, Tribal CFS workers continue to receive on-site technical assistance to understand this process. Additionally, it was determined in the fall of 2019 that some of the Tribal workers did not have access to some of the programs and applications necessary to do their jobs. CFS has made a concerted effort to identify, track, and correct these access issues and developed a more streamlined process for the Tribes to request this access for new hires.

Each Tribe has court jurisdictions that operate under tribally specific law and order codes. Tribal Courts receive little funding, which is challenging for the Tribes' CFS Departments at times as it sometimes causes delays in scheduling CFS cases on the court's docket. There are also some challenges in obtaining timely court orders, which can delay the determination of IV-E eligibility. The Court Improvement Project (CIP) has been providing technical support to the tribal courts to improve processes and procedures which should impact the IV-E determinations. Additionally, each Tribe has expressed some difficulties in obtaining law enforcement reports in a timely manner. This causes issues as Tribal Law Enforcement does not always notify the DHHS centralized hotline to report abuse and neglect cases, which then leads to the Tribal Office unaware that there are concerns about the safety of a child or that children are placed in out of home care by law enforcement and the Tribal CFS office has no understanding of the safety issues.

The Department's agreement with the Tribes note that all abuse and neglect reports will be sent to the Department's Child and Adult Abuse and Neglect Hotline. This allows for a central repository of information that is available when families move, also it is a means for communicating between CFS staff and law enforcement. The Department's Hotline shares all reports of abuse and neglect called into the Hotline with the appropriate law enforcement agency. While each Tribes' CFS Department serve families who are non-court involved, there is currently no way to track accurate data on non-court involved families served by the Tribes. This issue was recently identified and CFS will enter into discussions with the Tribes and CFS technical staff on the best way to move forward.

Omaha Tribe: As of April 27, 2020, NFOCUS indicates the Omaha Tribe CFS Department is currently serving 231 tribal court involved youth. This is a fifteen percent increase over the last year and represents a nearly seventy-eight percent increase over the last two years.

The Omaha Tribe's CFS Department and Tribal Court has had many changes over the last year as well. A new Chief of Tribal Operations was hired in January 2020. In February 2020, the Tribal Court lost their prosecutor and a replacement has yet to be hired. This creates many challenges for CFS staff who are needing to file petitions of abuse and neglect or place children in emergency protective custody for mental and behavioral health crises. A new Attorney General for the Tribe was hired in April 2020, which may help improve the organization of the Tribal Court.

Additionally, a new Director of Child Welfare Operations was hired in March 2020, shortly before the Tribe restricted access to offices due to COVID-19. While there have been several changes in leadership, the Tribal Protection and Safety (TPS) workers have remained fairly stable in their positions which has helped with continuity of case management efforts.

In March 2020, the Omaha Tribe requested and was granted an amendment to increase their departmental budget to help cover the costs associated with the rising number of Tribal wards. The budget increase will support increased staff positions and equipment, increased services to children and families, and increased foster care maintenance payments. It is anticipated that with the increase in funding and the ability to hire additional staff, caseload sizes will decrease. This will allow TPS staff additional time to focus on individual needs of the families they serve as well as increased time for accurate and timely documentation.

The Omaha Tribe suffered many tragedies this year which brought to light the need for increased mental and behavioral health support and prevention work in the community. Since February 2020 CFS has been participating in ongoing weekly calls between representatives of the Omaha Tribal Systems, all divisions of the Nebraska Department of Health and Human Services (DHHS), Nebraska Commission on Indian Affairs (NCIA), Nebraska Department of Education (NDE), Society of Care (SOC), Indian Health Services (IHS), Administration on Children and Families, Region IV Behavioral Health Services, Substance Abuse and Mental Health Association (SAMHSA), and Health Resources Services Administration (HRSA). The goal of these calls is to support the Omaha Tribe in developing a comprehensive community action plan to address the needs of the community and to help the Tribe identify external funding, programming, and support to supplement the Tribe's existing resources.

Ponca Tribe: The Ponca Tribe's Department of Social services (PTN DSS) manages few of their Tribal youth's child welfare cases through the Ponca Tribal Court. Over the past year, two cases have been transferred to the Ponca Tribal Court for finalization of

customary adoption. The Ponca Tribe's Director of Social Services confirmed that the PTN DSS continues to work with consultants through their Tribal Court Improvement Program grant. In January of 2020 a readiness evaluation was completed on the PTN DSS and Ponca Tribal Court to determine next steps for improving the effectiveness of their cooperation. Recommendations from that evaluation are still forthcoming.

The PTN DSS Director and CFS maintain a good working relationship and will be scheduling upcoming meetings to discuss further developing an agreement with CFS for the Ponca Tribe to provide case management services to Ponca children and families currently being served by CFS. The Ponca Tribe has been sending their DSS CFS case managers to many of the CFS new worker trainings provided by CCFL during the past year so they can gain a better understanding of the ongoing work with families and the SDM assessments. CFS and PTN DSS are also having discussions to develop a strategy for how to best co-manage ICWA cases in Nebraska.

Santee Sioux Nation: As of April 27, 2020, NFOCUS indicates the Santee Sioux Nation DTSU is currently serving seventeen youth through their Tribal Court. The judge for the Santee Sioux Tribal Court has remained consistent for the last few years.

As previously mentioned, CFS and CIP continues to discuss how to best support the DTSU and Tribal Court and anticipate attending the multi-disciplinary meetings on the reservation, as invited. These multi-disciplinary meetings consist of stakeholders from the DTSU, local school, child advocacy center, law enforcement, behavioral health, and other areas of child welfare.

Winnebago Tribe: As of April 27, 2020, NFOCUS indicates the Winnebago Tribe's CFS Department is currently serving 181 tribal court-involved youth. This is a 3 percent increase over the last year.

The Chief Judge for the Winnebago Tribal Court has remained consistent for several years and is also the Chief Judge for the Ponca Tribe, and is the co-chair for the Nebraska Consortium of Federal, State, and Tribal Judges. The Winnebago Tribe's CFS Department and Tribal Court continue to work on timely permanency and Title IV-E Eligibility. The Winnebago Tribe consistently has high rates of reunification in 12 months (three month average of 78%) as well as the highest rates for IV-E eligibility and claiming (11.1% and 2.2% respectively). The primary barrier for IV-E claiming is a lack of licensed homes available for placement of children. CFS is discussing with the Tribes on how to identify barriers in getting homes licensed on the reservations. The Tribes are focused on improving the well-being and safety of children by increasing the number of tribal licensed foster homes.

The Winnebago, Omaha, Ponca and Santee Sioux Tribes are providing Native TIPS MAPP foster parent training classes to those interested in becoming foster parents. The Tribes have combined resources to work together in order to increase interest and participation in their respective communities for their foster parent recruitment efforts.

The Winnebago Tribe and Omaha Tribe have requested additional funding through their child welfare agreements to add foster care staff to focus on the foster parent licensing process.

CFS supports and partners with the Nebraska Tribes to increase the number of licensed foster homes. CFS staff meets with the tribes during their tribal operations meetings to discuss foster care licensing. Nebraska is the Title IV-E Agency and Nebraska Tribes must follow the licensing process as guided by Federal and State laws, regulations, while also considering the importance of each Tribes specific Tribal codes and traditions.

CFS developed an on-line relative and kinship foster parent training in the fall of 2019. CFS wanted to create an opportunity to educate and support relative and kinship placements, CFS believes that the provision of education and support will lead to increased placement stability and increased communication between all members of the child and family's network of support. This on-line training is available to the Tribes and is being used as a resource to license Tribal relative and kinship homes. CFS is collaborating with the tribes to increase their licensed foster homes and the ability to increase the use of federal IV-E funds.

CFS created and shared a Foster Parent Licensing Checklist with the Tribes, so they can ensure the entire foster parent licensing process is completed. Historically, there have been barriers regarding the timely completion of background checks, so adding that component and other requirements to a checklist will be beneficial to ensure a complete and accurate license application. When Tribal staff complete a Foster Parent Licensing packet, it is sent to CFS for verification that all of the licensing requirements have been met and is scanned in and documented in Nebraska's data system (NFOCUS).

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

Since the 2020-2024 CFSP submission, several CFS ICWA compliance initiatives have been accomplished and more are planned. A brief description of each measure is included below:

Nebraska ICWA and Training: Legislative Bill 566, which amended the Nebraska ICWA, was unanimously passed by the Nebraska Unicameral on May 21, 2015 and went in to effect in August 2015. Following the passage of LB 566, CFS is working work on revising and updating several key documents related to ICWA case management and compliance, including the ICWA Operations Manual, regulations and other policies and to develop training for CFS workers. Throughout this process, CFS worked in consultation with the tribes who participate in the Tribal Operations and CQI meetings, the Service Area ICWA Advocates and Nebraska Indian Child Welfare Coalition

regarding necessary policy and protocol revisions. The revised policies and procedures were finalized into a Standard Work Instruction and took effect in December 2019 (**Attachment C: ICWA Standard Work Instruction**). Training around these changes is being done by request, and in the future will be based on the ICWA compliance review results.

As a part of active efforts and in accordance with the Nebraska ICWA, Tribes are invited to participate in case management activities in both court and non-court involved cases, case planning for reunification, and alternative permanency planning for those children who cannot be reunified. Provisions of Nebraska Revised Statute 43-1506, the Nebraska ICWA, require CFS to notify Tribes within five days of offering voluntary services to Native American families allowing the Indian child's Tribe(s) the opportunity to assist with efforts to provide pre-placement, preventive services to Tribal families in conjunction with CFS services. CFS staff are provided training about the level of Tribes' involvement in ICWA cases that may range from no involvement to transfer of jurisdiction. Training includes clear guidance that the ICWA applies regardless of a Tribe's level of involvement in the case when the case involves an Indian child. Please see pages seven and eight of the ICWA Case Management Guide in Attachment B.

CFS staff have been trained to ask Tribal representatives about culturally responsive services that may benefit their youth and families involved in the state's child welfare system. Please see page four of the **ICWA Case Management Guide in Attachment D** regarding 'What to ask the Tribe's ICWA case manager'. If tribal representatives are unavailable to assist in identifying culturally appropriate services, CFS staff can locate resources through the Nebraska Resource and Referral System Native American Resources sections which is detailed on page thirteen of the ICWA Case Management Guide in **Attachment D**.[11] These services and providers were identified as being culturally responsive by tribal representatives who are part of the Nebraska Indian Child Welfare Coalition (NICWC).

The CFS ICWA Program case manager continues to hold monthly phone calls for ICWA case staffing with the Omaha and Ponca Tribes' ICWA Departments based on the higher number of ICWA cases being managed by CFS. These calls are beneficial to the Tribes in monitoring both court and non-court involved cases. It provides a dedicated time for CFS and SFM to receive feedback from the Tribe on cases managed by CFS or SFM and assistance in identifying additional active efforts which can be taken. CFS is having discussions with the Oglala Sioux Tribe, the Rosebud Sioux Tribe, and the Yankton Sioux Tribe on the benefits of these calls with hopes of establishing similar calls for these tribes in the future.

With regard to culturally responsive permanency planning, CFS continues to provide education about the Tribes preferring guardianship over adoption as an alternative permanency option. CFS Administration and field staff appear receptive to making this

[11] https://nrrs.ne.gov/icwa),

recommendation, however Judges, Guardians and County Attorneys are not always accepting of this option, especially for young children. As previously mentioned, the Ponca and Winnebago Tribes have already included Customary Adoption in their Tribal Code, and the other two Nebraska Tribes are currently considering this option. There have been a few cases in which the Tribe has intervened in order to pursue a Customary Adoption.

Through the concerted efforts of several members of the Nebraska Indian Child Welfare Coalition (NCWIC), Qualified Expert Witness (QEW) trainings have been held by request. In March, a QEW training was scheduled to be held in Santee but was later moved online due to COVID-19 related travel restrictions. Another QEW training was scheduled to occur in May in Scottsbluff, but has now been postponed due to COVID-19 travel restrictions.

NICWC has trained over 25 people to be QEWs, it is unclear how many of the tribal members who have been trained during the past few years are actually serving as a QEW for their Tribe and suggest that NICWC request updated Tribal Resolutions identifying all members who are designated by Tribal Councils to serve as QEWs for their Tribe.

The Nebraska Court Improvement Project (CIP) may develop a Guide for Tribes to the Nebraska ICWA and Juvenile Court System and a Guide for Parents to the Nebraska ICWA and Juvenile Court System similar to what is already in existence on their website here.[12] While CFS and the Nebraska CIP remain committed to developing these resources, time constraints have prevented this project from proceeding to date.

Internal discussions have occurred with DHHS Legal staff attorneys about providing additional ICWA compliance training, specifically as it relates to the Bureau of Indian Affairs (BIA) Regulations regarding 'reason to know' and other enhanced ICWA compliance provisions. DHHS attorneys consulted believe it will be most beneficial to provide Continuing Legal Education training units. This discussion is on-going and will continue this year.

CFS Data System (NFOCUS) Changes: Since the passage of the Nebraska ICWA legislation in 2015, enhancements have been made in several areas of NFOCUS to more accurately capture ancestry information, tribal affiliation, tribal involvement, and correspondence between CFS and tribes. NFOCUS data continues to be evaluated for reliability and accuracy, as well as to identify additional information CFS may need to track to ensure ICWA compliance. CFS recognizes the importance of compliance with the ICWA and strives for full ICWA compliance.

[12] https://supremecourt.nebraska.gov/programs-services/court-improvement-project/youth-families/parents

Several changes have been made during the past few years that will assist CFS workers with ICWA case management and compliance and more will be implemented during the next year. CFS will continue to partner with DHHS IT Business Analysts in the next two fiscal years to ensure we are gathering ICWA data that complies with ACYF-CB-IM-20-07 issued on May 12, 2020.

In January 2019, CFS began working with DHHS IT Business Analysts to establish a plan for a redesign of the ICWA data within the state case management system. The goal of these changes is to increase the ease of documentation for front-line staff as well as improve data collection for internal compliance reviews. The proposed changes reflect feedback from staff who utilize the system daily as well as the proposed changes to AFCARS data points. The first of these changes took effect in April 2020 when the button for “No Tribal Affiliation” was removed to ensure that CFS workers mark the ICWA indicator as either “Yes”, “Reason to Know”, or “No” on every case. The federally required changes in ACYF-CB-IM-20-07 issued on May 12, 2020 will assist in moving many proposed changes forward in the next two years.

Continuous guidance and instruction is needed for CFS workers in utilizing these and other data points to better assess and report ICWA compliance. Few ICWA cases currently have intervention, transfer and QEW data documented. Further guidance in the form of “Quick Tips” sent via email to CFS workers about the importance of entering ICWA compliance data will continue as helpful reminders to staff, especially those that do not regularly have a case involving the ICWA. Additionally, the **Standard Work Instruction on ICWA (Attachment C)** provides more clarity for CFS workers on where to document the information they gather from families as well as their ICWA compliance efforts.

ICWA Compliance Case Reviews and Other Initiatives: CFS conducted an ICWA compliance review in June of 2019 which indicated that there were issues with interrater reliability on cases. Another review was scheduled to happen in September 2019, but was cancelled due to the ICWA policy being under revision. CFS worked with CQI staff and Service Area ICWA Advocates to determine the best place to document ICWA items and outlined the documentation in the updated ICWA standard work instruction.

In November 2019, the revised ICWA policy took effect and CFS worked with internal CQI staff to make revisions to the compliance tool. The updated compliance review tool can be found in **Attachment E**. Due to the changes in policy, it was decided to wait until the policy had been in place for 3 months in order to obtain a true sample of compliance. In April 2020 a review of the ICWA Compliance tool for reviewer reliability took place and in June 2020 a full compliance review will be completed and will occur quarterly.

There is ongoing discussion between the CQI team, Central Office program staff and the Service Areas to determine how to best disseminate the information contained in these quarterly reports as well as how to best utilize the information for improved compliance. Following recommendations from past compliance reviews, the CFS CQI team and the

ICWA Program Coordinator and case manager have developed desk aids, quick tips, and ongoing training for field staff. The next compliance review should provide information as to whether these types of communications are impacting compliance.

ICWA Data: As of April 2020, 372 youth involved in the Nebraska child welfare system identified as American Indian /Alaska Native and/or were identified as involved in an ICWA case. Three hundred and thirteen (313) of these youth, some of whom may identify as Caucasian, African American, Asian, or another race, had at least one Tribal affiliation identified. Fifty nine (59) youth who identified as American Indian / Alaska Native had no tribal affiliation identified in NFOCUS**.** A continued focus on data entry and taking appropriate action to notify tribes is identified for 2020-2021.

CFS believes that children do best when they are placed with family or people known to them, referred to as kinship placement, if removal from the parental home is necessary. CFS workers are trained on the ICWA placement preferences and limited good cause reasons to deviate. Additionally, CFS adheres to the Fostering Connections Act, which requires diligent efforts to connect with and place children in family and kinship homes.

April 2020 data shows 38% of ICWA youth are placed with relatives or kinship providers in either approved or licensed homes, and twenty percent of youth are placed with a parent. Another seven percent of youth are placed in higher level placements based upon their individual needs. Unlike the federal ICWA provisions, the Nebraska ICWA provides an additional placement preference that falls in the fifth descending priority order for both foster care placements and fourth descending priority order for adoptive placements: “A non-Indian family committed to enabling the child to have extended family time and participation in the cultural and ceremonial events of the Indian child’s tribe or tribes.” Given this provision, more than 64% of youth are placed within the Nebraska ICWA placement preferences as of May 2018. Neb. Rev. Stat. § 43-1508.

Additionally, only 3% of youth are placed in adoptive placements. CFS has made great strides in educating CFS workers to understand that many Tribes do not believe in legally severing parental rights. Continued education of CFS staff regarding ICWA compliance will be provided in the upcoming year.

CFS continues to work on entering placement data for all ICWA cases to better assess how to capture the data to accurately reflect whether ICWA placement preferences have been met or whether good cause was found to deviate from the preferences. Two areas needing further consideration are how and where to document whether a Tribe has Tribal placement preferences that must be followed and considering how and where to distinguish between meeting the federal, versus Nebraska preferences, for placement when Tribal placement preferences do not exist.

Service Area ICWA Advocates: ICWA Advocate positions were developed in each Service Area in late 2015 and early 2016. There are currently 9 identified ICWA Advocates across the five service areas. ICWA Advocates for each of the five CFS

Service Areas serves as the main point of contact for their CFS colleagues regarding ICWA compliance and case issues and can reach out to the CFS ICWA Program case managers for guidance as needed. Additionally, SFM identified a staff member to serve in this capacity as well as developing an ICWA Workgroup. The current staff member is a Family Engagement Coordinator and is included in all information relevant to the ICWA Advocates.

The ICWA Advocates may provide technical assistance to CFS staff within their Service Area as well as support and backup to other ICWA Advocates across the state. Technical assistance may include, but is not limited to educating and assisting workers on data entry of ICWA information, education on cultural plans, assisting in identifying tribes to send notice and properly notifying tribes, education on active efforts, and education on placement preferences.
CFS is currently discussing the best way to meet the needs of CFS ICWA Advocates regarding training and support, as they are intended to be the initial point of contact in each service area for CFS case managers managing ICWA cases. All ICWA Advocates have been trained through the National Indian Child Welfare Association's (NICWA) online ICWA training. ICWA Advocates have expressed interest in more information and training about developing cultural plans, Reason to Know, coordinating with Tribes on case management, and QEW testimony.

In October 2019, the privatized case management for the Eastern Service Area transitioned agencies from PromiseShip to Saint Francis Ministries (SFM). The person providing ICWA support at PromiseShip accepted the Family Engagement Coordinator role at SFM which helped provide continuity for workers, Tribes, and Native children and families. Additionally, the SFM Engagement Coordinator assigned to ICWA facilitates an ICWA Workgroup within SFM to discuss compliance and active efforts. The Family Engagement Coordinator also takes part in the monthly ICWA training for new staff, helps to address questions regarding active efforts, attends monthly NICWC meetings, attends monthly service area ICWA advocate meetings, participates in local cultural events, and facilitates communication between SFM staff and the Tribes.

Nebraska Indian Child Welfare Coalition Meetings: CFS participates in monthly Nebraska Indian Child Welfare Coalition (NICWC) meetings. The Coalition includes representatives from all four Nebraska headquartered Tribes, Santee Sioux Nation Society of Care, Nebraska Appleseed, Legal Aid of Nebraska, Foster Care Review Office, Nebraska Court Improvement Project (CIP), DHHS, independent and tribal attorneys, University Professors, Trainers and Evaluators, other stakeholders and advocates. As needed or requested, other agencies and organizations such as the Nebraska Probation Office and Center for Children, Families and the Law (CCFL) participate in Coalition meetings to obtain feedback from the Tribes and other Coalition members regarding ICWA compliance training and initiatives.

The CFS Tribal Program Coordinator is a voluntary member of the Board of Directors for the Nebraska Indian Child Welfare Coalition (NICWC). The CFS representative serves

on the Coalition's Education and Training Committee as well as the Legislation and Policy Committee. The Family Engagement Coordinator from SFM is also involved on the Education and Training Committee. Both CFS and SFM staff participate in the monthly NICWC coalition calls.

Child Welfare League of America State ICWA Managers Meetings: The CFS Program Coordinator and case manager participate in monthly conference calls hosted by the Child Welfare League of America. These calls bring together state government representatives nationwide working with Tribes and ICWA compliance in their respective states, to share ICWA initiatives and projects they are working on and to troubleshoot challenges they are facing. CFS ICWA Program Coordinator and case manager have used these calls to share information with other states regarding the Nebraska ICWA Case Management Guide, the ICWA Quick Tips sent to CFS field staff, and the roles of the Nebraska ICWA Advocates. These calls include updates from the National Indian Child Welfare Association (NICWA) on national policy and legal challenges affecting Tribal communities and ICWA.

Capacity Building Center for Courts ICWA Constituency Group Meetings: The CFS Program Coordinator and case manager, as well as a Project case manager with the Nebraska Court Improvement Project (CIP), the Social Service Director from the Ponca Tribe of Nebraska, the Executive Director of the Nebraska Indian Child Welfare Coalition (NICWC), and various CIP representatives nationwide participate in monthly conference calls hosted by the Capacity Building Center for Courts.

The purpose of this Constituency Group is to connect and share knowledge among judges, juvenile court system professionals, and child welfare stakeholders interested in CIP efforts to promote ICWA compliance. Some topics included in the constituency group discussions include: incorporating ICWA guidelines with current practice; ICWA compliance tools and methods; engaging Tribal CIPs; QEW, Tribal social service; and parent attorney perspectives on the new ICWA regulations; ICWA court order templates; inquiry, notice, and definition of proceedings; promoting awareness of the new regulations; ICWA bench cards; Tribal participation in State court; Public Law 280; Peace Circles; State ICWA laws; decolonizing methodologies; data collection in case management systems; connecting ICWA practice to outcomes; and Nebraska Indian Child Welfare Coalition (NICWC).

Describe the results of the state's consultation with Indian tribes as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. Specifically:

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

Consultation is done through collaboration with all the Tribes and CFS to ensure Native American youth are receiving services through Chafee Foster Care Independence

Program (CFCIP). CFS and the Tribes will continue to have monthly Tribal Operations and CQI meetings and additional discussions of CFCIP programming when needed or requested. In March, a meeting was held with all four Nebraska tribes, Administration of Children and Families regional staff and CFS to discuss possible CFCIP services and programs enhancement and to brainstorm how CFS and the tribes can partner together next year for CFCIP programs. Additional meetings will be scheduled to continue the conversations.

Describe the efforts to coordinate the programs with such tribes.

Ongoing conversations with the tribes about Education and Training Vouchers, Bridge to Independence Program and Needs Based Funds which can be utilized for older youth and young adults for self-sufficiency needs. CFS and the Ponca Tribe have entered into a sub-award to provide CFCIP funded services.

Training and information has been provided on how tribal youth and young adults can apply for Education Training Vouchers, Bridge to Independence, Opportunity Passport and Learn and Earn to Achieve Potential and Needs Based Funds.

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

As noted earlier, CFS is committed to collaborating with the Tribes to discuss how CFCIP services can be enhanced for Tribal youth and young adults.

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

All four Nebraska Tribes run their CFCIP services and programs differently. The Winnebago Tribe conducts individual independent living programs on the reservation. The Ponca Tribe provides independent living programs for youth and young adults who live in their service delivery areas. The Santee Sioux Tribe receives CFCIP funds directly from the Administration for Children and Families. Native American youth and young adults living on the Omaha reservation receive independent living services through the reservation in which they reside. Native American Youth and young adults living in Nebraska's panhandle are served through the Chadron Native American Center, which is funded through the private/public partnership between CFS and NCFF. Services include, but are not limited to, life skills assessments, housing needs, higher education navigation, Bridge to Independence, Education and Training Vouchers, and needs based funds.

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

The Winnebago and Omaha Tribes of Nebraska were not able to execute an agreement to administer CFCIP programs. The primary barrier was caused by a lack of budget submissions being received from the Winnebago and Omaha Tribe to execute a sub award. CFS entered into a sub award with the Ponca Tribe of Nebraska. Santee continues to receive CFCIP funding directly through Administration of Child and Family Services. None of the Tribes administer ETV funds. All Native American youth are eligible to apply for ETV through Central Plains Supportive Services.

States may provide this information either in this section or in the Chafee Section of the 2020-2024 CFSP, but are requested to indicate clearly where the information is provided.

Additional details regarding Coordination with Tribes and State can be found in the *Coordination with States and Tribes* section of the Chafee section in the APSR.

State agencies and tribes must also exchange copies of their APSRs (45 CFR 1357.15(v)). Describe how the state will meet this requirement for the 2021 APSRs.

Throughout the reporting period, information included in the CFS APSR has been shared by the four headquartered Nebraska tribes during monthly Tribal Operations and CQI meetings and other meetings as previously mentioned. Upon final approval of the 2021 APSR, CFS will provide a copy of the approved Consultation and Coordination between States and Tribes section of the CFS APSR to each of the four headquartered Nebraska Tribes at the Tribal Operations and CQI meeting. In addition, a flash drive containing the full document will be provided to disseminate the report to their Tribal Councils and other interested Tribal stakeholders.

CFS will also ask the four headquartered Nebraska Tribes to provide a copy of their approved 2021 APSRs to CFS at a Tribal Operations and CQI meeting. The CFS ICWA Program Coordinator will review each Tribes' APSR and share relevant information with CFS Administration, Service Area Administrators and Program case managers. Information needing to be shared with CFS Supervisors and case managers will be highlighted to ensure information is relayed to front-line workers as well.

CFS will mail a hardcopy of the approved Consultation and Coordination between States and Tribes section of the CFS APSR with a flash drive containing the entire CFS APSR to the CFS Directors of the Iowa Tribe and the Sac and Fox Nation with a request that a copy of the tribes' approved APSR be shared with the CFS ICWA Program Coordinator.

CFS will also post the final, approved 2021 APSR to the Nebraska DHHS website with the approved CFS 2020-2024 CFSP.

VII. CAPTA State Plan Requirements and Updates

In the state's 2021 Annual CAPTA Report Update:

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. (Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.)

Over the past year, there were no substantive changes to state law or regulation that affect the state's eligibility for the CAPTA State Grant. Please see below for an update on Nebraska's implementation of The Victims of Child Abuse Act Reauthorization Act of 2018.

Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

There are no significant changes in how the state proposes to use CAPTA funds.

Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2019 (section 108(e) of CAPTA).

CAPTA State Grant funds were used to support three Citizen Review Panels; the Child Advocacy Centers; Prevent Child Abuse Nebraska Coordination; trainings; and conferences.

Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)

Please see **Attachment F: Citizen Review Panel Annual Report and Recommendations**.

Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder (see section 106(b)(2)(B)(ii) - (iii) of CAPTA), including information on:
The plans for using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants.
Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.

CFS continues internal and external collaboration to ensure best practice for all infants and their family members affected by prenatal substance abuse as required by the Comprehensive Addiction and Recovery Act (CARA).

Internally over the past year CFS updated the Plan of Safe Care Standard Work Instructions based on feedback. Specifically, the Standard Work Instructions provide guidance to Hotline Staff on how to document infants affected by prenatal substance abuse, and questions to ask reporters about the Plan of Safe Care.

For caseworkers, the Standard Work Instructions provide guidance on how to recognize an infant affected by substance abuse, the steps to take to ensure a Plan of Safe Care is completed, where to document the Plan of Safe Care, and how to ensure the ongoing monitoring of the Plan of Safe Care through Case Plans. Over the next year, CFS will develop an online webinar for staff about the Plan of Safe Care and how to collaborate with birthing hospitals.

Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).

CFS distributed an initial communication about the CARA notification process and the Plan of Safe Care implementation to hospitals in September 2018. This resulted in some confusion regarding the requirements and inability to meet targets. In response, CFS started a new collaboration with the Nebraska Perinatal Quality Improvement Collaborate (NPQIC) beginning January 2019.

NPQIC led a multidisciplinary statewide team, including DHHS staff, hospital administrators, medical and behavioral health professionals, legal advocates and representatives from Nebraska Medicaid's Managed Care Organizations (MCO). Over the past year, the multidisciplinary team developed a Plan of Safe Care template for use by birthing hospitals, a Notification Form for those infants born without any safety

concerns, and a CARA FAQ.[13] This improved process was implemented in November 2019 with a webinar entitled *"Perinatal Substance Exposure: Opioid & Substance Use & CARA Federal Law Implementation."*[14] The webinar was offered for an opioid Continuing Medical Education credit at no charge to providers. The webinar was supported by the Department's Division of Public Health (PH) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. NPQIC promoted the webinar through conversations with birthing hospitals, their January 2020 newsletter, and emails to nursing leader contacts across the state.

In December 2019, the CEO of DHHS sent a letter to all birthing hospitals about the continued implementation of CARA. The content of the letter was informed by the multidisciplinary team. The multidisciplinary team continues to meet in 2020 to address any additional clarification needed for hospitals while setting up their internal CARA policy and processes. To further enhance this collaboration, the State plans to identify additional partners such as prenatal care providers and substance use treatment agencies that interact with pregnant women, to ensure a Plan of Safe Care is developed prenatally for pregnant women with substance use disorders.

The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.

In Nebraska, the Plan of Safe Care is developed and monitored by the treating professional or health care provider. For those infants that have been prenatally exposed to substances, but there are no child safety concerns, the Plan of Safe Care will be completed by the treating professional or health care provider and provided to the infant's primary care physician for ongoing monitoring.

For those infants who have an open child protection services case, the Child and Family Services case manager will convene a multi-disciplinary team meeting with treating professionals, parents or other caregivers, as well as any collaborating professional partner or agency involved in caring for the infant and family to monitor the Plan of Safe Care. The development and monitoring will include the Medicaid MCOs in most cases. Ongoing monitoring will be done through case plan goals with families that have ongoing cases with DHHS.

To ensure ongoing monitoring, CFS developed a monthly report which includes the number of reports to the Child Abuse Neglect Hotline regarding an infant affected by substance abuse and whether a Plan of Safe Care exists for the infant and their family.

[13] All three documents can be found at: http://dhhs.ne.gov/Pages/Comprehensive-Addiction-and-Recovery-Act.aspx

[14] https://www.unmc.edu/cce/catalog/online/cara/index.html.

If the Plan of Safe Care is missing, CFS Central Office sends a notification to the field staff.

Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.

One ongoing challenge Nebraska has identified is to ensure all birthing hospitals understand the CARA provisions and are equipped to develop the Plan of Safe Care and complete the notification form.

To address this challenge, over the next year, CFS will work with partners to move the development of the Plan of Safe Care to the prenatal period. To achieve this goal, CFS submitted an application and was accepted into the *2020 Practice and Policy Academy: Developing a Comprehensive Approach to Serving Infants with Prenatal Substance Exposure and their Families* sponsored by the National Center on Substance Abuse and Child Welfare and the Children's Bureau. A multidisciplinary team will participate in the academy in August 2020.

If the state has participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.

Nebraska did not have a visit from the Children's Bureau during this reporting period.

The Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424) amended the provisions of section 106(b)(2)(B)(vii) of CAPTA. By June 30, 2019, states were required to submit the signed Governor's Assurance Statement of compliance, or if unable to provide the assurance, a Program Improvement Plan (PIP). The PIP addressed the specific steps the state will take to come into compliance with the provision by no later than June 30, 2020. For those states whose PIP concludes on June 30, 2020, submit a copy the signed Governor's Assurance Statement of compliance.

Legislative Bill (LB) 975 (An item on Nebraska's CAPTA Program Improvement Plan) was bundled together as a package of bills and folded into LB1148 as amendment AM2637. The amendment passed with a majority and the underlying bill LB1148 moved on to the second round of voting or "Select File." At this time, the Nebraska legislature has adjourned during the COVID-19 public health crisis and is tentatively planning to reconvene in July of 2020. Considering the APSR is due to our federal partners for review and approval on June 30th. CFS will submit a CAPTA PIP outlining the CFS's efforts to comply with federal law.

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

CAPTA Coordinator and State Liaison Officer:

Steven Greene II
Deputy Director, CFS of Children and Family Services
Nebraska Department of Health and Human Services
301 Centennial Mall South, Third Floor
Lincoln, NE 68509
Steven.Greene@nebraska.gov

States must include all required information indicated above in their 2021 CAPTA Annual Report to be submitted as part of the 2021 APSR. Missing or incomplete information will result in the withholding of CAPTA funds until such time as approval can be granted by CB. Please note that compliance with the eligibility requirements for a CAPTA State Grant program is a prerequisite for eligibility to receive funding under the Children's Justice Act State Grant Program, authorized by section 107(a) of CAPTA.

Nebraska continues to apply and receive the Children's Justice Act grant. Since 1991 the Nebraska Commission for the Protection of Children, in partnership with the Division of Children and Family Services (CFS), has served as the Children's Justice Act State Task Force. The Governor's Commission for the Protection of Children serves a dual role in Nebraska, as the Children's Justice Act (CJA) Task Force and as one of three Citizen Review Panels.

The activities supported with CJA funding are part of many components of the Children and Family Services Plan and the Annual Progress and Services Report. Program goals established in CAPTA are directly linked to improving the investigation, prosecution, and judicial handling of child abuse and neglect cases. CFS will continue to work with the CJA task force in identifying ways to improve Nebraska's approach to handling child abuse and neglect cases. The strategic plan and CJA report were submitted to our federal partners in May 2020.

VIII. Updates to Target Plan within the 2020-2024 CFSP

A. Foster and Adoptive Parent Diligent Recruitment Plan

Section 422(b)(7) of the Act requires that the state provide for the diligent recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. For the 2020-2024 CFSP, the Foster and Adoptive Parent Recruitment Plan reflected the activities to be conducted

over the next five years to ensure that there are foster and adoptive homes that meet the needs of the infants, children, youth, and young adults (including those over the age of 18 who are in foster care) served by the child welfare agency.

The Foster and Adoptive Parent Diligent Recruitment Plan is critical in supporting the implementation of the state's response to CB's Adoption Call to Action. While the number of children and youth in foster care has begun to decrease, the number waiting for adoption continues to be too high at over 125,000.9 Using data to create a thoughtful plan to understand the barriers and actions required to placing children and youth in permanent families continues to be critical.

In the 2021 APSR:

Describe the progress and accomplishments in implementing the state's Foster and Adoptive Parent Diligent Recruitment Plan with particular attention to align the work with the state's Adoption Call to Action work.

In the 2021 APSR, states must provide updates to the plans as described below.

If there are changes to the plan, please submit that change as a separate document that can be considered an Attachment or Appendix to the original plan. States may also submit an updated plan, inclusive of any changes.

Section 422(b)(7) of the Act requires that the state provide for the diligent recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. For the 2020-2024 CFSP, the Foster and Adoptive Parent Recruitment Plan reflected the activities to be conducted over the next five years to ensure that there are foster and adoptive homes that meet the needs of the infants, children, youth, and young adults (including those over the age of 18 who are in foster care) served by the child welfare agency.

The Foster and Adoptive Parent Diligent Recruitment Plan is critical in supporting the implementation of the state's response to CB's Adoption Call to Action. While the number of children and youth in foster care has begun to decrease, the number waiting for adoption continues to be too high at over 125,000.9 Using data to create a thoughtful plan to understand the barriers and actions required to placing children and youth in permanent families continues to be critical.

In the 2021 APSR:

Describe the progress and accomplishments in implementing the state's Foster and Adoptive Parent Diligent Recruitment Plan with particular attention to align the work with the state's Adoption Call to Action work.

Nebraska has prepared a plan for the Adoption Call to Action. The action steps identified will assist in influencing the change needed to reach the goal of children who are free for adoption achieving permanency timely. Components of the change will include detailed training and education of CFS staff, agency contractors, mental health providers and broader court stakeholders to increase their knowledge of the adoption and guardianship competency. Increasing this knowledge for agency contractors will assist with recruitment of foster and adoptive homes to meet the needs of the youth being brought into the state's care and custody. Staff and agency contractors will increase their knowledge on the impact of complex trauma, grief and loss.

Many families are discouraged from fostering or adopting, as they do not understand the impact of trauma, grief and loss for the children who have been abused or neglected. Providing training to staff and agencies will increase the understanding of the child's needs based off experiences that include abuse and neglect. This training will assist staff on how they should support foster families and adoptive families. Successful recruitment includes the ability for quality support from agencies. Increasing knowledge and skills to staff that support these foster/adoptive homes and to inform the caregivers to support the child as they work through their trauma experiences and start to heal is important.

Nebraska continues to partner with contracted Child Placing Agencies statewide to help improve recruitment efforts to reflect the youth population in Nebraska's foster care system that includes consideration for the current ethnic and cultural diversity present in Nebraska. AdoptUSKids facilitates any inquiries from individuals in the public that are interested in foster care or adoption. CFS contracts with Nebraska Foster and Adoptive Parent Association (NFAPA) to respond to all inquiries and provide information about the foster care and adoption program. NFAPA explains to interested individuals the steps to complete training and become licensed foster parents.

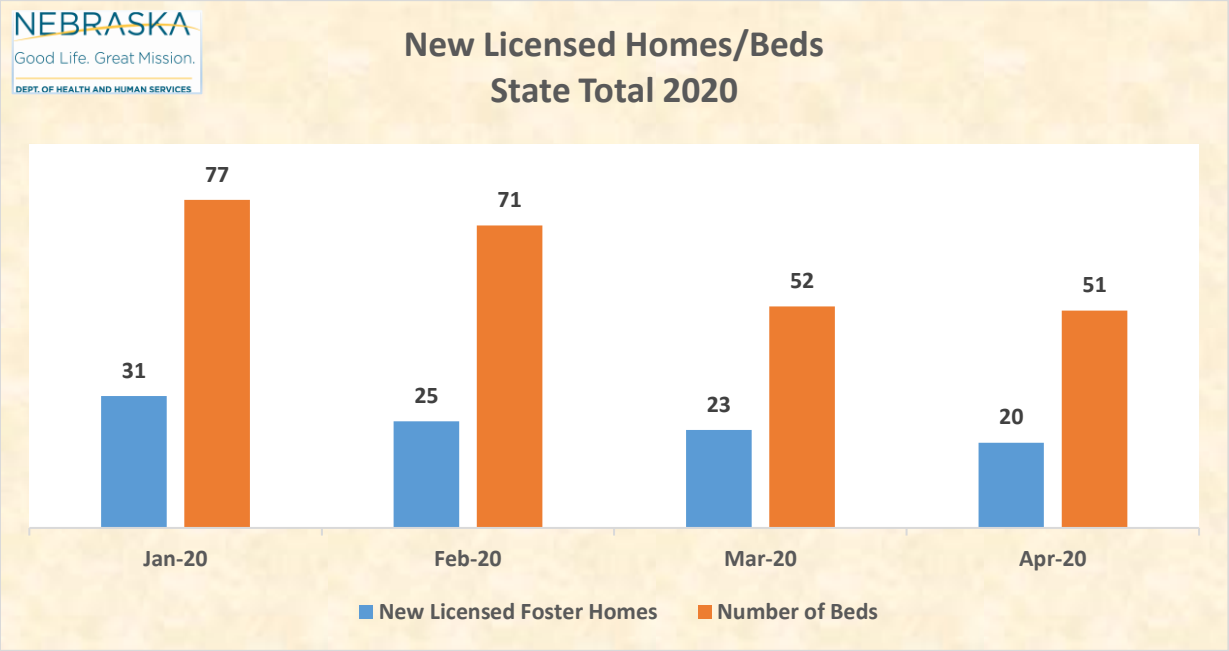
CFS has recognized the importance of keeping children in their home school if removal has occurred to reduce trauma and to focus on the child's safety and well-being. CFS has collaborated with agency providers to spread this priority and support the caregivers of the youth when transportation is a barrier.

CFS and the contracted Child Placing Agencies have placed an emphasis on the need to recruit foster and adoptive homes for children who are between the ages of 11 and 18 that may have higher needs that require special resources for support to make these placements successful. In review of data and training information shared by Center for Adoption Support and Education, Nebraska has determined including The National Adoption Competency Mental Health Training Initiative (NTI) into ongoing training requirements for child welfare staff is beneficial. CFS will expand this training to agency partners serving children with higher needs.

Additionally through the Nebraska Adoption Call to Action Plan, CFS has proposed specific position, permanency expediters to work with youth that may have higher needs. Permanency expediters join the family team in developing creative plans detailing

placement needs and have the ability to dedicate additional time to locate special resources the child needs.

CFS understands the importance of placing children with relatives, or within a kinship placement, which is someone who has had a significant relationship with the child prior to the child's removal. CFS continues to have placements with relative/kinship homes over 50% of the time. CFS has prioritized the importance of relative and kinship placements and developed an on-line Foster Parent training in 2019 specific to this population, to encourage these placements to learn about the child welfare system, the Nebraska court system, ACES, Trauma Informed Care, and Reasonable Prudent Parent Standard are among some of the topics contained in this training. The additional benefit of providing an on-line training is to increase relative and kinship home licensure. It was difficult for many of these relative and kinship homes to attend a ten week training as some live in rural parts of Nebraska, so they would need to travel for a couple of hours to get to the training. CFS plans to develop more online training modules for foster parents for ongoing training. Below is a chart that indicates how many new foster homes were licensed each month for the first quarter of 2020. CFS Contract Monitoring team is tracking the number of foster homes that each contracted agency is adding each month.



When a child is removed and placed in the custody of the state, CFS looks for relative or kinship homes to place the child or children in. If a relative or kinship placement is unable to be located at the time of a removal, CFS and the contracted child placing agencies partner together to find an appropriate placement for the child or children being removed. CFS staff provide detailed individualized information that captures strengths and needs known about the child to the child placing agencies. This assists the agency

to find a placement that is well equipped to nurture and care for the child or children coming into the home.

Safety Organized Practice (SOP) training has increased CFS staff knowledge in understanding the importance of getting to know the family through their own voice and choice in creating a support network that will work and encourage the family to be successful. This can be a vehicle for future recruitment and retention of these supportive families to be an important partner in the well-being of Nebraska families.

Nebraska emphasizes placing siblings together, supporting and encouraging relationships with members of the birth family, and fostering the relationships between the child and their entire support team.

Nebraska has on going collaboration with Parlay Consulting, Sherwood Foundation and the Nebraska Children's Home Foundation (NCHF). CHAMPS-Children Need Amazing Parents is a national policy and communications campaign to ensure bright futures for kids in foster care by promoting the highest quality parenting. Arrangements including a MOU and surveys for Nebraska's foster parents are being made for 2020, to obtain data to increase efforts of supporting amazing parenting to improve in the well-being and outcomes for children in the Nebraska foster care system.

CFS Foster Care Resource Development (FCRD) has teams dedicated to improving the quality of foster care placements and licensure. There are Placement Resource Development, Licensing Resource Development and the Contract Monitoring Resource Development (CMRD). Each team has staff with specific focus and expertise to assist child placing agencies to complete successful placement and licensure processes. Resource Development has implemented quarterly performance quality discussions with our contracted child placing agencies who support many of the foster/adoptive homes throughout the state. These agencies are referred to as Agency Supported Foster Care (ASFC). The following is a list of performance measures that are reviewed and addressed with the ASFC:

- Age Groups serviced in ASFC
- Levels of care in ASFC
- ASFC Service Outcome Measures
- Placement Stability ** tied to Nebraska's PIP
- Types of Foster Homes **tied Nebraska's to PIP
- Foster Homes with and without placements
- ASFC Support Plans
- Home Studies

Additional information is obtained that includes looking at the data CFS provides to the contracted child placing agencies and discussion of any successes plus addressing any

performance challenges. This includes the action steps agencies will use to improve the performance issues or what made them successful. Outside resources have assisted in addressing any performance challenges or successes along with what factors contributed to the agencies discussed successes or performance challenges. These discussions have been helpful to recognize other performance areas as well. FCRD has also expanded its quality assurance efforts to include reviewing child placing agencies contracted home studies.

Nebraska requires placement support plans for all children who are in out of home care. These plans are important to help the support team with planning and resource information plans include emergency communication, community resources, transportation, permanency objective, medical and mental health, educational information, child care and respite. The placement plan coordinates all information into one document, hoping to provide information and support to the caregivers and improve placement stability to reduce trauma experienced by children while in out of home care. CMRD performs quarterly quality assurance reviews on the placement support plans to assess for quality of information and to determine if there are missing components that would improve placement stability for children in care.

CMRD is an important resource that helps to collaborate with our contracted child placing agencies by reviewing their submitted recruitment and retention plans to ensure compliance to the plans and to also recognize new, exciting out of the box approaches to recruitment and retention going on in Nebraska.

Important partnership with our Nebraska Tribes continues and the goal is to increase the licensed foster care choices for children who are being removed from their homes. Nebraska supports the Tribes with the foster care licensing process as guided by Federal and State laws, Regulations and CFS policies, while also considering the importance of each Tribes specific Tribal codes and traditions. A Tribal Foster Parent Licensing Checklist was created and shared with the Tribes to help ensure the entire foster parent licensing process is completed. When a Tribal Foster Parent Licensing packet is completed, it is sent to CFS central office for verification that all of the licensing requirements have been met and the packet gets scanned in and documented in Nebraska's SACWIS system.

In 2019, CFS developed an on-line pre-service training for relative and kinship foster homes to create an opportunity to educate and support these placements. This on-line training is also available to the Tribes and is being used as a resource to license Tribal relative and kinship homes and to create and additional avenue to access federal foster care program funding.

The CFS Foster Care Program case manager attends the scheduled Tribal Operations meetings to offer technical assistance to partner and to answer questions to help support the Tribes in their efforts to provide safe and quality foster care homes.

Future collaboration between the State and Tribes include the following:

- Creating an On-line ICWA foster parent training module
- Creating an On-line Tribal Relative and Kinship foster parent training module

All involved in this collaboration are dedicated to improving the experiences of children in the foster care system. This can be accomplished by locating kind, caring, nurturing and loving foster homes that will help to reduce the effects of trauma and create long lasting relationships that will inspire children to become successful young adults.

Indicate in the 2021 APSR if there are any changes or additions needed to the plan. In a separate Word document, provide information on the change or update to the Foster and Adoptive Parent Diligent Recruitment Plan, if any.

CFS does not have any changes or additions to the Foster and Adoptive Parent Diligent Recruitment Plan.

B. Health Care Oversight and Coordination Plan

Describe the progress and accomplishments in implementing the state's Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care;

Specifically as it relates to the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care, *Oversight of Psychotropic Medications for State Wards* Standard Work Instruction and *Psychotropic Medication Checklist* were implemented in December 2019. Case reads are being done by Quality Assurance according to this updated policy.

Please refer to the *Health Care Oversight Strategic Plan 2020-2024 v 3.0 Update* and the *Health Care Oversight and Coordination Plan Update for FY 2021 APSR* to describe the process and accomplishments in implementing the state's Health Care Oversight and Coordination Plan since the June 2019 submittal.

Indicate in the 2021 APSR if there are any changes or additions needed to the plan. In a separate Word document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.

Please refer to the *Health Care Oversight and Coordination Plan Update for FY 2021 APSR* to describe the process and accomplishments in implementing the state's plan since the June 2019 submittal. Changes and updates to the plan since June 2019 are indicted in yellow highlighting (for additions/changes) and strikethroughs (for items no longer applicable).

Please refer to the *Health Care Oversight Strategic Plan 2020-2024 v 3.0 Update* which also provides updates and changes to strategies since June 2019.

C. Disaster Plan

In the 2021 APSR: Specify whether the state was affected by a disaster, and, if so, describe how the Disaster Plan was used and assess its effectiveness.

As the entire state of Nebraska continued to recover from the historic flooding in 2019, weather events in Nebraska from October 2019 to the current date, have been normal.

Similar to all states a new public health emergency was declared due to COVID-19. The impact of COVID-19 has been significant, affecting our staff, child welfare providers and the vulnerable children and families we serve. Nebraska immediately began drafting policies, plans, and procedures to help the State adjust to the residual effects of COVID-19.

Adaptations included communicating with families and delivering services that ensured compliance with Direct Health Measures aimed at practicing social distancing.

Children and Family Services collaborated with the Division of Public Health, contracted providers, community collaboratives, Court Improvement Project and other stakeholders to create a coordinated response to the pandemic.

When Governor Pete Ricketts declared an emergency declaration due to COVID-19, the CFS took immediate steps to engage partners in the State's child welfare system. This included conducting twice-a-week virtual conferences with providers, child welfare advocates and stakeholders. In addition, CFS and contracted providers began having weekly phone calls and virtual meetings to provide and share updates that involved change in policy or practices due to new or evolving information about COVID-19 and strategies states should use to mitigate the spread of the disease.

Of note, CFS and contracted providers worked together to create a Continuity of Operations Plans (COOP) for the COVID-19 emergency and have convened specific workgroups to collaborate to ensure staffing and service availability continues to be strong, while focusing on the primary factors that contribute to the safety and health of children and families. Finally, CFS asked all providers contracting with CFS to provided updated plans that include their response and mitigation strategies for COVID-19 to

ensure the health and safety of their staff and clients. CFS will gladly provide its COVID-19 COOP Plan and its providers upon request.

In February 2020, an opportunity to apply for Federal Disaster Child Welfare funds was received and Nebraska took advantage and applied for the $90,000 in special funding that could possibly children and families across Nebraska with past and future relief from the effect of flooding that occurred in March and April 2019. The application has been approved by our Federal partner and CFS is excited to collaborate with our community collaboratives across the state to provide this additional support for children and families who felt and were impacted by this disaster.

Indicate in the 2021 APSR if there are any changes or additions needed to the plan. In a separate Word document, provide information on the change or update to the Disaster Plan, if any.

The CFS Disaster Plan was reviewed and updates included:

- Service Area Disaster Plans
- CFS staff
- Orders of Succession and Delegation
- Eastern Service Area case management contractor, Saint Francis Inc., Disaster Plan

D. Training Plan

The 2020-2024 CFSP included a staff development and training plan in support of the goals and objectives in the CFSP that addresses both of the title IV-B programs covered by the plan. This training plan also must include all training activities and costs funded under title IV–E programs as required by 45 CFR 1356.60(b)(2) and 1357.15(t). Training must be an ongoing activity and must include content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices. Training content must also support the cross-system coordination and consultation basic to the development of the CFSP.

Updates to Training Plan

States must provide updated information on training plan requirements, including:
As needed, update the Training Plan. Any training activities to be paid for with title IV-E funds that were not included in the Training Plan must be included in an Updated Training Plan. The Training Plan can be updated by submitting a separate document that will serve as an appendix to the 2020-2024 Training Plan.

For any new training not previously described, the state must address the following in its updated training plan: o A brief, one-paragraph syllabus of the training activity; Indication

of the specifically allowable title IV-E administrative functions the training activity addresses;

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

(See ACYF-CB-PI-19-02 for further guidance on information that must be included in the training plan.)

New Worker Training: Children and Family Services (CFS) continues to use the Child Protection and Safety New Worker Training Model that was redesigned in May 2017 known as: The Online Classroom (The OC). Modifications are continuously made to the model based upon changes to policy and procedure, new legislation, stakeholder recommendations, feedback from trainees and field staff, and based upon research and best practice.

New Worker Training is a fourteen week model that combines instructor-led training that focuses on application through role play and simulation with distance learning and field training. Training is offered in an alternating pattern of multiple weeks of local office learning interspersed with single weeks of classroom application training. This model limits classroom training to four non-consecutive weeks within the fourteen week training. During the local office learning weeks, trainees acquire new knowledge and skills by completing self-paced online learning activities, participating in webinars, completing field tasks outlined in the SALT binder and by participating in field shadowing or observation opportunities. Classroom weeks are face-to-face instructor led-training in Lincoln, Nebraska that focus on application, role play, and simulated experience that give trainees an opportunity to apply what is learned in the previous local office learning weeks. Training sessions occur on a monthly basis. The CFS Training Plan (**Attachment G, Child Protection and Safety Training Outline),** outlines the unit's trainees currently completed for New Worker Training.

CFS Training plan **Attachment H: New Worker Training** provides a brief, one-paragraph syllabus of the training activity; the allowable title IV-E administrative functions the training activity addresses; the setting/venue for the training activity; the duration category of the training activity; the provider of the training activity; approximate number of days/hours of the training activity; the audience to receive the training; and the cost

allocation methodology applied to training costs for each training unit. The methodology for the cost per training course is:

- Hourly training rate = total training costs / total number of hours trained
- CFS cost per course = hourly training rate * number of training hours in a course

Changes to Curriculum: A strength of Nebraska's New Worker Training Model is that training units are continuously updated based on feedback from trainees and stakeholders, changes made to policy and procedure, changes to state laws, and based upon research and best practice. During the COVID-19 pandemic, University of Nebraska Lincoln - Center for Children, Family and the Law (UNL-CCFL) modified all classroom training, to web-based training instantaneously, without interruption to trainees learning. CFS Training Plan **Attachment I: CFS Training Modifications** is a summary of changes made to New Worker Training units since last year's submission. Additionally training aids and resources are available to enhance training. A list of these training aids and resources are provided in **Attachment J: CFS Training Aids and Resources**.

Supports: CFS provides a well-rounded training experience through the development of a Service Area Learning Team (SALT). The SALT consists of the new trainee, trainee's supervisor, a Field Training case manager (FTS) and in some areas an experienced CFS staff. UNL-CCFL employs eleven FTSs that are stationed in each of the five Service Areas of Nebraska. The FTS is the primary outreach to the local CFS offices to support on the job training experiences for new CFS staff. FTSs serve as a support during the first year of employment to CFS and have core responsibilities in the areas of training, teaching, guiding, orienting, modeling, supporting, coordinating, evaluating, facilitating, documenting, and reporting.

Tribal Collaboration: Tribal trainees are invited and recommended to come to New Worker Training however due to workload constraints completion of training by Tribal staff is rare. UNL-CCFL continues to provide one staff member to support field activities to Tribal Trainees and experienced Tribal staff in their local offices. Additionally, CFS holds monthly Tribal Operations and CQI meetings, in which the Tribes are able to voice any concerns or training needs to the CFS Program case manager. A significant support the Tribes requested was continued coordination between UNL-CCFL staff, Quality Assurance (QA) staff, and the Tribes to address missing data within the NFOCUS data management system. It is interesting to note that requests from the Tribes for new worker or new worker refresher training increased when the modification was made to move of all the training to be completed virtually based on the CFS response to COVID-19 safety precautions.

Title IV-E Master of Social Work (MSW) and Bachelor of Social Work (BSW) Education Stipends: CFS currently awards MSW and BSW Title IV-E Education Stipends to students participating in an accredited Social Work Program. CFS believes

this is an opportunity to attract future employees that have a passion for Social Work. This population of students already has a foundation of the principles of Social Work through their education and values that parallel the current Mission statement of CFS. CFS believes these stipends provide a career ladder for staff already employed with CFS to build their educational experience and advance in their career with the State of Nebraska.

The first cohort of MSW students graduated in August 2019 (2) and December 2019 (5). Of the seven students, five remain employed at DHHS in a Title IV-E applicable position. Starting in fall 2020, DHHS will once again be offering financial assistance to select students pursuing their MSW at the University of Nebraska-Omaha. Upon acceptance into UNO's Grace Abbott School of Social Work program, students were eligible to apply for financial assistance. CFS is currently in the process of reviewing applications and notifying selected students. In June 2020, CFS will conduct the annual survey and data collection to evaluate the goals of the Title IV-E Education Stipend Program which are:

- Increase retention
- Increase the number of DHHS workers with BSWs and MSWs
- Prioritize the enrollment of students who reflect the diversity of Nebraska's child welfare population
- Students feel supported by DHHS

CFS awarded the BSW Title IV-E Education Stipend for the first time in fall of 2018. The BSW program started as a pilot for the 2018-2019 school year and stipends were only allowable for those taking classes within the University of Nebraska Kearney Social Work Department. The stipend program was extended statewide to all accredited Social Work Programs for the fall 2019 semester. Nebraska currently has six schools that are accredited including Chadron State College, Union College, Creighton University, the University of Nebraska at Kearney, the University of Nebraska at Omaha, and Wesleyan University. Recent stipends have been given to students at both University of Nebraska Kearney and Creighton University.

Semester	Stipend Applicants	Stipend recipients	Applied to DHHS	Offered position with DHHS	Employed by DHHS
Fall 2018	7	7	7	5	4
Spring 2019	4	3	3	2	0
Fall 2019	7	6	2	2	0
Spring 2020	0	0	-	-	-

Practicums: CFS continues to provide practicums to those wishing to pursue a career in Social Work. These practicums allow students to have experience within the child

welfare system and can be a source of candidates for potential new CFS trainees. Currently CFS primarily provides practicums on an unpaid basis. Connections to the practicum are rooted in the students' desire to work with CFS or through connections CFS staff have with local colleges. As a result, the practicum program is informal in recruitment of students. However this is one area that CFS would like to expand on in the years to come. Recently, CFS was able to devise a way to provide a paid practicum to two students within a semester of graduation. These students can act as pioneers for future practicum recipients.

Ongoing In-Service Training: CFS staff are required to obtain twenty-four hours of ongoing professional development training in a calendar year. Training can be provided by various community agencies, departments within DHHS, or UNL-CCFL. UNL-CCFL is required to provide a minimum of 300 hours of ongoing in-service training for CFS staff. Trainings have been developed based on recommendations from stakeholders, feedback from the field and initiatives under the directive of the CFS Deputy Administrator. In 2019, CCFL exceeded the 300 training hours required. **Attachment K: Ongoing Training** outlines a brief, one-paragraph syllabus of the training activity to be provided by UNL-CCFL; the allowable title IV-E administrative functions the training activity addresses; the setting/venue for the training activity; the duration category of the training activity; and the audience to receive the training. Trainings topics that were held July 2019-April 2020 include:

2019:

- DSM - 5 and Understanding Psychological Evaluations
- Family Team Meeting for Central Office
- Case Review - Domestic Violence
- Case Review - Safety Refresher
- Car Seat Safety
- Alternative Response
- ESA Transition-Ongoing Case Management Refresher
- Motivational Interviewing for CFS Supervisors and Administrators: 1 Day
- ESA Safety Refresher
- Domestic Violence: The Crime of Domestic Violence Training Video

2020:

- Intake Training for Program case managers
- Case Review: Domestic Violence
- Foundations of Alternative Response
- Alternative Response

- Car Seat Safety
- Motivational Interviewing for CFS Supervisors and Administrators (pre-work)
- Motivational Interviewing for CFS Supervisors and Administrators
- Domestic Violence: The Crime of Domestic Violence Training Video
- Foundations of Medicaid and Behavioral Health
- ICWA NFOCUS Documentation
- Time Management
- Navigating New Worker Training as a Supervisor

Starting in late 2018, additional self-paced online trainings were made available to CFS staff through the UNL-CCFL OC. UNL-CCFL continually makes additions to the options of online trainings that are available. Additions to online trainings include:

- Navigating New Worker Training as a Supervisor
- Motivational Interviewing for CFS Supervisors and Administrators (pre-work)
- Motivational Interviewing for CFS Supervisors and Administrators

Safety Organized Practice: UNL-CCFL has added the initial Safety Organized Practice Two-Day Orientation to New Worker Training to ensure that all new staff are introduced to Safety Organized Practice (SOP). CFS early adopters of SOP have assisted in the initial roll out of training SOP Modules. The initial cohort of staff were set to finish module training between May-August 2020 respective to the Service Area in which they are employed. However, due to COVID-19, CFS provided SOP training has been postponed, as with all other in-person trainings. Once feasible, CCFL plans to provide SOP Module training for new employees or as requested as a refresher course. CFS continues to utilize partners in San Diego for ongoing coaching and assistance through the implementation.

Supervisor Training: CFS and the DHHS Learning and Development Unit modified the prior supervisory training to be used by supervisors in all departments within DHHS, therefore supervisory training is no longer specialized for CFS Supervisors. Specialized CFS Supervisor training continues to be a need and has been prioritized for the 2019 training plan. UNL-CCFL has provided a proposed outline for new supervisor training and curriculum development is in progress. Supervisor training has been slow to develop due to several other initiatives that were co-occurring for CFS. In the fall of 2019, Burdick Consulting provided “Improved Assessments Improved Outcomes Supervisor Training.”

Available to Supervisors:

- Motivational Interviewing
- Navigating New Worker Training as a Supervisor

- Court Orders

In development:

- FTM for Supervisors
- Standardized Case Staffing Model

Evaluation of Training: For quality and consistency, training is continually evaluated. Data is used to develop strategies and improve transfer of learning to ensure a well-trained and qualified workforce. Below are examples of the evaluations completed.

Unit Evaluations: To provide feedback about individual New Worker and In-service Training units, trainees provide ratings to indicate their level of agreement with statements regarding the trainer and training. Although specific questions vary by training method (e.g., instructor led, self-study), generally the questions target trainer behavior (e.g., clarity, preparedness, respectfulness), training content and delivery, perceived utility, and motivation to transfer learning. Trainees may also provide written comments about these or any other aspects of training on which they choose to comment.

Post-Training Evaluations for New Worker Training: To provide broader feedback about field training or training in general, trainees complete an end-of-training survey, and supervisors complete a quarterly training survey.

Trainee Knowledge and Skills Assessments: A variety of knowledge and skills assessments have been implemented in each training model. Informal knowledge and skill evaluation occurs routinely in all training units. All self-paced training units include one or more learning checks or scored activities. Some face-to-face units include scored knowledge or skills assessments. All assessment information is stored in the online classroom, which can be accessed by trainers, Field Training case managers, and supervisors.

Competency Development Tool: The Competency Development Tool (CDT) is a performance evaluation and probationary planning instrument that assesses if a CFS trainee demonstrates minimum competency to perform CFS duties. Successful passage of the CDT must be accomplished prior to CFS trainee advancing to a CFS case manager. Without successful passage of the CDT a CFS trainee cannot perform case management duties on their own.

Monitoring Attitude and Behavior: UNL-CCFL developed a communication process between training personnel and CFS for participants who engage in disruptive or disrespectful behavior, or exhibit exceptional abilities, during training. The process employed is that the trainer shares the concern(s) or the accolade(s) with the trainee's Field Training case manager as soon as possible by phone or email, as well as

completes an Attitude and Behavior feedback form which is sent to the Field Training case manager and CFS. Additional measures have been taken such as monthly services area calls to ensure direct communication between training and the field.

Bi-Directional Communication: Stakeholders such as the Office of Inspector General (OIG), Foster Care Review Office, Commission for the Protection of Children, and Citizen Review Panels recommend various trainings in effort to improve case management services provided to children and families. These recommendations are reviewed and often incorporated into New Worker Training and In-Services training for experienced CFS staff. UNL-CCFL additionally participates on several committees or teams throughout the state. UNL-CCFL works alongside CFS on several internal work groups in addition to collaboration and partnering with external groups and committees.

Training Enhancements: CFS plans to enhance training is described below.

Action Steps and Benchmarks	**Progress**
1) Improve New Worker Training	
a) Increase flexibility to meet change in workforce employment hours (i.e. Non-traditional hours, part-time employment).	During the COVID pandemic, CCFL modified all classroom training, to web-based training instantaneously, without interruption to trainees learning. These circumstances will allow for an informed review of units that could be offered via web-based training moving forward. CCFL assesses the method for new training topics requested, to determine if an asynchronous format is conducive to the content.
b) Use individualized training plans based on advanced level of Nebraska CFS knowledge, upon hire.	A waiver process is available for new employees that have case management experience. Additional work is being done to ensure Undergraduate Courses are in line with best practices and course development is underway to encompass portions of New Worker Training.
c) Research and discuss movement towards an initial CORE training, followed by tiered, advanced training.	Due to transition in Directors and COVID-19 this has been put on hold.
d) Enhance critical thinking application, through interactive branching training techniques.	Due to competing priorities and COVID-19 this has been delayed.
e) Involve Continuous Quality Improvement (CQI) staffing	

curriculum review process, to include assessment for consistency between Quality Assurance (QA) reviews and training content delivery.	
2) 300 hours of in-service training hours will be available for CFS.	CCFL has surpassed their contracted 300 hours for CY2019.
a) Utilize the Performance Improvement Plan (PIP) and Families First Prevention and Services Act (FFPSA) Plan, CQI data for guidance on training topics.	QA has developed a CFS Supervisor Checklist for PIP items. CCFL has ensured that all targeted areas are included in New Worker Training. CFS has included CCFL in the FFPSA work team to ensure consistent messaging.
b) Obtain in-services topics from the field	All requests for in-services go through Central Office for approval, prior to training delivery by CCFL.
3) CFS Supervisor Training will be available to all CFS supervisors	CCFL supervisor training will be asynchronous, whenever possible, to increase accessibility.
a) Child Welfare specific training for new CFS supervisors	An outline of identified topics has been created and curriculum development for Supervisory Training has begun Currently available to Supervisors: Motivational Interviewing Navigating New Worker Training as a Supervisor In development: Court Orders FTM for Supervisors Standardized Case Staffing Model
b) Ongoing training and professional development for CFS Supervisors.	Supervisors can utilize the same listed in 3a at this time.
c) Create a mentor program for Supervisors.	Informally newer supervisors are utilizing the experienced supervisors and Administrators for assistance and guidance. Currently there is not formalized mentor program.
4) Formalize a standard new hire onboarding program and process which will include informal mentor support program.	
5) Collaborate with the schools of social work to bridge the gap between academia and practice.	CCFL and UNK have been working closely to review current New Worker Training curriculum. A proposal is being drafted to

	create a new Nebraska Child Welfare Specific course to encompass a large amount of New Worker Training through undergraduate education. CFS is hopeful this course will be offered in Spring 2021.
a) Continue BSW stipends	BSW stipend program has expanded to all Undergraduate Social Work Programs in Nebraska.
b) Continue MSW stipends	University of Nebraska Omaha is offering on-line MSW program in 2020 which increases the number of potentially interested participants.
c) Formalized practicums with DHHS	
6) Enhance Bi-Directional Communication	
a) Monthly services areas calls	Monthly statewide call allows opportunity for presentation of training changes and feedback. CCFL distributes "Messages from Training" on identified topics, including areas needing improvement.
b) Monthly training meetings	CCFL and Central Office meet at least monthly, but often times more frequently to ensure timely communication.
c) Program case manager Involvement	CCFL and Central office staff have effective communication processes to ensure that training is in line with best practice and follows policy and procedure.

Saint Francis Training (SFM): On July 3, 2019 DHHS entered into a contract with SFM to provide ongoing case management duties for the Eastern Services Area which includes Douglas and Sarpy counties. CFS entered into a one-year contract for CCFL to train Saint Francis using the same curriculum as CFS staff for New Worker Training. As a result of the contract CCFL hired additional trainers and Field Training case managers to accommodate the additional trainees and training sessions. From November 2019 to January 2020, SFM CFS case managers received an Expedited 8-week modified training, receiving units most closely aligned with their responsibilities, prior to case assignment and during the transition of case management services, from the previous private contracted agency provider. All remaining identified training units in New Worker Training were offered post eight weeks, including field shadowing. **Attachment L: Saint Francis Expedited Training Outline,** outlines the order in which the units were provided. Starting in February 2020, St Francis joined the regularly scheduled training with CFS and Tribal workers for training to ensure statewide consistency, moving forward.

Saint Francis has also has agency specific requirements during the New Worker phase. **Attachment M: Saint Francis New Worker Training** provides a brief, one-paragraph

syllabus of the training activity; the allowable title IV-E administrative functions the training activity addresses; the setting/venue for the training activity; the duration category of the training activity; the provider of the training activity; approximate number of days and hours of the training activity; the audience to receive the training; and the cost allocation methodology applied to training costs for each training unit. The methodology for the cost per training course is:

- Hourly training rate = total training costs / total number of hours trained
- cost per course = hourly training rate * number of training hours in a course

Supports: In addition to the support provided by CCFL, Saint Francis employs a Staff Training case manager who provides initial and ongoing trainings to employees regardless of their programs or positions. A Program Training case manager provides initial trainings to new CFS case managers and case management supervisors who do not have previous case management experience or training.

Ongoing Training: Saint Francis staff are required to obtain twenty-four hours of ongoing professional development training in a calendar year. **Attachment N: Saint Francis Ongoing Training** outlines a brief, one-paragraph syllabus of the training activity to be provided by Saint Francis; the allowable title IV-E administrative functions the training activity addresses; the setting/venue for the training activity; the duration category of the training activity; and the audience to receive the training.

Foster Parent Training: CFS is committed to training foster and adoptive parents with a model that reflect racial, cultural, and ethnic background of the children who are in the care and custody of the DHHS. CFS has been utilizing TIPS-MAPP for the Pre-Service Training of foster parents since 2014. Nebraska will continue to utilize the TIPS-MAPP and Deciding Together for Foster Parent Pre-Service training which encompasses face-to-face and small group training. In addition, CFS developed an online training for relative and kinship foster homes that began in the fall of 2019. CFS recognized some barriers for individuals to become licensed foster parents e.g. some individuals having to travel several hours to attend a training. This change will provide easier access to training for relative and kinship providers as CFS continues to work to limit the trauma youth experience when children are removed from their caregiver. All licensed foster families, are required to receive ongoing trainings annually. The ongoing training these foster families receive, may be a combination of face-to-face trainings as well as trainings which are online. CFS is continuing to develop online training modules for foster parents.

IX. Statistical and Supporting Information

A. CAPTA Annual State Data Report Items

i. information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;
ii. data on the education, qualifications, and training of such personnel;
iii. demographic information of the child protective service personnel; and
iv. information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

If the state was unable last year and continues to be unable this year to provide all of the requested information relating to the child protective service workforce, please explain why that information is not currently available, and describe steps the state will take to be able to report the information in the future.

For information about the education and qualifications of the state child protective service professionals see:

Child and Family Services case manager: http://das.nebraska.gov/personnel/classncomp/jobspecs/C/pdf/C72312.pdf

Child and Family Services Supervisor:
http://das.nebraska.gov/personnel/classncomp/jobspecs/V/pdf/V72313.pdf

For the training requirements established by the state, please see the attached **Training Plan**.

The following tables include data on the education qualifications of child protective service personnel, the demographic information of the child protective service personnel, and information on the caseload or workload requirements.

Table # 1 Education Qualifications of CFS Trainees as of 05/20/2020 N=55	
Type of Degree	**Major**
Bachelor of Arts	Social Work (1)
Bachelor of Science	Behavioral Science (1) Criminal Justice (3) Family Studies (1) Social Work (1)
Unknown	48

Table # 2 Educational Qualifications of CFS case manager as of 05/20/2020 N=393	
Type of Degree	**Major**
Associate of Applied Science	Criminal Justice (2)
Associate of Arts	Criminal Justice (4) General Education (2) Sociology and Human Services Administration (1) Teaching Certification (1) Associates of Art General (1)
Associate of Science	Criminal Justice (1)
Bachelor of Arts	Applied Behavioral Psychology (1) Behavioral Science (1) Biology (1) Communication Studies (1) Criminal Justice (11) Elementary Education (5) Family Services (1) Forensic Psychology (1) General Studies (2) Health Education (1) History (2) Human Development (1) Human Services (4) Law (1) Organization Communication (1) Psychology (13) Social Work (1) Sociology (5)
Bachelor of Fine Arts	Language Arts Education (1) Sociology (1)
Bachelor of Science	Advertising and Public Relations (1) Agriculture Education (1) Behavioral Science (8) Broadcast Journalism (1) Business Administration (2) Business Marketing (1) Child and Family Studies (4) Child Development (1) Criminal Justice (30) Early Childhood Education (1) Education (4) Elementary Education (3) Family Science (3) Family Studies (4)

Table # 2 Educational Qualifications of CFS case manager as of 05/20/2020 N=393	
Type of Degree	**Major**
	Health and Human Services (1) Home Economics (1) Human and Social Service Administration (3) Human Development and Relationships (1) Human Development and Family Sciences (1) Human Service Counseling (6) Human Services (4) Interdisciplinary Studies (1) Justice Studies (1) Marketing Management (1) Nutritional Science and Dietetics (1) Psychology (21) Public Health (1) Social Science (1) Social Work (9) Social Worker Administration (1) Sociology (9) Speech Pathology (1)
Bachelor of Social Work	Development of Family Studies (1) Psychology (1) Social Work (14)
Doctor of Philosophy	History (1)
Juris Doctorate	Law (2)
Master of Arts	Clinical Mental Health Counseling (1) Clinical Psychology (1) Teaching (1)
Master of Education	Urban Education (1)
Master of Public Administration	Public Administration (1)
Master of Science	Criminal Justice (1) Health Education (1)
Master of Social Work	Social Work (2)
Unknown	167

Table # 3 Education Qualifications of CFS Supervisors as of 05/20/2020 N=78	
Type of Degree	**Major**
Associate of Arts	Sociology (1)
Bachelor of Arts	Anthropology (1)

Table # 3 Education Qualifications of CFS Supervisors as of 05/20/2020 N=78	
Type of Degree	**Major**
	Child, Youth and Family Studies (1) Criminal Justice (2) Education (1) English (2) Human Relations (1) Human Services (3) Legal Studies (1) Liberal Arts (1) Psychology (13) Social Work (2) Sociology (1) Vocal/Piano Performance (1)
Bachelor of Science	Child and Family Services (2) Child and Family Studies (1) Child, Youth and Family Studies (2) Criminal Justice (8) Elementary Education (1) English and Education (1) Family Science (1) Family Studies (1) Human Development and Family (1) Human Services (2) Political Science (1) Psychology (6) Radiologic Technology (1) Secondary Physical Education (1) Social Work (4) Sociology (2)
Bachelor of Social Work	Social Work (4) Sociology (1)
Juris Doctorate	Law (1)
Master of Arts	Sociology (1)
Master of Public Administration	Public Administration (1)
Unknown	2

Table # 4 Educational Qualifications of CFS Administrators as of 05/20/2020 N=27	
Type of Degree	**Major**
Associate of Science	Social Work (1)
Bachelor of Arts	Criminal Justice (2) Human Relations (2)

	Political Science (1) Psychology (3) Social Work (1) Sociology (1)
Bachelor of Science	Criminal Justice (2) Human Development and Family Relationships (1) Human Resources and Family and Consumer Sciences (1) Human Service Counseling (1) Social Work (1) Sociology (1)
Bachelor of Social Work	Social Work (1)
Juris Doctorate	Law (1)
Master of Business Administration	Business Administration (1)
Master of Public Administration	Public Administration (1)
Unknown	4

Table # 5 Gender of Child Protective Service Staff as of 05/20/2020 N=553

Gender	CFS case manager N=393	CFS Supervisor N=78	CFS Trainee N=55	CFS Administrator N=27	Total N=553
Female	331	64	44	21	460
Male	62	14	11	6	93
Unknown / Other	0	0	0	0	0

Table # 6 Ethnicity of Child Protective Service Staff as of 05/20/2020 N=553

Ethnicity	CFS case manager N=393	CFS Supervisor N=78	CFS Trainee N=55	CFS Administrator N=27	Total N=553
American Indian/Alaska Native	1	0	0	0	1
American Indian/Alaskan Native and White	1	0	0	0	1
Asian or Pacific Islander	4	0	0	1	5

Black or African American (Not Hispanic or Latino)	23	1	6	0	30
Hispanic or Latino	25	4	3	0	32
Hawaiian or Pacific Islander	1	0	0	0	1
Two or More Races	2	0	1	1	4
White (Not Hispanic or Latino)	330	73	42	24	469
Unknown / Other	6	0	3	1	10

Table # 7 Caseload Requirements **The operational definitions utilized for caseloads in accordance with Neb. Rev. Statute 68-1207 and the standards established by the Child Welfare League of America (CWLA).**	
Initial Assessment Active, open child abuse or neglect investigations conducted by Initial Assessment Worker	1:12 families (urban) 1:10 families (rural) This does not mean that the worker can be assigned 10 or 12 new cases each month unless all 10 or 12 cases from the previous month are closed. This is a rolling number. Cases assigned the previous month are carried over and counted toward the total number of 10 or 12.
Mixed; Initial Assessment and On-Going Caseload	• **One child = a case** 1:7 Children Out-of-Home. • **One family = a case** 1:3 Families in home. 1:4 Families for Initial Assessment. Total of 14 cases assigned. Cases include On-Going Case management for In-Home or out-of-home and Non-Court or Court-Involved.
On-Going (Includes ICPC and Court Supervision): Children residing In-Home and no children have been removed from the home due to DHHS involvement	1:17 Families Open and active voluntary with children placed in the home. These children have never been removed and are not court involved.
Children residing in a planned, permanent home (parent, adoptive parent, legal guardian) *	1:17 Families Open and active court involved families with the child in a planned, permanent home. These are children who are still in the Department's custody and court involved.

Mixed; one or more wards in home, one or more wards out of home within the same family	1:10 Out-of-home Wards 1:7 In-Home families Total 1:17 Open and active Court Involved children. Court only wards and does not involve non-ward siblings. • Ward = each ward out of the home count as one case each • Family = any number of wards in the home count as one case
Children are out of the home	1:16 Children These are court involved cases where children are placed formally out of the parental/guardian home. Child=Each child placed outside the home is counted as one case
***A planned permanent placement will be defined as a home which will provide permanency for a child, this includes:** **1. Child returns from out of home care and resides with a parent** **2. Child resides in a pre-adoptive placement with a signed adoptive placement agreement** **3. Child's permanency plan is guardianship and child lives with identified guardian**	

B. Juvenile Justice Transfers

Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2019 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data. (See section 106(d)(14) of CAPTA.)

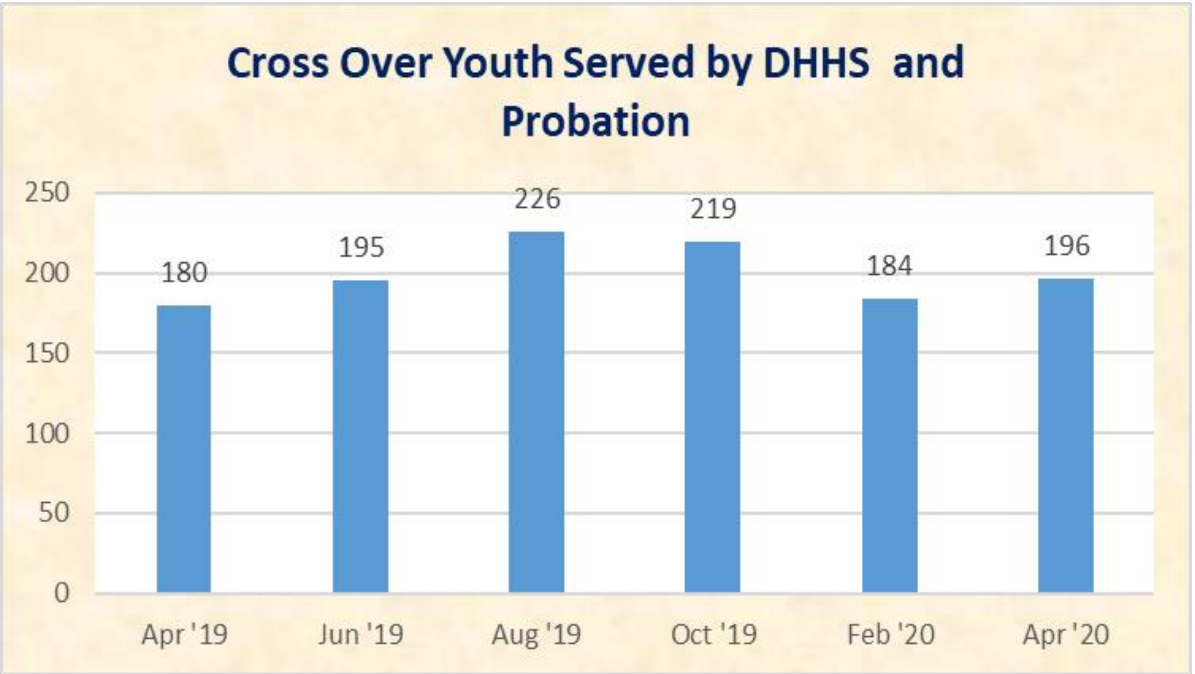
In the State of Nebraska, the Juvenile Justice system (Probation) does not assume legal custody of children. When a child is involved with a crime, delinquency, etc., and the youth has an active Probation case, custody remains with the parent and is never granted to Probation even in instances of the child being placed out of home. Hence, if a youth is discharged from CFS, custody will return to the parent even if the youth has an open Juvenile Justice case regardless of the placement.

The State of Nebraska's Juvenile Justice System is administered by the Supreme Court Juvenile Services Division, aka, Juvenile Probation, and is an autonomous division from the State of Nebraska's Division of Children and Family Services. Nebraska also has two Youth Rehabilitation Treatment Centers (YRTC), both "locked" facilities administered by CFS, however the majority of the youth placed here are done so through a probation order, although a few youth placed at the YRTC also have a child abuse/neglect (CAN) case involvement as well. The Juvenile Services Division use their own data

administration system, which is totally separate from the child welfare division's system, and there is not a standard unique indicator to precisely match youth in both systems.

In Nebraska, both DHHS and Juvenile Probation send data files to the Crime Commission, the entity maintaining the Nebraska Data Exchange Network (NDEN). NDEN compares the Juvenile Probation and DHHS files using names. DHHS and Juvenile Probation then verify the file adding and deleting names based on their separate data systems. There is a lot of cross checking completed before the number of dual adjudicated children is finalized. This process is performed every other month.

Below is a chart showing the results. The April 2020 data remains preliminary.



In addition, we were able to identify 39 youth during SFY 19 that were placed at the YRTC following a foster home placement during the same episode.

C. Education and Training Vouchers

Provide an unduplicated number of ETV awards each school July 1st to June 30th

ETV DATA **July 1, 2018 thru June 30, 2019**		
TOTAL NUMBER OF PARTICIPANTS		**329**
NUMBER OF UNDUPLICATED ETV VOUCHERS AWARDED		**222**
ETV DATA **July 1, 2019 thru June 30, 2020**		

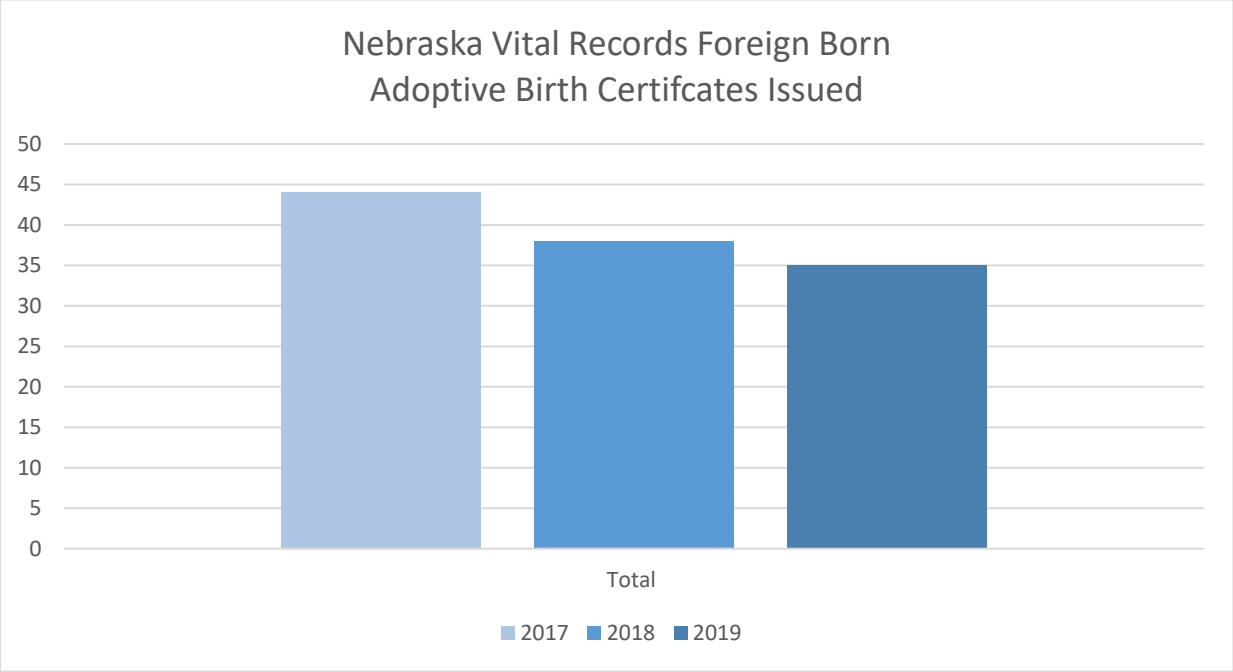
TOTAL NUMBER OF PARTICIPANTS (Includes an estimate of 13 new participants April 1, 2020 – June 30, 2020)		**338**
NUMBER OF UNDUPLICATED ETV VOUCHERS AWARDED (Includes an estimate of 13 payments for new participants April 1, 2020 – June 30, 2020)		**224**

D. Inter-County Adoptions

3. Inter-Country Adoptions: Report the number of children who were adopted from other countries and who entered into state custody in FY 2019 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution. (See section 422(b)(12) of the Act.)

The Nebraska Department of Health and Human Services, Division of Public Health, Vital Records Unit reports there were 35 foreign (international) born adoptions filed in Nebraska for birth certificates throughout 2019. At this time, CFS has no children in our legal custody because of an international adoption disruption, displacement or dissolution for the 2019 calendar year.

The chart below reflects the number of foreign-born adoptions filed with the Nebraska Division of Public Health, Vital Records Unit by calendar year. It has been a gradual decrease over the past three years.



X. Financials

A. Payment Limitation Title IV-B, Subpart 1

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

Title IV-B, subpart 1 funds expended by the State for child care, foster care maintenance and adoption assistance during FFY 2005 was $444,000.00.

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

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

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

Refer to Attachment B - CFS101, Part I, II and III

B. Payment Limitation: Title IV-B, Subpart 2

States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services.
For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the CFSP a rationale for the disproportion. The amount allocated to each of the service categories should only include funds for service delivery. States should report separately the amount to be allocated to planning and service coordination.

States must provide the estimated expenditures for the described services on the CFS-101, Parts I and II.

Nebraska plans to utilize IVB Part II funds in the following percentages:

25% for Family Preservation
25% for Family Support
20% for Time-Limited Reunification
22% for Adoption Promotion and Support
8% for Administration, Training, and Consultation

States may spend no more than 10 percent of federal funds under title IV-B, subpart 2 for administrative costs (section 434(d) of the Act). This limitation applies to both the PSSF program and the Monthly Caseworker Visit grant. States must provide the estimated expenditures for administrative costs, if any, on the CFS-101, Parts I and II and actual expenditures for the most recent completed grant year on the CFS-101, Part III.

Refer to Attachment B - CFS101, Part I, II and III

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

States must provide the FY 2018 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

Amounts expended in FY 1992:

Title IV-B -48 Child Welfare:

General Fund (GF) - $17,633,136
Cash Fund (CF) - $17,194,060
Federal Fund (FF) - $439,076

C. FY 2018 Title IV-B Expenditure Report—CFS-101, Part III

Complete Part III of the CFS-101 workbook to report the original planned spending and actual amount of FY 201811 funds expended in each program area of title IV-B funding by source. Identify the number of individuals and families served, and the geographic service area within which the services were provided.
The state must track and report annually its actual title IV-B expenditures, including administrative costs for the most recent preceding fiscal year funds for which a final Standard Form 425 (SF-425) Federal Financial Report has come due. The FY 2018 SF-425 was due on December 30, 2019. Therefore, states must now report FY 2018 information for the title IV-B programs on the form CFS-101, Part III. At state option,

complete this form to show actual FY 2018 expenditures for the Chafee and ETV programs, as well. In addition, if the state's expenditure of FY 2018 IV-B, subpart 2 PSSF grant did not approximate 20 percent of the grant total for any of the four PSSF service categories, provide information in the narrative on: 1) whether the disproportion was requested when the state submitted its estimated expenditures for FY 2018; and 2) the rationale for the disproportion in the actual expenditure of FY 2018

Refer to Attachment B - CFS101, Part I, II and III

State of Nebraska Contact for 2012 APSR:

Steven Greene II
Deputy Director, CFS of Children and Family Services
Nebraska Department of Health and Human Services
301 Centennial Mall South, Third Floor
Lincoln, NE 68509
Steven.Greene@nebraska.gov
Nebraska's 2021 APSR can be accessed electronically by visiting, http://dhhs.ne.gov/Pages/Child-and-Family-Services-State-Plan.aspx

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XI. Attachments

Attachment A: Plan of Safe Care Standard Work Instruction

State of Nebraska **STANDARD WORK INSTRUCTION FOR:**	Prepared by: Mikayla Wicks	Date Approved: 08/13/2018
PROCESS: PLAN OF SAFE CARE	Version Number 1	Page 276 of 1

Policy: ***A Plan of Safe Care must be completed and documented for all Child Abuse and Neglect Intakes that involve an infant born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.***

Purpose: ***To comply with the Comprehensive Addiction and Recovery Act of 2016.***

Scope: **The scope is within the Division of Children & Family Services.**

Responsibilities:

The Child and Family Services case manager or designee is responsible to document the Plan of Safe Care with any family who has an infant born and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. The plan of safe care should be developed by treating professionals and documented by CFS.

Procedure:

1. A checkbox has been added to the Detail Intake window, relating to the requirements for the Comprehensive Addition and Recovery Act (CARA) of 2016. This checkbox will allow Child and Family Services case managers (CFS

case managers) to indicate whether or not a child has a Plan of Safe Care. As a part of the CARA updates, the A/N Factor of “Substance Exposed Newborn” will be changed to “Substance Exposed Infant”.

2. Review your intake for the A/N factor of Substance Exposed Infant. The initial Plan of Safe Care will be completed by CFS case managers during the Initial Assessment if the A/N factor of Substance Exposed Infant is marked AND the child is 0-12 months of age.

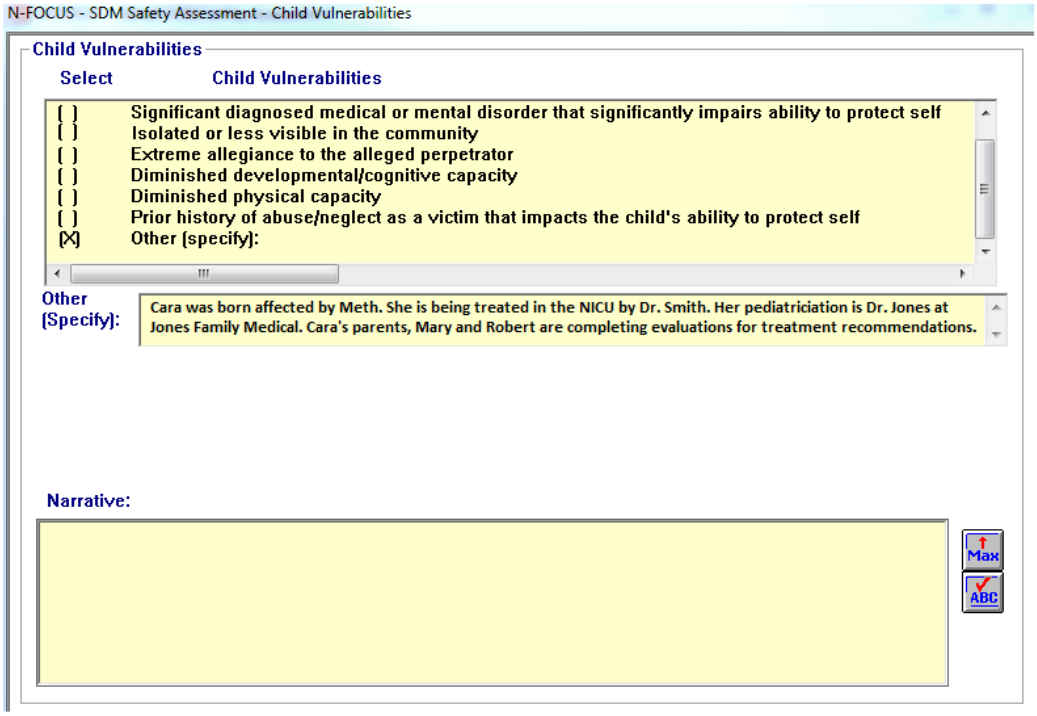
3. The plan should be developed with input from the parents or other caregivers, as well as any collaborating professional partners and agencies involved in caring for the infant and family.

4. The Plan of Safe Care will be documented within the SDM Safety Assessment. In Child Vulnerabilities, select “Other (specify)”, and then document the Plan of Safe Care within the appropriate narrative box.

5. Documentation within the Plan of Safe should include; the health and substance use disorder treatment needs of the infant and affected family or caregivers, medical providers for the infant and family members, any contact that has occurred between CFS case managers and Medicaid Managed Care Organization (MCO’s).

6. Once the Plan of Safe Care has been documented, the CFS case managers will go into the Detail Intake Window and check the box titled Plan of Safe Care, to show that the Plan of Safe care is complete.

7. For families who participate in ongoing services, the Plan of Safe Care will be updated with every case plan as a case plan goal or whenever new information is shared that impacts the needs and/or concerns of the infant and/or family members.



REVISION LEVEL	DESCRIPTION	AUTHOR	EFFECTIVE DATE
001	First Draft	Mikayla Wicks	08/13/2018

1. Signature and Approval of Reviewers

Written by: Mikayla Wicks

Emily Kluver

Approved by:

Attachment B: Chafee NE FY15-19 Data Snapshot

National Youth in Transition Database

Data Snapshot—FY 2015-2019:

Nebraska

Youth Services

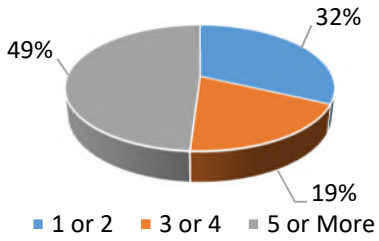
(FY 19 total served: 1,177 youth)

Includes information about all youth who received at least one independent living service paid for, or provided by Nebraska's Chafee Program agency.

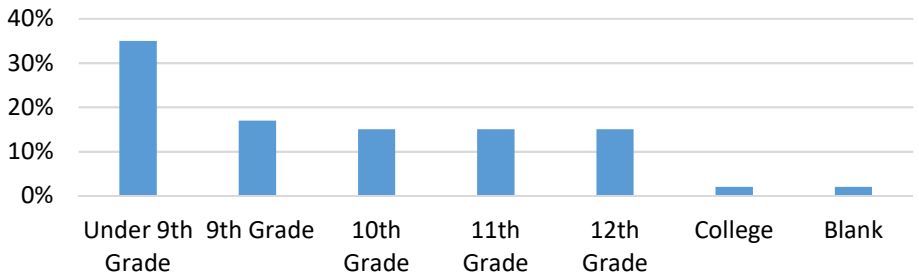
Characteristics of youth receiving services (FY 19)

Male	48%	In foster care	64%
Female	52%	In federally recognized tribe	4%
White	72%	Adjudicated delinquent	5%
Black	22%	Receiving special education	32%
American Indian	9%	Age range	13-26
Other Race	1%	Mean age	16
Hispanic	19%		

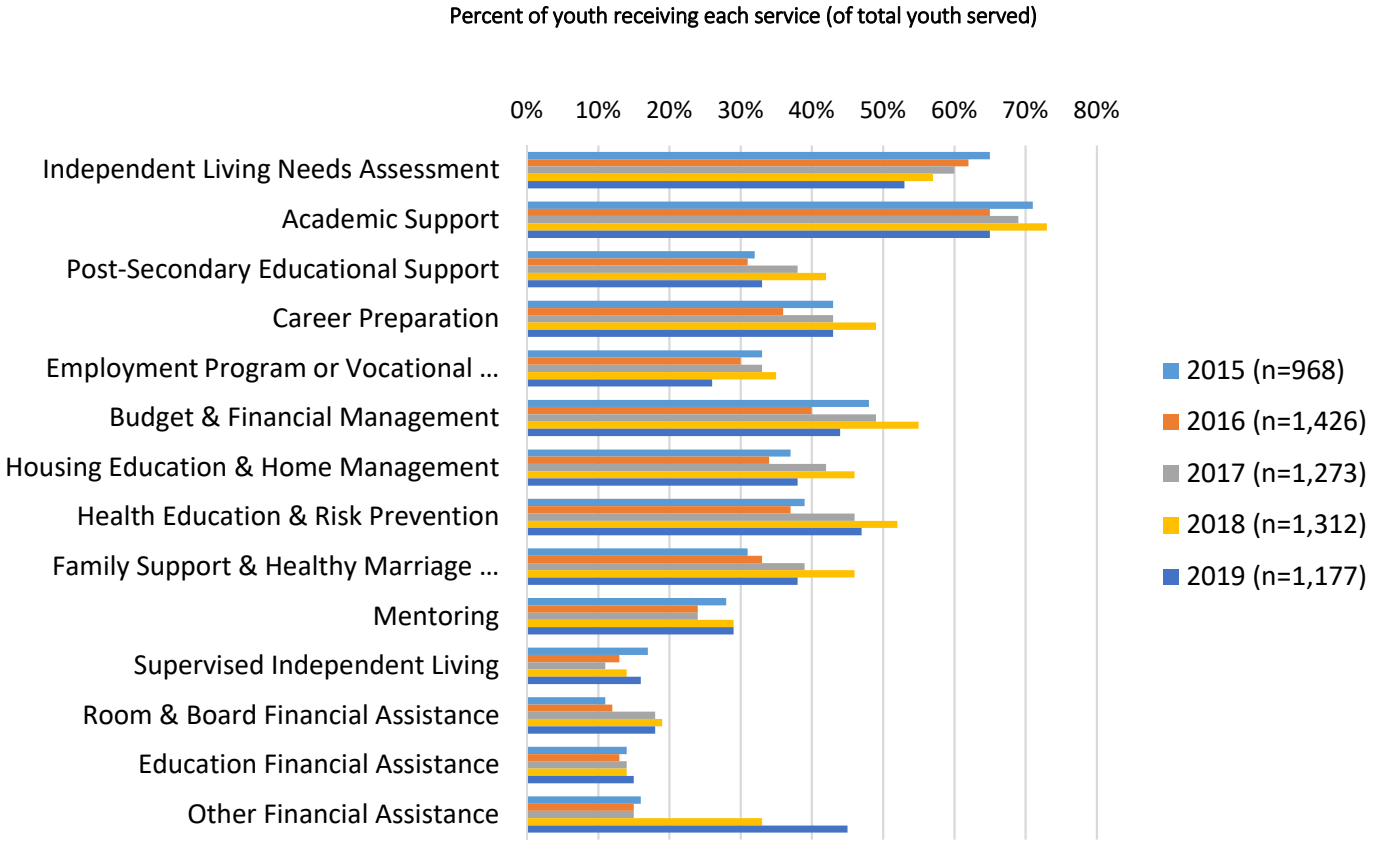
Number of services received (FY19)



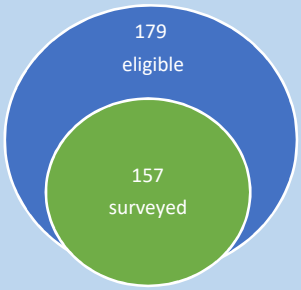
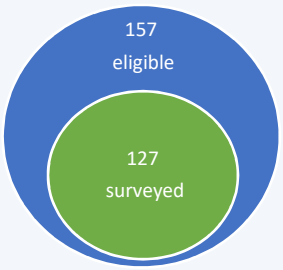
Education level of youth receiving (FY 19)



Type of services received (FY 19)



This snapshot was prepared by the Children's Bureau and contains a summary of highlights from NYTD by states between
Fiscal Year (FY) 2015 and 2019. The data are current as of January 2020. Please contact NYTDhelp@ you have any
questions about information in this data snapshot.

Youth Outcomes	Includes information about all youth who were eligible to take the NYTD survey at ages 17 and 19	
	Baseline Population (17-year-olds in foster care, FY 17)	**Follow-Up Population** (19-year-olds, FY 19)
Cohort 3 survey participation, FY 17-19	 **88% surveyed**	 **81% surveyed**
Characteristics of survey participants		
Male	49%	51%
Female	51%	49%
White	72%	76%
Black	20%	21%
American Indian	11%	10%
Hispanic	19%	15%
In foster care	100%	15%
Reasons for non-participation		
Youth declined	6%	0%
Parent declined	0%	0%
Incapacitated	1%	0%
Incarcerated	0%	0%
Runaway/missing	1%	0%
Unable to locate	1%	19%
Invalid participant	4%	0%
Outcomes reported		
Employed full or part-time	**25%**	**43%**
Receiving public assistance	**N/A**	**31%**
Finished high school or GED	**3%**	**59%**

Attending school	**93%**	**54%**
Referred for substance abuse treatment	**20%** (in lifetime)	**11%** (in past 2 years)
Incarcerated	**22%** (in lifetime)	**17%** (in past 2 years)
Had children	**5%** (in lifetime)	**10%** (in past 2 years)
Homeless	**21%** (in lifetime)	**21%** (in past 2 years)
Connection to adult	**94%**	**94%**
Medicaid coverage	**84%**	**69%**

Attachment C: ICWA Standard Work Instruction

Purpose: The Indian Child Welfare Act (ICWA) is a federal law that was first passed in 1978 to protect Indian families and preserve the ties between Indian children and their tribes. This law was passed in response to an alarming number of Indian families being broken up when their children were removed and placed in non-Indian foster and adoptive homes and institutions. In 1985 and 2015, Nebraska passed versions of the Nebraska ICWA to increase compliance and further clarify the law in the state of Nebraska. The federal ICWA was updated in 2016 to clarify the language and intent of the law on a federal level. The Department will ensure that the best interest of Indian Children are met by following the federal and state ICWA laws and continued collaboration with Tribes on the management of ICWA cases.

Scope: *Division of Children and Family Services*

Responsibilities: *DCFS Staff will follow the instructions below to comply with the Indian Child Welfare Act.*

Rescinds: This Standard Work Instruction rescinds Administrative Memo 27-2015.

Definitions:

Indian Child**:** An Indian Child is any unmarried person under age eighteen (18) and is either a member of an Indian Tribe, or eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe.
Indian Custodian: An Indian Custodian is any Indian person who has legal custody of an Indian Child under tribal law or custom or under state law; or to whom temporary physical care, custody, and control has been transferred by the parent of the child.

Procedure:

ICWA Applicability

- For a child to be considered an Indian child under the ICWA, the Department must know, or have reason to know, that the child is:
    - An unmarried person under the age of eighteen; and
    - A person who is either a member of a federally recognized Indian tribe or eligible for membership and the biological child of a member of a federally recognized Indian tribe.
- ICWA applies whenever an Indian child is the subject of a child welfare proceeding.
- ICWA requirements should also be followed in all cases (court, non-court, and alternative response) in which the Department knows or has reason to know that

an Indian child is involved until it is determined that the case does not involve an Indian child.

Reason to Know

The Department will have reason to know a child is an Indian child if:

- Any participant in the proceeding, including parents, grandparents, community members/organizations, or the child, informs the CFS case manager that the child is an Indian child or informs the CFS case manager that they have discovered information indicating that the child is an Indian child.
- The CFS case manager is informed that the domicile or residence of the child, child's parent, or child's Indian custodian is on a reservation or in an Alaskan Village.
- The CFS case manager is informed that the child is or has been a ward of a Tribal Court.
- The CFS case manager is informed that either parent or the child possesses an identification card indicating membership in an Indian tribe.

If we know, or have reason to know the child is an Indian child, the CFS case manager will follow ICWA requirements until it is determined that the child is not a member or eligible for membership in an Indian tribe.

Identification of Indian Children

In every intake, assessment, alternative response, non-court, and court case, the CFS case manager will ask if the child is or may be an Indian child. Inquiry is required at many stages throughout the life of the case:

- At intake, the Hotline must ask the reporter if they have any knowledge that the child involved may be an Indian Child and document the response along with any possible tribal affiliations (N.R.S. 43-1514).
- The IA or AR worker must ask both the mother AND the father as well as any identified family members or supports if the involved child is a member or eligible for membership with a Tribe.
- The ongoing worker must also ask the child, parents, identified social supports (schools, child care facilities, etc.), and any identified extended family if the child is a member or eligible for membership with a Tribe

All dates of inquiry and responses should be documented in NFOCUS using the Multi-Person Narrative for ICWA and the Detail Tribal Information window should be completed.

If the family states that they may be affiliated with a tribe or tribes, but do not claim to be members, the CFS case managers will follow up with the tribe to make a determination. See section on Inquiry to Tribes.

If it is determined during the inquiry process that there is Reason to Know that a child is an Indian Child (see Reason to Know section), all ICWA provisions apply and Notice must be sent to the tribe or tribes in which the child is a member or eligible for membership. See section on Notice to Tribes.

Inquiry to Tribes

Inquiry to a tribe is an informal process that is used to help determine if a child is an Indian Child and is used when a family states that they may be affiliated with a tribe or tribes, but we do not have enough information to have a Reason to Know that ICWA applies. I**nquiries to tribes should consist of any information necessary for a tribe to make a determination of eligibility, including all known: names, aliases, dates of birth (and death if applicable), places of birth (and death, if applicable), and tribal enrollment numbers for the child, parents, grandparents, and great-grandparents.** Inquiries can be created using the NFOCUS form on the "Tribal Membership Information" screen. Inquiries to Tribes can be made via:

- telephone call,
- facsimile transmission,
- email, or
- mail, no return receipt required.

All dates of inquiry and responses should be documented in NFOCUS using the Multi-Person Narrative for ICWA.

If a tribe responds to inquiry stating that the child **is** a member or eligible for membership, and the parent is a member of a tribe, then ICWA applies and an official notice must be sent (see Notice to Tribes section). The Detail Tribal Information window in NFOCUS must be completed.

If a tribe responds to an inquiry stating that the child is not a member or eligible for membership, ICWA does not apply and the Detail Tribal Information window in NFOCUS must be updated stating that ICWA does not apply to the case.

The ICWA does not require that tribes respond to inquiry. If you have sent an inquiry but have not received a response from the tribe, please contact the DHHS ICWA Program case manager at dhhs.icwa@nebraska.gov for assistance.

Initial Assessment and Ongoing Case Management

The Department will involve the Tribe at the earliest reasonable point of intervention, but no later than five (5) days after a non-court or alternative response case is opened for ongoing services or as soon as possible when the child is removed from the home and placed in out-of-home care. This will be done by notifying the Tribes' ICWA case manager (See Notice to Tribes).

The Department will involve the Tribes' ICWA case manager or other designated tribal representatives in family team meetings, and other meetings held to discuss the case plan, progress, and case status, arranging phone or video conferencing when necessary to facilitate their participation. The Department should utilize tribal social services whenever possible and ensure that case planning and service provision are based on the social and cultural standards of the Tribe. The Department will provide the tribal ICWA case manager or other designated tribal representative access to the child at reasonable times for visitation, assessment, and case planning. All efforts to include the Tribe and to utilize Tribal services will be documented on NFOCUS in the Multi-Person Narrative for ICWA.

Cultural Plans

When an Indian child is placed out-of-home in a placement that is non-Indian, or in an Indian home that is not affiliated with the child's tribe, the Department will work with the child, the child's family, and the family's tribe or tribes to develop a Cultural Plan containing strategies to promote connectedness to the child's extended family and tribal members and their customs and culture. Cultural plans will be created using the NFOCUS form on the Detail Cultural Plan window. Copies will be provided to the child's family, tribe or tribes, and resource family. Cultural plans will be reviewed and updated annually or at the time of a placement change.

Notice to Tribes

In furtherance of the ICWA, when the Department knows or has Reason to Know (see section on Reason to Know) that a case involves an Indian child, the Department, in addition to the County Attorney, will send notice to all identified tribes. The purpose of the notice is to advise parties of their options to participate in the proceedings.

Court-Involved Cases: Notice will be sent to the child's parents, Indian Custodian, and identified tribe(s) by registered mail, return receipt requested ***as soon as it is determined that ICWA applies***. Notices and return receipts will be filed with the court within ***three days*** of issuance and a copy will be scanned into NFOCUS Document

Imaging under “ICWA”. For tribes, an ICWA inquiry should be created and sent with the notice (see Inquiry to Tribes section). Copies of all notice will be sent to the Bureau of Indian Affairs Regional Office by registered mail, return receipt requested.

Non-court or alternative response cases: The Department will notify the child’s parents, Indian Custodian, and identified tribe(s) ***within five (5) days of opening the voluntary case*** or as soon as it is known that the child is an Indian Child (see Reason to Know section). This notification can be made by telephone call, facsimile transmission, email, or registered mail, return receipt requested and will be documented in NFOCUS using the Multi-Person Narratives under ICWA. For tribes, an ICWA inquiry should be created and sent with the notice (see Inquiry to Tribes section).

If the CFS case manager cannot identify the tribe(s) to which notice should be sent, an inquiry will be sent to the Bureau of Indian Affairs Regional Office and documented in NFOCUS using the Multi-Person Narratives under ICWA and a copy of the inquiry and notice will be scanned into Document Imaging under “ICWA”.

The ICWA does not require that tribes respond to notice of ongoing cases and does not require that tribes participate in proceedings. If you have sent notice but have not received a response from the tribe, please contact the DHHS ICWA Program case manager at dhhs.icwa@nebraska.gov for assistance. The CFS case manager will follow up with the Tribe monthly via telephone or email until the tribe determines if it will participate in the proceedings, or the case closes and all correspondence will be documented in NFOCUS using the Multi-Person Narratives under ICWA.

Releasing Information

When the Department knows or has reason to know that the child is an Indian Child, the Department may provide the Tribe with any information about the child that the tribe needs to make a determination of eligibility including enrollment documents for the child’s parents. When ICWA applies, the Department can share court orders with the tribe(s) and if a tribe has intervened, begins actively working a case, or requests additional information to help make a determination about intervention, the Department can share all documents that get shared with the other parties to the case.

Determining Tribal Membership

The CFS case managers, in addition to the County Attorney, will send notice for each and every child the Department knows, or has reason to know is an Indian Child. The CFS case managers, in addition to the County Attorney, will send inquiries for any children born after a case has opened, as the tribe needs to make the determination of

eligibility on each child individually. A tribe's determination that a child is a member, or eligible for membership is conclusive.

Active Efforts

The Department will make active efforts to provide remedial services and rehabilitative programs to prevent the breakup of the Indian family. The Department will involve the Tribe at the earliest reasonable point of intervention and will consider services available through tribal social services, Native American service providers, and service providers with appropriate cultural components, experience or knowledge as well as individual Indian caregivers (traditional healers, spiritual leaders, etc.) and extended family members. The Tribe's ICWA Representative and other identified tribal representatives will be invited to all case staffing meetings, home visits, and family team meetings.

An Active Efforts report describing the provision of, or attempts to provide, active efforts must be sent to the court at every court hearing, even those that do not require a court report. This report will be sent to the Indian child's tribe or tribes within three days of being filed with the court regardless of the decision of the tribe to intervene or efforts made to be involved in the case.

For more detailed information, see the separate standard work instruction on Active Efforts.

Placement Preferences and Emergency Removals

When considering foster placement for children covered by the ICWA, placements must first:

- Be the least restrictive setting which most approximates a family setting;
- Consider and meet the child's special needs, if any; and
- Be within a reasonable proximity to the child's home.

It is important to communicate with the ICWA case manager for the child's Tribe regarding placement to determine if the Tribe has established their own set of placement preferences, and to know the Tribe's definition of family, which may open up kinship options that had not previously been considered.
Unless a Tribe has their own set of placement preferences, placements **must** be considered in the following **descending** order:

1. A member of the Indian child's extended family;
2. Other members of the Indian child's tribe or tribes;
3. A foster home licensed, approved, or specified by the Indian child's tribe or tribes (Tribally licensed or supported);

4. An Indian foster home licensed or approved by an authorized non-Indian licensing authority (State licensed, or agency supported);
5. A non-Indian family committed to enabling the child to have extended family time and participation in the cultural and ceremonial events of the Indian child's tribe or tribes;
6. An Indian facility or program for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs; or
7. A non-Indian facility or program for children approved by an Indian tribe.

After placement has been made, the search for family and Tribal members should continue. These individuals may be supports for the children and family in connecting to their Tribe and culture and can assist in the development of a cultural plan. And, they may become permanent placement options in the event the child's permanency objective changes to guardianship or customary adoption.

When reunification is no longer an option and permanency outside of the family home is being sought, the placement preferences must *again* be considered *without regard* to the proximity of the child's home. **Bonding with foster parents is not considered "good cause" to bypass placement options that are higher in the preferences.**

The CFS case managers will attempt to follow the placement preferences at all times, even at removal, but if the circumstances prevent following the placement preferences the child may be temporarily placed in another type of placement until a preferred placement can be located. Efforts to place the child according to Tribal or the ICWA placement preferences should be documented using the multi-person narrative for ICWA and include placement options assessed, which placement preference is being followed, and why.

Rights of the Parent or Indian Custodian

When the Department offers services through a non-court or alternative response case, the parent or Indian custodian of the Indian child and the Indian child's tribe or tribes have a right to participate in, provide, or consult with the Department regarding the provision of services. The Department will provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family or unite the parent or Indian custodian with the Indian child until these efforts have proved unsuccessful.

Transfer from State Court to Tribal Court

When a determination is made to transfer the case from State Court to Tribal Court, the CFS case manager will copy the CFS record, including documents created and stored

in NFOCUS, excluding privileged or confidential information. The CFS case manager will send the information to the ICWA case manager for the child's tribe.

References: 25 CFR § 23; Nebraska Revised Statute 43-1507 - 43-1517; SWI on Active Efforts for ICWA Cases; Nebraska Indian Child Welfare Act Case Management Guide

Revision History:

REVISION LEVEL	DESCRIPTION	AUTHOR	APPROVAL DATE	EFFECTIVE DATE
Initial		AD	12/12/2019	12/15/2019

Approval by: Amanda Docter **Date:** **12/12/19**

Nebraska Indian Child Welfare Act

A CASE MANAGEMENT GUIDE

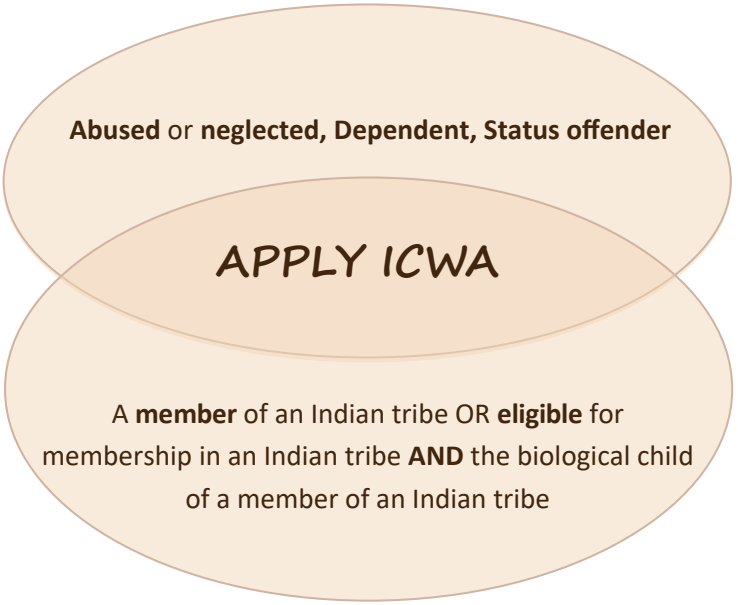
April 2020

The Law

The federal Indian Child Welfare Act (ICWA) was enacted in 1978. In 1985, Nebraska codified the federal ICWA and in 2015, the Nebraska legislature clarified many ICWA provisions. The law aims to protect Indian children in state child welfare systems and help them remain connected to their families, cultures, and communities. Compliance is mandatory.

- Federal Law (1978)—U.S. Code, Title 25, Chapter 21, §§1901, *et seq.*
- Code of Federal Regulations—25 C.F.R. 23 (2016)
- State Law (2015)—Nebraska Revised Statutes, §§43-1501, *et. seq.*

ICWA applies anytime DHHS becomes involved with a child who is:



Inquiry

§§ 43-279.01; 43-1514

When do you or the court ask about membership?

The court and DHHS must inquire about ICWA eligibility at certain intervals to ensure ICWA compliance. This includes:

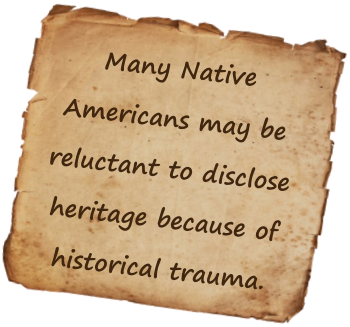
- ☑ Both court* and non-court cases
- ☑ Throughout the case: intake, initial assessment, ongoing
- ☑ Whenever a relative, including a parent, is identified

*Judge required to inquire at the first court hearing

How might you ask about membership?

EXPLAIN that if the child is a member or eligible for membership in a tribe, there could be additional:

- Protections
- Rights
- Services



ASK if the child or any relative is:

- A member in a tribe
- Eligible for membership in a tribe
- May have any tribal affiliation or Native American ancestry

ASK if the child or any relative of the child has:

- Received health services from an Indian Health Center
- Received benefits or assistance from an Indian organization
- Lived on or near a reservation
- Attended a powwow, gourd dance, hand game, sweat lodge or other Indian cultural event or ceremony
- Spoken an Indian language
- Attended a boarding school

Active Efforts

§§ 43-1503(1); 43-1505(4); 25 CFR 23.2

What are active efforts?

Active efforts means providing case management that is:

1) more than reasonable efforts to preserve and reunify the family;

2) culturally relevant;

3) tailored to the facts and circumstances of the case;

4) conducted in partnership with the Indian child and the Indian child's parents, extended family members known to DHHS, Indian custodian and Tribe; and

5) actively assisting with accessing or developing resources necessary to satisfy the case plan.

This includes, but is not limited to:

- Placing siblings together whenever possible
- Identifying and engaging Tribe's ICWA Specialist
- Exhausting tribally appropriate family preservation services
- Asking family and Tribe's ICWA Specialist about traditional and customary support and services provided by:
    - ◊ Tribe
    - ◊ Extended family or other Tribal members if extended family unavailable
- Informing and actively assisting family members in accessing resources (housing, financial, transportation)
- Promoting and monitoring family's access to and progress in culturally appropriate resources provided by extended family, Tribe, tribal community, or Indian caregiver

When are active efforts required?

Active efforts are required as soon as CFSS knows or has reason to know that ICWA applies.

Provide active efforts report at
EVERY COURT HEARING
and send to the Tribe within ***3 DAYS*** of filing

Tribe's ICWA Specialist

What to ask the Tribe's ICWA Specialist

ACTIVE EFFORTS

- Do you believe active efforts have been provided?
- What services may be available to the child(ren) and family through your Tribe? What culturally relevant services would you like DHHS to seek for this family?

NOTICE

- Did you receive the ICWA notice about the child(ren) involved in this case?
- Do you need additional information to verify eligibility?

TRIBAL INVOLVEMENT

- Do you need more information to make a determination about intervention or transfer of jurisdiction?

PLACEMENT

- Does the Tribe have its own placement preferences?
- Do you know of any relatives or other tribal members who may be willing and available to be considered for placement?
- Do you have information we should include in a cultural plan?
- Are you or is someone in your Tribe able to assist us with developing a cultural plan?

QUALIFIED EXPERT WITNESS (QEW)

- Do you or does someone in your office serve as a QEW for your Tribe's ICWA cases? Or, does the Tribe have a policy about QEW testimony?
- Does your Tribe have a tribal resolution identifying who may serve as a QEW for your Tribe's ICWA cases?
  - ⇒ May the County Attorney contact those QEWs directly or should requests for QEW testimony go through your office?

GENERAL COMMUNICATION

- What is the best way to contact you with updates and to provide case documents — phone, email, fax, or mail?
- Do you want to participate in meetings by telephone? If you cannot participate by phone, may I send you an email update about family team meetings, school meetings and other case meetings?
- Do you know how to participate in court hearings by phone? (Provide contact information for the Judge's bailiff or the clerk of courts.)

Notice

§§ 43-1505; 43-1505.01; 43-1506

In both non-court and court-involved cases, the tribe(s), parents, and the Indian custodian must receive notice if the CFSS knows or has reason to know that an Indian Child is involved. This notice must include necessary family information for the tribe to make a determination regarding ICWA eligibility and the next court date, if applicable.

	NON-COURT CASE	COURT CASE
WHO do I notify?	1. Tribe(s) 2. Parents 3. Indian Custodian	
HOW do I notify?	• Letter on N-FOCUS (send registered mail, return receipt requested) • Telephone OR • Fax OR • Email	• Letter on N-FOCUS (send registered mail, return receipt requested)
WHEN do I notify?	Within 5 calendar days of DHHS offering services	As soon as there is a reason to know ICWA applies

NOTES:

Tribe's Response to Notice

As sovereign nations, tribes have sole authority to determine membership within the tribe. After you provide the required notice to a tribe, there are four possible responses you might receive from the tribe.

TRIBE'S RESPONSE	DOES ICWA APPLY?	COULD ICWA APPLICABILITY CHANGE?
Child is a member	YES	NO
Child is eligible for membership and parent is a member	YES	NO
Child is a eligible for membership but parent is not a member of the child's Tribe	MAYBE	YES • Parent could be a member in a different tribe
Child is not a member nor eligible for membership	NO	YES • Child or parent could be a member in a different tribe • Tribe could change membership requirements • Child or parent could become a member at a later date
No response regarding child's membership nor eligibility	MAYBE	YES • Non-court ⇒Contact Tribe's ICWA Specialist monthly • Court ⇒Contact Tribe's ICWA Specialist ⇒Share status with county attorney and DHHS legal

PRACTICE TIP!

If family provides information or CFSS has reason to know the child is an Indian child, DHHS **must** comply with ICWA pending membership determination.

Tribal Involvement

§§ 43-1504; 43-1506

How could tribes be involved?

Tribes have five options when an Indian child has been identified. In all cases, the Tribe *may* participate in or consult on family team meetings and other case planning meetings. The Tribe *may* also identify or provide culturally relevant services.

1. NO TRIBAL INVOLVEMENT

Tribes are not required to participate in services or proceedings.

2. TRIBAL INVOLVEMENT

The Tribe may participate, consult, or provide services in both non-court and court-involved cases.

3. INTERVENTION

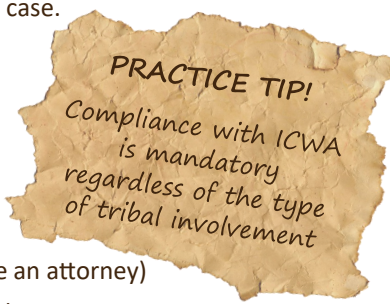
The Tribe could become a party to the juvenile case.

When is intervention denied?

- Never

What are the Tribe's rights?

- Call witnesses
- Present recommendations
- Have a representative present (may not be an attorney)
- Participate by telephone or live audiovisual means



When a Tribe selects any of the options above, DHHS is responsible for case management.

WHEN CAN THE TRIBE BE INVOLVED?
ANY stage of the case.

Tribal Involvement

4. EXCLUSIVE JURISDICTION

The tribal court is the only court that has the right to hear the case.

When does a tribe have exclusive jurisdiction?

1. Indian child is a ward of tribal court **OR**
2. Indian child resides or is domiciled on a reservation

5. TRANSFER

The juvenile court sends the case to the tribal court.

Who can request a transfer to tribal court?

- Tribe
- Either parent or Indian Custodian

When can a case be transferred?

- Any stage of the case

When is transfer denied?

- Either parent objects
- Tribal court declines
- The juvenile court finds good cause not to transfer

What qualifies as good cause for the juvenile court to deny transfer?

- No tribal court to hear case
- Other grounds determined on a case-by-case basis

PRACTICE TIP!

Whenever transfer is possible, contact DHHS Legal and DHHS ICWA Program Coordinator

If exclusive jurisdiction or transfer occurs, the Tribe is responsible for case management and DHHS is no longer involved.

NOTES:

Placement Guidelines

§ 43-1508

If a Tribe has their own set of placement preferences, you must follow those preferences. If a Tribe does not have its own set of placement preferences, placements must follow standards set forth in Nebraska law.

Foster Care or Preadoptive Placement Preferences

When considering foster placement for children covered by ICWA, placements must first:

- Be the least restrictive setting
- Consider and meet the child's special needs, if any
- Be within a reasonable proximity to the child's home

Preferences given in descending order:

1. A member of the Indian child's extended family
2. Other members of the Indian child's Tribe or Tribes
3. A foster home licensed, approved, or specified by the Indian child's Tribe or Tribes
4. An Indian foster home licensed or approved by an authorized non-Indian licensing authority
5. A non-Indian family committed to enabling the child to have extended family time and participation in the cultural and ceremonial events of the Indian child's Tribe or Tribes
6. An Indian facility or program for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to the Indian child's needs
7. A non-Indian facility or program for children approved by an Indian tribe.

Adoptive Placement Preferences

Preferences given in descending order:

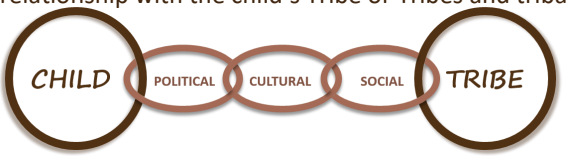
1. A member of the Indian child's extended family
2. Other members of the Indian child's Tribe or Tribes
3. Other Indian families
4. A non-Indian family committed to enabling the child to have extended family time and participation in the cultural and ceremonial events of the Indian child's Tribe or Tribes

Placement Guidelines

§§ 43-1503(2); 43-1508

Best Interests for Out-of-Home Placement

Placement should reflect the **unique values** of the **child's Tribal culture** and is best able to assist the child in establishing and developing the political, cultural, and social relationship with the child's Tribe or Tribes and tribal community.



Deviation from Placement Preferences

Any party can present to the court by clear and convincing evidence good cause to deviate from preferences:

- Parent preference
- Child preference if the child is at least 12
- Extraordinary physical or emotional needs of child (need expert testimony)
- Unable to comply with preference after diligent search

Cultural Plan

A cultural plan is required if:

1. Child is placed in non-Indian home **OR**
2. Child is placed in an Indian home not affiliated with the child's Tribe.

A Cultural Plan contains strategies to promote connectedness to the child's extended family and tribal members and their customs and culture. Cultural plans will be reviewed and updated annually or at the time of a placement change.

PRACTICE TIP!

Communicate with the ICWA Specialist and child's Tribe about what is their definition of "family." It may open up kinship options that had not previously been considered.

PRACTICE TIP!

Develop a plan with Tribe's ICWA Specialist, foster family, parent/custodian, family, and child!

Qualified Expert Witness (QEW)

§§ 43-1503 (15); 43-1505 (5) & (6)

What is a QEW?

An expert witness testifying that the "continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child."

Who qualifies as a QEW?

In identifying a QEW, specific qualifications should be considered. Preference is given to people who are **experienced and/or knowledgeable** about the **social and cultural standards and childrearing practices** within the Indian child's Tribe. As a last resort, a professional with substantial education in his or her specialty may serve as a QEW.

How is a QEW identified?

The Tribe's ICWA Specialist may know if the Tribe has identified tribal members or other individuals to serve as QEWs in ICWA cases. You should share any names with the county attorney immediately.

When is a QEW required?

- Child Custody Proceeding
- Termination of Parental Rights

NOTES:

Relinquishment

§ 43-1506

Requirements

1. In writing
2. Executed before a judge
3. Certified by a judge that terms and consequences were explained and understood
4. Certified by a judge that hearing was in a language the parent understood
5. Child is at least 10 days old

Differences for ICWA Cases

- Parent may withdraw relinquishment for *any* reason before the decree or order of final termination
- Parent may withdraw relinquishment if obtained through *fraud or duress* for up to 2 years after adoption decree
- Separate notice must be sent to the Department of the Interior

NOTES:

Resources

Nebraska Resource and Referral System (NRRS)

Search for culturally appropriate services at *nrrs.ne.gov*

Specific provider or service

- Click on "Search for Providers & Services"
- Search by 1) selecting the location of services, 2) entering a keyword or name of provider, or 3) selecting the type of service(s) needed. Then look for the buffalo symbol to identify the culturally appropriate services.

Culturally appropriate services by location

- Click on "Native American Resources"

- Enter the location and click search
- All of the services are culturally appropriate and identified with the buffalo symbol

Additional ICWA Resources

Bureau of Indian Affairs
Department of the Interior
BIA - Great Plains Regional Office
Human Services - MC-303
115 4th Avenue SE, Suite 400
Aberdeen, SD 57401
Telephone: (605) 226-7343
Fax: (605) 226-7446
https://www.bia.gov/regional-offices/great-plains
https://www.bia.gov/bia/ois/dhs/icwa

Code of Federal Regulations
Indian Child Welfare Act
www.federalregister.gov/documents/2016/06/14/2016-13686/indian-child-welfare-act-proceedings

BIA Guidelines for Implementing the ICWA
www.bia.gov/sites/bia.gov/files/assets/bia/ois/pdf/idc2-056831.pdf

National Indian Child Welfare Association
www.nicwa.org

Native American Rights Fund
www.narf.org

NDHHS Public Site
dhhs.ne.gov/Pages/Indian-Child-Welfare.aspx

Nebraska Indian Child Welfare Coalition (NICWC)
www.nicwc.org

Contacts

My ICWA Specialist
Name:
Email:
Phone:

My ICWA Advocate
Name:
Email:
Phone:

NOTES:

FOR ADDITIONAL INFORMATION CONTACT

Amanda Docter, B.S. DHHS Program Coordinator — Tribal Focus	amanda.docter@nebraska.gov
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This project is supported by contract number 79669 04 from the State of Nebraska.

Attachment E: ICWA Compliance QA Reviews

ICWA Compliance QA Review

Purpose: To determine if CFS staff are complying with all ICWA expectations for youth involved in the protection and safety system.

Exclude cases in which the intake occurred prior to the PUR and did not lead to the legal status date change and/or there was non-court involvement prior to the sample period without a new intake. The first day of the sample pull date is the start date of the PUR.

AGENCY INFORMATION			
Current CFS case manager		**Current CFS Supervisor**	
CFS Administrator		**CFS IA Worker, if applicable** (completed SA)	
CFS IA Supervisor, if applicable (of CFS who completed SA)		**Service Area**	
Office		**County**	
CASE INFORMATION			
MC #		**Target Child Name**	
Intake # (from most recent case opening-target child possibly not the victim)		**Date of Intake**	
Period Under Review	**to** Sample pull period to Date of Review (AR cases go to Detail>AR Participation Tracking)	**Case Type** (Based on target child)	Court ☐ Non-Court ☐ Alternative Response ☐
REVIEW INFORMATION			
Review Month		**Reviewer**	
2nd Level Reviewer		**2nd Level Review Date**	

"ESTABLISHING ELIGIBILITY" **Intent of these questions is to determine if DHHS followed up on ALL known or identified tribal affiliations.**			
1. Did the Initial Assessment/AR worker, during the first 30 days, ask the Bio-Parent 1 (mother) if the involved parties may include an Indian child, an Indian person, a Native American, or if there is any tribal affiliation? • *N/A- Deceased, unable to locate (must see diligent attempts); or there is a "police hold" or law enforcement request for no contact from the Department during the 1st 30 days.* • *N/A-If during the PUR, the case went from Non-Court to Court and we knew during the Non-Court Case the child had tribal affiliation.* *Reviewer Instructions: Check the Multi-Person Narrative for ICWA in NFOCUS. Alleged parents should also be asked. This question should be asked, even if Native American Heritage was previously identified in a CFS case that is now closed.*	YES ☐	NO ☐	N/A ☐
2. Did the Initial Assessment/AR worker, during the first 30 days, ask the Bio-Parent 2 (father) if the involved parties may include an Indian child, an Indian person, a Native American, or if there is any tribal affiliation? • *N/A- Deceased, unable to locate (must see diligent attempts or there is a "police hold" or law enforcement request for no contact from the Department during the 1st 30 days)* • *N/A-If during the PUR, the case went from Non-Court to Court and we knew during the Non-Court Case the child had tribal affiliation.* *Reviewer Instructions: Check the Multi-Person Narrative for ICWA in NFOCUS. Alleged parents should also be asked. This question should be asked, even if Native American Heritage was previously identified in a CFS case that now is closed.*	YES ☐	NO ☐	N/A ☐
3. Did the Initial Assessment/AR worker, during the first 30 days, ask all identified extended family members if the involved parties may include an Indian child, an Indian person, a Native American, or if there is any tribal affiliation? • *N/A- Deceased, unable to locate (must see diligent attempts or there is a "police hold" or law enforcement request for no contact from the Department during the 1st 30 days* *Reviewer Instructions: Check the Multi-Person Narrative for ICWA in NFOCUS. This question should be asked, even if Native American Heritage was previously identified in a CFS case that is now closed.*	YES ☐	NO ☐	N/A ☐

4. Did the Ongoing worker inquire with the child (if age appropriate), and any identified extended family, school, child care providers or others known to the family if the involved parties may include an Indian child, an Indian person, a Native American or have any tribal affiliation? • *Do not determine from the Intake narrative or prior involvement with the Department. This includes case transitions from non-court to court, when a new filing occurs.* • *N/A – If this is an AR case or all possible Tribes have already been identified* *Reviewer Instructions: Check the Multi-Person Narrative for ICWA in NFOCUS. This question should be asked, even if Native American Heritage was previously identified in a CFS case that is now closed. Review to see if the child and identified family were asked questions such as if they ever received Indian Health Services (i.e., at Ponca Tribe or Winnebago) or attended powwow, hand games, sweat lodge or other Native American cultural ceremonies and events and whether the school was asked if the child is a member of a tribe or signed up for Johnson O'Malley (JOM) funding or programs (i.e. Lincoln, Omaha and Norfolk Public schools) or any other programs that offer assistance to Native youth.*	YES ☐	NO ☐	N/A ☐
5. If Native American Ancestry is identified, did the worker ask the identified tribe(s) if the child is a member or eligible for membership? ***Inquiries can be created using the NFOCUS form on the "Tribal Membership Information" screen, or by phone call, facsimile transmission, email or mail (no return receipt required.)*** *Native American Ancestry could be identified if HHS is informed, "my grandma attended pow-wows", or "we go to the Reservation for medical care."* • *N/A – Native American Ancestry or Tribal Affiliation has not been identified, OR we have a Reason to Know that the child is an Indian Child* *Reviewer Instructions: All inquiry and responses should be documented in NFOCUS using the Multi-Person Narrative for ICWA.* ***The ICWA does not require that tribes respond to inquiry****.*	YES ☐	NO ☐	NA ☐
6. Is the child a member or eligible to be a member of a Tribe OR is there information indicating there is *Reason to Know* the child may be a member or eligible for membership, even if a parent denies there is Indian or Native American ancestry? • *No- STOP!* • *Yes- proceed and include in the comments section what was found that indicated a "reason to know"* §23.107 How should a State court determine if there is reason to know the child is an Indian child? (a) State courts must ask each participant in an emergency or voluntary or involuntary child-custody proceeding whether the participant knows or has reason to know that the child is an Indian child. The inquiry is made at the commencement of the proceeding and all responses should be on the record. State courts must instruct the parties to inform the court if they subsequently receive information that provides reason to know the child is an Indian child. (b) If there is reason to know the child is an Indian child, but the court does not have sufficient evidence to determine the child is or is not an ''Indian child,'' the court must: (1) Confirm, by way of a report, declaration, or testimony included in the record that the agency or other party used due diligence to identify and work with all of the Tribes of which there is reason to know the child may be a member (or eligible for membership), to verify whether the child is in fact a member (or a biological parent is a member and the child is eligible for membership); and	YES ☐	NO ☐	

(2) Treat the child as an Indian child, unless and until it is determined on the record that the child does not meet the definition of an ''Indian child'' in this part. (c) A court, upon conducting the inquiry required in paragraph (a) of this section, has reason to know that a child involved in an emergency or child-custody proceeding is an Indian child if: (1) Any participant in the proceeding, officer of the court involved in the proceeding, Indian Tribe, Indian organization, or agency informs the court that the child is an Indian child; (2) Any participant in the proceeding, officer of the court involved in the proceeding, Indian Tribe, Indian organization, or agency informs the court that it has discovered information indicating that the child is an Indian child; (3) The child who is the subject of the proceeding gives the court reason to know he or she is an Indian child; (4) The court is informed that the domicile or residence of the child, the child's parent, or the child's Indian custodian is on a reservation or in an Alaska Native village; (5) The court is informed that the child is or has been a ward of a Tribal court; or (6) The court is informed that either parent or the child possesses an identification card indicating membership in an Indian Tribe.			
"NOTIFICATION" **Complete the following questions for ALL Tribes Identified. Keep in mind that just because a tribe has intervened it does not necessarily mean it was as a result of DHHS notifying them.**			
7. If DHHS has any Reason to Know the child has possible tribal affiliation or Native American ancestry, was an ICWA notice sent <u>by DHHS to all potential Tribes, within the timeframe specified below?</u> • *Yes- Court notice was sent within 10 business days of discovery of possible tribal affiliation- registered mail per fed and statute OR* • *Yes- Non-Court notice was sent within 5 calendar days (per statute) of initiating voluntary services* ***this can be done by phone call, email, fax or registered mail. (*Non-court does NOT have to be by registered mail)*** • *No- Notice was not sent OR Notice was not sent to all potential tribes* • *N/A if the notice was sent, but not within timeframes* *Reviewer Instructions: Look in NFOCUS in the Multi-Person Narratives under ICWA and a copy of the inquiry and notice should be scanned into Document Imaging under "ICWA".*	YES ☐	NO ☐	N/A ☐
7a. Was an ICWA notice sent to the MOTHER by DHHS? • *Yes- COURT CASES: Must be sent Registered Mail; Return Receipt Requested. Must see the mother's name and last known address on certificate of service* • *Yes- NON-COURT or AR are NOT Required to be Registered Mail* • *N/A- No known address, unable to locate after diligent attempts* *Reviewer Instructions: Look in NFOCUS in the Multi-Person Narratives under ICWA and a copy of the inquiry and should be scanned into Document Imaging under "ICWA". Look for a copy of the notice in NDEN with return receipts, if it is a court case. Correspondence on NFOCUS may be used to search for ICWA Notice. Look for who the notice was sent to (Certificate of Service). There should be a separate return receipt for each individual receiving notice, even if they live in the same household.*	YES ☐	NO ☐	N/A ☐
7b. Was an ICWA notice sent to the FATHER by DHHS? • *Yes- COURT CASES: Must be sent Registered Mail; Return Receipt Requested. Must see the father's name and last known address on certificate of service* • *Yes- NON-COURT or AR are NOT Required to be Registered Mail* • *N/A- No known address, unable to locate after diligent attempts*	YES ☐	NO ☐	N/A ☐

Reviewer Instructions: Look in NFOCUS in the Multi-Person Narratives under ICWA and a copy of the inquiry and should be scanned into Document Imaging under "ICWA". Look for a copy of the notice in NDEN with return receipts, if it is a court case. Correspondence on NFOCUS may be used to search for ICWA Notice. Look for who the notice was sent to (Certificate of Service). There should be a separate return receipt for each individual receiving notice, even if they live in the same household.			
7c. Was an ICWA notice sent to the Indian Custodian by DHHS? • *Yes- COURT CASES: Must be sent Registered Mail; Return Receipt Requested. Must see the Indian Custodian's name and last known address on certificate of service* • *Yes- NON-COURT or AR are NOT Required to be Registered Mail* • *N/A- No Indian Custodian or unable to locate after diligent attempts (look in FF or kinship narratives, consultation points, etc.)* **Indian Custodian is defined as any Indian person who has legal custody of an Indian child under tribal law or custom or under state law or to whom temporary physical care, custody, and control has been transferred by the parent of such child.* *Reviewer Instructions: Look in NFOCUS in the Multi-Person Narratives under ICWA and a copy of the inquiry and should be scanned into Document Imaging under "ICWA". Look for a copy of the notice in NDEN with return receipts, if it is a court case. Correspondence on NFOCUS may be used to search for ICWA Notice. Look for who the notice was sent to (Certificate of Service).*	YES ☐	NO ☐	N/A ☐
7d. Was a copy of the ICWA notice, which was sent by DHHS regarding an Indian child, filed with the court within three calendar days after issuance? • *N/A- Non-court case or a notice was not sent* *Reviewer Instructions: Look for a copy of the notice in NDEN and see date stamp it was filed. The date stamp on the notice filed should be within 3 calendar days of the certificate of service date.*	YES ☐	NO ☐	N/A ☐
7e. Were the signed and dated green return receipt requested cards scanned into document imaging in NFOCUS? • *N/A- Did not send ICWA notices OR did not send notices with return receipt requested*	YES ☐	NO ☐	N/A ☐
7f. Were the signed and dated green return receipt requested cards filed with the Court? • *N/A- Non-court case, or a notice was not sent, or were not sent with return receipt requested* *Reviewer Instructions: Look for signed green return receipt requested cards in NDEN.*	YES ☐	NO ☐	N/A ☐
8. Was DHHS in contact with the Tribe's Designated Tribal Representative either prior to or within 5 days of identifying the child as an Indian Child? • *Yes- Including if contact was attempted by phone, email, fax, mail, or if HHS spoke with the Tribe about the filing prior to sending the notice.* **** Ether DHHS or the Tribes can initiate the contact*** • *No- Not sent within time frames, no attempts were made* *Reviewer Instructions: See ICWA Operations Manual page 8. Possible questions may be to confirm receipt of the ICWA notice, to offer additional information if needed to determine eligibility, to ask about tribal services available to the child and family and to determine whether the tribe has their own placement preferences or relatives available for placement, etc. (see ICWA Case Management Guide page 4)*	YES ☐	NO ☐	
9. If the child is eligible and not a member of the Tribe, did the worker make attempts to assist in submitting the child's membership application?	YES ☐	NO ☐	N/A ☐

• *N/A- Eligibility verification has not been received, the child is already a member, or if the Agency asked the parent/child and they declined to enroll.* *Reviewer Instructions:* Look in NFOCUS in the Multi-Person Narratives under ICWA. *Look in FTM documentation, court report, required contacts, etc.*			
"COMPLIANCE"			
10. Were active efforts made to prevent out-of-home placement? • *Yes- may include emergency placement if attempts were made to place with relatives, or if the child was placed with a sibling(s) (latter is per BIA regs.)* *Reviewer Instructions: Look in NFOCUS in the Multi-Person Narratives under ICWA. Look for supporting documentation in court report, etc. Use definitions in ICWA Operations Manual page 14, #s 1 - 7. Active efforts means providing case management that is 1) more than reasonable efforts to preserve and reunify the family and is 2) culturally appropriate. Also see ICWA case management guide page 3 for definitions of Active Efforts.*		YES ☐	NO ☐
11. If this was a removal and a "reason to know" ICWA applied existed at the time of removal, were the ICWA foster care placement preferences followed with the initial placement? • *N/A- In-home case, no indication at removal that ICWA applied, or no removal* • *If the tribe has its own placement preferences, those must be followed* **Placement Preferences and Emergency Removals** When considering foster placement for children covered by the ICWA, placements must first: · Be the least restrictive setting which most approximates a family setting; · Consider and meet the child's special needs, if any; and · Be within a reasonable proximity to the child's home. It is important to communicate with the ICWA case manager for the child's Tribe regarding placement to determine if the Tribe has established their own set of placement preferences, and to know the Tribe's definition of family, which may open up kinship options that had not previously been considered. Unless a Tribe has their own set of placement preferences, placements **must** be considered in the following **descending** order: 1. A member of the Indian child's extended family; 2. Other members of the Indian child's tribe or tribes; 3. A foster home licensed, approved, or specified by the Indian child's tribe or tribes (Tribally licensed or supported); 4. An Indian foster home licensed or approved by an authorized non-Indian licensing authority (State licensed, or agency supported); 5. A non-Indian family committed to enabling the child to have extended family time and participation in the cultural and ceremonial events of the Indian child's tribe or tribes; 6. An Indian facility or program for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs; 7. A non-Indian facility or program for children approved by an Indian tribe. *Reviewer Instructions: Foster care and pre-adoptive placement preferences are found in the ICWA Case Management Guide on page 9. Was the Tribe asked where they would like the child placed?*	YES ☐	NO ☐	N/A ☐

11a. If #11 is NO, were concerted and diligent search efforts to meet the ICWA placement preferences documented? • *N/A- # 11 was yes or N/A*	YES ☐	NO ☐	N/A ☐
12. Does the current placement comply with the ICWA placement preferences? • *Yes- if the youth was out of home and returned home* • *No- the current placement does not comply with ICWA placement preferences (even if the Court found good cause to deviate from preferences as specified in #14)* • *N/A- there was only one placement during the PUR, or there were no out-of-home placements during the PUR*	YES ☐	NO ☐	N/A ☐
12a. If #12 is NO, were concerted and diligent search efforts to meet the ICWA placement preferences documented? • *N/A- # 12 was yes or N/A*	YES ☐	NO ☐	N/A ☐
12b. If #12 is NO, did the HHS worker ask the Court to find good cause to deviate from the placement preferences? (This must be located in a court order or in worker documentation.) • *N/A- # 12 was yes or N/A* *Good cause is defined as:* • *The request of the biological parents or the Indian child when the Indian child is at least 12 years of age; or* • *The extraordinary physical or emotional needs of the Indian child as established by testimony of a qualified expert witness; or* • *The unavailability of suitable families for placement after a diligent search has been completed for families meeting the preference criteria.* • *Emergency removal from the home does not require a placement that complies with ICWA's order of preference for placement; however a placement change to one that complies with the placement preferences should be expedited.* *The court may identify other situations that meet the definition of good cause.* *Reviewer Instructions: Look in NFOCUS in the Multi-Person Narratives under ICWA where good cause to deviate from placement preferences may have been discussed and documented.*	YES ☐	NO ☐	N/A ☐
13. Do case management efforts rise to the level of "active" versus "reasonable" efforts (see ICWA CMG pg. 3)? • **Note:** This question should be answered in regards to all documented efforts, not just those in the active efforts letter/report and is not contingent on the existence of a letter/report. Non-court cases are considered in this item as well. *Reviewer Instructions: Please note any concerns about efforts in the comments box (e.g. did not distinguish between active and reasonable efforts in the report, unsure if active efforts were sufficient, etc.).* **The Federal ICWA and the Nebraska ICWA describe active efforts as:**	YES ☐	NO ☐	N/A ☐

· **More than reasonable efforts** and is affirmative, active, thorough and timely to preserve and reunify the family; · **Culturally relevant** and appropriate and, to the maximum extent possible, provided in a manner consistent with the prevailing social and cultural conditions and way of life of the Indian child's Tribe – this includes exhausting all tribally appropriate family preservation services; · **Conducted in partnership** with the Indian child and the Indian child's parents, extended family members known to DHHS, Indian custodian and Tribe; · **Actively assisting** the parent(s) or Indian Custodian through the steps of the case plan and **with accessing** or developing the **resources** necessary to satisfy the case plan; and · **Tailored to the facts and circumstances** of the case and the unique strengths, needs and culture of the family.			
14. For court cases: Was an "Active Efforts" report included in the Court Report OR an "Active Efforts" letter sent to the court for each hearing? • *NO - If active efforts reports/letters were not submitted at every court hearing (#18 will also be NO).* • *NA – This is a non-court case* **Note:** *If we have a "reason to know", an Active Efforts report/letter is required at every hearing, even for hearings that do not require court reports (e.g. 1st appearances, check hearings, etc). Instructions: This information can be found in the "Active efforts letter" or court report generated in NFOCUS and may be found in correspondence, document imaging, or court reports, etc.*	YES ☐	NO ☐	N/A ☐
15. Did DHHS send the Active Efforts report or letter to the Tribe within 3 days of submitting each report to the Court (required for each hearing)? • *NO – If 17 was NO, or the reports/letters were not sent to the Tribe within 3 days of submissions the to the Court.* *N/A- This is a non-court case*	YES ☐	NO ☐	N/A ☐
16. Was the cultural plan developed for an Indian child placed in a non-Indian home or a home affiliated with a tribe that is not the child's tribe include ALL of the following strategies? • *sharing information with the child about his/her biological family;* • *initiating and maintaining contact with extended family and other tribal members;* • *learning about the child's cultural history, traditions and values;* • *integrating the child's cultural traditions with those of the foster family;* • *educating the child on his or her culture in an age appropriate manner;* • *exposing the child to positive Native American role models, literature, music and art; and recognizing and addressing any cultural biases or bullying?* • *NO- Case Plan does not include a cultural plan and should (see instructions for more info).* • *NA- No cultural plan is required* • *If NO or N/A, #17 will also be N/A* *Reviewer Instructions: If child is in a facility not affiliated with his/her tribe, a cultural plan is needed. Per the OPS manual in PS memo #27-2015, a cultural plan must be created in conjunction with the Case Plan. If the child is with a parent, a cultural plan is not needed.*	YES ☐	NO ☐	N/A ☐

17. Was the Cultural Plan developed with the parent or Indian custodian extended family members, child, foster or adoptive family <u>and</u> the Tribe's ICWA case manager or other tribal representative? (If appropriate, applicable, and available.) • *Yes – If all listed parties were involved. If the Tribal representative(s) and/or ICWA case manager was not involved, but attempts were made to include these individuals <u>and</u> all other individuals listed above were included, this item can be answered "yes".* • *N/A, if #16 was NO or N/A* *Reviewer Instructions: Review documentation around the date of the plan and look for scanned in form with signatures.*			YES ☐	NO ☐	N/A ☐
18. Was the Designated Tribal Representative invited to Family Team Meetings? • *Yes- If invited, regardless whether they attended* *Reviewer Instructions: Tribal Representative is designated by the Tribe to represent the Tribe (e.g. Ponca case manager ARE designated by the Tribe, this could also include an ICWA case manager.*			YES ☐	NO ☐	
19. Was the Designated Tribal Representative included in identification of culturally appropriate services? • *Yes- If asked*			YES ☐	NO ☐	
20. Was the Designated Tribal Representative included when creating and discussing case plan goals and progress? • *Yes- If asked*			YES ☐	NO ☐	
Overall reviewer comments: If there was a subsequent intake #, please include that information here along with any other comments that should be noted.					
SOP Question #1: Case documentation included evidence of SOP utilization by CFS staff. *			YES ☐	NO ☐	
SOP Question 1a: Select all SOP tools that were utilized by CFS staff. *	☐ Harm and danger statements	☐ Three question s	☐ Five solutioN FOCUSe d question s	☐ The 3 houses	

Refer for a positive review? If yes, please include comments below with an explanation of the positive review	YES ☐	NO ☐
Positive review summary/narrative:		
Date Sent:		

Refer for Admin. Review?

NA if an Admin Review is not necessary

Safety ☐	Other Admin. Review ☐	N/A ☐

Admin Review Type: ☐ *No Active Efforts Reports *waiting for Adm. Approval* ☐ *No ICWA Notices sent *waiting for Adm. Approval* ☐ Active Safety Threat/Concern ☐ Copy and paste with identical narratives ☐ Copy and paste with minimal changes in narratives ☐ Narratives do not match NFOCUS heading ☐ Minimal blanket statements with no additional information ☐ Undecipherable narratives ☐ No documented face-to-face contact ☐ No documented FTM ☐ No SDM completed ☐ Lack of quality documentation ☐ Other ☐ N/A			

Admin. Review summary/narrative (provide a summary of the concerns, then send an e-mail to the Coordinator/2nd level assigned. Please provide intake # in your e-mail)**:**

2nd level agrees with Admin review:

YES ☐	NO ☐	N/A ☐

If yes, date sent to Admin.	

If no, explain the rationale to support the decision:	

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

May 27, 2020

Mary Pinker
Family Caregiver Voice Citizen Review Panel
Nebraska Children and Families Foundation
215 Centennial Mall South, Suite 200
Lincoln, NE 68508

RE: Annual Report and Recommendations

Dear Family Caregiver Voice Citizen Review Panel Members:

The Division of Children and Family Services (CFS) would like to thank the Citizen Review Panel (CRP) for your work over the last year. CFS reviewed the 2018-2019 Annual Report and appreciate your efforts. It is especially helpful to have differing perspectives from young parents in the Omaha, Norfolk, and Lincoln communities.

The following recommendations were made by the Omaha and Lincoln Caregiver Voice CRP which focused on parenting and pregnant young people:

- Enhance the Foster Care Bill of Rights.
- Update the Standards of Care for pregnant or parenting youth in care.
- Involve family voice in the implementation of the Family First Prevention Services Act (FFPSA).

Based on your feedback, CFS added the following three provisions to the Foster Care Bill of Rights:

- I will have a voice in who will be my informal supports.
- To be provided the same rights and opportunities if I should become pregnant or a parent as any other individual who is not in foster care.
- If I am parenting or become pregnant, CFS will connect me to resources and supports available to young parents.

In addition, CFS is working on developing a Standard Work Instruction for staff on supporting pregnant and parenting youth in care. Finally, CFS values the family and youth voice and has been in contact with the Nebraska Children and Families Foundation to ensure the family and youth voice are represented on FFPSA workgroups.

The following recommendations were made by the Norfolk Caregiver Voice CRP:

- Implement Medicaid expansion.
- Strive to use clear language in all communications with those using services.
- Expand Mental Health Services offerings.

The Department's Division of Medicaid and Long-Term Care is implementing Medicaid expansion on October 1, 2020 (applications will be accepted on August 1, 2020).[1] In addition, CFS agrees that we need to strive to use clear language in all communications with those using services. In August 2019, CFS hired a youth with lived experience to fill a new Voice and Choice Advocate position. This teammate will help ensure agency policy, procedures, and processes reflect and support the consumer voice and choice philosophy. Finally, CFS is a partner in Nebraska's System of Care and efforts to expand mental health service offerings across the state. This is especially critical, right now, in light of the challenges facing families due to COVID-19.

We look forward to the continued collaboration and recommendations this coming year. Thank you again on behalf of the children and families of Nebraska.

Sincerely,

Stephanie L. Beasley, Director
Division of Children and Family Services
NE Department of Health and Human Services

[1] For updates, please visit: http://dhhs.ne.gov/Pages/Medicaid-Expansion.aspx.

Developed by NDHHS–DCFS and UNL–CCFL

DCFS | Child Protection and Safety New Worker Training Outline

This model includes:

1. 10 weeks of training in the local Service Area where CFS Trainees gain knowledge and prepare for classroom training by completing self-paced online units and participating in trainer-led interactive webinars. Trainees also spend time participating in structured field observations and completing required field tasks that build upon the knowledge gained in classroom training and prepare them to work with families.
2. 5 non-sequential weeks of classroom training that focus on practicing the skills needed to do the work. Many units are primarily role play and simulation experiences followed by documentation.
3. Training that follows the life of a case, many concepts are interwoven.
4. New workers being assigned to work with families after completion of the training.

BLOCK A | WEEKS ONE–THREE | Local Office
The Foundations of Child Protection and Safety

In BLOCK A, trainees spend an average of 3-4 hours per day in structured learning. The remainder of each day is spent completing tasks outlined in the Service Area Learning Team (SALT) binder.

	Unit Title	Code	Synchronous Hours | Method		Asynchronous Hours | Method	
1	Introduction to Child Protection and Safety	ALOPS			9	Self-Paced Online
2	Introduction to Trauma-Informed Care	ALOT1			2	Self-Paced Online
3	Maltreatment and Child Development 1	ALOM1	1.25	Webinar	0.75	Self-Paced Online
4	Maltreatment and Child Development 2	ALOM2	3	Webinar		
5	Maltreatment Documentation	ALOM3			2	Self-Paced Online
6	Maltreatment and Child Development: Special Topics	ALOM4	2	Webinar	0.5	Self-Paced Online
7	Interviewing Preparation	ALOV1			3	Self-Paced Online
8	Interviewing Basics	ALOV2	6	Role-Play in SA		
9	Domestic Violence Basics	ALOD1	2	Webinar		
10	Worker Safety and De-escalation Basics	ALOWS			1	Self-Paced Online
11	Gathering and Documenting Information	ALOGD			5	Self-Paced Online
12	Secondary Trauma	ALOT2			2	Self-Paced Online
13	Initial Assessment Basics	ALOI1			6	Self-Paced Online
14	Introduction to the Nebraska Juvenile Court Process	ALOL1	1	Webinar	1	Self-Paced Online
15	ICWA 1	ALOA1	3	Webinar		
16	Introduction to Substance Use	ALOS1			1.5	Self-Paced Online
Block A Total–52 Hours			**18.25**		**33.75**	

BLOCK B | WEEK FOUR | Classroom Initial Assessment: Family Engagement and Involvement						
In BLOCK B, trainees participate in a 7-hour training day.						
Unit Title		**Code**	**Synchronous Hours | Method**		**Asynchronous Hours | Method**	
17	Initial Family Contact	BCRI2	4.5	Simulation		
18	Child Interviewing: Engagement and Information Gathering	BCRV3	5	F2F Role Play		
19	Safety Assessment, Planning, and Documentation	BCRI3	11.5	Simulation		
			9	Documentation		
20	Legal Aspects and Engagement of Non-Custodial Parent 1	BCRL2	2	F2F		
21	Risk Assessment, Closing Initial Assessment, and Documentation	BCRI4	3	F2F Documentation		
Block B Total–35 Hours			**35**			
BLOCK C | WEEKS FIVE–SIX | Local Office Ongoing Case Management Part 1: Practice and Prepare						
In BLOCK C, trainees spend an average of 2 hours per day in structured learning. The remainder of each day is spent completing tasks outlined in the Service Area Learning Team (SALT) binder.						
Unit Title		**Code**	**Synchronous Hours | Method**		**Asynchronous Hours | Method**	
22	Legal Aspects and Engagement of Non-Custodial Parent 2	CLOL3	3	Webinar		
23	Communicating with the County Attorney	CLOL4	1	Webinar	2	Self-Paced Online
24	Testifying Techniques	CLOLA	3	Webinar		
25	Testifying: Protective Custody Hearing Preparation	CLOLB	3	Webinar		
26	Introduction to Ongoing	CLOO1			6	Self-Paced Online
27	Meet Today's Youth in Foster Care	CLOY1			2	Self-Paced Online
28	Foundations of Medicaid and Behavioral Health	CLOO0			1	Self-Paced Online
Block C Total–21 Hours			**10**		**11**	
BLOCK D | WEEK SEVEN | Classroom Ongoing Case Management Part 1: Family Engagement and Involvement						
In BLOCK D, trainees participate in a 7-hour training day.						
Unit Title		**Code**	**Synchronous Hours | Method**		**Asynchronous Hours | Method**	
29	Testifying: Protective Custody Hearing	DCRLC	7	Simulation		
30	Identifying and Referring to Services	DCRO2	7	F2F Documentation		
31	Family Strengths and Needs Assessment, Family Team Meeting, Case Planning, and Documentation	DCRO3	10.5	F2F Simulation		
			6.5	Documentation		

32	Court Report Components and Navigation	DCRO4	4	F2F		
Block D Total–35 Hours			**35**			

BLOCK E | WEEKS EIGHT–NINE | Local Office
Ongoing Case Management Part 2: Practice and Prepare

In BLOCK E, trainees spend an average of 2 hours per day in structured learning. The remainder of each day is spent completing tasks outlined in the Service Area Learning Team (SALT) binder.

	Unit Title	Code	Synchronous Hours | Method		Asynchronous Hours | Method	
33	Court Report Documentation	ELOO5			8	Self-Paced Online
34	Ongoing Assessments: Reunification and Risk Reassessment	ELOO6			2	Self-Paced Online
35	Making Decisions about Daily Care and Sensitive Issues	ELODC			3	Self-Paced Online
36	Transitional Living Services for Youth	ELOY2			1	Self-Paced Online
37	Transitional Living Case Management	ELOY3			1.5	Self-Paced Online
Block E Total–15.5 Hours					**15.5**	

BLOCK F | WEEK TEN | Classroom
Ongoing Case Management Part 2: Family Involvement and Documentation

In BLOCK F, trainees participate in a 7-hour training day.

	Unit Title	Code	Synchronous Hours | Method		Asynchronous Hours | Method	
38	Legal Aspects: Placement Change Process and Disposition and Review Hearings	FCRL5	2	F2F		
39	Testifying: Disposition Hearing Preparation	FCRLD	2.5	F2F		
40	Testifying: Disposition Hearing	FCRLE	7	Simulation		
41	Transition Team Meeting: Creating a Youth-Driven Transitional Living Plan	FCRY4	7	Simulation and Documentation		
42	Working with Missing and Trafficked Youth	FCRY5	3	F2F Simulation		
43	Maltreatment: Critical Thinking and Communication	FCRM5	2	F2F		
44	Ongoing Documentation and Case Closure	FCRO7	9	Documentation		
Block F Total–32.5 Hours			**32.5**			

BLOCK G | WEEKS ELEVEN–TWELVE | Local Office Ongoing Case Management Part 3: Permanency and Self-Sufficiency						
In BLOCK G, trainees spend an average of 2 hours per day in structured learning. The remainder of each day is spent completing tasks outlined in the Service Area Learning Team (SALT) binder.						
	Unit Title	**Code**	**Synchronous Hours | Method**		**Asynchronous Hours | Method**	
45	Working with Schools and Special Education	GLOSS			2	Self-Paced Online
46	Disability Services	GLODS			2	Self-Paced Online
47	Termination of Parental Rights	GLOL6	3	Webinar		
48	Adoption and Guardianship in Juvenile Court	GLOL7	3	Webinar		
49	Records Management at Case Closure	GLOO8			2	Self-Paced Online
50	Car Seat Safety	GLOAR	3	F2F in SA		
51	Trauma Review and Preparation	GLOTP			2	Self-Paced Online
52	Working with Families Experiencing Domestic Violence Preparation	GLOD2			1.5	Self-Paced Online
53	Substance Use Review and Preparation	GLOSP			1	Self-Paced Online
54	Engaging Families: Skill Demonstration Preparation	GLOEP			1.5	Self-Paced Online
Block G Total–21 Hours			**9**		**12**	
BLOCK H | WEEK THIRTEEN | Classroom Advanced Case Management and Skill Assessment						
In BLOCK H, trainees participate in a 7-hour training day.						
	Unit Title	**Code**	**Synchronous Hours | Method**		**Asynchronous Hours | Method**	
55	Becoming Trauma Capable	HCRT3	4	F2F		
56	Psychotropic Medications	HCRPM	3	F2F		
57	Working with Families Experiencing Domestic Violence	HCRD3	10	Simulation		
58	Substance Use 2	HCRS2	9	F2F Simulation		
59	N-FOCUS Practice	HCRO9	2	F2F Documentation		
60	Engaging Families: Skill Demonstration	HCRE1	7	F2F Simulation		
Block H Total–35 Hours			**35**			

BLOCK I | WEEK FOURTEEN | Local Office and Classroom
Preparing to Work with Families

In BLOCK I, all trainees participate in structured learning.

Trainees who will specialize in Intake, APSS and Out-of-Home Placements, or Adoption participate in additional specialized training.

The remainder of each day is spent completing remaining tasks outlined in the Service Area Learning Team (SALT) binder.

	Unit Title	Code	Synchronous Hours | Method		Asynchronous Hours | Method	
61	Engaging Families: Documentation	ILOE2			6	Self-Paced Online
62	Time Management	ILOTM			3	Self-Paced Online
63	Foundations of Alternative Response	ILOAR			2	Self-Paced Online
64	Alternative Response	ICRAR	7	F2F		
65	Safety Organized Practice Two-Day Orientation	ICRSO	11	F2F		
66	ICWA 2	ICRA2	4	F2F Documentation		
Block I Total–33 Hours			**22**		**11**	
Specializations						
67	Intake Specialization	ICRSI	12	F2F		
68	APSS and Out-of-Home Assessment Specialization	ICRAO	3	F2F Documentation		
69	Adoption Specialization	ICRSA	6	Webinar		
Specializations Total–21 Hours			**21**			

SUMMARY

Block Title	Block	Synchronous Hours | Method		Asynchronous Hours | Method	
The Foundations of Child Protection and Safety	A	18.25		33.75	
Initial Assessment: Family Engagement and Involvement	B	35			
Ongoing Case Management Part 1: Practice and Prepare	C	10		11	
Ongoing Case Management Part 1: Family Engagement and Involvement	D	35			
Ongoing Case Management Part 2: Practice and Prepare	E			15.5	
Ongoing Case Management Part 2: Family Involvement and Documentation	F	32.5			
Ongoing Case Management Part 3: Permanency and Self-Sufficiency	G	9		12	
Advanced Case Management and Skill Assessment	H	35			
Preparing to Work with Families	I	22		11	
INITIAL TRAINING Total–280 Hours		**196.75**		**83.25**	
Intake Specialization	I	12			
APSS and Out of Home Assessment Specialization	I	3			
Adoption Specialization	I	6			
SPECIALIZATIONS TRAINING Total–21 Hours		**21**			
INITIAL TRAINING Plus SPECIALIZATIONS Total–301 Hours		**217.75**		**83.25**	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training
Block A | Weeks 1-3 | Local Office											
ALOPS	Introduction to Child Protection and Safety	Trainees learn introductory information about the Child and Family Services Specialist's job. Topics include: the Department of Health and Human Services' mission and vision; the CFS Specialist's major roles and responsibilities; why the Department intervienes in families' lives; children and families served; coping with seeing abuse and neglect; the major steps of the case-management process; and six important practice principles for doing Protection and Safety work - family centered practice; complying with legal requirements; collaborating with partners; maintaining confidentiality; ensuring professionalism; and achieving safety, permanency, and well-being	Child abuse overview, communication skills, social work practices	75%	9	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932
ALOT1	Introduction to Trauma-Informed Care	Trainees learn the important concepts and practices related to trauma and trauma-informed care. Topics include: types of trauma in children, adolescents, and adults; typical trauma reactions in children, the five core principles of trauma-informed care; and the impact of trauma on the mind, body, and behavior	Impacts of child abuse and neglect, mental health, effects of separation, child development	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932
ALOM1	Maltreatment and Child Development 1	Trainees learn the important concepts, practices and services related to the development of, behavior of, and maltreament of children 0-19. Topics include: maltreament; the impact of maltreatment on attachments; developmental milestones; parent-child attachment; types of attachment; role of attchment; normal versus challenging behaviors; the effects of traumatic experiences on physical, cognitive, and behavioral development; the association between developmental and behavioral challenges and maltreatment and well-being; the main cause of maltreatment; risk factors; safe sleeping strategies; and DCFS policies	Child abuse and neglect issues, effects of separation, grief and loss, cultural competency, child development	75%	0.75	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932
ALOM2	Maltreatment and Child Development 2	Trainees learn important concepts and practices related to child development and behavior, maltreatment, and resources for children ages birth to 19 years of age. Topics include: four key principles of maltreatment, indicators of neglect and abuse, impact of corporal punishment, effects of false indicators, using mnemonics of SPOTS and CLASS in description and documentation of maltreatment, complexity in documentation, myths and facts about forensic medical exams, signs of attachment, attachment concerns, and the emotional impact of disrupted attachments	Child abuse and neglect issues, effects of separation, grief and loss, cultural competency, child development	75%	3	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932
ALOM3	Maltreatment Documentation	Trainees begin developing skills to document physical injuries, which include creating a simple, clear, labeled sketch and writing a description that is systematic, precise, objective, and thorough that discusses areas that are not injured	Child abuse and neglect issues, general overviews of the issues involved in child abuse and neglect investigations,	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932
ALOM4	Maltreatment and Child Development: Special Topics	Trainees learn about special topics to prepare them to work with maltreated children. Topics include: abusive head trauma, abdominal trauma, developmental and behavioral challenges and assoicated risk, excessive discipline, the role of mental health in child maltreatment and family dynamics, the effects of maltreatment, impact of traumatic experiences and toxic stress, types of strategies and interventions needed by and available to maltreated children and youth, linkages between identification of maltreatmentand Structured Decision Making, protecting and enhancing attachment through effective case management, and working with professional partners.	Child abuse and neglect issues, cultural competency	75%	0.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
ALOV1	Interviewing Preparation	Trainees learn about communication skills needed to work with and gather information from adults and children. In *Interviewing Basics,* trainees become aware of the process and structure of effective interviewing. Topics include: the importance of proper interviewing skills to build relationships and to engage families, fundamental interviewing skills, and the general structure and process of effective interviewing. In *Child Interviewing: Engagement and Information Gathering,* trainees become aware of the communicaiton skills needed to work with and gather informaton from children. Topics include: the importance of competent interviews with children, usual communication with children, language development, memory and suggestibility, special populations, and evidence-based guidelines for interviewing children.	Communication skills, family centered practice, social work practice	75%	3	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOV2	Interviewing Basics	Trainees begin developing fundamental interviewing skills, including introductions, attending, open questions, minimal encouragers, pausing, clarification, paraphrasing, and closing the interview.	Communication skills, family centered practice, social work practice	75%	6	Synchronous Face-to-Face in Service Area	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOD1	Domestic Violence Basics	Trainees learn about the fundamental concepts of domestic violence and the implications for case management. Topics include: the dynamics of domestic violence, the relationship between domestic violence and child maltreatment, the effects of domestic violence on children, the different types of protection orders in Nebraska, and the challenges of gathering information from a family when domestic violence is present.	Domestic Violence	75%	2	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOWS	Worker Safety and De-escalation Basics	Trainees are introduced to de-escalation techniques and learn appropriate strategies for preventing, recognizing, and responding to worker safety threats. Topics include: the importance of treating all people with dignity and respect. The four A's of Safety (awareness, assessment, anticipation, and action), assessing behavior and the environment; importance of boundaries, types and aspects of communication, common risk factors, personal worker safety issues (home, office, vehicle, home visits), de-escalation techniques, response to human and non-human safety threats, and reporting critical incidents.	Worker safety	50%	1	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOGD	Gathering and Documenting Information	Trainees begin developing skills in accessing and searching computer systems and websites and in documenting information. Topics include: importance of timely, accurate case management documentation; basic strucutre and functionality of N-FOCUS; how to navigate and perform basic searches in N-FOCUS, the APS/CPS website, the C1/Legacy System, iCHARTS, the Nebraska Data Exchange Network, online corrections databases and sex offender registries, and the Nebraska State Bar Association; the electronic case file format; and how to document narratives.	Case management, Case reviews, SACWIS, automated system	75%	5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOT2	Secondary Trauma	Trainees learn about secondary trauma and its possible impact on workers. Topics include: what it is, how to recognize it, and protective strategies for self and others	Stress management	50%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOI1	Initial Assessment Basics	Trainees gain a foundation-level understanding of the initial assessment process and the evidenced-based practice of Structured Decision Making* (SDM). Topics include initial assessment procedures, response times, law enforcement involvement, conflicts of interest, preparation steps for meeting families, gathering information, definitions and determination of households and caregivers, SDM Safety Assessment, safety interventions, safety planning, parenting time requirements, removal notification requirements, identifying and engaging non-custodial parents, background checks, risk assessment, prevention assessment, and case status determination.	Case Management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, foster care candidate determinations, pre-placement activities	75%	6	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
ALOL1	Introduction to the Nebraska Juvenile Court Process	Trainees are introduced to the Nebraska Juvenile Court Process. Topics include the steps in the legal process, the role of the courts in relation to Protection and Safety, and definitions of relevant legal terminology.	Preparation/participation in judicial determinations, fair hearings and appeals, confidentiality	75%	1	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOA1	ICWA 1	Trainees are introduced to the Indian Child Welfare Act (ICWA) and how to comply with state and federal regulations. Topics include what ICWA is, why it was enacted, how to work with the tribe's ICWA specialist, inquiring about tribal membership, providing notification that a child is an Indian child, tribal response to notification, and tribal role in ICWA cases	Cultural competency	75%	3	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ALOS1	Introduction to Substance Use	Trainees gain awareness about substances and how substance use impacts families. Topics include: basic definitions, effects of use, common drugs in Nebraska, finding and using reliable informaton about drugs, substance use signs and factors to consider before meeting with families, priority populatons, federal privacy laws, and levels of care	Substance Use	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
Block B|Week Four| Classroom												
BCRI2	Initial Family Contact	Trainees begin developing initial family contact skills. Topics include: Introducing selves, engaging families, and de-escalation techniques that promote safety.	Communication skills required to work with children and families	75%	4.5	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
BCRV3	Child Interviewing: Engagement and Information Gathering	Trainees learn how to engage and interview children using a research-based structured approach and begin developing fundamental child interviewing skills. Topics and skills include: minimal facts interview, the role of the CAC, how children usually disclose maltreatment, and interviewing children using structured guidelines.	Communication skills, family centered practice, social work practice	75%	5	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
BCRI3	Safety Assessment, Planning, and Documentation	Trainees continue to learn about the Initial Assessment process and practice related skills. Topics and skills include: Safety assessment: safety plan; inquiring about ICWA; engaging families including non-custodial parent; placement forms; parenting time plans; Interstate Compact on the Placement of Children (ICPC); case status determination; expungement; and documenting SDM Households, SDM Safety Assessments, SDM Safety Plans, approved informal living arrangements, relative notices, kinship narratives, and parenting time plan.	Case Management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, foster care candidate determinations, pre-placement activities	75%	11.5	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
BCRL2	Legal Aspects and Engagement of Non-Custodial Parent 1	Trainees learn how DHHS obtains legal custody of children. Topics include: conditions and process for child removal, protective custody hearing, reasonable efforts, parenting time when child is out of home, explaining legal custody to a parent, and identifying the non-custodial parents	Preparation/participation in judicial determinations, fair hearings and appeals, confidentiality	75%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
BCRI4	Risk Assessment, Closing Initial Assessment, and Documentation	Trainees continue to learn about the Initial Assessment process and practice related skills. Topics and skills include: the Nebraska Caregivers' Responsibility (NCR) tool and foster care rates and documentation of removals, placement and changes in placement, NCRs, risk assessment, prevention assessment, family functioning narratives, the school district notice form, and the Early Development Network form in N-FOCUS.	Case Management, communication skills, preserve and strengthen the family, foster care candidate determinations, SACWIS, automated system	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
Block C | Weeks Five-Six | Local Office												

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
CLOL3	Legal Aspects and Engagement of Non-Cusodial Parent 2	Trainees learn the steps involved in achieving jurisdiction by the court and how DHHS obtains legal custody of children. Topics include first hearings, trial/adjudication hearings, the worker's responsibilities at hearings, determination of facts, understanding a petition, filing and serving a petition, and notifying the non-custodial parent of juvenile court proceedings.	Preparation/participation in judicial determinations	75%	3	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
CLOL4	Communicating with the County Attorney	Trainees learn about the various ways to communicate with the county attorney. Topics include: types of written communication (i.e., letter, affidavit, and request to file), when each is appropriate, information needed in each one, and how to prepare each type of document.	Preparation/participation in judicial determinations, fair hearings and appeals, communication skills	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
CLOLA	Testifying Techniques	Trainees are introduced to the juvenile court hearing process and effective testifying techniques. Topics include: being called as a witness, preparing for court, the steps of the hearing process, common legal terms used in testifying, and techniques for providing credible testimony	Preparation/participation in judicial determinations, fair hearings and appeals	75%	3	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
CLOLB	Testifying: Protective Custody Hearing Preparation	Trainees learn how to answer questions commonly asked in juvenile court and how to prepare to testify at a protective custody hearing. Topics include: testifying to job duties, testifying about Structured Decision Making (SDM) assessments, and testifying at a protective custody hearing (temporary custody, reasonable efforts, placement, parenting time and ICWA)	Preparation/participation in judicial determinations, fair hearings and appeals	75%	3	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
CLO01	Introduction to Ongoing	Trainees gain a foundation-level understanding of the ongoing case management process and the evidenced-based practice of Structured Decision Making (SDM). Topics include ongoing case management philosophy and procedure, case transfer, self-determination, and the Family Strengths and Needs Assessment (FSNA).	Case Management, assessments to determine removal from the home, communication skills, preserve and strengthen the family	75%	6	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
CLOY1	Meet today's Youth in Foster Care	Trainees learn from youth about their needs when preparing for adulthood. Topics include Nebraska state statute requirements when working with youth in care; promoting normalcy, permanency, and well-being for youth in care; and supports necessary to prepare youth during and following their foster care experience	Preparing for Independent Living	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
CLO00	Foundations of Medicaid and Behavioral Health	Trainees learn the basics of Medicaid and the Behavioral Health Systems to prepare for application in the Synchronous Face-to-Face. Topics include: what Medicaid is, managed care companies, medical necessity, medical home, policy and procedure specific to medical/surgical needs, Medicaid eligibility, working within a managed care company, appeals in Medicaid, Behavioral Health Systems and services, and payment within the Medicaid and Behavioral Health Systems	Case management, Training on referrals to services,	75%	1	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
Block D | Week Seven | Classroom												
DCRLC	Testifing: Protective Custody Hearing	Trainees build skills in answering questions commonly asked in juvenile court and testifying at a protective custody hearing. Skills include: testifying to job duties, what Structured Decision Making (SDM) is, SDM safety assessment findings, temporary custody, reasonable efforts, placement, parenting time, and ICWA	Preparation/participation in judicial determinations, fair hearings and appeals	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
DCRO2	Identifying and Referring to Services	Trainees learn the basics of identifying, referring to, and completing service referrals for contracted and community providers that meet identified needs for family members involved with Children and Family Services. Topics include: the CFS role in accessing services, the array of services available to families, evidence-based treatment, trauma-focused treatments, locating non-treatment and treatment services, Medicaid and Behavioral Health Services, the role of the managed care organizations, the application processes for adults and children, locating and referring for medical/surgical and mental/behavioral health services, accessing resources available in the community, different payment options available for services provided and when each is appropriate to use, importance of adequate medical services for children, completion of services referrals.	Referral to services, SACWIS, automated system, Training on how to conduct specialized assessments such as psychiatric, medical or educational assessments are not permitted.	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
DCRO3	Family Strengths and Needs Assessment, Family Team Meeting, Case Planning, and Documentation	Trainees continue to learn about the ongoing case management process and practice related skills. Topics include: family-centered practice; engaging non-custodial parent; family teams; family team meetings; discussing safety threats and risk factors; identifying goals and strength-based strategies; documenting family team meeting information; preparing a case plan; identifying permanency objectives; concurrent planning; developing a case plan; required contacts; measuring case plan progress; N-FOCUS documentation that includes the family team meeting, relative notice, general narratives, Program Person narratives, SDM Households, Family Strengths and Needs Assessments, and case plan; and using N-FOCUS to review the safety plan and complete narratives, search for SDM Risk Assessments, review case management progress regarding Parenting Time plan and case plan, enter required contacts, completion of service referrals, and documentation of referrals on N-FOCUS.	Case Management, Social work practice, such as family-centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, Permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, Cultural competency , Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75%	17	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
DCRO4	Court Report Components and Navigation	Trainees learn about the roles and responsibilities of CFS Specialists as they relate to court reports. Topics include court report components, documenting legal actions and school attendance, navigating N-FOCUS to write a court report, and navigation through an education court report for the purpose of informing the Disposition and Review Hearings	Statewide Automated Child Welfare Information System (SACWIS)	75%	4	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
Block E | Weeks Eight - Nine | Local Office												
ELOO5	Court Report Documentation	Trainees develop skills in writing a court report.	Preparation for and participation in judicial determinations, SACWIS, automated system	75%	8	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
ELOO6	Ongoing Assessments: Reunification and Risk Reassessment	Trainees continue to learn about the ongoing case management process. Topics include: placement change protocol, SDM Risk Reassessment, and SDM Reunification Assessment.	Case Management, Social work practice, such as family-centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, Permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, Cultural competency , Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ELODC	Making Decisions about Daily Care and Sensitive Issues	Trainees learn about appropriate decision making regarding daily care and specific sensitive issues for a child or youth in care. Topics include: the philosophy of cultural humility, the importance of engaging families in decision making, types and roles of various decision makers, applicable policies and procedures regarding daily care decisions (e.g., haircuts, tattoos, discipline) and specific sensitive issues (e.g., religious practices, birth control, sex education, abortion, and end-of-life-decisions), LGBTQ youth, bullying, and how to talk with families about these decisions	Preparing of independent living, child development, Case management and supervision, Referral to services	75%	3	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ELOY2	Transitional Living Services for Youth	Trainees learn about services and resources that support youth through age 19 who are wards of the state in their transition to independent living and self-sufficiency. Topics include: identifying services and resources (education, employment, health care, finances, housing, relationships, and adult services), linking services and resources to needs, and referring to services	Case management, Preparing for Independent Living	75%	1	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ELOY3	Transitional Living Case Management	Trainees learn about the case-management steps necessary to support youth who are state wards ages 14 through 18 as they are prepare for adulthood and/or transition to independent living and self-sufficiency. Trainees also learn where to access the information necessary to support the completion of their case management responsibilities. Topics include: building a youth-driven transition team, Casey Life Skills assessment, credit reports, National Youth in Transition Database (NYTD), Education and Training Voucher Program, health care options, and transition planning with the youth and the transition team	Case management, Preparing for Independent Living, Case management and supervision	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
Block F | Week 10 | Classroom												

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
FCRL5	Legal Aspects: Placement Change Process and Disposition and Review Hearing	Trainees learn about the Nebraska Juvenile Court Process as it relates to the ongoing phase of work. Topics include the placement change process, the worker's responsibilitites during disposition and review hearings, and explaining the juvenile court process to a family.	Preparation/participation in judicial determinations, fair hearings and appeals	75%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
FCRLD	Testifying: Dispositional Hearing Preparation	Trainees learn how to answer questions commonly asked in juvenile court and how to prepare to testify at a disposition hearing. Topics include: testifying to job duties specifically related to preparing a case plan and court report, testifying about Structured Decision Making (SDM) assessments, with particular attention to the Family Strengths and Needs Assessment (FSNA), and tesifying at a disposition hearing (explaining recommendations in the case plan and court report, custody, reasonable efforts, placement, permanency, parenting time, and ICWA	Preparation/participation in judicial determinations, fair hearings and appeals	75%	2.5	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
FCRLE	Testifying: Dispositional Hearing	Trainees build skills in testifying at a disposition hearing. Skills include testifying to job duties, Structured Decision Making (SDM) assessments, permanency, reasonable efforts, placement, parenting time, court report recommendations, child well-being, and ICWA	Preparation/participation in judicial determinations, fair hearings and appeals	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
FCRY4	Transition Team Meeting: Creating a Youth-Driven Transitional Living Plan	Trainees learn skills needed to coordinate and facilitate a transition team meeting and to create and document a youth-driven Transitional Living Plan (TLP). Topics include: engaging youth in building team, team members, team's purpose, engaging team members, Casey Life Skills Assessment, tying services and supports to strengths, developing a youth-driven TLP, and documenting a TLP on N-FOCUS.	Preparing for Independent Living	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
FCRY5	Working with Missing and Trafficked Youth	Trainees learn how to work with missing youth and youth who are involved in the sex trafficking industry. Topics include: case management of missing youth, introduction to the trafficking of children and youth, traffickers, methods of recruitment, vulnerabilities in children and youth, red flags, engaging at-risk children and youth, case management of trafficked youth, and resources for trafficked youth.	Case Management, assessments to determine removal from the home, placement of child, referral to services	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
FCRM5	Maltreatment: Critical Thinking and Communication	Trainees continue developing skills in gathering information and documenting physical injuries. Topics include: assessing all children for safety and risk; distinguishing between accidental and abusive injuries; bruising patterns; red-flag characteristics; case management steps; gathering and interpreting information; working effectively with medical and other professionals to share pertinent information with them and to obtain and document needed medical information **from the**; documenting by creating a simple, clear, labeled sketch and writing a description that is systematic, precise, objective, and thorough; and becmoning acquainted with CFS's expectations around critical incident reporting.	Child abuse and neglect issues, Case Management	75%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
FCRO7	Ongoing Documentation and Case Closure	Trainees continue to learn about ongoing case management documentation on N-FOCUS and about the documentation skills needed to close a case. Topics include: program person, person detail; removal and placement; school attendance; tribal information and the cultural plan, SDM Reunification Assessment; SDM Risk Assessment and Safety Assessment; narratives on required contacts; gathering information on N-FOCUS ; parental rights; missing or trafficked youth; domestic violence; trauma; substance use; and psychotropic medications; and steps at case closure	Case Management, Social work practice, such as family centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, Permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, Cultural competency , Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75%	9	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
Block G | Weeks Twelve - Thirteen | Local Office												
GLOSS	Working with Schools and Special Education	Trainees learn about working with schools and special education. Topics include: the impact of special needs on a family, the importance of advocating for a child in the special education system, DCFS's policies relating to working with schools and planning a child's education, the requirements of Rule 51, Individualized Family Service Plan (IFSP), Multidiscipllinary Team (MDT), Individual Education Plan (IEP), Early Development Network (EDN) referral process, and services provided by the EDN.	Well-Being, preserve and strengthen the family, referral to services	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
GLODS	Disability Services	Trainees learn about disability services in Nebraska. Topics include disabilities services, key consideration for CFS Specialist in accessing services, and the importance of language used when working with Individuals with disabilities.	Case management, Case reviews, SACWIS, automated system	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
GLOL6	Termination of Parental Rights	Trainees learn the Nebraska statutory requirements for judicial Termination of Parental Rights (TPR) in juvenile court. Topics include: grounds and court process for TPR, framework for testifying about best interests, comparing voluntary relinquishments to TPR, and legal implications of severing parent's rights	Preparation/participation in judicial determinations, fair hearings and appeals	75%	3	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
GLOL7	Adoption and Guardianship in Juvenile Court	Trainees learn about the distinction between adoption and guardianship permanency objectives and how to support them in court. Topics include: need for permanency by all children; Fostering Connections Act; persuasive justification; guardianship legal process and forms; adoption legal process and forms; and sharing information following an adoption in an ICWA case.	Preparation/participation in judicial determinations, fair hearings and appeals	75%	3	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
GLOO8	Records Management at Case Closure	Trainees learn how to carry out final case management and supervision responsibilities across permanency objectives (family preservation, reunification, adoption, legal guardianship, or independent living) with a focus on when and how to close a case based on the resolution of the issues that brought the child/youth to the attention of the Department and the achievement of case plan outcomes. Topics include: case closure determinations; discharge recommendations; steps in case closure; independent living unique steps; aftercare support planning and referrals based on family needs; decision makers, case management activities, and documentation prior to case closing; file retention; sealing records; and identification and disposition of documents at case closure	Case management, Referrals to services, SACWIS, automated system, Preparing for Independent Living	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
GLOAR	Car Seat Safety	Trainees develop skills in selecting and installing a car seat for transporting children. Topics include: the Nebraska child passenger restraint law; crash and restraint system dynamics; parts and functions of vehicle and child restraint systems; and types, proper use, and installation of various models of car seats	Safe Driving	50%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
GLOTP	Trauma Review and Preparation	Trainees will review the important concepts and practices related to trauma and trauma-informed care in preparation for application in the Synchronous Face-to-Face. Topics include review of core principles of trauma-informed care, awareness of impacts on traumatic stress, and what therapeutic services should be utilized for trauma	Impacts of child abuse and neglect, mental health, substance abuse, effects of separation, child development	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
GLOD2	Working with Families Experiencing Domestic Violence Preparation	Trainees learn how to assess and work with families experiencing domestic violence. Topics include: effects of domestic violence on children; children's experiences of domestic violence; programs to use with children that have experienced domestic violenc; characteristics of batterers; questioning batterers, survivors and children; holding batterers accountable; partnering with a protective parent; parenting time issues with domestic violence; importance of documentation regarding domestic violence; and programs to use or avoid when working with families experiencing domestic violence.	Domestic Violence	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
GLOSP	Substance Use Review and Preparation	Trainees will review how to recognize substance use concerns in families. Topics include: recognition of warning signs, effects of use, worker safety concerns, and drug testing.	Substance Use	75%	1	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	1932	
GLOEP	Engaging Familes: Skill Demonstraton Preparation	Trainees read case documents in order to effectively prepare to complete an Initial Assessment. Topics include child narratives and an intake	Social work practice, family centered practice, interviewing and assessment	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	1932	
Block H | Week Thirteen | Classroom												
HCRT3	Becoming Trauma Capable	Trainees continue to explore the important concepts and practices relaged to trauma and trauma-informed care. Topics include: understanding the CFS Specialist's role in decreasing the impact of increased distress within the family system; Adverse Childhood Experiences (ACEs); resiliency; how trauma can affect safety, permanency, and well-being; core principles of trauma-informed care and how to respond effectively to traumatic reactions; what therapeutic services should be utilized for trauma; and referring to evidence-based, trauma-focused treatment services	Impacts of child abuse and neglect, mental health, substance abuse, effects of separation, child development	75%	4	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
HCRPM	Psychotropic Medications	Trainees learn the most important considerations when working with Families and physicians of children who are receiving psychotropic medication. Topics include the people involved and their roles; how to be sufficiently informed to provide informed consent; how psychotropic medications work; target symptoms, side effects, and adverse drug events; the use of timelines for understanding a child's symptoms, diagnoses, and medications; and the use, benefits, and risks of various classes of medication.	Mental health, substance abuse, referral to services		3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
HCRD3	Working with Families Experiencing Domestic Violence	Trainees learn how to assess and work with families experiencing domestic violence and the implications for case management. Topics include: effects of domestic violence on children; collusion techniques, characteristics of battterers, holding batterers accountable, varying interview questions, power and control tactics, unintended consequences, partnering with a protective parent, parenting time issues around domestic violence, lethality of strangulation in domestic violence situations, enduring stalking, importance of documentation, variance in case management strategies, and incorporating domestic violence interview information into safety assessments and safety plans.	Domestic Violence	75%	10	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
HCRS2	Substance Use 2	Trainees learn how to recognize and respond to substance use concerns in families. Topics include; recognition of warning signs, effects of substance use, completing the UNCOPE screening instrument, stages of change, levels of care, engaging individuals in treatemnt, making referrals, supporting success in and out of treatment, and relapse/lapse planning.	Substance Use	75%	9	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
HCRO9	N-FOCUS Practice	Trainees practice skills in documenting on N-FOCUS in areas used by a CFSS in Initial Assessment or Ongoing work. Topics practiced depend upon their assigned job area.	Case Management, SACWIS, automated system	75%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	1932	
HCRE1	Engaging Families: Skill Demonstration	Trainees demonstrate initial assessment and ongoing case management skills. Topics include using a family-centered case plan development approach to case management, engaging families, de-escalating families as needed while having crucial conversations, interviewing individuals and families effectively, gathering information for safety and risk assessments, preparing the family for the family team meeting, facilitating the family team meeting, and developing a case plan that addresses safety threats and needs	Communication skills required to work with children and families, Case Management, Social work practice, such as family centered practice and social work methods including interviewing and assessment,	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
Block I | Week Fourteen | Local Office												
ILOE2	Engaging Families: Documentation	Trainees demonstrate skills in documenting case information on N-FOCUS. Topics include: initial assessments, family engagement, information on safety and risk assessments.	SACWIS, automated system, Case management	75%	6	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ILOTM	Time Management	Trainees learn about strategies that improve time management as a CFS Specialist. Topics include: time management tips, organizing work and work flow, and tools and job aides that support effective time management	Job performance enhancement skills (e.g., writing, basic computer skills, time management)	50%	3	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ILOAR	Foundations of Alternative Response	Trainees learn the basics of Alternative Response to prepare for application in the classroom. Topics include: the Alternative Response process and how it differs from Tradional Response; screening of Alternative Response cases; Exclusionary and R.E.D. team criteria; response times and initial contact protocols; Protective Factors Questionnaire and how it is completed; Alternative Response brochure, Consent form, and Family Plan; and protective factors	Protective factors: Introduction to the concept of risk and protective factors and prevention; effective strategies for prevention;	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
ICRAR	Alternative Response	Trainees learn about the Alternative Response process and practice related skills. Topics and skills include: differences between Alternative and Traditional Response cases; recognizing exclusionary and R.E.D. team criteria in family situations; Protective Factors Questionnarie; Alternative Response Consent form and brochure; developing a family plan; case mapping and group supervision; community services and supports available to Alternative Response families; Division of Children and Family Services purchase cards and how and when to utilize those funds; documentation; and case closure in Alternative Response	Assessment to determine whether a child requires removal from the home, • Social work practice, such as family-centered practice and social work methods including interviewing and assessment. communication skills	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ICRSO	Safety Organized Practice Two-Day Orientation	The course provides an overview of the foundational theories and practices that comprise SOP. The training will expose the learner to the integrated approach of SOP and offer opportuities for practicing concrete tools. SOP draws on a variety of methods and tools including Structured Decision-Making, trauma-focused practice, solution-focused therapy, motivational interviewing, appreciative inquiry, and Signs of Safety. The training will help the learner to conduct balanced, rigorous assessments that focus on both safety and danger as well as how to use conversations with families and their networks to facilitate change. The two-day orientation provides a foundation for a learner before participating in the SOP Modules	Development of Case Plan, Case Reviews and Case Management, social work practice, such as family-centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, communication skills. Activities designed to preserve and strengthen the family, cultural competency, trauma informed, child abuse and neglect issues, such as the impact of child abuse and neglect on a child.	75%	14	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ICRA2	ICWA2	Trainees continue to learn about the Indian Child Welfare Act and how to comply with state and federal regulations. Topics include: working with a tribe's ICWA Specialist, active efforts, ICWA placement guidelines, cultural plans, importance of proper documentation in N-FOCUS, and qualified expert witnesses.	Cultural competency	75%	4	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees			
ICRSI	Intake Specialization	Trainees participate in a specialized training on the abuse/neglect intake referral and acceptance process of Child Protective Services (CPS), Alternative Response, and Adult Protective Services (APS). Topics include; role of Intake Worker; legal and policy basis for Intake work; intake process; appropraite questions to gather needed information; collateral contacts; background checks; exclusionary criteria; Strucutred Decision Making screening and prioritization tools in Child Protective Services; difference between Alternative Response, Red Team and Traditional Response; Structured Decision Making screening and prioritization tools in Adult Protective Services; and screening decisions about priority decisions.	N/A	0%	12	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment H: New Worker Training

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	DCFS Cost of Training	
ICRAO	APSS and Out of Home Assessment Specialization	Trainees learn about the assessment of foster homes and relative placements for safety and suitability. Topics include: components of the Structured Decision Making (SDM) Assessment of Placement Safety and suitability (APSS), SDM policy and procdures on assessments of safety and suitability, applying an APSS, completing an Out-of-Home Assessment (OHA), and documenting an APSS and an OHA on N-FOCUS.	Case Management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, foster care candidate determinations	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	
ICRSA	Adoption Specialization	Trainees learn about the fundamentals and dynamics of adoption as they relate to each person involved in the adoption process. Adoption-specific topics include: an overview of adoption; determing eligibility for adoption; considering placement for adoption; finding adoptive families; preparing the child, the Seven Core Issues in Adoption, biological family, and adoptive family for placement; determining eligibility and need for subsidy; placement responsibilities of the worker; how to finalize an adoption; post-adoption services and responsibilities of the worker; and the case management responsibilities of the Legal guardianship specific topics include; an overview of legal guardianship; the differences between adoption and legal guardianship; when to consider legal guardianship as a permanency objective; preparing the youth, biological family, and potential legal guardians; and determining eligibility and need for subsidy.	Placement of child, foster care candidate determination, adoption assistance, case management	75%	6	Synchronous Webinar	CCFL Trainers	Long Term	CFSS Trainees	7	$1,932	

Attachment I: CFS Training Modifications

CFS Child Protection & Safety New Worker Training Modifications

July 2019 to April 2020

Group/ Updates	Unit	Action
July 2019		
Updates to the Training Syllabus and Outline	ALOM1 | Maltreatment and Child Development 1	*Syllabus* had a change for one of ALOM1's external resource that is distributed in the Case Management Desk Aid.
Updates to SALT and FTRB Tasks	Locate Training Resources	Updated one of ALOM1's external resource that is distributed in the Case Management Desk Aid.
	Block A+Units	Updated one of ALOM1's external resource that is distributed in the Case Management Desk Aid.
	Evaluation	*Evaluation of Job Performance* had edits to the performance evaluation section.
	Roles and Responsibilities	All three documents detailing roles and responsibilities were edited. They included: *Weeks 1-14 + Roles and Responsibilities*, *4 Cases+Roles and Responsibilities*, and *Full Cases+Roles and Responsibilities*. Changes included removal of responsibilities, adding of responsibilities, language modifications, and edits to the topic of performance evaluations.
September 2019		
Updates to the Training Syllabus and Outline	ALOC1 – ALOA1 | ICWA units	*ALOC1 "Introduction to ICWA"* was replaced with *ALOA1 "ICWA 1"* which has an updated description, learning objectives, and increased by one hour.
	ELOC2 | ICWA unit	*ELOC2 "ICWA 1"* has been removed.
	FCRC3 – FCRA2 | ICWA units	*FCRC3 "ICWA 2"* has been replaced with *FCRA2 "ICWA 2"* which has an updated description, learning objectives, and no change in time.
	FCRY4, FCRO7, FCRC3 | Transition Team Meeting, Ongoing Documentation and	*FCRY4 "Transition Team Meeting"* has had a learning objective removed and placed into *FCR07 "Ongoing Documentation and Case Closure" ("be able to document Transitional Living Plans on NFOCUS.").* Please note

	Case Closure, and ICWA	*FCR07* also added one learning objective from a previous unit *FCRC3 "ICWA 2" ("be able to develop a cultural plan.").*
	ICRSO | Safety Organized Practice	New unit: *ICRSO "Safety Organized Practice Two-Day Orientation"* which is a 14-hour Classroom training for all trainees.
	Outline	○ *ALOC1 "Introduction to ICWA"* has been replaced with *ALOA1 "ICWA 1".* ○ *ELOC2 "ICWA 1"* has been removed. ○ *FCRC3 "ICWA 2"* has been replaced with *FCRA2 "ICWA 2"*. ○ *ICRSO "Safety Organized Practice Two-Day Orientation"* is a new unit.
Updates to SALT and FTRB Tasks	Locate Training Resources	Changes pertaining to ICWA and SOP as well as updated unit numbers.
	Training Blocks	*CPS NWT Training Blocks* had changes pertaining to SOP being added to Block I.
	Block Units A, E, F, G, H, and I.	*Block A+Units, Block E+Units, Block F+Units, Block G+Units, Block H+Units, and Block I+Units* all had changes pertaining to ICWA and/or SOP (some changes were content while others involved re-numbering units).
	Field Tasks	Please note that *Block E+FIELD Tasks* did not change for the two field tasks pertaining to ICWA. While they moved to be under FCRA2, as field tasks they remain listed in Block E.
	Agendas	All seven *Agendas* were updated to more accurately convey Block I now that ICRSO is added.
	Evaluation and CDT	All four documents pertaining to Evaluation and the CDT were updated. They include: *Evaluation of Job Performance*, *CDT Guide*, *Tips for CDT*, and the new *CDT version 8.0*.
November 2019		
Updates to the Training Syllabus and Outline	Syllabus	Updated trainers assigned to units.
Updates to SALT and FTRB Tasks	CDT	*CDT 8.1* was updated.
	Apps used in training	*CCFL OC* was updated to remove "BH Meds" App and add "Kahoot" App.

	P&S Training and Resources Site	*P&S Training and Resources Site* was removed.
February 2020		
Updates to the Training Syllabus and Outline	Syllabus	Updated trainers assigned to units.
	HCRPM	The following changes were completed due to a new SWI and Checklist: o Assessment of Learning changed to "Trainees complete Psychotropic Medication Checklist" o Learning Objective #7 changed to "Trainees remember the process to determine the need for further consultation when a need or concern arises"
	ICRSO	Reduced from 14 hours to 11 hours.
Updates to SALT and FTRB Tasks	Outline and CPS NWT Training Blocks	Changes pertaining to reduction of training hours in Block I.
	Block A+Field Tasks	Changes to Field Task #5 to make "DHHS – Culturally and Linguistically Appropriate Services Training Curriculum" a more correct title to help trainee locate it.
	Block H+Units	HCRPM had updates to the Assessment of Learning and to Learning Objective #7.
	Block I+Units	ICRSO was reduced from 14 hours to 11 hours.
March 2020		
Updates to the Training Syllabus and Outline	Syllabus	FCRA2 "ICWA 2" has been moved to Block I as ICRA2 "ICWA 2", it now has 4 hours instead of 2.5 hours and has a documentation piece.
		Learning Objectives had the following changes: o Moved Learning Objective from FCRO7 to ICRA2 (be able to document tribal information and Cultural Plan on NFOCUS). o Moved Learning Objective from FCRO7 to ICRA2 (be able to develop a cultural plan). o Moved Learning Objective from FCRO7 to DCRO3 (be able to write narratives on required contacts (child and mother in residence). o Added new Learning Objective to FCRO7 (be able to provide guidance on establishing parenting time and visitation between children and their families).

		○ Added new Learning Objective to DCRO3 (be able to provide guidance on establishing parenting time and visitation between children and their families).
Updates to SALT and FTRB Tasks		*CPS NWT Training Blocks, CPS NWT Outline, CPS Locate Training Resources, Block F+Units, Block G+Units, Block H+Units, and Block I+Units* all had changes pertaining to the ICWA unit change and change of hours.
		New Worker Training Sites+Lincoln had changes pertaining to Law College GPS maps.
SWIs (including tools and attachments) and Policy Updates | Uploaded to OC Resource Library and Implemented into Curriculum		
April - December 2019		97 SWIs (including tools and attachments) and P&S Procedure Updates
January - April 2020		50 SWIs (including tools and attachments, number does not include the update of rescinded previous versions.)

Attachment J: CFS Training Aids and Resources

Training Aids and Resources

The following training aids and resources are provided to all CFS case manager trainees during New Worker Training. Materials are continually updated to best support training. Unless noted otherwise, materials are both distributed as a hard-copy as well as electronically. Trainees can locate electronic materials on the UNL-CCFL OC Resource Library as well as within any corresponding online course unit.

Introduction to Training Aids

- Service Area Learning Team (SALT): Training Management Manual
- Training Overview (online only)
- Training Outline

Desk Aids

- Case Management Desk Aid
- NFOCUS Desk Aid (online only)
- Adoption and Guardianship Forms and Guidelines (online only)
- Transitioning Youth to Independent Living Desk Aid (online only)
- Transitioning into Adulthood – My Records (Resource for Youth) (online only)
- Safe Kids Nebraska: Children and Family Services Transportation Training Manual (hard copy only)

Job Aids

- Timeframes for CFS Case Management
- Mandatory Consultation Points
- Nebraska Revised Statutes – Selected Provisions Pertaining to Child Welfare, Juvenile Justice, and Vulnerable Adults
- Alternative Response: NDHHS Program Manual
- Nebraska Indian Child Welfare Act: A Case Management Guide
- Indian Child Welfare Act: NDHHS Desk Aid
- Education Guide for NDHHS Children and Family Services (online only)
- Worker Safety Tips (online only)
- Working with Families Experiencing Domestic Violence: A Job Aid for Working with Children and Families
- Working with Missing and Trafficked Youth Job Aid
- Substance Use: A Job Aid for Working with Children and Families
- Interviewing Basics Job Aid
- Checklist Before Child Interviewing
- Child Interviewing Job Aid
- Be Effective in Juvenile Court: Guide to Practice and Process
- What Now?: A Guide for Kids in Nebraska’s Juvenile Court System

- Development, Behavior, and High-Risk Situations: A Job Aid for Working with Children and Families (online)
- Medicaid and the Behavioral Health System Job Aid
- Disability Services Guide (online only)
- Non-Treatment Services Job Aid
- Treatment Services Job Aid
- Managing Psychotropic Medication Guide: Job Aid for Working with Caregivers, Youth, and Providers
- Introducing an Integrated Safety-Organized Practice (online only)

Auxiliary Training Aids (purchased from or provided by outside resources)

- Development Wheel (hard copy only)
- Behavior Has Meaning: Three steps for understanding and responding to challenging behavior (English and Spanish) (hard copy only)
- Understanding Children Sexual Behaviors (hard copy only)
- Denver II Development Chart (hard copy only)
- Reports of Child Abuse or Neglect: A Handbook for Parents (hard copy only)
- It's Time to Change How We View a Child's Growth–Learn the Signs–Act Early (hard copy only)
- Track Your Child's Developmental Milestones (hard copy only)

Course Title	Course Description	Title IV-E Administrative Function that the Training Serves	Base FFP Rate	Expected Delivered Hours	Venue	Trainers (s) Lead(s)	Duration	Target Audience	Courses Per Year
Advanced Testifying	Address the specific challenges experienced in the courtroom on an individual basis by offering a customized testifying practice experience at either an Adjudication or Review hearing. Includes video taping, coaching during the simulation, and written and verbal feedback to prepare workers to testify in judicial proceedings. Work on testifying skill at either an Adjudication or a Review Hearing.	Preparation for and participation in judicial determinations	75%	5	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialist & Supervisors	4
Adoption: Processes and Forms	Participants learn about the case management and Post-Placement supervision responsibilities of the adoption worker. Topics include: providing notice to fathers in adoption planning, taking and accepting relinquishments, placing children in adoptive homes, using adoption exchanges, discussing openness, discussing subsidy and developing subsidy agreements, finalizing adoptions and discussing post-adoption services. (Updated 12-21-18)	Permanency planning includng using kinship care, adoption exchange, negiotiation of adoption assistance	75%	10	Synchronous Face-to-Face or Webinar	CCFL Trainers	Long Term	CFS Specialists & Supervisors, especialiy those in Permanency Units	4
Advanced Testifying and Using SDM in the Court Room	Participants will learn to address specific challenges experienced in the courtroom on an individual basis at either adjudication or review hearings. Topics include: Presenting your specific job duties in court, as well as conveying how you engage families, how you access for safety and risk with reference to the SDM process, and how you engage in case planning with the family and family team. (Updated 12-21-18)	Preparation for and participation in judicial determinations	75%	5	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists	8
Alternative Response	Participants learn about the Alternative Response process and practice related skills. Topics and skills include: differences between Alternative and Traditional Response cases; recognizing exclusionary and R.E.D. team criteria in family situations; Protective Factors Questionnaire; Alternative Response Consent form and brochure; developing a family plan; case mapping and group supervision; community services and supports available to Alternative Response families; Division of Children and Family Services purchase cards and how and when to utilize those funds; documentation; and case closure in Alternative Response	Assessment to determine whether a child requires removal from the home, Social work practice, such as family centered practice and social work methods including interviewing and assessment communication skills	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	Division of Children & Family Services	
Assessing Safety and Safety Planning Refresher	The purpose of this training is to give CFS Specialists and Supervisors an opportunity to recall current policy regarding how to effectively assess the safety of children in their home, and how to implement effective safety plans with families. There will also be opportunities for CFS Staff to bring real life case examples and discuss safety planning strategies and have class discussions on working with families to safety plan in complex situations	Case Management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, visitation, communication skills, preserve and strengthen the family, foster care candidate determinations, pre-placement activities	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors	
Approved Informal Living Arrangement	Provides a review of the appropriate utilization of an informal living arrangement and how it is documented on N-FOCUS.	Permanency planning includng using kinship care	75%	1	Webinar	CCFL Trainers	Long Term	CFS Specialists & Supervisors	4

APSS and Out-of-Home Assessment	This training provides information on the policy and procedures of completing an APSS and OHS. This training includes a brief refresher on the policy (5-2017) on these two assessments, and then moves into a mock assessment, in which workers break into groups and interview two children and a foster parent that has an intake with allegations of abuse and neglect. The workers gather the information to complete the assessment. The supervisors then provide feedback for any additional information they would be requesting, and any information missing, or any missing steps in the process.	Case Management, assessments to determine removal from the home, placement of child, referral to services, permanency planning, foster care candidate determinations	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors	
Car Seat Safety	Participants will acquire the knowledge and skills necessary to safely transport children in their care. This will include a skills test on proper installation of car seats. After completion of this training participants will know how to safety transport children in their care. Participants will know how to correctly select and install car seats. Topics include, safe transportation of children, correct selection of child safety seats, and correct installation of child safety seats.	Safe Driving	50%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Speicalists, Case Aides	12
Case Management Refresher: Case Plan Training	Conduct a Family Strengths and Needs Assessment interview with a family, as well as how to appropriately gather the needed information to accurately complete the assessment. Focus on using the FSNA to create and develop a case plan with the family with goals and strategies that are written with the family to address the family's needs while building on their strengths. Identify Critical Needs and how to address areas of need the family is not currently willing to address.	Development of Case Plan	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Trainees	4
Case Management Refresher: Case Plan Training	Participants will learn how to conduct a Family Strengths and Needs Assessment (FSNA) interview to create and develop an individualized case plan with a family. Topics include: identifying goals and strength-based strategies, documenting family engagement and voice within a case plan, developing an individualized case plan, identifying critical needs, and addressing areas of need and family resistance. (Updated 12-21-18)	Case Management, Social work practice, such as family-centered practice and social work methods including interviewing and assessment, assessments to determine removal from the home, referral to services, Permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, Cultural competency, Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialist, Trainees & Supervisors	8
Case Review - Domestic Violence	Participants will review a case using Safety Organized Practice (SOP) to include case mapping with harm and danger statements, with a CCFL Trainer regarding families experiencing domestic violence.	Development of Case Plan, Case Reviews and Case Management and Supervision	75%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialist, Trainees & Supervisors	12
Case Review - Safety Refresher	Participants receive a refresher on the elements of safety assessments, safety planning, and the policy for assessing safety throughout case management. Topics include: Safety Assessments, the definition of safety, safety planning and reassessing safety, through case review with a CCFL Trainer, including scenarios to review how to assess for safety	Development of Case Plan, Case Reviews and Case Management and Supervision	75%	1	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialist, Trainees & Supervisors	12

Case Status Determination	Assigning the finding, expungement process, narrative supporting findings. Building info around each finding and how to explain this to families. Responding to the courts about differences in findings and the court's orders	Eligibility determinations, and re-determinations	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors	4
Central Registry In-Service for CFSS Supervisors and CFS Administrators	Workers learn how to make appropriate determinations of case status classifications for placement on the Central Registry. Topics include: how to follow the Central Registry process, how to determine case status classifications when minors are alleged perpetrators, and what evidence is necessary to support the case status classifications, and how to document the evidence in the case file.	State agency personnel policies and procedures	50%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Supervisors and CFS Administrators	
Child Protective Services Case Management Process	Participants will learn the case management process of assessing child maltreatment and working toward permanency for children in tribal custody. Topics include: the use of structured Decision Making in determining safety and risk of children in their home and in foster care, timelines and time frames for documentation of placements and assessments	Case management, Case reviews, Referrals to services, SACWIS, automated system	75%	9	Synchronous Face-to-Face	CCFL Trainers		Omaha, Winnebago and Santee Tribes	
Critical Thinking for Intake	This course will begin in the morning session with Synchronous Face-to-Face learning and discussions around critical thinking and analysis of information. We will be going over the Critical Thinking Guidelines sheet, as well as discussing some scenarios where critical thinking must be used to make an Intake decision. The second half of the day will be practicing using the critical thinking guidelines. We will go over Intake referral scenarios (real) as time allows, using the critical thinking guidelines as a model for processing the information provided by the referring party and what other information is available.	State agency personnel policies and procedures	0%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialist, Trainees & Supervisors	6
Critical Thinking for Supervisors	Participants will learn how to apply critical thinking guidelines to case information and supervision. Topics include: applying basic critical thinking concepts, analyzing personal assumptions and biases, identifying typical thinking errors of workers, and using critical thinking concepts in supervision. (Updated 12-21-18)	General supervisory skills	50%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Supervisors	4
Disability Services	Participants learn about disability services in Nebraska. Topics include: disabilities services, key considerations for participants in accessing services, and the importance of language used when working with individuals with disabilities	Case management, Case reviews, SACWIS, automated system	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Domestic Violence Basics	Participants learn about the fundamental concepts of domestic violence and the implications for case management. Topics include: the dynamics of domestic violence, the relationship between domestic violence and child maltreatment, the effects of domestic violence on children, the different types of protection orders in Nebraska, and the challenges of gathering information from a family when domestic violence is present	Domestic Violence	75%	2	Synchronous Webinar	CCFL Trainers	Long Term	Division of Children & Family Services	4
Domestic Violence Interviewing	Improve workers' skills in interviewing both victims and perpetrators of domestic violence and to build understanding about how victim reports may be impacted by the circumstances surrounding domestic violence. This is a collaborative training with the Domestic Violence Program within the Office of the Courts and Probation, NE State Patrol, the Domestic Violence Coalition and DHHS.	Child abuse and neglect issues, domestic violence, family centered practice	75%	6	Synchronous Face-to-Face	CCFL Trainers	Short Term	CFS Specialists & Supervisors	1
Domestic Violence: Safe and Together: Skill Training Day	Provide an overview of the Safe and Together Model and allow participants to practice the acquired skills and have discussion regarding barriers and strategies for implementation of the model into daily case work.	Domestic Violence, child abuse and neglect issues	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors	4
Domestic Violence: Safe and Together: Supervisor Consultation	Allow CFS Supervisors the opportunity to ask questions and discuss strategies and barriers for implementation of the Safe and Together model.	Domestic Violence, child abuse and neglect issues	75%	7	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Supervisors & Administrators	4
Domestic Violence: Stalking with Technology	DHHS CFS Specialist are informed about the use of technology to stalk survivors of domestic violence. Topics include: dangerousness and lethality of stalking with technology, red flags, types of technology used, and how to address technology and safety with survivors.	Domestic Violence	75%	3	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialist, Trainees, Supervisors and Administrators	4

Domestic Violence: The Crime of Domestic Violence Training Video	Participants learn the complexities of domestic violence and how law enforcement and partners can effectively respond to victims and hold perpetrators accountable. Topics include: Critical context of domestic violence, responding to batterers, responding to survivors, documenting, gathering history of the relationship, offender realities and threats, worker safety concerns, and complex needs of survivors	Domestic Violence	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Drug Identification and Information	This course presents an overview of the identification of current substances of abuse	Substance Use	75%	3	Synchronous Face-to-Face	NSP		Division of Children & Family Services	1
DSMS 5 Lite: A Review of Mental Disorder Categories for Workers	Participants will become familiar with DSMS 5 categories and be able to apply them to better understand the implications of psychological diagnoses. Topics include: definition of mental disorders, clinical vs. legal terminology, definition of a diagnosis, the organization of the DSMS, and an overview of the major DSMS classifications as they relate to behavioral indicators, ideology, parenting ability, and child safety and abuse issues	General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	75%	2	Synchronous Face-to-Face	CCFL Trainers	Long Term	Division of Children & Family Services	4
DSM - 5 and Understanding Psychological Evaluations	Participants are introduced to the diagnostic categories in the Diagnostic and Statistical Manual of Mental Disorders - 5 (DSM-5) as a foundation for understanding the purpose and utility of Psychological Evaluations. Topics include: Review and explanation of the diagnostic categories in the DSM-V. Explanation of the purpose and utility of Psychological Evaluations. When and how to ask for a psychological evaluation. Understanding psychological evaluations.	Mental health issues related to children and families in the child welfare system, Referral to services and Development of the case plan.	75%	3.5	Synchronous Face-to-Face	CCFL Trainers		Division of Children & Family Services - Child & Family Services Specialists, Supervisors, Administrators	4
Engaging Families – Family Team Meeting	Participants will learn how to apply the principles of family-centered practice in the facilitation of family team meetings. Topics include: facilitating a family team meeting, effectively talking with families about identified safety concerns, working with families to identify strength-based strategies to address the identified needs and develop the case plan, dealing with distracting and/or difficult behavior in a family team centered way, and documenting family team meetings. (Updated 12-21-18)	Social Work practice, communication skills,	75%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors, Tribal workers	12
Engaging Families - Initial Safety & Risk Assessment Application	Provide CFS Specialist an opportunity to apply skills learned in Case management 1, Interviewing and Worker Safety courses (from New Worker training). Interview parents on an abuse event, critically think about the information received and document that information on N-FOCUS	Social Work practice, communication skills, assessment to determine whether a child requires removal from the home	75%	9	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists	12
Engaging Families –Sensitive Subjects	Participants will learn how to handle and engage in effective 'sensitive sujects' discussions with families. Topics include: developing empathetic communication skills, understanding dialogue, engaging others in dialogue, and using reflection and empathy. (Updated 12-21-18)	Communication skills, cultural competency, social work practice	75%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors	4
ESA Transition-Ongoing Case Management Refresher	Participants review policy and procedure for ongoing case management. Participants will receive an overview of ongoing case management, a Q & A session for clarification and will be taught how to find additional resources and self-paced trainings available on CCFL'S Online Classroom.	Case Management	75%	2	Synchronous Face-to-Face	CCFL Trainers	Just in Time	CFS Specialists, Supervisors, Administrators	1
Family Team Meetings	This training offers CFSS, Supervisors, and Administrators an opportunity to become informed on updated FTM policy and procedure. Trainees learn about engaging families in the process when decisions are being made regarding safety, permanency, and wellbeing for their child(ren).	Permanency Planning, general social work practice, family cetnered practice, communiation skills required to work with children and families	75%	3	Synchronous Face-to-Face	CCFL Trainers	Just in Time	CFS Specialist, Trainees & Supervisors	2

Family Team Meeting for Central Office	Participants learn about Family Team Meeting policy, procedure and the importance of engaging families in the process of decision making regarding safety, permanency and well-being for their child(ren). Topics include: an explanation of policy, fundamentals of the Family Strengths and Needs Assessment including how that assessment is used to drive the family's case plan, the fundamentals of a Family Team Meeting including deciding with the family who should attend, preparing the family/caregiver(s), preparing the participants, and preparing the CFSS to facilitate and/or help the family facilitate the Family Team Meeting including how the case plan is developed by the family and the family team at the Family Team Meeting.	Case Management, Social work practice, such as family-centered practice and social work methods including interviewing and assessment, referral to services, Permanency planning including using kinship care as a resource for children involved with the child welfare system, visitation, communication skills, preserve and strengthen the family, Cultural competency, Child abuse and neglect issues, such as the impact of child abuse and neglect on a child	75%	5	Synchronous Face-to-Face	CCFL Trainers	Short Term	Division of Children & Family Services- Centarl office Administrators, program Specialists and Family Organizations	1
Foundations of Alternative Response	Participants learn the basics of Alternative Response to prepare for applicaton in the classroom. Topics include: the Alternative Response process and how it differs from Traditional Response; screening of Alternative Response cases; Exclusionary and R.E.D. team criteria; reponse times and initial contact protocols; Protective Factors Questionnaire and how it is completed; Alternative Response brochure, Consent form, and Family Plan; and protective factors	Assessment to determine whether a child requires removal from the home, Social work practice, such as family-centered practice and social work methods including interviewing and assessment communication skills	75%	7	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	
Foundations of Medicaid and Behavioral Health	Trainees learn the basics of Medicaid and the Behavioral Health Systems to prepare for application in the Synchronous Face-to-Face. Topics include: what Medicaid is, managed care companies, medical necessity, medical home, policy and procedure specific to medical/surgical needs, Medicaid eligibility, working within a managed care company, appeals in Medicaid, Behavioral health Systems and services, and payment within the Medicaid and Behaviroal Health Systems	Case management, Training on referrals to services,	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Frontline Trafficked in America	Participants learn the reality of labor trafficking within the United States. Topics include: Labor trafficking defintion, Nebraska and Federal Law, Traffickers, Victims, Victim vulnerabilities, Indicators, Case management of trafficked youth and resources.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations and Case management	75%	1	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Group Supervison	Under development	General supervisory skills	50%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	Supervisors & Managers	4

Human Trafficking: Standard Work Instruction	Participants learn about the proces updates that the Division of Children & Family Services are responsible for when human trafficking of youth is suspected	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations and Case Managemenet	75%	0.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Childrean & Family Services	4
ICWA N-FOCUS Documentation	Participants learn how to effectively document ICWA compliance in N-FOCUS. Topics include navigating through N-FOCUS identifying certain components of ICWA compliance including but not limited to membership identification, reason to know versus reason to believe, active efforts, tribal notification, and SDM documentaiton	Cultural competency	75%	1	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Infusing Policy and practice with Trauma-Informed Language	This course will increase awareness of the need for trauma-informed language throught policy and procedure. Trauma-informed language will be reviewed and examples provided	Trauma: An overview of trauma, including definitions, key terms related to trauma and the long-term impact of trauma experiences; the ways that trauma may impact children's functioning and well-being at various stages of development	75%	1.5	Synchronous Face-to-Face	CCFL Trainers	Long Term	Division of Children & Family Services	4
Intake Training for Program Specialists	Participants learn how to review intake information and determine if it meets criteria for Accept for Assessment or Does Not Meet criteria. Topics include the SDM tools used to make screening decisions for both CPS and APS intakes, the definitions included in the decision-making process, and the process followed by the Hotline workers	N/A	0%	12	Synchronous Face-to-Face or Webinar	CCFL Trainers	Long Term	Division of Children & Family Services	7
Interviewing Children Refresher - Application	Participants will learn how to use a researched and structured approach to interviewing children. Topics include: a refresher on the skills needed for interviewing, a structured approach to gathering information about abuse and/or neglect from a child, and how to improve interviewing skills. (Updated 12-21-18)	Social Work practice, communication skills	75%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Speicalist & Supervisors	4
Introduction to Autism Spectrum Disorder & Services for Nebraska Children	This presentation will provide participants with an introduction to autism spectrum disoder (ASD). Participants will learn how to identify the signs and symptoms of ASD in children. Suporrt Services for children with ASD across Nebraska will be discussed as well as limitations and areas of need.	Case planing, Screening and assessment: How to use of screening and assessment tools to develop the child's case plan.	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Kinship Care Walk Through Checklist	This training will familiarize CFS Specialists and Resource Development Workers with a functional tool to be used when assessing safety prior to placement/safety intervention in kinship and relative home		75%	0.5	Synchronous Face-to-Face	CCFL Trainers	Short Term	Division of Children & Family Services	12
Labor Trafficking Basics	Participants learn the reality of labor trafficking within the United States. Topics include: Labor trafficking definition, Nebraska and Federal Law, Traffickers, Victims, Victim vulnerabiliteis, indicators, Case management of trafficked youth and resources	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations and Case management	75%		Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12

Mandt Recertification and Worker Safety	This training builds understanding about the need for healthy relationships, positive communication, and conflict resolution skills when working with families		50%	9	Synchronous Face-to-Face	CCFL Trainers		Division of Children & Family Services	12
Making Decisions About Daily Care and Sensitive Issues	Participants learn about appropriate decision making regarding daily care and specific sensitive issues for a child or youth in care. Topics include the philosopy of cultural humility, the importance of engaging families in decision making, types and roles of various decision makers, applicable policies and procedures regarding daily care decisions (e.g., haircuts, tattoos, discipline) and specific sensitive issues (e.g., religious practices, birth control, sex education, abortion, and end-of-life decisions). LGBTQ youth, bullying, and how to talk with families about these decisions.	Preparing of independent living, child development, Case management and supervision, Referral to services	75%	3	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Maltreatment: Critical Thinking	Participants continue developing skills in gathering information and documenting physical injuries. Topics include: assessing all children for safety and risk; distinguishing between accidental and abusive injuries; bruising patterns; red-flag characteristics; case management steps; gathering and interpreting information; working effectively with medical and other professionals to share pertinent information with them and to obtain and document needed medical information from them; documenting by creating a simple, clear, labeled sketch and writing a description that is systematic, precise, objective, and thorough; and becoming acquanted with CFS's expectations around critical incident reporting	Child abuse and neglect issues, general overviews of the issues involved in child abuse and neglect investigations,	75%	3	Synchronous Face-to-Face	CCFL Trainers		Omaha, Winnebago and Santee Tribes	4
Mentoring Overview	Know what is involved in mentoring a new trainee. Know what are their specific roles and responsibilities as a mentor. Know the parameters of the mentoring program. Know the expectations of their service area for mentoring. Know how mentors and the mentoring program will be evaluated. Know how to support mentors. Be able to support the CFS Trainees in engaging families through the helping relationship	General supervisory skills, worker retention	50%	9	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Supervisors & Administrators	2
Motivational Interviewing for Children & Family Services Specialist	Participants build skills in Motivational interviewing, an approach that uses a collaborative conversation style for strengthening a person's own motivation and commitment to change. Topics include: the concept, spirit, processes, and core skills of Motivational Interviewing; reflective listening; open questions; affirmation; summarizing, and recognizing and responding to change talk	Communication skills, family centered practice, social work practice	75%	18	4 hr Asynchronous Self-Paced Online 14 hrs Synchronous Face-to-Face	CCFL Trainers	Long Term	Division of Children & Family Services	
Motivational Interviewing for CFS Supervisors and Administrators: 2 Day	Participants build skills in Motivational Interviewing, an approach that uses a collaborative conversation style for strengthening a person's own motivation and commitment to change. Topics include: the concept, spirit, processes, and core skills of Motivational Interviewing: reflective listening; open questions; affirmation; summarizing, and recognizing and responding to change talk	Communication skills, family centered practice, social work practice. General supervisory skills or other generic skills needed to perform specific jobs	50%	18	4 hr Asynchronous Self-Paced Online 14 hrs Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Supervisors & Administrators	5
Motivational Interviewing for CFS Supervisors and Administrators: 1 Day	Participants build skills in Motivational Interviewing, an approach that uses a collaborative conversation style for strengthening a person's own motivation and commitment to change. Topics include: the concept, spirit, processes, and core skills of Motivational Interviewing: reflective listening; open questions; affirmation; summarizing, and recognizing and responding to change talk	Communication skills, family centered practice, social work practice. General supervisory skills or other generic skills needed to perform specific jobs	50%	18	4 hr Asynchronous Self-Paced Online 7 hrs Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Supervisors & Administrators	5
Navigating New Worker Training as a Supervisor	Participants are introduced to the CCFL On-line Classroom (OC) addressing specific Supervisor log-in requirements necessary to be able to review trainee's progress during New Worker Training (NWT). Topics include: levels of access for the OC, navigation, trainee progress reports, locating case management resources and messaging functions for trainees. Additionally, the trainee's progress can be reviewed on the OC during SALT meetings.	General supervisory skills	50%	0.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	

Omaha Tribe Training and Support	Participants will document contacts and assessments on N-FOCUS. Participants will learn to document interactions with families on N-FOCUS	Case management, Case reviews, SACWIS, automated system	75%		Synchronous Face-to-Face	CCFL Trainers	Long Term	Omaha Tribal Workers	4
Pediatric Feeding Difficulties	Participants learn that Pediatric feeding disorders encompass the behavioral and sensory response to liquids and foods, environmental considerations and motor control to safety control food and liquid safely without aspiration. The presentation will address the various deficits that impact feeding and swallowing in the pediatric population as well as general/common treatment strategies that promote safe swallowing of liquids and solids as well as positive mealtimes for the child and family.	Screening and assessment: How to use of screening and assessment tools to develop the child's case plan.	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
QA Refresher on Initial Assessment	Workers will have a refresher on the Initial assessment process, which includes the policy and best practice, as well as practicing documenting all of the components of the initial assessment process.	QA Refresher on Initial Assessment		6	Synchronous Face-to-Face	CCFL Trainers	Long Term	QA	1
Requesting and Understanding Psychological Evaluations	Participants will learn how to ask targeted questions to increase the likelihood of receiving psychological evaluations that support their work with children and families. Topics include: kinds of psychological evaluations, specialized evaluations, remedies for complaints about evaluations, and the parts or steps of an evaluation including the referral question, background records, interviews, psychological tests and inventories, parent-child observation, clinical summary, and recommendations.	General mental health issues related to children and families in the child welfare system, if the training is not related to providing treatment or services.	75%	2	Synchronous Face-to-Face	CCFL	Long Term	Division of Children & Family Services	
SDM Overview	Provide an overview of the SDM assessment tools and how they apply to case management for staff who work with CFS Specialist, but do not do case management. Focus on the SDM assessment tools and how they apply to case management. Encourage the understanding of how these SDM tools are used to guide decisions made in both IA and Ongoing.	Assessment to determine whether a child requires removal from the home, social work practice	50%	10	Synchronous Face-to-Face	CCFL Trainers	Short Term	DHHS Legal, Program Specialists & Administrators, other training staff and other support staff	3
SDM Quality Narratives	Addresses how the narrative in N-FOCUS supports the SDM assessment. Provided with a description of content for each narrative field.	Assessment to determine whether a situation requires a child removal from the home, SACWIS system training	75%	1.5	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors	2
SDM Refresher - Assessment of Placement Safety and Suitability Training (APSS) and Organization Related Investigations	Reviews policy, protocol, and N-FOCUS for the SDM Assessment of Placement Safety and Suitability and Organization Related Investigations. Provides instruction of how to complete an Organization Related Investigation and documentation on N-FOCUS	Assessment to determine whether a situation requires a child removal from the home	75%	3	Synchronous Face-to-Face	CCFL Trainers	Short Term	CFS Specialists, & Supervisors, Resource Development Workers & Supervisors	4
SDM Refresher - Effective Safety Planning	Provides an explanation of the SDM interventions and how they relate not only to the type of safety plan but also to the correct safety decision. Look at the safety plan narratives and the specific information to be documented within each narrative. These narratives are reviewed for both in-home and out-of-home safety plans, including documentation on N-FOCUS. Appropriate safety plan monitors are discussed as well as the types of background checks to be completed.	Assessment to determine whether a situation requires a child removal from the home (not related directly to conducting a child abuse and neglect investigation)	75%	3	Webinar and Self Study	CCFL Trainers	Long Term	CFS Specialist & Supervisors	4
SDM Refresher - Family Strengths and Needs Assessment	Review of the process, procedure and policy for completion of the FSNA in preparation for the development of the case plan or family plan with a family.	Development of Case Plan	75%	2	Webinar	CCFL Trainers	Long Term	CFS Specialists	4
SDM Refresher - Reunification Assessment	Understand the why, when, and how of completing the Reunification Assessment.	Permanency planning includng using kinship care	75%	2	Webinar	CCFL Trainers	Long Term	CFS Specialists & Supervisors	4

Sex Trafficking: Nebraska Youth	Participants learn about sex trafficking in Nebraska. Topics include: Sex Trafficking; Survivors	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations and Case management	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
The Role of Occupational Therapy in Pediatrics	Participants learn that Occupational Therapy specializes in helping people participate in roles and activities of daily living. A child must be able to function in home, school and community environments. The occupational therapist will assess the motor development, visual, sensory and fine motor components that impact successfully participation. This presenation provides general information on pediatric-specific areas that an occupational therapist may address as well as the difference between medically based and school based occupational therapy.	Screening and assessment: How to use of screening and assessment tools to develop the child's case plan.	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Time Management	Participants learn about strategies that improve time management as a CFS Specialist. Topics include: time management tips, organizing work and work flow, and tools and job aides that support effective time management	Job performance enhancement skills (e.g., writing, basic computer skills, time management)	50%	3	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Transitioning Youth to Independent Living and Self-Sufficiency	Participants learn about the case management steps necessary to support youth through age 19 who are wards of the state in their preparation for adult life. Topics include: identifying a Transition Tean; transition planning with youth and Transition Tean, developing and managing a youth-driven Transitional Living Plan (TLP); maintain records, evaluating and tracking progress; identifying services and resources in the areas of education, employment, health care, finances, housing, relationships, and adult services; monitoring progress; providing key documents; and closing the case. (Updated 12-21-18)	Independent Living and issues confronting adolescents	75%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Supervisors	14
Trauma-Informed Care	CFS Specialists are introduced to important concepts and practices related to trauma, trauma-informed care, and secondary trauma. Topics include what trauma is, how to recognize it, and the numerous ways it can impact victims; core principles of trauma-informed care; how to respond effectively to traumatic reactions; what trauma-focused treatments are most effective for various type of trauma; and what secondary trauma is, how to recognize it, and protective strategies for self and others.	Impacts of child abuse and neglect, mental health, substance abuse, effects of separation, child development	75%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	Division of Children & Family Services	4
Understanding the Importance of Sleep	Dr. Paula Ray, PsyD, explains the importance of sleep. Dr. Paula Ray is a psychologist with specialization in Pediatric neuropsychology and infant/Early Childhood mental health. Areas of special interest include the developmental impact of prenatal exposure to toxins, trauma and environmental stress and traumatic brain injury. Dr Ray completed training in advanced child assessment at Reiss Davis Child Study Center and Infant Mental health training with the Early Childgood Foundation at Cedar-Sinai Medical Center in Los Angeles. Dr. Ray is a Brain Injury Specialist and worked as a Pediatric Neuropsychologist at Madonna Rehabilitation hospital for a decade after moving to Nebraska. Dr. Ray currently provides statewide training in Child-Parent Psychotherapy and maintains a private practice in Lincoln, Nebraska.	Screening and assessment: How to use of screening and assessment tools to develop the child's case plan.	75%	1.5	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12
Winnebago Tribe Training and Support	Participants will document contacts and assessments on N-FOCUS. Participants will learn to document interactions with families on N-FOCUS	Case management, Case reviews, SACWIS, automated system	75%		Synchronous Face-to-Face	CCFL Trainers	Long Term	Winnebago Tribal Workers	4

Working with Families Experiencing Domestic Violence	Participants learn how to assess and work with families experiencing domestic violence and the implications for case management. Topics include: effects of domestic violence on children; collusion techniques, characteristics of batterers, holding batterers accountable, varying interview questions, power and control tactics, unintended consequences, partnering with a protective parent, parenting time issues around domestic violence, lethality of strangulation in domestic violence situations, enduring stalking, importance of documenation, variance in case managment strategies, and incorporating domestic violence interivew information into safety assessments and safety plans	Domestic Violence	75%	10	Synchronous Face-to-Face	CCFL Trainers	Long Term	Division of Children & Family Services	4
Working with Families Experiencing Domestic Violence - Refresher	Participants learn how to assess and work with families experiencing domestic violence and the implications for case management. Topics include: effects of domestic violence on children; collusion techniques, characteristics of batterers, holding betterers accountable, varying interview questions, power and controltactics, unintended consequences, partnering with a protective parent, parenting time issues around domestic violence, lethality of strangulation in domestic violence situations, enduring stalking, importance of documentation, variance in case management strategies.	Domestic Violence	75%	6	Synchronous Face-to-Face	CCFL Trainers	Long Term	CFS Specialists & Superviors	4
Working with Schools and Special Education	Participants learn about working with schools and special education. Topics include: the impact of special needs on a family, the importance of advocating for a child in the special education system, DCFS's policies relating to working with schools and planning a child's education, the requirements of Rule 51, Individualized FAmily Service Plan (IFSP), Multidisciplinary Team (MDT), Individaul Education Plan (IEP), Early Development Network (EDN) referral process, and services provided by the EDN	Well-Being, preserve and strengthen the family, referral to services	75%	2	Asynchronous Self-Paced Online	CCFL Trainers	Long Term	Division of Children & Family Services	12

Developed by NDHHS–DCFS and UNL–CCFL

DCFS | Child Protection and Safety New Worker Training Outline

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Eastern Service Area Case Management Training –Expedited (8-weeks) for Transition

For St Francis

BLOCK A | Local Office The Foundations of Child Protection and Safety				
	Unit Title	**Code**	**Synchronous Method**	**Asynchronous Method**
1	Introduction to Child Protection and Safety	ALOPS		Self-Paced Online
2	Introduction to Trauma-Informed Care	ALOT1		Self-Paced Online
3	Maltreatment and Child Development 1-	ALOM1	Webinar	Self-Paced Online
4	Maltreatment and Child Development 2	ALOM2	Webinar	
5	Maltreatment Documentation	ALOM3		Self-Paced Online
6	Maltreatment and Child Development: Special Topics- must be completed prior to webinar	ALOM4	Webinar	Self-Paced Online
7	Interviewing Preparation	ALOV1		Self-Paced Online
8	Interviewing Basics	ALOV2	Role-Play	
9	Domestic Violence Basics	ALOD1	Webinar	
10	Worker Safety and De-escalation Basics	ALOWS		Self-Paced Online
11	Gathering and Documenting Information	ALOGD		Self-Paced Online
12	Secondary Trauma	ALOT2		Self-Paced Online
13	Initial Assessment Basics	ALOI1		Self-Paced Online
14	Introduction to the Nebraska Juvenile Court Process	ALOL1	Webinar	Self-Paced Online
15	ICWA 1	ALOA1	Webinar	
16	Introduction to Substance Use	ALOS1		Self-Paced Online

BLOCK B | Classroom Initial Assessment: Family Engagement and Involvement				
	Unit Title	**Code**	**Synchronous Method**	**Asynchronous Method**
17	Initial Family Contact	BCRI2	Simulation	
18	Child Interviewing: Engagement and Information Gathering	BCRV3	F2F Role Play	
19	Safety Assessment, Planning, and Documentation	BCRI3	Simulation	
			Documentation	

20	Legal Aspects and Engagement of Non-Custodial Parent 1	BCRL2	F2F	
21	Risk Assessment, Closing Initial Assessment, and Documentation	BCRI4	F2F Documentation	
BLOCK C | Local Office Ongoing Case Management Part 1: Practice and Prepare				
Unit Title		**Code**	**Synchronous Method**	**Asynchronous Method**
22	Legal Aspects and Engagement of Non-Custodial Parent 2	CLOL3	Webinar	
23	Communicating with the County Attorney	CLOL4	Webinar	Self-Paced Online
24	Testifying Techniques	CLOLA	Webinar	
25	Testifying: Protective Custody Hearing Preparation	CLOLB	Webinar	
26	Introduction to Ongoing	CLOO1		Self-Paced Online
27	Meet Today's Youth in Foster Care	CLOY1		Self-Paced Online
28	Foundations of Medicaid and Behavioral Health	CLOO0		Self-Paced Online
BLOCK D | Classroom Ongoing Case Management Part 1: Family Engagement and Involvement				
Unit Title		**Code**	**Synchronous Method**	**Asynchronous Method**
29	Testifying: Protective Custody Hearing	DCRLC	Simulation	
30	Identifying and Referring to Services	DCRO2	F2F Documentation	
31	Family Strengths and Needs Assessment, Family Team Meeting, Case Planning, and Documentation	DCRO3	F2F Simulation	
			Documentation	
32	Court Report Components and Navigation	DCRO4	F2F	
BLOCK E | Local Office Ongoing Case Management Part 2: Practice and Prepare				
Unit Title		**Code**	**Synchronous Method**	**Asynchronous Method**
33	Court Report Documentation	ELOO5		Self-Paced Online
34	Ongoing Assessments: Reunification and Risk Reassessment	ELOO6		Self-Paced Online
35	Making Decisions about Daily Care and Sensitive Issues	ELODC		Self-Paced Online
36	Transitional Living Services for Youth	ELOY2		Self-Paced Online
37	Transitional Living Case Management	ELOY3		Self-Paced Online
BLOCK F | Classroom Ongoing Case Management Part 2: Family Involvement and Documentation				

	Unit Title	Code	Synchronous Method	Asynchronous Method
38	ICWA 2	FCRA2	F2F	
39	Legal Aspects: Placement Change Process and Disposition and Review Hearings	FCRL5	F2F	
40	Testifying: Disposition Hearing Preparation	FCRLD	F2F	
41	Testifying: Disposition Hearing	FCRLE	Simulation	
42	Transition Team Meeting: Creating a Youth-Driven Transitional Living Plan	FCRY4	Simulation and Documentation	
43	Working with Missing and Trafficked Youth	FCRY5	F2F Simulation	
44	Maltreatment: Critical Thinking and Communication	FCRM5	F2F	
45	Ongoing Documentation and Case Closure	FCRO7	Documentation	

BLOCK G | Local Office
Ongoing Case Management Part 3: Permanency and Self-Sufficiency

	Unit Title	Code	Synchronous Method	Asynchronous Method
46	Working with Schools and Special Education	GLOSS		Self-Paced Online
47	Disability Services	GLODS		Self-Paced Online
48	Termination of Parental Rights	GLOL6	Webinar	
49	Adoption and Guardianship in Juvenile Court	GLOL7	Webinar	
50	Records Management at Case Closure	GLOO8		Self-Paced Online
51	Car Seat Safety	GLOAR	F2F	
52	Trauma Review and Preparation	GLOTP		Self-Paced Online
53	Working with Families Experiencing Domestic Violence Preparation	GLOD2		Self-Paced Online
54	Substance Use Review and Preparation	GLOSP		Self-Paced Online
55	Engaging Families: Skill Demonstration Preparation	GLOEP		Self-Paced Online

BLOCK H | Classroom
Advanced Case Management and Skill Assessment

	Unit Title	Code	Synchronous Method	Asynchronous Method
56	Becoming Trauma Capable	HCRT3	F2F	
57	Psychotropic Medications	HCRPM	F2F	
58	Working with Families Experiencing Domestic Violence	HCRD3	Simulation	
59	Substance Use 2	HCRS2	F2F Simulation	
60	N-FOCUS Practice	HCRO9	F2F Documentation	

61	Engaging Families: Skill Demonstration	HCRE1	F2F Simulation	

BLOCK I | Local Office and Classroom Preparing to Work with Families				
Unit Title		**Code**	**Synchronous Method**	**Asynchronous Method**
62	Engaging Families: Documentation	ILOE2	Modify training	Self-Paced Online
63	Time Management	ILOTM		Self-Paced Online
64	Foundations of Alternative Response	ILOAR		Self-Paced Online
65	Alternative Response	ICRAR	F2F	
66	Safety Organized Practice Two-Day Orientation	ICRSO	F2F	
67	Intake Specialization	ICRSI	F2F	
68	APSS and Out-of-Home Assessment Specialization	ICRAO	F2F Documentation	
69	Adoption Specialization	ICRSA	Webinar	

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivery Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	SFM Cost
ORIENTATION - WITHIN TWO WEEKS OF HIRE											
ONEO	New Employee Orientation	New Employee Orientation is provided on a new employee's first day of hire in an effort to familiarize them with the Employee Handbook, Standard Operating Procedures, and individual programs at SFM. Familiarization with SFM's mission, core values, history, organizational structure, goals, expectations and personnel policies and procedures are all components. All employees are required to read and sign a child abuse and neglect reporting policy, confidentiality policy, drug free workplace policy and risk management reporting policy as a part of the Orientation process.	Personnel policies and procedures	50%	2 hours	In person or via WebEx	SFM HR Department	One time	All SFM Employees	28	$149/course
OOOP	Online Orientation Program	All new employees are required to complete an Online Orientation Program within two weeks of hire that consists of individual training modules that cover SFM heritage, bloodborne pathogens, boundaries, car seat installation, child abuse & neglect, client rights, customer service, diversity and culture, HIPAA compliance, NSC defensive driving, risk management, safety in the workplace, sexual harassment, and suicide prevention.	Personnel policies and procedures, worker safety, ethics, child abuse and neglect, cultural competence, safe driving, mental health	50%	3 hours	Asynchronous self-paced online	SFM Training Department	One time	All SFM Employees	On demand	$16753.88/year
ONSCDD	National Safety Council Defensive Driving	This course teaches drivers how to recognize and react to immediate and potential hazardous driving situations and conditions. It covers collision prevention strategies and defensive driving techniques that focus on behavior, judgement, decision making and consequences. The goal is to influence drivers to make positive choices to improve driving behaviors and attitudes and encourage respectful and lawful decisions to avoid motor vehicle incidents and decrease traffic violations.	Safe driving	50%	2 hours	Asynchronous self-paced online	National Safety Council	One time	SFM Direct Care Employees who Transport Clients	On demand	$39.95/user
JOB SPECIFIC - WITHIN ONE TO THREE MONTHS OF HIRE											
JSPOPSO	Program/Office/Position Specific Orientation	New employees are provided with a broad overview regarding their programs, offices, and positions, including Saint Francis specific policies, procedures, and forms.	Personnel policies and procedures	50%	3 hours	In person	SFM Supervisors or designees	One time	All SFM Employees	28	$107.23/course
JSDCPSNW	DCFS Child Protection and Safety New Worker	This training prepares new direct care employees to provide case management services to children and families in need of child welfare intervention because of abuse or neglect with emphasis on their safety, permanency, and well-being.	Social work practice, family centered practice, screening and assessment, cultural competence, child abuse and neglect, permanency planning, kinship care, substance abuse, domestic violence, mental health issues, child development, reasonable efforts, independent living, preparation for and participation in judicial determinations, placmement of the child, developent of the case plan, case management, child social and emotional development and well-being, trauma, protective factors, resilience, worker safety, stress management, and referrals to services	75%	290.5	Self-paced online, webinar, and instructor-led trainings, as well as team meetings, simulations, labs, shadowing, tours, demonstrations, and field observations	University of Nebraska-Lincoln, Center on Children, Families and the Law	14 weeks	SFM Case Managers	8-12	NA for Saint Francis Ministries
DIRECT CARE - WITHIN THREE TO SIX MONTHS OF HIRE											
RCFA	Cardiopulmonary Resuscitation/First Aid/Automatied External Defibrillators	Participants learn information and practice skills to become certified for Adult/Child CPR, First Aid, and AED through the American Heart Association.	CPR, First Aid	50%	6 hours	In person	SFM Training Department	Every two years	SFM Direct Care Employees and Safety Officers	6	$218.99/course
RCMP	Case Management Procedures	During this training, participants will learn tips and tricks for engaging the families on their caseloads, where to locate information in NFOCUS, expectations for required contacts, the differences between required contacts and family team meetings, 21 and 45 day checklists for new referrals, how to complete ICWA notices, initial packets for families, court report and SDM cover sheets, requirements regarding missing youth, placement packets, walkthorugh checklists, APPLA paperwork and procedures, change of placement procedures, and records management.	Social work practice, communication skills required to work with children and families, child welfare automated systems, independent living, placement of the child, case management	75%	6 hours	In person	SFM Training Department	One time	SFM Case Managers	8-12	$176.16/course
RCLSA	Casey Life Skills Assessment	Employees are educated on how to prepare adolescents for living independently by beginning with a Casey Life Skills Assessment. The components of the Assessment, as well as how to complete it are covered.	Screening and assessment, independent living	75%	1 hour	Asynchronous self-paced online	Casey Family Programs and SFM Training Department	One time	SFM Direct Care Employees Who Provide Case Management Services	On demand	$64.44/course

REBC	Ethical Boundaries with Clients	Boundaries are an integral part of a relationship. Whether it be professional or personal, they represent invisible structures imposed by legal, ethical, and professional standards that respect the rights of workers and clients. In this training, personal and professional boundaries will be explored, including dual relationships, ethical considerations, and appropriate client/worker interactions.	Ethics	75%	3 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	6	$195.89/course
RMI	Motivational Interviewing	This training addresses the components of Motivational Interviewing to assist participants in understanding the skills used to strengthen an individual's motivation for behavior change.	Social work practice	75%	4 hours	Asynchronous self-paced online	HealtheKnowledge	One time	SFM Direct Care Employees Who Provide Case Management Services	On demand	$161.10/course
RSMPA	Multiethnic Placement Act	This training covers the requirements of the Multiethnic Placement Act of 1994 (MEPA), as amended in 1996 by the Interethnic Placement (MEPA-IEP), and how those requirements are linked to Title VI of the Civil Rights Act of 1964, key MEPA concepts and terms, answers to some frequently asked questions, when Race, Color, or National Origin (RCNO) should be considered, when RCNO may and may not be considered, practical information about how child welfare agencies and their workers can comply with MEPA in their programs and daily practice, and how to access training and technical assistance.	Cultural competence	75%	1 hour	Asynchronous self-paced online	National Resource Center for Adoption and Children's Bureau	One time	SFM Case Managers	On demand	$64.44/course
RRPPS	Reasonable and Prudent Parent Standard	This training explores what normalcy means to youth, a brief history of the Reasonable and Prudent Parent Standard Act, the benefits of the Act, factors that caregivers need to take into consideration when making reasonable and prudent parent decisions, the types of activities in which foster parents can allow children in their care to participate under the Act, the specific provisions of the Act, when the Act applies, and special considerations of the Act in regards to confidentiality, saying no, and liability.	Child development, ethics, resilience	75%	1 hour	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$64.44/course
RSRAPI	Suicide Risk Assessment and Precaution Intervention	The objectives of the training are to: 1) Review risk and protective factors for suicide; 2) Understand how to complete a Suicide Risk Assessment; 3) Understand how to complete a Suicide Precaution Intervention Form.	Social Work practice, screening and assessment, protective factors, mental health issues, communication skills, referrals to services	75%	2 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	4	$130.59/course

Course Code	Course Title	Course Description	Title IV-E Administrative Functions that the Training Serves	Base FFP Rate	Expected Delivery Hours	Venue	Trainer(s) Leads(s)	Duration	Target Audience	Courses Per Year	SFM Cost
OPTIONAL - TO FURTHER KNOWLEDGE AND SKILLS											
OAB	Advanced Boundaries	Participants are educated on what boundaries are, types of boundaries, how to set and maintain appropriate boundaries, areas that boundaries help protect, and signs of unhealthy boundaries.	Ethics	50%	3 hours	Asynchronous self-paced online	SFM Training Department	One time	All SFM Employees	On demand	$128.87/course
OACEPT	Adverse Childhood Experiences/Paper Tigers	This training explores the Adverse Childhood Experiences (ACEs) study, its findings, and the inter connectedness of ACEs to not only the individual, but to families, communities, and society. Key factors, including the role of traumatic stress experienced during childhood and its effects on health, development, biology, and behavior across a lifetime, are also addressed. Next, participants view the film, "Paper Tigers," a documentary about how one school became trauma informed to help its students overcome their ACEs through connections with the school's staff. Afterwards, a discussion about how to create a trauma informed system to assist children in healing occurs.	Trauma, child abuse and neglect, resilience	75%	3 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$195.89/course
OBB	Baggage and Bonding	By the end of this training, participants are able to identify: the impact of trauma on children; various attachment styles; what children need in a family; the elements of a Family Assessment; how to build skills in families; and how to help families help children.	Trauma, resilience, activities designed to preserve/strengthen/reuinify the family, home studies	75%	2 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$96.66/course
OBBHV	Bed Bugs in Home Visits	This training covers myths about bed bugs; what to do before, during and after home visits to minimize infestation; how to build a bed bug containment kit; and what to do in case of infestation.	Worker safety	50%	0.5	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$48.33/course
OBOPO	Bridges Out of Poverty Overview	This training seeks to define poverty, outline the different types of resources, explore mental models of class, understand the causes of poverty, compare and contrast the hidden rules of each class, and discuss the role of language in bridging out of poverty, including the use of the Three Voices.	Cultural competence	75%	3 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$128.87/course
OCFSRF	Child and Family Service Review Fundamentals	This training provides a foundation of knowledge about the guidelines set forth by the Children's Bureau through Child and Family Service Reviews, including the seven outcomes and the seven systemic factors upon which day-to-day practice is measured.	Contract monitoring, child welfare automated systems	75%	1 hour	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees Who Provide Case Management Services	On demand	$64.44/course
OCD	Child Development	Participants learn to incorporate physical, psychosocial, developmental and cognitive age-related needs and characteristics into their roles and responsibilities for children of all age groups; to incorporate safety, pharmacological, nutritional and other age-related characteristics into their roles and responsibilities for children of all age groups; and to articulate and integrate age-related expectations into the planning, implementation, continuation and evaluation of care for children of all ages.	Child social and emotional development and well-being	75%	1 hour	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$64.44/course
OCSP	Child Sexual Predators	Participants are educated on how to prevent, detect, and respond to child sexual abuse. Statistics about victims and perpetrators, how child sexual abuse starts, the grooming process, and how perpetrators keep their victims from telling are also covered. Finally, participants hear what does and doesn't work in protecting children from child sexual predators themselves.	Child abuse and neglect, communication skills, protective factors	75%	3 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$195.89/course
OCDV	Childhood Domestic Violence	Participants are instructed on what constitutes domestic violence and childhood domestic violence, the cycle of violence, why victims stay, and how they can help. Participants are then led to the Change a Life program website to gain a deeper understanding of the issue of childhood domestic violence.	Domestic violence	75%	1 hour	Asynchronous self-paced online	Childhood Domestic Violence Association	One time	SFM Direct Care Employees	On demand	$64.44/course
OCG	Childhood Grief	This training educates participants on what they need to know to understand childhood grief, including the effects of grief on and how to help a grieving child.	Effects of separation, grief and loss, child development, and visitation, communication skills required to work with children and families, resilience	75%	2 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$96.66/course
OCF	Compassion Fatigue	This training covers the difference between burnout and compassion fatigue, what compassion fatigue is, the causes of it, who is at risk for it, the symptoms of it, and techniques for combatting it.	Trauma, resilience, stress management	50%	.5 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$48.33/course

OCT	Critical Thinking	The objectives of this training are to assist participants in: recalling and utilizing the basic concepts and techniques of critical thinking; applying critical thinking techniques to case scenarios; differentiating between facts which are known and information which is assumed, labeled, or unknown/grey areas; self-reflecting on personal biases and assumptions when working with clients; acknowledging the effects personal biases and assumptions have on an individual processing information and decision making; relating safety considerations and supervision discussions to facts; and generating hypotheses and creating information seeking questions.	Job performance enhancement skills	50%	2 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	6	$130.59/course
OCYPM	Crossover Youth Practice Model	Participants will learn how to engage children in need of care who are at risk of becoming involved with the Juvenile Justice System. What to expect and how to explain the process to families should their child be called to a meeting is also explored. Finally, coordinating case planning between the Child In Need of Care and Juvenile Justice System is reviewed.	Social work practice, permanency planning, communication skills required to work with children and families, development of the case plan	75%	2 hours	In person	SFM Training Department	One time	SFM Direct Care Employees Who Provide Case Management Services	4	130.59/course
ODC	Difficult Conversations	Employees are provided with tips on how to address sensitive subjects with others, whether they are between supervisors and employees or employees and clients. Participants are then required to practice multiple conversations in a speed role play format.	Communication skills	75%	3 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$195.89/course
ODVRAM	Domestic Violence Risk Assessment and Management	The objectives of this training include: identifying risk factors associated with lethal domestic violence; how to assess risk, help begin safety planning for victims and manage risk with perpetrators of domestic violence; how to collaborate across multiple systems and among professionals when working on domestic violence cases in regards to safety planning and risk assessment; how to recognize the dangers that children may face in domestic violence situations; and how to recognize domestic violence as a workplace issue as well as the role and responsibilities of employers.	Domestic violence	75%	1 hour	Asynchronous self-paced online	The Centre for Research and Education on Violence Against Women and Children	One time	SFM Direct Care Employees	On demand	$64.44/course
OD5DT	DSM 5 Diagnosis and Treatment	Mental health professionals are expected to understand and be proficient in diagnosing mental health disorders. However, because they often specialize in certain areas, they may not see a wide range of disorders. This training is designed to provide a review of various disorders and differential diagnosis. During this training, participants will become familiar with the changes in DSM 5, along with its new format. They will explore several different diagnoses that are new or have changed to expand their knowledge and understanding. Factors that may be involved with symptom presentation such as trauma, biology, genetics, and epigenetics are covered. While reviewing the diagnostic process, participants examine medical conditions and medication side effects that may be at the root of disorders. Finally, participants are provided with information on technology that is available to assist them in being able to better care for their clients.	Social work practice, mental health issues	75%	6 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$391.78/course
OECF	Engaging Children and Families	Engagement with children and families may seem like a simple concept, but in reality it is much more complex. This training focuses on the importance of family engagement, which involves all aspects of interaction with youth and families in a deliberate manner to make well-informed decisions about safety, permanency, lifelong connections, and well-being. Family engagement is important to ensure the child's safety, stabilize the child's family when in crisis, prevent prolonged placement in foster care, and provide support for the child when ageing out of foster care placement is necessary. Tools and resources such as Xtreme Recruitment and Permanency Roundtables will be explored throughout the training.	Social work practice, communication skills required to work with children and families	75%	2 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	6	$130.59/course
OEP	Ethical Professional	Participants learn about 11 qualities of ethical professionals including: integrity, reliability, accessibility, responsiveness, competence, courtesy, credibility, security, tangibility, communication, and understanding the customer. The ethical principles and standards that apply are also explored. Participants are required to complete assignments regarding responsiveness, competence, and security including how they would respond to various scenarios involving dual relationships.	Ethics	50%	3 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$128.87/course

OEDR	Ethics: Dual Relationships	A person's integrity, boundaries, and values are essential elements of one's professional ethics. This training will explore the necessary ingredients of the creation and maintenance of a healthy ethical practice. This will be done through the examination and comparison of the ethical codes of five different disciplines. From there, five ethical principles found across the disciplines will be highlighted and reviewed in peer group activities. These principles will also be used to examine electronic methods of communication with clients and other professionals as well as E-therapy and Teletherapy.	Ethics	50%	3 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$195.89/course
OECC	Ethics of Cultural Competence	Participants will learn about the components of culture, how cultural lenses are formed, what the Codes of Ethics of the five social service disciplines oversighted by BSRB have to say about cultural competence, the characteristics and tips for working with various cultures, the steps to becoming culturally competent, placement considerations regarding culture, and how to help children stay connected to their cultures after placement.	Cultural competence, ethics	75%	3 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$128.87/course
OFDL	Federal Discrimination Law	Participants are instructed on the "ins and outs" of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, the Multiethnic Placement Act of 1994, and the Age Discrimination Act of 1975.	Cultural competence	75%	.5 hours	Asynchronous self-paced online	SFM Legal Department	One time	SFM Direct Care Employees	On demand	$48.83/course
OFASD	Fetal Alcohol Spectrum Disorder	This training explores FAQs about FASD, how to identify and assist those at risk of causing FASD, the impact of alcohol on pregnancy, diagnosing FASD and other related disorders, the impact of FASD on its victims, services to assist those with FASD, and state statistics regarding FASD.	Substance abuse, mental health issues	75%	3 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$128.87/course
OHR	Healing and Resilience	This training addresses trauma, ACEs, and toxic stress within a framework of hope, resilience, and the amazing capacity of the human brain to adapt, overcome, and thrive. It begins by viewing the video "Resilience" and then breaking down the concept of resilience. People who are resilient see setbacks and disappointments as opportunities to grow. While some may seem to be naturally more resilient, emerging research shows that children, adults, and even communities can learn skills and ways of thinking that boost resilience and help them grow. As the relational aspect of resilience is examined, participants will be provided with resources along with simple and effective tools to promote resilience, self-regulation, and healing.	Trauma, child abuse and neglect	75%	3 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$195.89/course
OHT	Human Trafficking (Online)	This training provides on overview on the definition, indicators, risk factors, prevention measures, and resources available for human trafficking.	Trauma, child abuse and neglect	75%	1 hour	Asynchronous self-paced online	DHHS	One time	SFM Direct Care Employees	On demand	$64.44/course
OHT101	Human Trafficking 101 (In Person)	Employees are educated on: the influence of the media, internet, and pornography; definitions, statistics, and laws; victim, pimp, and buyer characteristics; and prevention, protection, and prosecution efforts including Rapid Response Teams.	Trauma, child abuse and neglect	75%	6 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$391.78/course
OIMF	Icebreaker Meeting Facilitation	Icebreaker Meetings are facilitated conversations between birth and resource parents. Organizations need relationship-building elements so that children and their birth, extended, and resource families feel safe and respected enough to solve problems together. In this training, participants will learn: The importance of Icebreaker Meetings for the welfare of children, what Icebreaker Meetings should accomplish between birth and resource parents, how to incorporate Icebreaker Meetings "parent partner" protocol into the organization's culture, and how to ensure Icebreaker Meetings inclusion throughout the organization.	Social work practice, communication skills, permanency planning, kinship care, effects of separation/grief/loss, placement of the child	75%	3 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$128.87/course
JSIAE	ICWA Active Efforts	Participants will gain an understanding of the purpose of ICWA legislation, their responsibility in meeting the requirements, what active efforts are, and what best practice looks like.	Cultural competence, reasonable efforts	75%	2 hours	In person	SFM Training Department	One time	SFM Case Managers	12	$130.59/course
OKKSO	Keeping Kids Safe Online	Participants are educated on the online dangers that threaten the safety of children, the warning signs that a child might be in danger online, the crimes against children that can occur in an online environment, and preventative steps and interventions that can be taken to keep children safe while they are online.	Child abuse and neglect, communication skills, protective factors	75%	2 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$96.66/course
OLBIA	Legal (Basic, Intermediate, and Advanced)	This series of trainings outlines the types of CINC court hearings and their participants, tips for writing court reports and testifying, and the steps for ensuring that reasonable efforts have been made and documented.	Preparation for and participation in judicial determinations, reasonable efforts	75%	3 hours each	In person	SFM Legal Department	One time	SFM Direct Care Employees Who Provide Case Management Services	2 each	$264.13/course

ONO	NFOCUS Overview	This training provides on overview of the NFOCUS system, including the most commonly used icons, where documentation belongs, how to locate people, as well as how to review assessments, reports, and documentation.	Child welfare automated system	75%	1.5 hours	In person	SFM Training Department	One time	SFM Direct Care Employees Who Provide Case Management Services	12	$44.07/course
ONP	Non-custodial Parents	The overarching goal of this training is to help participants understand the importance of treating non-custodial parents, both mothers and fathers, as equally as custodial parents. Participants are encouraged to commit to including non-custodial parents in their work by: identifying, locating, and contacting non-custodial parents of each of the children on their caseloads whenever possible; involving non-custodial parents to the greatest extent possible in case planning; and considering non-custodial parents and their extended families as placement resources. Participants are given an opportunity to evaluate each of their cases to determine the extent to which non-custodial parents have been engaged and involved in their children's lives.	Social work practice, communication skills	75%	3 hours	In person	SFM Training Department	One time	SFM Direct Care Employees Who Provide Case Management Services	2	$195.89/course
OPR	Personal Resilience	This training educates participants on mindful meditation, reducing stress, increasing personal resilience, and stress, trauma, and psychological wellness, with references to resources available through the Employee Assistance Program.	Stress management	50%	2 hours	Asynchronous self-paced online	Personal Assistance Services	One time	All SFM Employees	On demand	$96.66/course
OSS	Safe Sleelp	In this training, participants learn and practice what a safe sleep environment for a child should look like, and how to further educate parents and caregivers on safe sleep. Participants will leave with resources to aid in safe sleep, as well as information about tobacco cessation and the benefits of breast feeding.	Protective factors	75%	2 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$96.66/course
OSO	SDM Overview	This training provides a brief overview of Structured Decision Making, including what each assessment is, who completes the assessments, when the assessments are completed, and what information is most important to glean from the assessments.	Social work practice, assessments	75%	1.5 hours	In person	SFM Training Department	One time	SFM Direct Care Employees Who Provide Case Management Services	12	$44.07/course
OSPF	Six Protective Factors	This training defines protective factors, explains what each of the six protective factors are, and provides examples of how to build them within the children and families entrusted to our care.	Protective factors	75%	1 hour	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$64.44/course
OSSS	Social Service Safety	This training addresses the preparation necessary for conducting safe home visits and managing potentially volatile clients, including reviewing safety protocols, communication, recognition of potentially tense situations, obtaining assistance, creating a supportive peer and supervisor network, de-escalation, emotional intelligence, and self-care.	Worker safety	50%	1 hour	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$64.44/course
OSFP	Strengthening Families Program	This training provides a brief background and context for the program, a review of the various versions of the program, an overview of the lessons included in the program, tips on how and when to implement the program, as well as the handouts to be used in both English and Spanish.	Protective factors, activities designed to preserve/strengthen/reunify the family	75%	.5 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$48.33/course
OTFSA	Transition Plan for Successful Adulthood	This training is designed to assist participants in understanding the importance of the planning process for youth aging out of foster care, as well as direct participants toward important resources for the youth to help aid in self-sufficiency.	Independent living	75%	1 hour	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees Who Provide Case Management Services	On demand	$64.44/course
OTIC	Trauma Informed Care (Online)	This training is a foundation level training derived from the National Child Traumatic Stress Network and is based on Essential Elements of Trauma Informed Care. It is designed to inform employees about the causes and effects of trauma, developing trauma informed practices, and coordinating trauma informed services regarding children and adults.	Trauma, resilience, child abuse and neglect, child social and emotional development and well-being	75%	6 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$257.74/course
OTIC	Trauma Informed Care (In Person)	This training is a foundation level training derived from the National Child Traumatic Stress Network and is based on Essential Elements of Trauma Informed Care. It is designed to inform employees about the causes and effects of trauma, developing trauma informed practices, and coordinating trauma informed services regarding children and adults.	Trauma, resilience, child abuse and neglect, child social and emotional development and well-being	75%	6 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	4	$391.78/course
OTST	Trauma Systems Therapy for Caregivers	Trauma Systems Therapy, developed by Glenn Saxe at New York University, is an Organizational Model and Treatment approach that increases understanding of the impact of trauma on children's behavior. It offers a process for identifying behavioral patterns and triggers related to trauma, building a specific and actionable plan to respond to those behaviors, and that engages the team of individuals that care for and support the child.	Trauma, child abuse and neglect, resilience	75%	6 hours	In person	SFM TST Master Trainers	One time	SFM Direct Care Employees	2	$1,915/course

OWKFT	Working to Keep Families Together	The purpose of this training is to put those working in the child welfare contracts in the shoes of a birth parent or child who is involved in the family preservation or reintegration process through the dissemination of information as well as a simulation.	Social work practice	75%	2 hours	In person	SFM Training Department	One time	SFM Direct Care Employees	2	$130.59/course
OXR	Xtreme Recruitment	This training covers the Xtreme Recruitment model, goals, timelines, and tools, including the 30 Days to Family program, utilized to locate permanent connections for youth in custody.	Social work practice, permanency planning, kinship care, communication skills, resilience	75%	2 hours	Asynchronous self-paced online	SFM Training Department	One time	SFM Direct Care Employees	On demand	$96.66/course
LEADERSHIP – FOR NEW SUPERVISORS AND EMPLOYEES ON DEVELOPMENT PLANS											
LSLS	Supervisory Leadership Skills	This series is designed to assist supervisory staff in addressing relevant issues regarding their employees to include: Essential Skills of Leadership, Leadership and Influence, Providing Performance Feedback, Effective Discipline, Workplace Harassment, Performance Appraisals, Hiring, Onboarding, and Retaining Winning Talent, Improving Work Habits, Motivating Team Members, Developing and Coaching Others, Coaching Job Skills, Generation Gaps, Personality Types, Essential Skills of Communicating, Communicating Up, Managing Complaints, Resolving Conflicts	Supervisory skills	50%	6 hours	In person	SFM Training Department	One time	SFM New Supervisors and Employees on Development Plans	12	293.83/course

Nebraska Behavioral Health

System of Care

NeSOC
Executive Summary
October 2016 – March 2020

NeSOC Children's Impact Collective
May 14, 2020

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

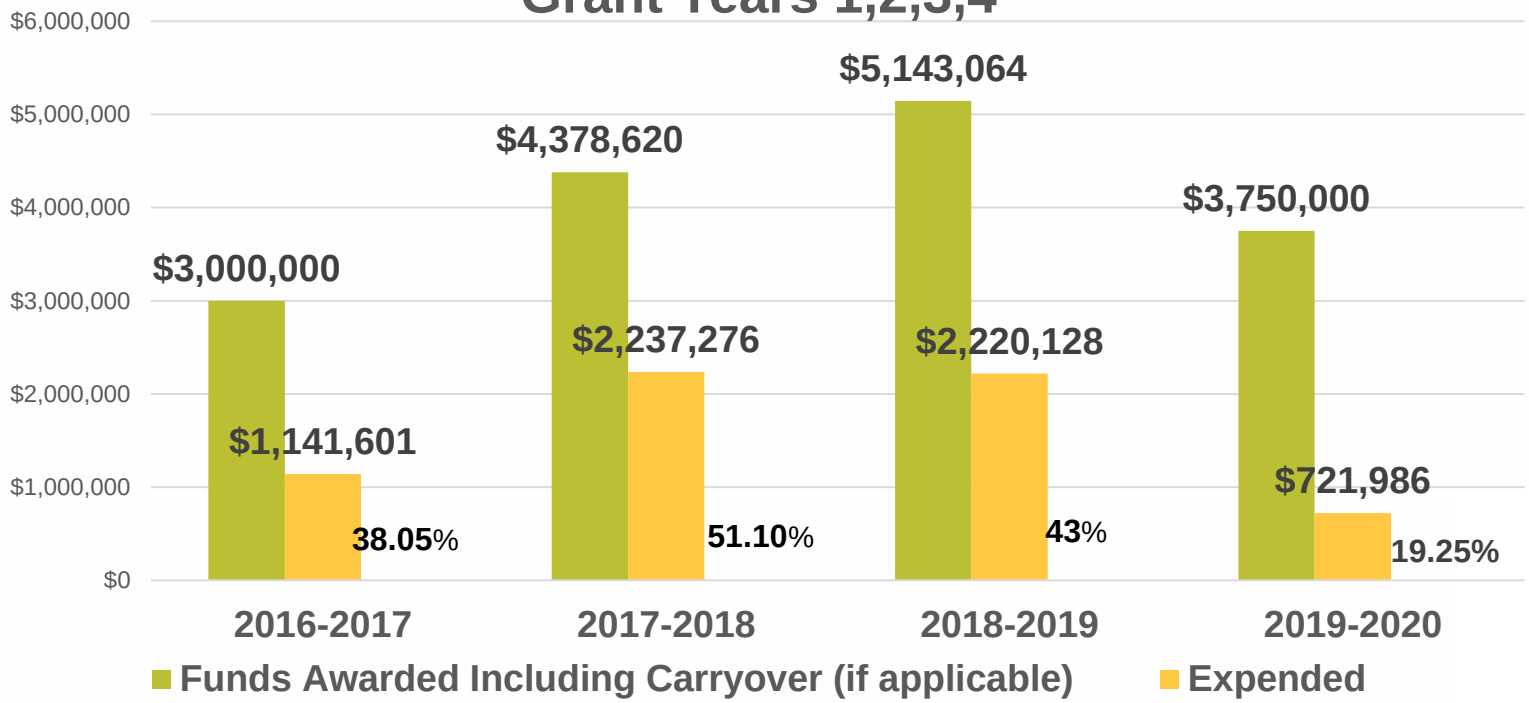
Nebraska Behavioral Health

System of Care

Funds Awarded vs. Expenditures

50% of Grant Year 4 Lapsed

Grant Years 1,2,3,4



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Nebraska Behavioral Health

System of Care

Expenditures Submitted and Processed By Region: October 2019 - March 2020

Contractor	Total Expended To Date YR4	For Expenditures As Billed Through (Date)	% of Total Expended Contract Dollars Spent on Services YR 4
Region 1	$46,048.88	03/31/2020	68.94%
Region 2	$107030.80	03/31/2020	62.97%
Region 3	$115,510.60	03/31/2020	89.08%
Region 4	$49,448.55	03/31/2020	99.77%
Region 5	$141,738.79	03/31/2020	98.44%
Region 6	$251,810.27	03/31/2020	76.58%

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Nebraska Behavioral Health

System of Care

Expenditures Submitted and Processed By Contractor: September 30, 2019- March 31, 2020

Contractor	Contract Value	Contract Term	Total Paid to date YR 4	% of Contract Expended
Family Lead	$64,988 per year	December 1, 2018 – November 30, 2020	$33,931.80	52%
Training Lead UNO	$285,384.00	September 30, 2019 - September 29, 2020	$59,145.74	33%
CLAS Lead	$49,500.00	January 21, 2020 - September 29, 2020	$2687.50	5.4%
Evaluator PPC	$282,032.00	September 30, 2019 – September 29, 2020	$94,173.05	33%

Nebraska Behavioral Health

System of Care

Region Match: YR 4 October 2019- March 2020

Region	Match Pledged YR 4	Match Reported as of 3/31/2020	% Reported vs. Amount Pledged
R1	$219,480.00	$10,856.00	4.95%
R2	$315,000.00	$59,098.44	18.76%
R3	$222,970.00	$51,939.87	23.29%
R4	$ 60,500.00	$87,790.03	145.11%
R5	$438,657.00	$47,176.93	10.75%
R6	$565,000.00	$82,668.69	14.63%
Totals	$1,821,607.00	$339,529.96	18.64%

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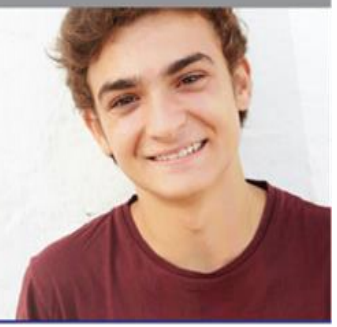
Nebraska Behavioral Health

System of Care



Partner Match: YR 4 October 2019- March 2020

Partner	Match Pledged Y4	Match Reported as of 03/31/2020	% Reported vs. Amount Pledged
Probation	$14,687.00	$176,816.45	1203.90%
Education	$14,141.88	$260.00	1.84%
NCFF	$175,737.00	$87,332.41	49.69%
CFS	$5,628.00	$107.74	2.34%
DBH	$99,908.00[1]	$58,691.79	58.75%
PH	$12,997.00	$0.00	
Total	$360,458.88	$323,208.39	89.67%

1. Does not include indirect

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Nebraska Behavioral Health

System of Care

Grant Match: YR 4 October 2019- March 2020

Match Summary By Expenditures

Match Required Based on Expenditures as of 3/31/2020 $721,986.38	Match Reported to Date as of 3/31/2020 $662,738.35

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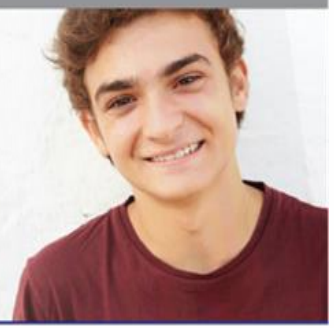
System of Care

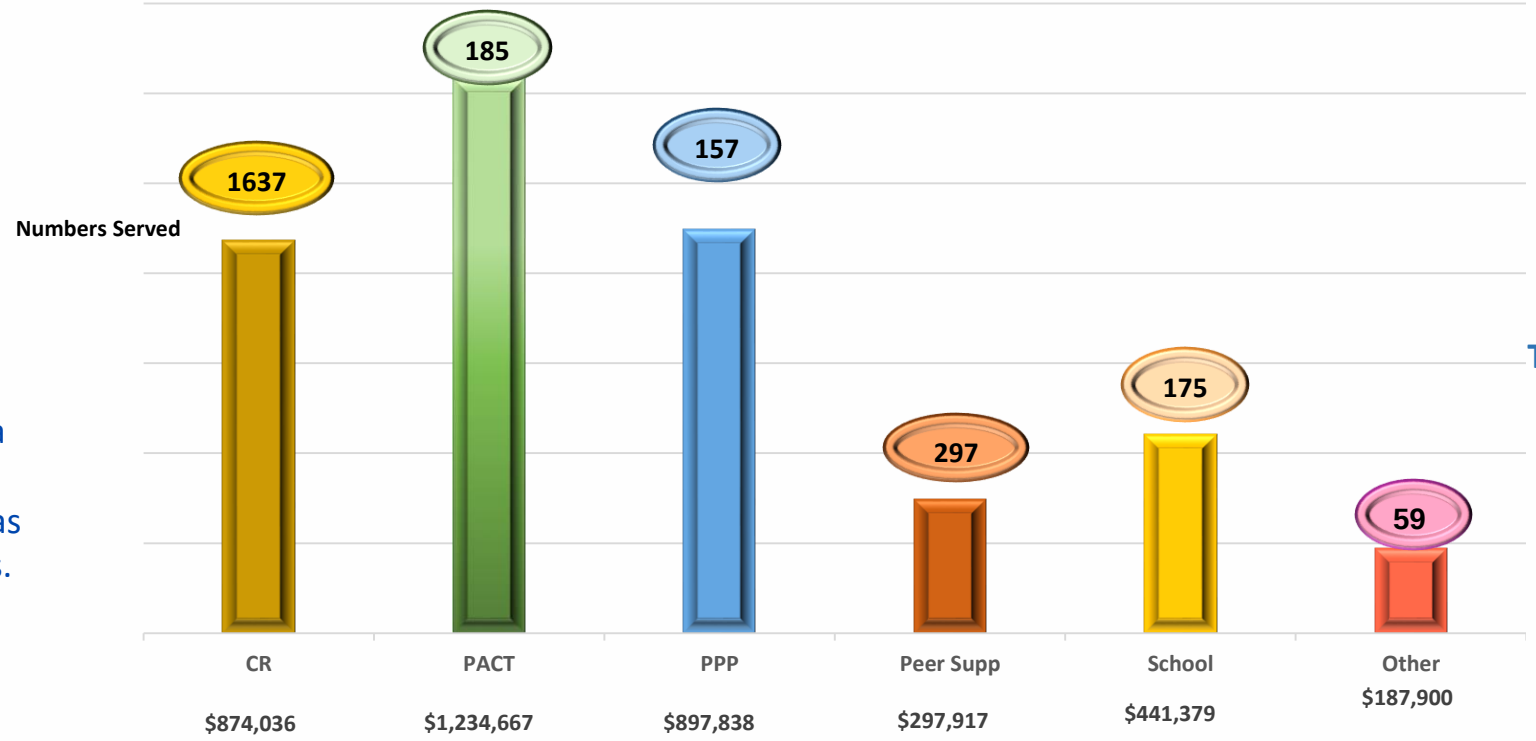


Services

Total Served
2,510

*Value represents available data from the Centralized Data System and/or supplemental data as reported by Regions.

Grant Expenditures for Services vs. Numbers Served
YR 1,2, 3 & 4: October 2016 – March 2020



** All Others: Consumer/Family Involvement, Mentoring, Telehealth, Therapeutic/Professional Consultation

Total of SOC grant dollars invested in service development and delivery
$3,933,737
(YR 1,2,3,4 through March 2020)

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Nebraska Behavioral Health

System of Care

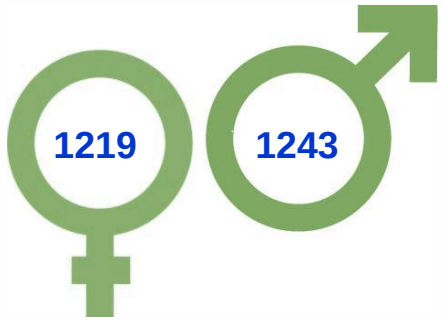
Demographics

October 2016 – March 2020

Age of Youth Served

	# M	# F	UNKN	Avg. Age	Total # Served
PPP	91	66	0	13.84	157
Youth Peer Support	24	9	5	14.34	38
Family Peer Support	136	123	0	14.6	259
Mobile Crisis Response	738	856	43	14.54	1637
PACT – Region 6	120	65	0	11.9	185
School Based	80	70	0	12.17	150
Therapeutic Consultation	41	18	0	14.07	59
Youth Transition Services	13	12	0	15.96	25
Totals:	1243	1219	48	13.89	2510

Gender: (n=2462)*



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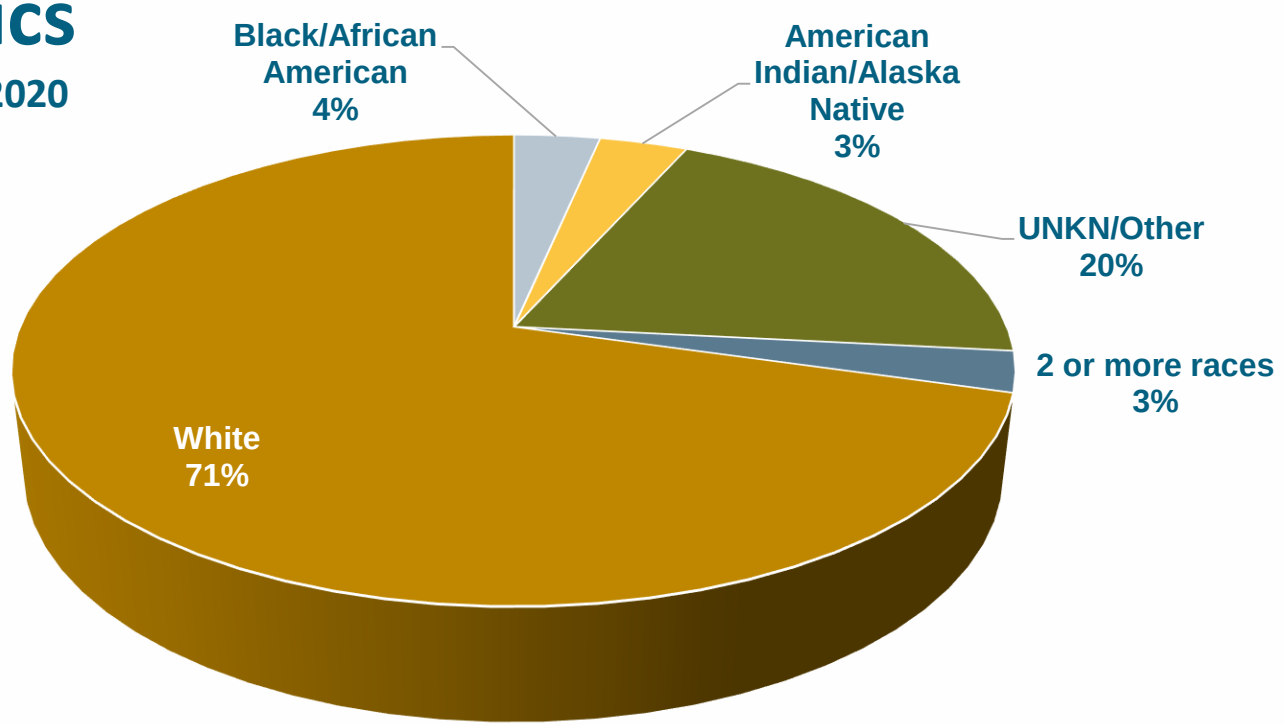
Nebraska Behavioral Health

System of Care

Demographics

October 2016 – March 2020



Race (n=2510)*

*Value represents available data from the Centralized Data System and/or supplemental data as reported by Regions.

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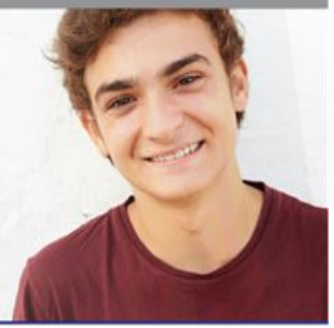
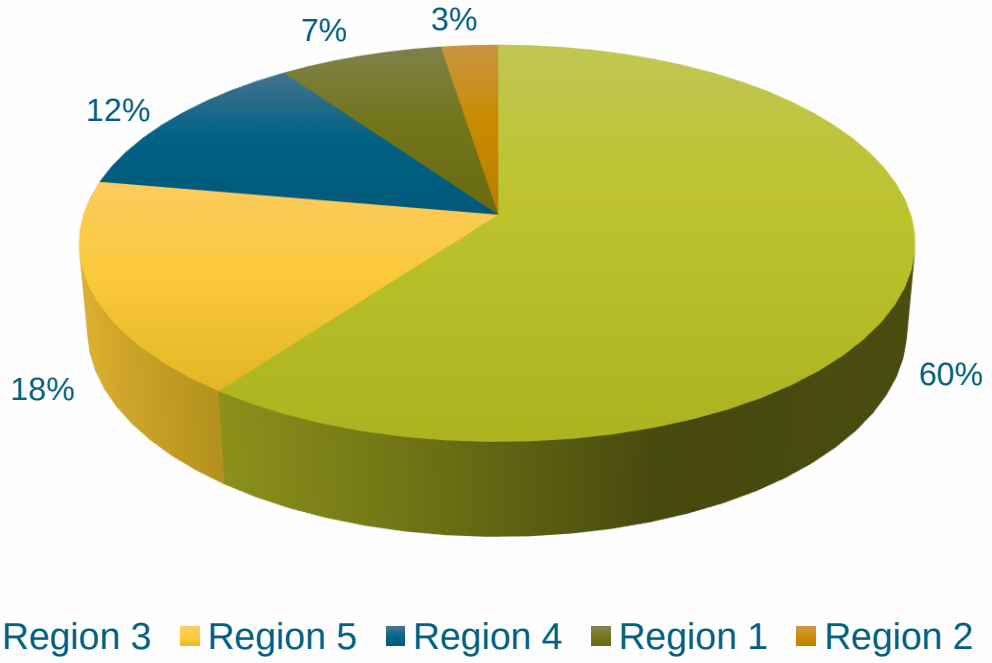


Mobile Crisis Response – Utilization by Region

October 2016-March 2020



MCR Referrals (Calls) By Region: October 2016-March 2020 N=1624*

*Region 6 Mobile Crisis Response is not funded through the NeSOC

The Nebraska Family Helpline at (888) 866-8660 makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week.

System of Care

Mobile Crisis Response Disposition

October 2016- March 2020

N=1624*

*Value represents available supplemental data as reported by Regions.

22.5%

of youth served were referred/admitted to a psychiatric unit.

73.4%

of youth served remained in home or with a trusted family friend

73.15% Remained At Home (1188/1624)
22.5 % Referred to Hospital (366/1624)
2.09% Placed with CFS/AOP (34/1624)
1.23% Informally Placed with Relative/Friend (20/1624)
.98% UNK (16/1624)

CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through January 31, 2021

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2021: October 1, 2020 through September 30, 2021

1. Name of State or Indian Tribal Organization and Department/Division:	**3. EIN:**	470491233
State of Nebraska	**4. DUNS:**	808819957
2. Address: (insert mailing address for grant award notices in the two rows below)	**5. Submission Type:** (select one)	
Nebraska Department of Health and Human Services; Division of Children and Family		☑ NEW
Services; 301 Centennial Mall South, 3rd Floor, PO Box 95026, Lincoln, NE 68509-5026		☐ REALLOTMENT
a) **Email address** for grant award notices: DHHS.Grants@nebraska.gov		☐ REVISION
REQUEST FOR FUNDING for FY 2021: Hardcode all numbers; no formulas or linked cells.		
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$1,985,221
a) Total administrative costs (not to exceed 10% of the CWS request)		$198,522
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:	**% of Total**	$0
a) Family Preservation Services	25%	$385,045
b) Family Support Services	25%	$385,045
c) Family Reunification Services	20%	$308,035
d) Adoption Promotion and Support Services	20%	$308,035
e) Other Service Related Activities (e.g. planning)	0%	$0
f) Administrative costs *(STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %)*	10.0%	$154,017
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100%	*$1,540,177*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$98,826
a) Total administrative costs (not to exceed 10% of MCV request)		$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$689,365
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$1,453,178
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$0
11. Requested Education and Training Voucher (ETV) funds:		$481,611

REALLOTMENT REQUEST(S) for FY 2020:

Complete this section for adjustments to current year awarded funding levels.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2020 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment)**:**

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*
Stephanie R. Bradley		
Title Director, CFS		*Title*
Date 5/19/2020		*Date*

Attachment B
OMB Approval #0970-0426
Approved through January 31, 2021

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: 0 **For FY 2021: OCTOBER 1, 2020 TO SEPTEMBER 30, 2021**

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	$ -			$ -				$ 2,400,416	1,350	1,026	CW Children & Families	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ -	$ 385,045		$ -				$ 20,318,217	4,726	3,016	CW Children & Families	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 1,786,699	$ 385,045		$ 689,364				$ 24,841,868	3,569	2,603	CW Children & Families	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ -	$ 308,035		$ -				$ 7,254,292	735	640	CW Children & Families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 308,035						$ 1,144,475	NA	NA	CW Children & Families	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -						$ -	-	-	CW Children & Families	Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 1,376,776	$ 19,944,261	2,679	1,456	CW Children & Families	Statewide
(b) GROUP/INST CARE	$ -						$ 193,724	$ 1,380,154	56	55	CW Children & Families	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 24,635,596	$ 15,803,660	6,794	4,014	CW Children & Families	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 183,812	$ 6,550,810	1,699	1,141	CW Children & Families	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 1,453,178		$ -	$ 50,801	260	NA	CW Children & Families	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$ -	$ 481,611	$ -	$ 223,774	248	NA	CW Children & Families	Statewide
12.) ADMINISTRATIVE COSTS	$ 198,522	$ 154,017	$ -				$ 9,464,605	$ 9,722,402				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ -	$ -				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ -	$ -				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ -	$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 1,616,632	$ 538,877				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 98,803				$ -	$ -				
18.) TOTAL	$ 1,985,221	$ 1,540,177	$ 98,803	$ 689,364	$ 1,453,178	$ 481,611	$ 37,471,145	$ 110,174,007				
19.) TOTALS FROM PART I	$1,985,221	$1,540,177	$98,826	$689,365	$1,453,178	$481,611	-----	-----	-----	-----	-----	-----
20.) Difference (Part I - Part II)	$0.00	$0.00	$23.00	$1.00	$0.00	$0.00	-----	-----	-----	-----	-----	-----

(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds request)

21.) Population data req☐ed in columns I - L can be found:

☐ **On this form**
In the APSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2019

1. Name of State or Indian Tribal Organization:	**2. Address:**	**3. EIN: 470491233**
State of Nebraska	Nebraska Department of Health and Human Services; Division of Children and Fa	**4. DUNS: 808819957**
5. Submission Type: (select one) ☑ NEW ☐ REVISION	Services; 301 Centennial Mall South, 3rd Floor, PO Box 95026, Lincoln, NE 68509-5026	

Description of Funds	(A) Original Planned Spending for FY 18 Grants (from CFS-101, Pt I)	(B) Actual Expenditures for FY 18 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	$ 1,604,540	$ 1,476,012	3,872	723	CW Children and Families	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 160,454	$ -				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.		$ -	5,486	2,213	CW Children and Families	Statewide
a) Family Preservation Services	$ 295,024	$ 291,690				
b) Family Support Services	$ 295,024	$ 312,138				
c) Family Reunification Services	$ 236,019	$ 220,000				
d) Adoption Promotion and Support Services	$ 236,020	$ 247,862				
e) Other Service Related Activities (e.g. planning)	$ -	$ 26,000				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF allotment)*	$ 118,009	$ 98,855				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 1,180,096*	*$ 1,196,545*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 74,335	$ 78,098				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -	$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 1,209,016	$ 1,080,357	260	-	CW Children and Families	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of CFCIP allotment)*	$ -	$ -	-	-	CW Children and Families	Statewide
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 392,329	$ 434,382	248	-	CW Children and Families	Statewide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		***Signature of Federal Children's Bureau Official***	
Stephanie R. Bradley			
Title Director, Children & Family Services	***Date*** 5/19/2020	***Title***	***Date***

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NEBRASKA
Good Life. Great Mission.

Health Care Oversight and Coordination Plan 2020-2024

Update for FY 2021 APSR

Nebraska Department of Health and Human Services Division of Children and Family Services

June 30, 2020

PLEASE NOTE: Changes made to the currently approved Health Care Oversight Plan are noted by yellow highlights.

Introduction

The Department of Health and Human Services (DHHS), Division of Children and Family Services (CFS) Health Care Oversight Plan (HCOP) for 2020-2024 reflects lessons learned since development of the 2015-2019 plan. The plan continues to build upon and strengthen activities to improve the ongoing oversight and coordination of health care services for children in Nebraska's foster care system. This particular version, the *Update for FY 2021 APSR*, shows yellow highlighting for updates.

The Protection and Safety Unit works collaboratively to ensure the abused, neglected, or dependent populations it serves are safe from harm or maltreatment. When children live in a permanent, healthy, nurturing and caring environment with a stable family, effects of harm to the child are diminished, and communities are safe from harm. In 2018, CFS transitioned to a new organizational structure to better support the work being done in the field. There are five areas of support:

- Prevention: This team focuses on prevention activities, community response teams, Nebraska prevention fund board, etc.
- Safety: This team provides support in the area of abuse and neglect policy, training, Structured Decision Making /Safety Organized Practice, human trafficking and Indian Child Welfare Act (ICWA).
- Families First: This team provides support with in-home safety services, in-home skill acquisition services, parental engagement, family team meetings, sibling engagement and alternative response.
- Permanency: This team provides support for foster care, adoption, guardianship and Interstate Compact on the Placement of Children (ICPC).
- Well-Being: This team provides support for housing, extended foster care, Independent Living services, health matters (physical, behavioral, pharmaceutical), substance use issues, education and developmental work, domestic violence, normalcy and extracurricular activities by working across divisions within DHHS and with community entities to meet the needs of children and families served.

Due to this structure change, the HCOP transitioned to the Well-Being Team for oversight and management.

Overview

This HCOP reflects lessons learned since development of the 2015-2019 plan and shows how DHHS continues to strengthen activities to improve the health care and oversight of children and youth in foster care over the next five years.

On the following pages, an outline of the items enumerated in statute at section 422(b)(15)(A)(i)-(vii) of the Act (referred to as the 'Act' below) and the Family First

Prevention Services Act (FFPSA) amendment includes the current processes on how the items are being met, as well as documentation that supports these processes.

The attachment *Health Care Oversight Strategic Plan 2015-2019* explains the resolution of strategies used during 2015-2019. In order to expand on current processes, strategies planned for 2020-2024 are explained throughout this report. The strategies are also outlined in the attachment *Health Care Oversight Strategic Plan 2020-2024 v3.0 Update.*

This is the 3rd fifth year cycle of this plan. Nebraska's Health Care Oversight Committee (HCO Committee) has gone through significant changes in the last few years. As such, work from the HCO Committee has not advanced as quickly as desired. HCO Committee members have been re-engaged, new members obtained, priorities clarified and work restarted.

These are the prioritized strategies that have been worked on over the last year. Please refer to the *Health Care Oversight Strategic Plan 2020-2024 v3.0 Update* for additional information.

- Ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner.
- Track CFSR Items 17 and 18 more thoroughly and take appropriate action according to what the results shows.
- Work with the Nebraska Foster Care Review Office and the 1184 team meetings across the state to obtain aggregate data on the physical and behavioral/mental health care of our youth.
- Utilize the HCO Committee in reviewing aggregate data regularly and gain Committee's input on healthcare related policy development.
- Consider making applicable NFOCUS data entry fields mandatory.
- Work with the Nebraska System of Care to compile the various strategies currently used into one comprehensive report to demonstrate Item 8 is being met.
- Update procedures and data collection to ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner.

With each quarterly HCO Committee meeting focus and discussion on future actions for strategies is discussed. The HCO Committee is engaged in the activities and planning process to make this a collaborative effort. Details of the HCO Committee meeting discussions and updates will be included in each APSR.

The following are lessons learned from the 2015-2019 Health Care Oversight and Coordination Plan.

- Meaningful data is needed on some items of the Act in order to develop more impactful strategies, thus being able to provide better oversight.

- Though CFS has data on most items of the Act, the HCO Committee has determined the data needs to be more robust and also needs get to the heart of the information that has to be captured. This will include creating more comprehensive reports, having regular reviews of this additional captured data and determining next steps based upon the new data.
    - Data on youth in the care of CFS is needed on the following (and explained in more detail later in this report):
        - If initial health screenings are being completed timely (within 2 weeks);
        - If trauma, exposure to substance use and exposure to domestic violence is being addressed;
        - If medical and behavioral health needs are being met;
        - If medical homes are being established;
        - If information on transitioning from a pediatric doctor to a general practitioner is being provided to aging out youth; and
        - If youth have the tools they need, prior to aging out, to meet their own health care needs.
- CFS is working closely with the Quality Assurance (QA) team on gathering more robust data from case reviews. QA is a part of the HCO Committee (ad hoc) and provides data when needed. A QA administrator attended the HCO Committee meeting in March 2019 to explain data collection and again attended in February 2020 to review data being collected. The Well-Being team also met with the QA team several times in 2019 and 2020 to discuss QA tools, data collection, etc. QA is an integral part of the HCO Committee and will continue to provide data as needed to help meet the strategies detailed below.

- Applicable administrative memos/policies need to include additional information so CFS case managers can address youth health related concerns more thoroughly.
    - CFS has numerous administrative memos and policies related to the health of youth served (which are referenced throughout and attached to this report). However, through a review of the administrative memos/policies related to the health of youth, the HCO Committee has determined some are lacking in information to best guide CFS case managers.
        - Policies lacking needed information (at the time the last CFSP was submitted in June 2019 included and explained in more detail later in this report):
            - DHHS' Sex Trafficking Administrative Memo
                - June 2020 update-this policy has been updated through a Standard Work Instruction in August 2019, which is attached to this report.

        - Health Care Coordination and Psychotropic Medication Guidelines
            - June 2020 update-this policy has been updated through a Standard Work Instruction effective December 2019, which is attached to this report.
        - Transitional Living Planning
            - June 2020 update-subgroup HCO Committee meetings were held in April 2020 regarding improvements to this policy area. Recommendations for new strategies to address this will be made at the next HCO Committee and are discussed in more detail later in this report.
        - Information for youth aging out on reproductive health (a policy is being developed at this time).

*As data is collected and strategies completed, more policies may be developed to help guide the work of CFS.

- Provide aging out youth with additional information to ensure their healthcare needs are met when no longer under the care of a pediatrician or they need to change doctors.
    - While CFS provides youth aging out with medical information and resources, this information does not always ensure youth know how to obtain a general practitioner if they wish to stop seeing a pediatrician. It is important youth understand how to access a general practitioner and their medical history prior to aging out.
        - June 2020 update
            - Subgroup HCO Committee meetings were held in April 2020 regarding this topic. Recommendations for new strategies to address this will be made at the next HCO Committee and are discussed in more detail later in this report.
- Increase collaboration within the Protection and Safety Unit to ensure health needs of youth are being met.
    - The Well-Being Team will focus on collaboration with the Safety Team pertaining to training CFS case managers on health care related issues for youth in DHHS' custody and collaboration with the Permanency Team as it pertains to ensuring the health needs of youth in foster care are being met.
- Increase collaboration within CFS and other DHHS Divisions to ensure health needs of youth are being met.
    - Over the last five years CFS and the HCO Committee have increased collaboration with other DHHS Divisions, however additional work is needed with the end goal being to better meet the healthcare needs of youth served.
- Utilize the HCO Committee to review health related aggregate data.

- CFS has regular quarterly meetings with the HCO Committee
  - June 2020 update
    - Meeting were had quarterly throughout 2019 (March 18, May 14, August 20 and November 19) and thus far in 2020 (February 6 and May 14). Quarterly meetings are also scheduled for the rest of 2020.
- With the increased measureable data planned on being obtained throughout the next five years, CFS plans to utilize the expertise of the HCO Committee in reviewing aggregate data and providing feedback so CFS can make appropriate changes for the healthcare of the youth served.
  - June 2020 update
    - At the February 2020 HCO quarterly meeting, the Committee reviewed data presented by DHHS's QA team and had an opportunity to provide feedback. At the March 2020 subgroup HCO Committee meeting, data was also reviewed and feedback was provided.

By employing strategies for the above lessons learned, the Child and Family Services Review (CFSR) Well-Being Outcome 3 will be addressed.

The Nebraska HCOP was developed in coordination with other DHHS Divisions, including Medicaid and Long Term Care (MLTC), Behavioral Health (BH), experts from health care and child welfare services, and families involved with CFS. The HCO Committee decided on action steps to achieve the identified strategies and goals. The Committee members are listed below. More medical professionals and family/youth representatives have been added to the HCO Committee by working closely with HCO Committee team members on recommendations. Recruitment of new team members is reviewed regularly. The CFS Eastern Service Area (Saint Francis Ministries) contractor has been invited to the HCO Committees. As a side note, DHHS can reimburse family and youth representatives for mileage, but not meals. DHHS cannot reimburse professionals for mileage or meals.

2020-2024 Nebraska Health Care Oversight Committee

The following is a list of the HCO Committee team members for the 2020-2024 HCOP:

Name	Organization	Position/Role	Field of Expertise
Allison Wilson	DHHS Division of Children and Family Services	Program case manager	Child Welfare
Amy Reynoldson	Nebraska Medical Association	Vice President	Physical Health
Andrea Riley	DHHS Public Health	Health Program Manager/RN	Physical Health
Andrea Wright	Heartland Family Service	Program Director	Child Welfare
Angie Ludemann	DHHS Division of Children and Family Services	Administrator	Child Welfare
Ashely Brown	KVC Nebraska	President	Child Welfare

Barb Palmer	United Health Care (Managed Care Organization)	Director of Health Services	Physical Health
Bernie Hascall	DHHS Division of Behavioral Health	Administrator	Behavioral Health *Also a Program Improvement Plan (PIP) Core Team member
Brandy Gustoff	Omaha Home for Boys	Program Manager	Child Welfare
Casandra Dittmer	KVC Nebraska	Director of Family Preservation & Model Fidelity	Child Welfare
Dr. Charles Craft	DHHS Public Health	Dental Health Director	Physical Health
Cheryl Turner	Center for Children, Family, and the Law through the University of Nebraska-Lincoln	Training case manager	Behavioral Health
Deanna Brakhage	DHHS Division of Children and Family Services	Program case manager	Child Welfare
Deb Van Dyke Ries	Court Improvement Project	Director of Court Improvement Project	Child Welfare *Also a Program Improvement Plan (PIP) Core Team member
Dr. Janine Fromm	State of Nebraska Operations	Executive Medical Officer	Physical Health
Ellen McElderry	Nebraska Total Care	Foster Care Liaison	Physical Health
Felicia Nelson	Nebraska Foster and Adoptive Parent Association	Executive Director	Child Welfare
Ivy Svoboda	Nebraska Alliance of Child Advocacy Centers	Executive Director	Child Welfare
Jackie Meyer	Counseling Enrichment Center	Director	Behavioral Health
Jennie Cole-Mossman	Center for Children, Families and the Law	Co-Director of Nebraska Resource Project for Vulnerable Young Children	Child Welfare
Jennifer Dunavan	Independent Consultant	Registered Dietician	Physical Health
Jennifer Irvine	DHHS Division of Medicaid and Long Term Care	Program Coordinator	Physical Health
John Danforth	Region V Systems	Mental Health Provider	Behavioral Health
Josie Rodriguez	DHHS Division of Public Health	Administrator	Medical Health
Karen Moran	DHHS Division of Children and Family Services	Program case manager	Child Welfare
Kasey Ripperger	Nebraska Children's Home Society	Permanency Supervisor	Child Welfare
Kelli Hauptman	Center for Children, Family, and the Law through the University of Nebraska-Lincoln	Co-Director of Nebraska Resource Project for Vulnerable Young Children	Child Welfare
Kristina Hagan	Cedars	Prevention Supervisor	Child Welfare
Linda Cox	Foster Care Review Office	Research Analyst	Child Welfare

Michelle Muhle	Nebraska Total Care	Foster Care Liaison	Medical Health
Patricia Cartledge	United Health Care (Managed Care Organization)	Associate Director of Health Services	Behavioral Health
Pegg Siemek Asche	NOVA Treatment Community	CEO	Child Welfare
Raevin Bigelow	N/A	Young Adult	Child Welfare
Rebecca Daughtery	DHHS Division of Children and Family Services	Choice and Voice Advocate	Child Welfare
Sabina Alic	Nebraska Alliance of Child Advocacy Centers	Outreach Coordinator	Child Welfare
Sarah Helvey	Nebraska Appleseed	Director of Child Welfare Program	Child Welfare
Sheila Kadoi (ad hoc member)	DHHS Division of Children and Family Services	Administrator	Child Welfare *Also a Program Improvement Plan (PIP) Core Team member
Dr. Sharon Stoolman	Children's Hospital and Medical Center	Pediatrician	Medical Health
Stephanie Pospisil	Ponca Tribe	Director of Social Services	Child Welfare
Teresa Zahren	Wellcare	Senior Manager, Behavioral Health Services	Medical Health
Dr. Tina R. Scott-Mordhorst MD	University of NE Medical Center	Pediatrician	Medical Health
Nikki Barber	Saint Francis Ministries	Director of Operations	Child Welfare
Tiffany L. White Welchen	Nebraska Total Care	Data Analyst	Medical Health

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

1A. Current Processes and Documentation in Support of this Requirement

- During the first two weeks of a child's removal from his or her home the following occurs:
  - The CFS case manager ensures the caregiver arranges for medical care with the child's established primary care provider to preserve the continuity of care and the child's medical home. CFS case managers maintain the responsibility for ensuring youth obtain needed medical appointments. If the child is unable to see their primary care provider (a reason being proximity to the provider is too far) the CFS case manager, through the

caregiver, will request the new provider consult with the child's established primary care provider.
    - A comprehensive assessment is completed which includes a review of the child's physical, mental, developmental, and dental health.
    - Additional visits are determined and occur, as appropriate, during the first two weeks the child enters the child welfare system to assess the child in the process of transition, monitor the adjustment to care, identify evolving needs, and continue information gathering.
        - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

- CFS case managers utilize Structured Decision Making (SDM) to assess risk and safety.
    - This assessment also screens youth for trauma, exposure to substance use and exposure to domestic violence.

- Data regarding Item 1 is collected through Nebraska's Continuous Quality Improvement (CQI) case reads quarterly and Nebraska's statewide child welfare automated system, the Nebraska Family On-Line Client User System (NFOCUS). NFOCUS is the location where CFS case managers enter contact narratives, complete assessments, and authorize services.
    - NFOCUS sends reminders to CFS case managers to alert them of upcoming due dates for yearly physical, dental, and vision exams for state wards on their caseload. NFOCUS also sends alerts to display 60 days and 30 days before the one year anniversary of the last exam entry date, these alerts help CFS case managers ensure health exams stay current.

- The following information is entered into NFOCUS:
    - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reports;
    - Home health reports;
    - Nurse, physician and hospital documentation;
    - Dental, vision, psychological, and physical exam dates, results, and reports; and
    - Medical provider information.
        - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*
        - Refer to the attachment *Medical Conditions Review Tool*

- Preventive health care is provided in accordance with the schedule of well-child visits, immunizations and related care developed by the American Academy of Pediatrics (AAP) and collaborative professional organizations to meet the special needs of children in the child welfare system.

- DHHS emphasizes the importance of following the AAP Periodicity Schedule 2020. In addition to physical health, this schedule addresses developmental, behavioral, and dental health.
  - Refer to the attachment *AAP Periodicity Schedule 2020*

1B. New Strategies for 2020-2024

The following strategies have been chosen to more thoroughly meet Item 1, in order to improve the physical and behavioral/mental health care of youth served.

- DHHS' Sex Trafficking Administrative Memo will include information about medical checks being done on youth who have gone missing from foster care and returned.
  - When youth go missing from foster care, their medical care is a primary concern. A tool is located in NFOCUS that CFS case managers use to screen youth upon their return for possible trafficking situations.
    - June 2020 update
      - *Human Trafficking Standard Work Instruction v2* was written in August 2019 for CFS case managers to follow. This rescinds Administrative Memo 3-2016. The *Nebraska Human Trafficking Task Force Tool v2* was also updated in August 2019. Both of these documents are attached to this report and this strategy is considered complete.

- Ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner, if need be.
  - In 2017 and 2018, a combined number of approximately 100 youth discharged from Nebraska's child welfare system for the reason of 'Reaching the Age of Majority'.
  - Young adults will have a doctor in place, or the information to obtain a doctor, which supports continuity from one doctor to another.
    - June 2020 update
      - Subgroup HCO Committees were held in April 2020 regarding this topic. Recommendations, which will be made at the next HCO Committee, include the following. If these are accepted by the HCO Committee they will be added to the *HCO Strategic Plan 2020-2024 v3*.
        - Require the CFS case managers to list the youth's current primary care physician in NFOCUS.
        - Create a Standard Work Instruction to accompany the Transitional Living Plan (TLP) staff already complete with older youth. This will explain to staff in more detail how to help youth obtain a doctor.

- Add to the TLP a checklist that will include starting discussions with a youth by age 18 about transitioning to a general practitioner from their pediatrician (if applicable).

- Drill down further on data to confirm specifically if an initial health screening has been done timely (within two weeks of a child's removal from their home)

- Determine if the SDM tools assessing for risk and safety are also screening for trauma, exposure to substance use and exposure to domestic violence adequately. If not, changes will be implemented
  - A cross walk between the SDM tool Family Strengths and Needs Assessment and Child Welfare Trauma Referral tool was previously completed.
    - Refer to the attachment *SDM Crosswalk*
  - Quality Assurance is reviewing the data in reviews to determine if this is being addressed.
  - If this is not being addressed through SDM tools, changes will be implemented in conjunction with discussions between the HCO Committee and DCFS.

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

2A. Current Processes and Documentation in Support of this Requirement

- EPSDT exams are provided at least annually for all state wards on Medicaid
  - These exams have five components including:
    1. Comprehensive health and developmental history that assesses for both physical and mental health, as well as for substance use disorders;
    2. Comprehensive, unclothed physical examination;
    3. Appropriate immunizations, in accordance with the schedule for pediatric vaccines established by the Advisory Committee on Immunization Practices;
    4. Laboratory testing (including blood lead screening appropriate for age and risk factors); and
    5. Health education and anticipatory guidance for both the child and caregiver.
       - Refer to the attachment *EPSDT-A Guide for States*

        - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards*

- CFS case managers ensure individuals involved in a child's care understand their responsibilities and how to fulfill them.
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards.*
    - Refer to the attachment *CFSR Items 17 and 18.*

- Foster homes provide documentation on medical, dental, and vision checkups the children in their care have had.
    - Refer to the attachment *PSP 10-2019 Use of the Nebraska Caregiver Responsibility Tool.*

- Foster homes provide notes on mental health and behavioral needs of the children placed in foster care during the reporting month.
    - Refer to the attachment *PSP 10-2019 Use of the Nebraska Caregiver Responsibility Tool.*

- CFS case managers complete the medical section in NFOCUS and court reports, including items like diagnosis, medications and medical appointments.
    - Refer to the attachment *Mandatory Monthly Visits with Children, Parents and Out of Home Care Providers Standard Work Instruction v2.*
    - Refer to the attachment *Medical Conditions Review Tool.*

- The due date tracker includes youth's annual physical, semiannual dental and annual vision appointments.
    - NFOCUS sends reminders to CFS case managers to alert them of upcoming due dates for yearly physical, semiannual dental and yearly vision exams for state wards on their caseload. NFOCUS also sends alerts to display 60 days and 30 days before the one-year anniversary of the last exam entry date-these alerts help CFS case managers ensure health exams stay current.

- Juvenile court cases may include pre-hearing conferences. The conference agendas include information about the children and can include health related items. Those who participate include parents, parents' attorneys, guardian ad litem, county attorneys, and CFS case managers among others.
    - Refer to attachment *Pre-Hearing Conference Protocol.*
    - Refer to attachment *Guardian Ad Litem Report.*

- New Nebraska Juvenile Court judges attend the National Council of Juvenile and Family Court Judges judicial college.
    - Refer to attachment *National Council of Juvenile and Family Court Judges Education.*

2B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 2 in order to improve the physical and behavioral/mental health care of youth served.

- Track attachment *CFSR Items 17 and 18* more thoroughly and take appropriate action according to what the results show.
    - From the CFSR Review in June 2017, Nebraska received an overall rating of 85% for the 46 applicable cases that rated as a Strength for Item 17. Nebraska received an overall rating of 65% for the 40 applicable cases that rated as a Strength for Item 18. The target for both Items 17 and 18 is 95%.
    - Obtaining more robust data will help define better strategies to utilize, therefore increasing positive health outcomes
        - June 2020 update
            - Subgroup HCO Committees were held in March and April 2020 regarding this topic. Recommendations will be shared at the next HCO Committee include the following below. If these are accepted by the HCO Committee they will be added to the HCO *Strategic Plan 2020-2024 v3*.
            - At quarterly HCO meetings (or as often as data is available) the Committee reviews aggregate data from the Foster Care Review Office, this strategy is used in order to obtain a broader scope of other data sources.
            - At the quarterly HCO meetings the Committee reviews the Voices of Children annual report related to this strategy in order to obtain a broader scope of other data sources.
            - At the quarterly HCO meetings, the Committee reviews MLTC's report on state wards taking psychotropic medication (in aggregate form) related to this strategy in order to obtain a broader scope of other data sources.
- Track aggregate data from attachment *Medical Conditions Review Tool* more thoroughly and take appropriate action according to what the results show in order to increase positive health outcomes

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

3A. Current Processes/Documentation in Support of this Requirement

- Medical health information on youth is shared for placement
  - Refer to the attachment *PSP 10-2017 Review of a Child's File by Adoptive Parent(s).*

- Need-to-know medical information may be provided to involved parties in the following ways including:
  - Court reports;
  - Family Team Meetings;
  - Individual Educational Plan (IEP) Meetings;
  - Nebraska Health Information Initiative (NeHII)-Nebraska's Health Information Exchange;
    - Refer to the attachment *Information on NeHII*
  - Nebraska Prescription Drug Monitoring Program (PDMP); and
    - Refer to the attachment *Information on PDMP*
  - Nebraska Medicaid Electronic Health Record (EHR) Incentive Program.
    - Refer to the attachment *Information on EHR*

3B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 3, in order to improve the physical and behavioral/mental health care of youth served.

- Explore how to appropriately share data more efficiently.
  - Determine if there is a more efficient way for medical information to follow a youth through placement changes and when providing medical information to schools.
    - There will be less of a potential for medical information to be misplaced between placement and school changes.
    - As of March 2019, there were 3127 youth placed out of home. By ensuring medical information follows children through placement and school changes, this will increase positive health outcomes.

        - Refer to the attached report *DHHS Division of Children and Family Services CFS Point in Time Dashboard Report.*
    - Collaborate with the Managed Care Organizations (MCOs).
        - The MCOs (United Healthcare, Wellcare and Nebraska Total Care) are required in their MLTC contracts to develop policies in collaboration with CFS. CFS has reviewed these policies and provided feedback to MLTC.
            - Refer to the attachments *UHC Policy on Collaboration with CFS*, *Wellcare Policy on Collaboration with CFS*, and *NTC Policy on Collaboration with CFS*

- Track *CFSR Items 17 and 18* more thoroughly and take appropriate action according to what the results show
    - From the CFSR Review in June 2017, Nebraska received an overall rating of 85% for the 46 applicable cases that rated as a Strength for Item 17. Nebraska received an overall rating of 65% for the 40 applicable cases that rated as a Strength for Item 18. The target for both Items 17 and 18 is 95%.
    - Obtaining more robust data will help define better strategies to utilize, therefore increasing positive health outcomes.
        - June 2020 update
            - Subgroup HCO Committees were held in March and April 2020 regarding this topic. Recommendations will be shared at the next HCO Committee and will include the following. If these are accepted by the HCO Committee they will be added to the *HCO Strategic Plan 2020-2024 v3*.
            - At the quarterly HCO meetings (or as often as data is available) the Committee reviews aggregate data from the Foster Care Review Office related to this strategy in order to obtain a broader scope of other data sources.
            - At the quarterly HCO meetings the Committee reviews the Voices of Children annual report related to this strategy in order to obtain a broader scope of other data sources.
            - At the quarterly HCO meetings, the Committee reviews MLTC's report on state wards taking psychotropic medication (in aggregate form) related to this strategy in order to obtain a broader scope of other data sources.

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

4A. Current Processes/Documentation in Support of this Requirement

- Per Agency Supported Foster Care (ASFC) contracts, foster parents complete monthly reports regarding medical appointments.

- The primary care physician is listed on the MCO's Medicaid card that recipients receive.
    - Refer to the attachment *Example of a Medicaid ID card.*

- Primary care physician/medical home data is tracked in NFOCUS.

- The CFS case manager arranges medical care with the child's medical home to preserve the child's continuity of care. If the child is unable to access their medical home (a reason such as proximity to the provider is too far) the CFS case manager will request the new medical provider consult with the child's medical home.
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards.*

4B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 4, in order to improve the physical and behavioral/mental health care of youth served.

- Increase tracking abilities of medical homes for every child in care.
    - All youth will have an identified medical home who knows the child and their health needs. This will provide more consistency and continuity for the child.
        - Find a more reliable way to track medical homes for children who are not on Medicaid. This information can be captured through NFOCUS by CFS case managers. CFS will create a report to demonstrate which child(ren) have an identified medical home. In April 2019, the NFOCUS data report 'CFS Youth List for Medicaid' shows 96 state wards in Nebraska did not have Medicaid.

- Update procedures and data collection to ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner, if needed
    - June 2020 update
        - Subgroup HCO Committees were held in April 2020 regarding this topic. Recommendations, which will be made at the next HCO Committee, include the following below. If these are accepted by the HCO Committee they will be added to the *HCO Strategic Plan 2020-2024 v3*.
            - Require the CFS case managers to list the youth's current primary care physician in NFOCUS.
            - Create a Standard Work Instruction to accompany the Transitional Living Plan (TLP) staff already complete with older youth. This will explain in more detail how staff help youth obtain a doctor.
            - Add to the TLP a checklist that will include starting discussions with a youth by age 18 about transitioning to a general practitioner from their pediatrician (if applicable).

    - In 2017 and 2018, a combined number of approximately 100 youth discharged from Nebraska's child welfare system for the reason of 'Reaching the Age of Majority'.
    - Youth aging out will have a dentist, mental health provider (if need be), and medical provider in place, or the information to obtain such providers, which supports continuity of health care.
        - A policy is also being developed at this time to ensure youth aging out have information on reproductive health.

- Ensure foster parents are providing medical appointment information to designated contact (such as foster care case manager, CFS case managers, etc.) regarding children placed in their homes.
    - Track and review this data, taking appropriate action as needed.

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

5A. Current Processes/Documentation in Support of this Requirement

Per guidance from April 2012 through ACYF-CB-PI-12-05, the Administration for Children and Families informed states of the elements that must be included in their protocols for monitoring the appropriate use of psychotropic medications for children and youth in the foster care system:

1. Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children's mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication);
2. Informed and shared decision-making (consent and assent) and methods for ongoing communication between the prescriber, the child, his/her caregivers, other healthcare providers, the child welfare worker, and other key stakeholders;
3. Effective medication monitoring at both the client and agency level;
4. Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible Child and Adolescent Psychiatrist (at both the agency and individual case level); and
5. Mechanisms for sharing accurate and up-to-date information related to psychotropic medications to clinicians, child welfare staff, and consumers, including both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials.

In order to meet these above factors, CFS has implemented the following protocols:

- Staffing of youth occur between CFS and the Managed Care Organizations (MCO) so collaboration can occur. Staffing occur on an as needed basis. Weekly staffing was occurring until December 2019, when it was decided at the time it would be more effective to complete staffing as requested by the field or the MCO. When need be, the MCO's pharmacist is included in the calls to provide expertise on medications, medication interactions, concerns, etc. In addition, monthly meetings occur on a monthly basis between CFS and the MCOs to address system issues.
    - Refer to these attachments to review the questions being addressed during these meetings, if applicable.
    - *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
    - *Questions for CFS- Children ages 0 to 5*
    - *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
    - *Questions for CFS-Children taking Psychotropic Medication*

- The MCOs have checks and balances in place regarding prescription requests from medical providers
    - All 3 contracted MCOs are required to have policies in place that ensure collaboration with CFS to meet this requirement.

- CFS case managers are provided training materials with questions to ask the youth's team (child, parent, doctor, others) to determine if a psychotropic medication should be prescribed.
    - Refer to the training document attachment *Psych Meds+Job Aid 2020*
        - Refer to the attachments *Oversight of Psychotropic Medications for State Wards Standard Work Instruction* and *Psychotropic Medication Checklist* implemented in December 2019.
- Before giving consent for psychotropic medication, the CFS case manager verifies the youth had a medical evaluation within the past 12 months and ensures the youth has a DSM V diagnosis
    - Refer to the attachments *Oversight of Psychotropic Medications for State Wards Standard Work Instruction* and *Psychotropic Medication Checklist* were implemented in December 2019.
- *Psychotropic Medications Informed Consent* is a policy mandated form CFS case managers use when a youth may be prescribed a psychotropic medication
    - Refer to the attachments implemented in December 2019: *Oversight of Psychotropic Medications for State, Wards Standard Work Instruction* and *Psychotropic Medication Checklist.*

5B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 5, in order to improve the physical and behavioral/mental health care of youth served.

- Continue to utilize MCO's pharmacist to provide medical oversight.
    - Obtaining additional oversight from a pharmacist will help in reviewing pharmaceutical concerns.

- Track information from attachment *CFSR Item 18* and take action according to the results.
    - Nebraska received an overall rating of 65% for the 40 applicable cases rated as a Strength for Item 18. The target for Item 18 is 95%.
    - Obtaining more robust data, such as specific information concerning psychotropic medications, will help define better strategies for meeting youth's needs.
        - June 2020 update
            - Subgroup HCO Committees were held in March and April 2020 regarding this topic. Recommendations will be shared at the next HCO Committee with the following below. If these are accepted by the HCO Committee they will be added to the *HCO Strategic Plan 2020-2024 v3*.
            - At the quarterly HCO meetings (or as often as data is available) the Committee reviews aggregate data from the Foster Care Review Office, this strategy is used to obtain a broader scope of other data sources.

    - At the quarterly HCO meetings the Committee reviews the Voices of Children annual report related to this strategy in order to obtain a broader scope of other data sources.
    - At the quarterly HCO meetings, the Committee reviews MLTC's report on state wards taking psychotropic medication (in aggregate form) related to this strategy in order to obtain a broader scope of other data sources.
    - A quick reference guide will be written up for CFS that clarifies what kind of review each MCO does on youth taking psychotropic medications to provide clarification for staff.

- Track information from attachment *Medical Conditions Review Tool* more thoroughly and take action according to results.
    - Obtaining better data will help define better strategies to increase positive health outcomes for youth.

- Follow American Academy of Pediatrics HCO Plans Recommendations.
    - Refer to attachment *American Academy of Pediatrics HCO Plans Recommendations and Resources.*
    - Obtaining better data will help define better strategies to increase positive health outcomes for youth.

- Update the *Psychotropic Medications Informed Consent* form and corresponding policy
    - Update the form to include input from all prescribers, not just physicians.
        - June 2020 update
            - This form was updated and implemented in December 2019. It is attached to this report.
    - Work with Protection and Safety Unit's Safety Team and the Division of Medicaid and Long-term Care on updating policy and training.
    - Among other items, the revised policy will more thoroughly address the afterhours consultation process on the prescription of psychotropic medication and handling prescription requests from medical professionals.
        - June 2020 update
            - This policy was updated and implemented in December 2019. It is attached to this report.
    - Input for this policy was provided by DCFS and the MCOs at the standard monthly joint meeting held in June 2019 and provided by the HCO Committee members at the quarterly meeting held in August 2019. The final Standard Work Instruction and corresponding forms, *Oversight of Psychotropic Medications for State Wards, Standard Work*

Instruction and *Psychotropic Medication Checklist,* were issued in December 2019.

- This strategy is considered complete, however we will continue to review the aggregate data from QA case reads to ensure this new SWI is being followed.

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

6A. Current Processes/Documentation in Support of this Requirement

- Staffing occurs between CFS and the MCOs to ensure collaboration occurs.
    - Refer to the attachments to review the questions being addressed during these meetings, when needed.
        - *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
        - *Questions for CFS- Children ages 0 to 5*
        - *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
        - *Questions for CFS-Children taking Psychotropic Medication*

- The CFS case manager will arrange medical care with the child's established primary care provider to preserve the continuity of care and the child's medical home.
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards.*

- The Structured Decision Making (SDM) tools require information to be obtained about the child's health (SDM Safety Assessments, SDM Risk Assessment, SDM Prevention Assessment, Family Strengths and Needs Assessment)

- The CFS case manager ensures youth are enrolled in Nebraska Medicaid, if applicable.
    - Refer to the attachment *Administrative Memo 15-2017 Medical, Dental and Vision Exams for State Wards.*

6B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 6 in order to improve the physical and behavioral/mental health care of youth served.

- Work with the Nebraska Foster Care Review Office and the 1184 team meetings across the state to obtain aggregate data on the physical and behavioral/mental health care of our youth.
    - Refer to Nebraska Revised Statute 28-729 for more information.
        - June 2020 update
            - Subgroup HCO Committees were held in March and April 2020 regarding this topic. Recommendations will be shared at the larger HCO Committee and will include the following. If these are accepted by the HCO Committee they will be added to the *HCO Strategic Plan 2020-2024 v3*.
            - At the quarterly HCO meetings (or as often as data is available) the Committee reviews aggregate data from the Foster Care Review Office, the office uses this strategy in order to obtain a broader scope of other data sources.

- Utilize the HCO Committee in reviewing aggregate data regularly and gain Committee's input on healthcare related policy development.
    - This will ensure a large group of individuals, comprised of various entities, professionals, and family review data together to give different perspectives and feedback. Data being collected can be adjusted accordingly based on feedback.
        - June 2020 update
            - At the February 2020 HCO quarterly meeting the Committee reviewed data presented by DHHS QA team and had an opportunity to provide feedback. At the March 2020 sub group HCO Committee data was also reviewed and feedback was provided. This strategy is considered complete, but the HCO Committee will continue to be involved in reviewing aggregate data as needed.

Item 7 Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met

7A. Current Processes/Documentation in Support of this Requirement

- This information is currently being tracked and reviewed by DHHS' Quality Assurance Department on a quarterly basis.
    - Refer to the attachment *Independent Living Plan In-Depth Discharge Review.*
    - Refer to the attachment *Independent Living Plan Quality Review.*

- The CFS case manager works with the youth and others on the team to develop a Transitional Living Plan.
    - Refer to the attachment PSP *30-2015 Transitional Living Planning.*

7B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 7 in order to improve the physical and behavioral/mental health care of youth served.

- Track more fully the *Independent Living Plan Quality Review* and *Independent Living Plan In-Depth Discharge Review* results and take action according to the results.
    - This will ensure youth have the tools they require, prior to aging out, to meet their own health care needs.

- Consider making applicable NFOCUS data entry fields mandatory.
    - Policy currently requires these fields to be completed but if there is a hard edit done in NFOCUS, CFS case managers be will unable to continue documenting until this is entered
        - Refer to the attachment *PSP 30-2015 Transitional Living Planning*
        - June 2020 update
            - Subgroup HCO Committees were held in April 2020 regarding this topic. Recommendations, which will be made to the next HCO Committee, include the following below. If

these are accepted by the HCO Committee they will be added to the *HCO Strategic Plan 2020-2024*.
- Require the CFS case managers to list the youth's current primary care physician in NFOCUS.
- Create a Standard Work Instruction to accompany the Transitional Living Plan (TLP) staff already complete with older youth. This will explain in more detail how staff help youth obtain a doctor.
- Add to the TLP a checklist that will include starting discussions with a youth by age 18 about transitioning to a general practitioner from their pediatrician (if applicable).

Item 8 The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses

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8A. Current Processes/Documentation in Support of this Requirement

- As needed staffing occurs between CFS and the MCOs on youth in care.
  - Refer to attachments to review the questions being addressed during these meetings, as needed.
    - *Questions for CFS- 3(a) youth at the YRTCs to be discharged within 60 days*
    - *Questions for CFS- Children ages 0 to 5*
    - *Questions for CFS-Young Adults age 18+ (until 19th birthday)*
    - *Questions for CFS-Children taking Psychotropic Medication*

- CFS collaborates with MLTC, the MCOs, and other medical professionals to prevent youth from being placed at higher levels of care inappropriately.
  - For an example, refer to the attachment *Medicaid Policy to Prevent Inappropriate Diagnosis.*

- Work with the Nebraska System of Care to compile the various strategies currently used into one comprehensive report to demonstrate Item 8 is being met.
  - Including medical necessity/eligibility criteria from Medicaid and for the Divisions of Developmental Disabilities and Behavioral Health.
    - Refer to the attachment *Ensuring Youth are not being Placed in Inappropriate Settings to Receive Services.*

- MCOs and CFS collaborate on trainings for CFS case managers to ensure that youth are placed at appropriate higher levels of care.
    - Refer to the attachment *MCO PRTF PowerPoint Presentation.*

8B. Strategies for 2020-2024

The following strategies have been chosen to help further meet Item 8, in order to improve the physical and behavioral/mental health care of our youth.

- Secure representatives from the Nebraska Medical Association (NMA) to be members of the HCO Committee.
    - This will provide another perspective. The mission of the Nebraska Medical Association is to *"serve physician members by advocating for the medical profession, for patients and for the health of all Nebraskans*."
        - June 2020 update
            - The vice president of the Nebraska Medical Association was added as a member to the HCO Committee in December 2019. She attended the meeting on February 6, 2020 and participated in a subcommittee meeting in April 2020. This strategy is considered complete.

- Secure more medical personnel to be members of the HCO Committee-such as nurses, Physician Assistants, etc.
    - This will provide a more well-rounded medical perspective for the Committee.
        - June 2020 update
            - The HCO Committee worked collectively to recruit additional medical personnel to join the HCO Committee. In November 2019, a nurse, a dentist, a dietician, a pediatrician and the DHHS Executive Medical Officer were added to the HCO Committee. Most of these professionals attended the February 6, 2020 meeting and some joined our subgroup Committees in March and April 2020. While we are considering this strategy complete for the purposes of the 2020-2024 Strategic Plan, it will be continuously monitored for additions to the HCO Committee.

- Secure youth and more parents to be members of the HCO Committee.
    - This will provide a better balance for the Committee.
        - June 20202 update
            - Young adult Raevin Bigelow was added to the HCO Committee in December 2019. In addition, several more young adults have expressed interest in being a part of the HCO Committee and outreach has been extended to them.

While we are considering this strategy complete for the purposes of the 2020-2024 Strategic Plan, it will be continuously monitored for additions to the HCO Committee.

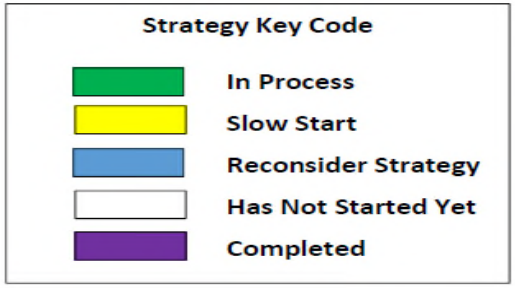
List of New and Updated Attachments to Nebraska's Health Care Oversight Plan (Attached to this Email)

- Attachment 1: AAP Periodicity Schedule
- Attachment 2: Human Trafficking Standard Work Instruction
- Attachment 3: Mandatory Monthly Visits with Children Parents
- Attachment 4: Nebraska Human Trafficking Screening Tool
- Attachment 5: Oversight of Psychotropic Medications
- Attachment 5: PSP 10-2019 Use of the Nebraska Caregiver Tool
- Attachment 6: Psych. Meds Job Aid 2020
- Attachment 7: Psychotropic Medication Checking

Health Care Oversight Strategic Plan 2020-2024 v 3.0

Update for FY 2021 APSR

June 2020



Item 1 *A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice*					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
1A *DHHS' Sex Trafficking Administrative Memo* will include information about medical checks being done on youth who have gone missing from foster care, upon their return.	Suzana Borowski, DHHS Program case manager	Administrative Memo will be updated and issued	June 2020	**Aug 2019**	**Nov 2019** • Questions arose at the quarterly Health Care Oversight Committee meeting in Nov 2019 if this policy addresses cross over youth (probation and state wards). Also does the Standard Work Instruction (SWI) that addresses Sex Trafficking get shared with 1184 meetings? • Suzana Borowski indicated Department of Children and Family Services (DCFS) coordinates/collaborates with local child advocacy agencies, law enforcement agencies and other multidisciplinary team members as needed to determine whether a forensic interview or medical exam of the youth should be arranged or conducted as part of initial assessment and investigation. • We have a separate *Youth Missing from Care* Memo that indicates when the youth is located a determination will be made if the youth needs medical attention, a confidential health and mental and/or substance use screening.

					• Probation is a member of the multidisciplinary team however staff should also follow the *Crossover Youth Practice Model* document which requires identification of cross over youth, information exchange and alignment of assessment and planning for a coordinated case management approach. • The NE Human Trafficking Task Force gave feedback on the *Human Trafficking* SWI that was created. • Suzana sent the various local child advocacy centers the *Human Trafficking* SWI to understand the process.
***1B** Ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner	Deanna Brakhage, DHHS Program case manager Sheila Kadoi, DHHS Administrator Amy Reynoldson, Vice President of Nebraska Medical Association Tina Scott-Mordhorst, Pediatrician with University of Nebraska Medical Center Raevin Bigelow, young adult Janine Fromm, DHHS Executive Medical Officer	Data from applicable reports will show this is being completed	~~June 2020~~ December 2020	N/A	**Dec 2019** • Karen Moran and Allison Wilson met with Sheila Kadoi to discuss data we have on this strategy. We can currently locate youth's assigned doctor in NFOCUS. • There is no current guidance for staff per Deanna Brakhage on this strategy. The youth's Transitional Living Plan (TLP) addresses medical homes but not specifically transitioning from a pediatrician to a general physician. • During DCFS' regular weekly staffings between CFS and the Managed Care Organization (MCO) about the youth, we try to encourage this strategy for our youth ages 18+. • Deanna Brakhage will consider writing a SWI on how to complete the TLP to assist staff in writing these more thoroughly. • Centers for Children, Families and the Law (CCFL) follows the TLP in teaching new CFS workers about the importance of a medical home and identifying a primary physician but does not train specifically to transitioning to a general practitioner from their pediatrician. • We will address data DHHS has at the Feb 2020 Health Care Oversight (HCO) meeting. **Feb 2020** • Discussed data DHHS has at the Feb HCO meeting since Sheila Kadoi was present: *A Primary Physician was listed on NFOCUS for 46.6% or 35 out of the 75 youth who aged out of the child welfare system from July – December 2019.*

	Jennifer Irvine, Program Coordinator with DHHS Medicaid and Long Term Care (MLTC) Sharon Stoolman, Pediatrician with Children's Hospital and Medical Center Karen Moran, DHHS Program case manager Angie Ludemann, DHHS Administrator				• HCO committee decided further discussion is needed on this item as DHHS is collecting data if a youth has a primary care doctor assigned, but not a pediatrician and no guidance in documents to CFS case managers about encouraging a transition from a pediatrician to a general doctor. • Subgroup is in the process of being set up to further discuss this strategy. **Mar 2020** • Subgroup meetings have been scheduled for March and April with identified Health Care Oversight Committee members (see *Person Responsible* column). • Due to conflicts with meeting time, March subgroup cancelled and rescheduled for April. **April 2020** • First subgroup meeting occurred. Current DHHS landscape and ideas on next steps discussed. • Second subgroup meeting occurred. Possible recommendations to make to the HCO Committee discussed. These will be presented at the next HCO Committee and additional notes and strategies will be added to this report when the recommendations are decided upon. Strategy due date extended to allow time for additional actions to occur.
1.C Drill down further on data to confirm specifically if an initial health screening has been done timely (within two weeks of a child's removal from their home)	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Sheila Kadoi, DHHS Administrator	Data from applicable reports will show this is being completed	June 2021	N/A	N/A

	Angie Ludemann, DHHS Administrator				
1.D Determine if the SDM tools assessing for risk and safety are also screening for trauma, exposure to substance use and exposure to domestic violence adequately. If not, changes will be recommended.	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Sheila Kadoi, DHHS Administrator Angie Ludemann, DHHS Administrator	Data from applicable reports will show this is being completed	June 2021	N/A	N/A

Item 2 *How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home*					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
***2A** Track *CFSR Items 17 and 18* more thoroughly and take appropriate action according to what the results shows	Bernie Hascall, DHHS Administrator Karen Moran, DHHS Program case manager Sheila Kadoi, DHHS Administrator Josie Rodriquez, DHHS Administrator Michelle Muhle, Nebraska Total Foster Care Liason Pegg Siemek Asche, CEO of NOVA Treatment Community	Data from *CFSR Items 17 and 18* will show this is being completed	June 2020	N/A	**Dec 2019** • Karen Moran and Allison Wilson met with Sheila Kadoi to discuss data we have on this strategy. • We don't currently work on this strategy related specifically to emotional trauma, except that EPSDT exams are provided annually on state wards and one of the aspects of EPSDTs is a mental health component. • We are currently tracking and reviewing CFSR Items 17 and 18 and can build on the results of this. • Per Sheila Kadoi, for CFSR Items 17 and 18 types of assessments do not need to adhere to specifics per state policy. The state policy that we adhere to for these CFSR items is the policy specific to medication oversight. • CCFL teaches this item in depth including identifying emotional trauma and referring to the appropriate mental health professional. CCFL uses the *Medicaid and Behavioral Health System Job Aid* that discusses how Initial Diagnostic Interviews need to be done before services can be provided to diagnose. CCFL also uses *Admin Memo 15-2017* to help explain EPSDT. The importance of trauma assessments are also covered in CCFL training. • We will address data at the Feb 2020 HCO meeting when Sheila Kadoi is present. **Feb 2020** • Discussed data DHHS has at Feb 2020 HCO meeting since Sheila Kadoi was present. Below is a snapshot of the data she presented:

	Allison Wilson, DHHS Program case manager Janine Fromm, DHHS Executive Medical Officer Linda Cox, Research Analyst with Nebraska Foster Care Review Office Angie Ludemann, DHHS Administrator				Item 17: Physical Health of the Child **Practice Description** / **Performance (of applicable cases)** The agency accurately assessed the children's physical health needs. / 92.59% (50) of 54 The agency accurately assessed the children's dental health care needs. / 95.83% (46) of 48 The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in / 100% (13) of 13 The agency ensured that appropriate services were provided to the children to address all identified physical health needs. / 88.1% (37) of 42 The agency ensured that appropriate services were provided to the children to address all identified dental health needs. / 87.1% (27) of 31 Item 18: Mental/Behavioral Health of the Child **Practice Description** / **Performance (of applicable cases)** The agency accurately assessed the children's mental/behavioral health needs. / 84.09% (37) of 44 The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target / 90.91% (10) of 11 The agency ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs. / 74.42% (32) of 43 • The HCO committee decided further discussion is needed on this item-how can further collaboration be done with the MCOs and the Foster Care Review Office on their data? • Subgroup is in the process of being set up to further discuss this strategy. **Mar 2020** • Subgroup meetings have been scheduled for March and April with identified Health Care Oversight Committee members (see *Person Responsible* column). • First subgroup meeting occurred. Current DHHS data landscape and ideas on additional data sources discussed. **April 2020** • Second subgroup meeting occurred. Possible recommendations to make to the HCO Committee discussed. These will be presented at the next HCO Committee and additional notes and strategies will be added to this report when the recommendations are decided upon.

2B Track aggregate data from *Medical Conditions Review Tool* more thoroughly and take appropriate action according to what the results show in order to increase positive health outcomes	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Sheila Kadoi, DHHS Administrator Angie Ludemann, DHHS Administrator	Data from *Medical Conditions Review Tool* will show this is being completed	June 2021	N/A	N/A

Item 3 *How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record*					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
3A Explore how to appropriately share data more efficiently	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Angie Ludemann, DHHS Administrator	Discussions will be held with committee and stakeholders and next steps will be determined	June 2021	N/A	N/A
***3B** Track *CFSR Items 17 (specifically A4) and 18* more thoroughly and take appropriate action according to what the results show	Bernie Hascall, DHHS Administrator Sheila Kadoi, DHHS Administrator John Danforth, Region V Systems Clinical Assessment case manager Karen Moran, DHHS Program case manager	Data from *CFSR Items 17 and 18* will show this is being completed	June 2020	N/A	**Dec 2019** • Karen Moran and Allison Wilson met with Sheila Kadoi and discussed data we have on this. • Per Sheila Kadoi, data from the CFSR review tool does not correspond to the performance on Item 17's overall rating, but data can still be provided to show if records were up to date and shared with parents/foster parents. • CCFL teaches Admin Memo 15-2017 (discuses sharing information), Oversight of Psychotropic Medications SWI, and PSP 10-2017 (sharing info with adoptive parents). In addition they train on the entering of information (diagnosis, narratives, and records) for all medical and mental health services into NFOCUS to ensure the record is always accurate. • Will address in Feb 2020 meeting when Sheila Kadoi is present. **Feb 2020**

	Josie Rodriquez, DHHS Administrator Michelle Muhle, Nebraska Total Care Foster Care Liasin Pegg Siemek Asche, CEO of Nova Treatment Community Allison Wilson, DHHS Program case manager Janine Fromm, DHHS Executive Medical Officer Linda Cox, Research Analyst Foster Care Review Office Angie Ludemann, DHHS Administrator				Discussed data DHHS has at Feb HCO meeting as Sheila Kadoi was present: **Item 17: Physical Health of the Child** **Practice Description** / **Performance (of applicable cases)** The agency accurately assessed the children's physical health needs. — 92.59% (50) of 54 The agency accurately assessed the children's dental health care needs. — 95.83% (46) of 48 The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in — 100% (13) of 13 The agency ensured that appropriate services were provided to the children to address all identified physical health needs. — 88.1% (37) of 42 The agency ensured that appropriate services were provided to the children to address all identified dental health needs. — 87.1% (27) of 31 **Item 18: Mental/Behavioral Health of the Child** **Practice Description** / **Performance (of applicable cases)** The agency accurately assessed the children's mental/behavioral health needs. — 84.09% (37) of 44 The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target — 90.91% (10) of 11 The agency ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs. — 74.42% (32) of 43 • The HCO committee decided further discussion is needed on this item-how can further collaboration be done with the MCOs and the Foster Care Review Office on their data? Subgroup may be set up for further discussion. • Subgroup is in the process of being set up to further discuss this strategy. **Mar 2020** • Subgroup meetings have been scheduled for March and April with identified Health Care Oversight Committee members (see *Person Responsible* column). • First subgroup meeting occurred. Current DHHS data landscape and ideas on additional data sources discussed. **April 2020** • Second subgroup meeting occurred. Possible recommendations to make to the HCO Committee discussed. These will be presented at the next HCO Committee and additional notes and strategies will be added to this report when the recommendations are decided upon.

Item 4 *Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care*					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
4A Increase tracking abilities of medical homes for every child in care	Tina Scott Mordhorst, Pediatrician with University of Nebraska Medical Center Bernie Hascall, DHHS Administrator	Discussions will be held with committee and stakeholders and next steps will be determined	June 2021	N/A	N/A
***4B** Update procedures and data collection to ensure youth aging out of the child welfare system have information to transition from their pediatric doctor to a general practitioner	Deanna Brakhage, DHHS Program case manager Sheila Kadoi, DHHS Administrator Amy Reynoldson, Vice President of Nebraska Medical Association Tina Scott-Mordhorst, Pediatrician with University of Nebraska Medical Center	Data from applicable reports will show this is being completed	~~June 2020~~ December 2020	N/A	**Dec 2019** • Karen Moran and Allison Wilson met with Sheila Kadoi to discuss data we have on this strategy. We can currently locate youth's assigned doctor in NFOCUS. • There is no current guidance for staff per Deanna Brakhage on this strategy. The youth's Transitional Living Plan (TLP) addresses medical home but not specifically transitioning from a pediatrician to a general physician. • During DCFS' regular weekly staffings between CFS and the Managed Care Organization (MCO) about the youth, we try to encourage this strategy for our youth ages 18+. • Deanna Brakhage will consider writing a Standard Work Instruction on how to complete the TLP to assist staff in writing these more thoroughly. • CCFL follows the TLP in teaching new CFS workers about the importance of a medical home and identifying a primary physician but does not train specifically to transitioning to a general practitioner from their pediatrician. • We will address data DHHS has at February 2020 HCO meeting.

	Raevin Bigelow, young adult Janine Fromm, DHHS Executive Medical Officer Jennifer Irvine, Program Coordinator with DHHS Division of Medicaid and Long Term Care Sharon Stoolman, Pediatrician with Children's Hospital and Medical Center Karen Moran, DHHS Program case manager Angie Ludemann, DHHS Administrator				**Feb 2020** • Discussed data DHHS has at Feb HCO meeting as Sheila Kadoi was present: *A Primary Physician was listed on NFOCUS for 46.6% or 35 out of the 75 youth who aged out of the child welfare system from July – December 2019.* • HCO committee decided further discussion is needed on this item as DHHS is collecting data if a youth has a primary care doctor assigned, but not a pediatrician and no guidance in documents to CFS case managers about encouraging a transition from a pediatrician to a general doctor. • Subgroup is in the process of being set up to further discuss this strategy. **Mar 2020** • Subgroup meetings have been scheduled for March and April with identified Health Care Oversight Committee members (see *Person Responsible* column). • Due to conflicts with meeting time, March subgroup cancelled and rescheduled for April. **April 2020** • First subgroup meeting occurred. Current DHHS landscape and ideas on next steps discussed. • Second subgroup meeting occurred. Possible recommendations to make to the HCO Committee discussed. These will be presented at the next HCO Committee and additional notes and strategies will be added to this report when the recommendations are decided upon. Strategy due date extended to allow time for additional actions to occur.
4C Ensure foster parents are providing medical appointment information to designated contact (such as foster care case manager, CFS case managers	Sheila Kadoi, DHHS Administrator	Data from applicable reports will show this is being completed	June 2021	N/A	N/A

etc.) regarding children placed in their homes					

Item 5 *The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications*					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
5A Continue to utilize MCO's pharmacist to provide medical oversight	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Deanna Brakhage, DHHS Program case manager Angie Ludemann, DHHS Administrator	MCOs' pharmacists will be consulted or present at CFS/MCO youth staffings as needed	June 2023	N/A	N/A
***5B** Track information from *CFSR Items 17 (specifically in B1) and 18 (specifically in 18B)* and take	Bernie Hascall, DHHS Administrator Sheila Kadoi, DHHS Administrator	Data from *CFSR Items 17 and 18* will show this is being completed	June 2020	N/A	**Dec 2019** • Karen Moran and Allison Wilson met with Sheila Kadoi and discussed data we have on this. • New *Oversight of Psychotropic Medication* SWI was issued and Sheila Kadoi said they will adopt the tracking of this process into their reviews. • Per Sheila Kadoi, data will be available from CFSR items 17 & 18 to show if we are adhering to current policy expectations on medical oversight including psychotropic medications. • Will address in Feb 2020 meeting when Sheila Kadoi is present

<table>
<tr>
<td>action according to the results</td>
<td>John Danforth, Region V Systems Clinical Assessment case manager

Karen Moran, DHHS Program case manager

Josie Rodriquez, DHHS Administrator Michelle Muhle, Nebraska Total Care Foster Care Liaison

Pegg Siemek Asche, CEO of Nova Treatment Community

Allison Wilson, DHHS Program case manager</td>
<td></td>
<td></td>
<td></td>
<td><u>Feb 2020</u>
• Discussed data DHHS has at Feb HCO meeting as Sheila Kadoi was present.

Item 17: Physical Health of the Child
<table><tr><th>Practice Description</th><th>Performance (of applicable cases)</th></tr><tr><td>The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in</td><td>100% (13) of 13</td></tr></table>
Item 18: Mental/Behavioral Health of the Child
<table><tr><th>Practice Description</th><th>Performance (of applicable cases)</th></tr><tr><td>The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target</td><td>90.91% (10) of 11</td></tr></table>
• The HCO committee decided further discussion is needed on this item-how can further collaboration be done with the MCOs and the Foster Care Review Office on their data? Subgroup may be set up for further discussion.
• Subgroup is in the process of being set up to further discuss this strategy.
<u>Mar 2020</u>
• Subgroup meetings have been scheduled for March and April with identified Health Care Oversight Committee members (see Person Responsible column).
• First subgroup meeting occurred. Current DHHS data landscape and ideas on additional data sources discussed.
<u>April 2020</u>
• Second subgroup meeting occurred. Possible recommendations to make to the HCO Committee discussed. These will be presented at the next HCO Committee and additional notes and strategies will be added to this report when the recommendations are decided upon.</td>
</tr>
</table>

	Janine Fromm, DHHS Executive Medical Officer Linda Cox, Research Analyst Foster Care Review Office Angie Ludemann, DHHS Administrator				
5C Track information from *Medical Conditions Review Tool* more thoroughly and take action according to results	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Angie Ludemann, DHHS Administrator	Data from *Medical Conditions Review Tool* will show this is being completed	June 2021	N/A	N/A
5D Follow *American Academy of Pediatrics HCO*	Karen Moran, DHHS Program case manager	Discussions will be held with committee and	June 2022	N/A	N/A

Plans Recommendations	Allison Wilson, DHHS Program case manager Angie Ludemann, DHHS Administrator	stakeholders and next steps will be determined			
5E Update the *Psychotropic Medications Informed Consent* form and corresponding policy/Standard Work Instruction	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager	Updated policy and form will be implemented	Dec 2019	December 2019	**Nov 2019** • Draft *Oversight of Psychotropic Medication* SWI is with DHHS legal for review. After approved and it is in effect, will have discussion with HCO committee on how to ensure this form is being reviewed in case reviews to ensure it is being completed when needed. **Dec 2019** • SWI sent out to DCFS staff on 12.5.19 to read before final implementation on 12.12.19. • SWI implemented on 12.12.19. • New SWI will be incorporated into case reads to ensure being followed. ***While we consider this strategy met, we will continue to review aggregate case reads/data to see how the new SWI is being followed.**

Item 6 ***How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children***					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
***6A** Work with the Nebraska Foster Care Review Office and the 1184 team meetings across the state to obtain aggregate data on the physical and behavioral/mental health care of our youth	Linda Cox, Research Analyst with Nebraska Foster Care Review Office Pegg Siemek Asche, CEO with NOVA Treatment Community John Danforth, Region V Systems Clinical Assessment case manager Bernie Hascall, DHHS Administrator Sheila Kadoi, DHHS Administrator	Data from applicable reports will show this is being completed	June 2020	N/A	**Nov 2019** • HCO committee would like to make sure the definition of psychotropic medication is the same across the board (FCRO, DHHS, federal definition etc.) to make it easier to review data. • Karen Moran to find out what our definition is at DHHS (MLTC/DCFS) and let Linda Cox know to compare to the Foster Care Review Office (FCRO) definition. • Linda Cox will be pulling data this summer because of a review the FCRO has in Sept 2020. **Dec 2019** • Karen Moran found out from MLTC what the definition is of the psychotropic medications per the report DCFS receives from MCO claims data on a monthly basis. By using the generic sequence number, national drug code and therapeutic drug classes it is specified that only psychotropic medication be included. Karen let HCO members know. **Feb 2020** • The HCO committee decided further discussion is needed on this item-how can further collaboration be done with the MCOs and the Foster Care Review Office on their data? Subgroup may be set up for further discussion. • Subgroup is in the process of being set up to further discuss this strategy. **Mar 2020** • Subgroup meetings have been scheduled for March and April with identified Health Care Oversight Committee members (see *Person Responsible* column).

	Karen Moran, DHHS Program case manager Josie Rodriquez, DHHS Administrator Michelle Muhle, Nebraska Total Care Foster Care Liason Allison Wilson, DHHS Program case manager Janine Fromm, DHHS Executive Medical Officer Angie Ludemann, DHHS Administrator				• First subgroup meeting occurred. Current DHHS data landscape and ideas on additional data sources discussed. **April 2020** • Second subgroup meeting occurred. Possible recommendations to make to the HCO Committee discussed. These will be presented at the next HCO Committee and additional notes and strategies will be added to this report when the recommendations are decided upon.
***6B** Utilize the Health Care Oversight Committee in reviewing aggregate data regularly and gain committee's input on healthcare related policy development	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Deb Vandyke Ries, Director of Court	Meeting agendas and minutes will show this is being done	June 2020	N/A	**Feb 2020** • Committee reviewed data DHHS has on Items 1, 2, 3 and 5 at the Feb meeting. Feedback provided by committee and possible next steps discussed. • Further discussion planning to occur at the scheduled May 2020 meeting. **March 2020** • At the March 2020 sub group committee, data was reviewed and feedback provided. ***While we consider this strategy to be completed for this tracking purpose, we will continue to utilize the Health Care Oversight Committee in reviewing aggregate data regularly**

	Improvement Project *All committee members will review data at meetings as needed				**and gain committee's input on healthcare related policy development.**

Item 7 *Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met*					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
7A Track more fully the *Independent Living Plan Quality Review (specifically in #8*) and *Independent Living Plan In-Depth Discharge Review* results and take action according to the results	Pegg Siemek Asche, CEO of Nova Treatment Community Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Angie Ludemann, DHHS Administrator	Data from *Independent Living Plan Quality Review* and *Independent Living Plan In-Depth Discharge Review* will show this is being completed	June 2021	N/A	N/A
***7B** Consider making applicable NFOCUS data entry fields mandatory	Deanna Brakhage, DHHS Program case manager Sheila Kadoi, DHHS Administrator Amy Reynoldson, Vice President of	Discussions will be held with committee and stakeholders-meeting minutes will reflect this	~~June 2020~~ December 2020	N/A	**Dec 2019** • Karen Moran had a discussion with Deanna Brakhage and Linda Cox about if it would be beneficial to mandate data entry fields (as it relates to youth aging out of foster care/TLP) since notes in narrative form instead of aggregated can be hard to capture data on. Responses included that making fields mandatory increase answers to questions, but we need to ensure response are accurate.

	Nebraska Medical Association Tina Scott-Mordhorst, Pediatrician with University of Nebraska Medical Center Raevin Bigelow, young adult Janine Fromm, DHHS Executive Medical Officer Jennifer Irvine, Program Coordinator with DHHS Division of Medicaid and Long Term Care Sharon Stoolman, Pediatrician with Children's Hospital and Medical Center Karen Moran, DHHS Program case manager				• Met with Sheila Kadoi and discussed data we have on this and responses from Deanna Brakhage and Linda Cox indicated above. • Deanna Brakhage may write a SWI on completing the Transitional Living Plan and case reads can be done based on following this SWI, as opposed to making fields mandatory. • Will address in Feb 2020 meeting when Sheila Kadoi is present. • May be beneficial to discuss pros and cons of mandatory fields with HCO committee members at February 2020 meeting. **Feb 2020** • Discussed data DHHS has at Feb HCO meeting as Sheila Kadoi was present. • Team decided further discussion is needed on this item. Subgroup may be set up for further discussion. • Subgroup in the process of being set up with meetings scheduled for March and April 2020. **Mar 2020** • Subgroup meetings have been scheduled for March and April with identified Health Care Oversight Committee members (see *Person Responsible* column). • Due to conflicts with meeting time, March subgroup cancelled and rescheduled for April. **April 2020** • First subgroup meeting occurred. Current DHHS landscape and ideas on next steps discussed. • Second subgroup meeting occurred. Possible recommendations to make to the HCO Committee discussed. These will be presented at the next HCO Committee and additional notes and strategies will be added to this report when the recommendations are decided upon. Strategy due date extended to allow time for additional actions to occur.

	Angie Ludemann, DHHS Administrator				

Item 8 ***The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses***					
Strategy	**Person Responsible**	**Evidence of Completion**	**Date Due**	**Date Completed**	**Update**
8A Secure representatives from the Nebraska Medical Association (NMA) to be members of the HCO committee	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Angie Ludemann, DHHS Administrator	A discussion with NMA will occur and an invitation will be sent	Dec 2019	**Dec 2019**	**Nov 2019** • HCO Committee suggested checking with Division of Public Health (DPH) to see if they have a contact within NMA. Karen Moran obtained response from DPH that they are in contact with NMA and will reach out to see if they are interested in participating in the HCO committee. DPH will let Karen Moran know what they say. **Dec 2019** • Josie Rodriguez with DPH asked Amy Reynoldson at NMA to be on the committee. She agreed so Karen reached out to Amy Reynoldson and then sent her invites for 2020.
8B Secure more medical personnel to be members of the HCO committee-such as nurses, Physician Assistants, etc.	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Angie Ludemann, DHHS Administrator	Discussions with more medical personnel will occur and invitations will be sent	Dec 2019	**Dec 2019**	**Nov 2019** • Added dietician Jennifer Dunavan, independent consultant • Added dentist Dr. Charles Craft, Dental Health Director with DPH • Added registered nurse Andrea Riley with DPH • Added DHHS Executive Medical Officer Dr. Fromm • Added Program Coordinator Jennifer Irvine with MLTC

8C Secure youth and more parents to be members of the HCO committee	Karen Moran, DHHS Program case manager Allison Wilson, DHHS Program case manager Angie Ludemann, DHHS Administrator	Discussion with youth and parents will occur and invitations will be sent	Dec 2019	**Dec 2019**	**Nov 2019** • Open question-Are there any incentives for non-professionals to join since it would be volunteer time to be a part of the HCO committee? Deanna Brakhage will check and get back to Allison Wilson and Karen Moran. • Bernie Hascall will send an email to the Nebraska Family Advisory Council and see if anyone is interested in joining the committee. • An alternative discussed was to send specific questions to youth/parents as HCO representatives and obtain feedback in that way if they cannot attend the meetings. • Michelle Muhle indicated she would reach out to Project Everlast about participation interest. **Dec 2019** • Lincoln Arneal with Nebraska Children and Families Foundation indicated they can provide a stipend to youth for participating in the committee, through Nebraska System of Care. He is reaching out to his contacts for young adults/parents about HCO committee interest. • Raevin Bigelow, young adult, has agreed to participate in the committee. Meeting invitation and stipend information sent to her. • Two additional potential young adults are interested in joining. Karen Moran reached out to them to let them know about the HCO committee and see if they would like invitations to be sent to them. ***While we consider this strategy to be completed for this tracking purpose, we will continue to recruit more youth and parents to be a part of the HCO committee on an ongoing basis.**
***8D** Work with the Nebraska System of Care to compile the various strategies currently used into one comprehensive report to demonstrate Item 8 is being met	Bernie Hascall, DHHS Administrator Karen Moran, DHHS Program case manager	Applicable report will show that Item 8 is being met	June 2020	**June 2019**	**June 2019** • This was met with a SWI. However, as new information is added the document will be expanded upon.

	John Danforth, Region V Systems Clinical Assessment case manager Cassandra Dittmer, Director at KVC Nebraska				

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 y**	**4 y**	**5 y**	**6 y**	**7 y**	**8 y**	**9 y**	**10 y**	**11 y**	**12 y**	**13 y**	**14 y**	**15 y**	**16 y**	**17 y**	**18 y**	**19 y**	**20 y**	**21 y**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																			
Weight for Length		●	●	●	●	●	●	●	●	●	●																				
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9] →			★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←		●[10]	→	←		→	←		→	←	→
DEVELOPMENTAL/BEHAVIORAL HEALTH																															
Developmental Screening[11]								●			●		●																		
Autism Spectrum Disorder Screening[12]											●	●																			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[14]																						★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																							●	●	●	●	●	●	●	●	●
Maternal Depression Screening[16]				●	●	●	●																								
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																															
Newborn Blood		●[19]	●[20] →																												
Newborn Bilirubin[21]		●																													
Critical Congenital Heart Defect[22]		●																													
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★															
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		←	●	→	★	★	★	★	★	★	←		●	→	
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	←		●	→	★	★
Cervical Dysplasia[31]																															●
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★	★	★														
Fluoride Varnish[34]							←				●		→																		
Fluoride Supplementation[35]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★				
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at (https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf).
16. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

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(continued)

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/newborn-screening/states) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/124/4/1193).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://redbook.solutions.aap.org/SS/immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/138/1/e20161493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening1) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).
32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
33. Perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx). See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
34. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care

(Periodicity Schedule)

This schedule reflects changes approved in October 2019 and published in March 2020.
For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN OCTOBER 2019

MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (https://pediatrics.aappublications.org/content/143/1/e20183259)."

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter)."

LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (http://pediatrics.aappublications.org/content/138/1/e20161493) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)."

HRSA
Health Resources & Services Administration
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State of Nebraska WORK INSTRUCTION DOCUMENT FOR: Human Trafficking	**Author:** Suzana Borowski	**Effective Date: 8/26/2019**
	Version #: 1	**Page:** Page **1** of **8**

Purpose: *Provide guidance to the Hotline and Field on how to respond to reports of Trafficking*

Scope: *Division of Children and Family Services Protection and Safety*

Responsibilities: *CFS Hotline will generate an intake for all reports of trafficking and CFS field staff will follow protocol in regards to all accepted intakes.*

Rescinds: AM #3-2016

Definitions:

Sex Trafficking Definition

Nebraska State Law: Sex trafficking of a minor means knowingly recruiting, enticing, harboring, transporting, providing, soliciting, or obtaining by any means or knowingly attempting to recruit, entice, harbor, transport, provide, solicit, or obtain by any means a minor for the purpose of having such minor engage in commercial sexual activity, sexually explicit performance, or the production of pornography or to cause or attempt to cause a minor to engage in commercial sexual activity, sexually explicit performance, or the production of pornography (Neb. Rev. Statute 28-830)

Federal Law: The Trafficking Victims Protection Act Section 103(8)(A) and (9) defines criminal sex trafficking as the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for the purpose of a commercial sex act when that commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age. (Public Law 106-386)

Simplified definition: Anyone under 18 years of age is a sex trafficking victim whenever anyone else buys or sells a sex act of that minor (or even a sexually explicit dance or a pose to produce pornography). While it can be for money, it can also be in exchange for anything else of value, like a place to sleep or food. Even when the minor appears to consent to the exchange, it is sex trafficking according to Nebraska and federal law.

Labor Trafficking Definition

Nebraska State Law: Labor trafficking of a minor means knowingly recruiting, enticing, harboring, transporting, providing or obtaining by any means or attempting to recruit, entice, harbor, transport, provide, or obtain by any means a minor intending or knowing that the minor will subject to forced labor or services. (Neb. Rev. Statute 28-830

Forced labor or services means labor or services that are performed or provided by another person and are obtained or maintained through:

a. Inflicting or threatening to inflict serious personal injury, as defined by section 28-318, on another person;

b. Physically restraining or threatening to physically restrain the other person;

c. Abusing or threatening to abuse the legal process against another person to cause arrest or deportation for violation of federal immigration law;

d. Controlling or threatening to control another person's access to a controlled substance listed in Schedule I, II or III of section 28-405;

e. Exploiting another person's substantial functional impairment as defined in section 28-368 or substantial mental impairment as defined in section 28-369;

f. Knowingly destroying, concealing, removing, confiscating, or possessing any actual or purported passport or other immigration document or any other actual or purported government identification document of the other person; or

g. Causing or threatening to cause financial harm to another person, including debt bondage;

Federal Law: The Trafficking Victims Protection Act (TVPA) Section 103(8)(B) defines labor trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. (Public Law 106-386)

Simplified definition: Labor trafficking is a legal term for forced labor. A person is a labor trafficking victim when anyone else uses force, lies, or coercion to get that person to do work under terms and conditions that the worker would not accept otherwise.

Procedure:

Reports Made to the Adult and Child Abuse and Neglect Hotline – Youth Involvement

1. The Nebraska Hotline shall accept all reports for Child Abuse and Neglect assessment in which a child is a reported or suspected victim of Human Trafficking/Commercial Sexual Exploitation of Child (CSEC) or Human Trafficking/Labor. Reports could include:
    a. Parental or other household member involvement in sex or labor trafficking of the youth OR;
    b. Youth is engaging in sexual acts independently in exchange for money, food, housing, clothing etc. (survival sex) OR;
    c. Known or Unknown third party perpetrator involving the youth in sex or labor trafficking and the alleged perpetrator is not a member of the youth's household and may no longer have access to the youth.

2. When generating an intake the Hotline CFS Specialists will listen for and ask additional questions to obtain information pertaining to the following indicators to assess if the alleged youth is a victim and/or suspected victim of trafficking. All information gathered will be entered into the SDM Intake on NFOCUS.

Indicators may include but are not limited to:
General Human Trafficking Indicators / Risk Factors

- Acknowledgement of being trafficked.
- Report of human trafficking by parent/guardian, law enforcement, medical or services provider, teacher, child protective services, and/or juvenile probation officer.
- History of being a missing youth or getting kicked out multiple times (Definition of missing youth or getting kicked out of home: Include times the youth did not voluntarily return within 24 hours, and include incidents not reported by or to law enforcement.)
- Is unable to clarify where he/she is staying.
- Has no knowledge about the community he/she is located in.

- Is not allowed or unable to speak for him/herself and may be extremely fearful.
- Shows signs of physical restraint or confinement.
- Has no personal items or possessions.
- Excluded from family events and/or normal age appropriate or social activities.
- Absence of supportive relationships

Sex Trafficking Indicators / Risk Factors

- Youth is 12 or older and has a history of allegations of sexual abuse (with or without findings) or a disclosure of sexual abuse by the child.
- Current incident or history of inappropriate sexual behaviors or risk-taking behavior (not limited to commercial sexual activity).
- Youth has inappropriate, sexually suggestive activity on social media websites and/or chat apps.
- Youth known to associate with confirmed or suspected CSEC youth or adults known to be engaged in the commercial sex industry.
- Youth associates and/or has relationships with age-inappropriate friends, boyfriends, and/or girlfriends.
- Youth is recovered from missing youth episode in a hotel or known area of commercial sexual activity.
- Is in possession of multiple hotel keys.
- Appears to have material items that he or she cannot afford (e.g., cell phones, expensive clothing, tablets, etc.) or has excess amounts of cash.
- Shows signs of being groomed (i.e. hair done, nails done, new clothing, etc) that child cannot afford or justify how paid for.
- Suspicious tattoos or other signs of branding or ownership.

Labor Trafficking Indicators / Risk Factors

- Owes a large debt, especially to the employer/boss/supervisor, and is unable to pay it off.
- Is unpaid or not appropriately compensated for hours worked or must turn over earnings to the boss/supervisor.
- Employer deducts money from paycheck other than for taxes – for a finder's fee, costs of smuggling or a visa, tool rental, even rent.
- High security measures exist in the work and/or living locations.
- Living/sleeping at the place of work.
- If a foreign national, especially if not in possession of his or her own ID documents.
- Here on a temporary workers' visa.
- Unable to quit a job and leave.

***The Hotline CFS Specialist accepts the report as a Priority 1, response time not to exceed twenty-four (24) hrs.**

3. All reports from persons outside of law enforcement will be screened and the Hotline CFS Specialist will notify the appropriate law enforcement agencies by telephone immediately. Written report will be faxed or emailed to the appropriate law enforcement agency and mark notification of the Child Advocacy Center.

4. An initial assessment will be completed on all intakes accepted for assessment. A CFS Specialist will assess the child's situation to determine if threats to safety or risk of future maltreatment exist. CFS Specialist will follow the process as laid out in DCFS Protection and Safety Procedure #2-2018 Initial

Assessment and DCFS Protection and Safety Procedure #23-2017 Collaborating with the Child Advocacy Center.

a. SDM Modification from #2-2018 for reports in which trafficking is the only allegation
    i. Risk Assessment will be completed when parental or other household member is involved in sex or labor trafficking of the youth
    ii. Prevention Assessment will be completed when youth is engaging in sexual acts independently in exchange for money, food, housing, clothing etc. (survival sex) OR; Known or Unknown third party perpetrator involving the youth in sex or labor trafficking and the alleged perpetrator is not a member of the youth's household and may no longer have access to the youth.
b. CFS will coordinate with the appropriate law enforcement agency and other multidisciplinary team members as needed to determine whether a forensic interview and medical exam of the youth should be arranged and conducted as part of initial assessment and investigation. CFS will collaboration with the local child advocacy center to facilitate these services.
c. During initial assessment, CFS will conduct all assessments and conversations with the youth in a safe environment and out sight or sound of individuals who are suspected or alleged to be involved in trafficking the youth. CFS should use strength-based non-judgmental and trauma-informed approaches when engaging youth. Be aware of gender issues and ensure the youth is comfortable with the gender of the CFS Specialist assigned to the case.
d. CFS will utilize the Nebraska Human Trafficking Taskforce Screening Tool (2016) to determine if alleged victim has been or is likely to have been trafficked. The tool should be completed based on an interview with youth as well as observations made by CFSS and information gathered from household members and other collaterals. Other indicators not listed on the tool should be documented using the "other" indication.
e. CFS will assist in referring youth to trauma informed services based on needs of the youth. This will include the need for medical services, mental health and/or substance use screening. CFS will collaborate with existing agencies who have expertise in the Human Trafficking field. CFS will enlist a victim advocate when possible and appropriate for the youth and appropriate parents/guardians. (Attachments A-CACs, B-Salvation Army Trafficking Specialists and C-Indigo)
f. Local Connected Youth Initiative may be able to help with other tangible needs for the identified victim.
g. For immigrant children, CFS will connect youth or family with information and resources related to Special Immigrant Juvenile (SIJ) status, T and U visas when appropriate.

5. Through initial investigation or ongoing case management, CFSS may obtain information that a youth may be a reported or suspected victim of trafficking. CFSS will consult with CFSS Supervisor and call the Hotline to update allegations or generate a new report.

Reports Made to the Adult and Child Abuse and Neglect Hotline – Adult Involvement

When the DHHS Adult and Child Abuse and Neglect Hotline receives a report alleging adult involvement in and/or suspected involvement in, sex trafficking or labor trafficking,

1. The Hotline CFS Specialist will determine if the adult meets the definition of a vulnerable adult.

2. When generating an intake the Hotline CFS Specialists will listen for and ask additional questions to obtain information pertaining to the above indicators to assess if the alleged vulnerable adult is a victim and/or suspected victim of trafficking. All information gathered will be entered into the SDM Intake on NFOCUS.
3. All reports from persons outside of law enforcement will be screened and the Hotline CFS Specialist will notify the appropriate law enforcement agencies by telephone immediately. Written report will be faxed or emailed to the appropriate law enforcement agency.
4. An APS investigation will be completed on all intakes accepted for assessment.

Documentation of Trafficking Victims:

The CFS Specialist documents the following information in N-FOCUS:

1. Nebraska Human Trafficking Taskforce Screening Tool
2. If the youth/vulnerable adult has been determined to be a sex or labor trafficking victim document in the Medical Conditions window, category-Trauma, type-Sex Trafficking Victim or Labor Trafficking Victim.
3. Document the concern, the consultation with the CFS Supervisor/Administrators, the report to the Hotline, the notification to law enforcement and all other pertinent information in the Consultation Point, Staff Initiated narrative in N-FOCUS

Expected Results: *Increase identification of trafficking victims and assessment for appropriate services.*

References:

- **Nebraska Rev. Stat. 28-801, 28-830, 28-831, 28-371**
- DCFS Protective and Safety Procedure #23-2017 Collaborating with the Child Advocacy Center.
- DCFS Protection and Safety Procedure #2-2018 Initial Assessment
- Nebraska Human Trafficking Taskforce Screening Tool
- Child Advocacy Center
- Salvation Army Trafficking Specialists
- Indigo

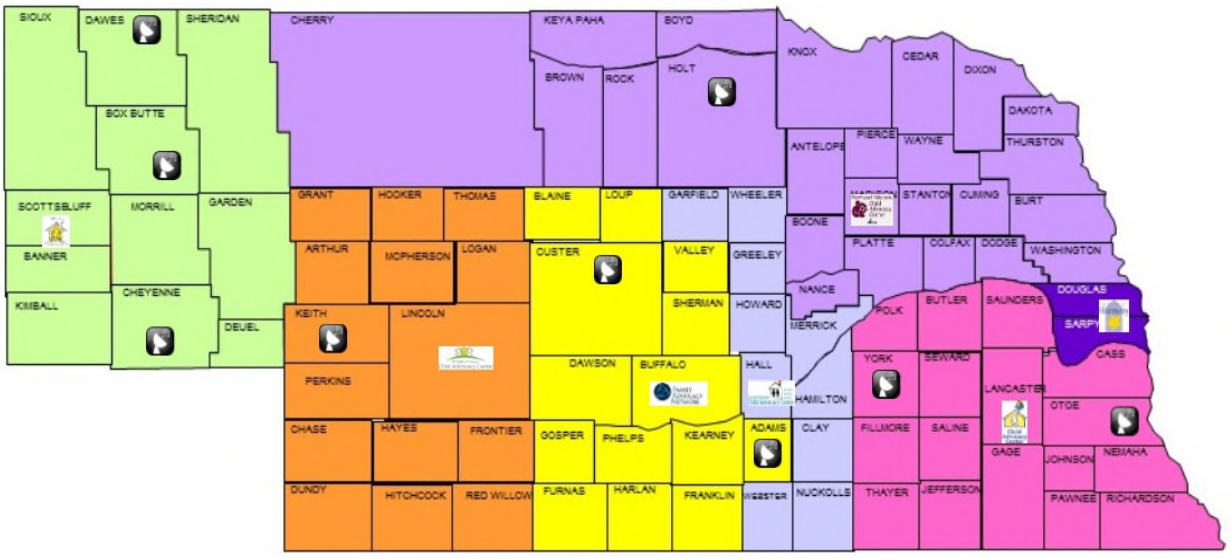
Revision History:

REVISION LEVEL	DESCRIPTION	AUTHOR	APPROVAL DATE	EFFECTIVE DATE
V.2	Human Trafficking	Suzana Borowski	8/22/2019	8/26/2019

Approval by: *Sherri Haber* **Date: 8/22/2019**

Attachment A

Nebraska Child Advocacy Centers



Central Nebraska CAC- Grand Island
Adams, Clay, Garfield, Greeley, Hall, Hamilton, Howard, Merrick, Nuckolls, Webster, Wheeler

Family Advocacy Network- Kearney
Blaine, Buffalo, Custer, Dawson, Franklin, Furnas, Gosper, Harlan, Kearney, Loup, Phelps, Sherman, Valley

Child Advocacy Center- Lincoln
Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, York

Northeast NE CAC- Norfolk
Antelope, Boone, Boyd, Brown, Burt, Cedar, Colfax, Cherry, Cuming, Dakota, Dixon, Dodge, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, Washington, Wayne

Bridge of Hope- North Platte
Arthur, Chase, Dundy, Frontier, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, Thomas

Project Harmony- Omaha
Douglas, Sarpy (also serves 16 counties in IA)

Capstone- Scottsbluff
Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, Sioux

Attachment B

NEBRASKA SAFE-T TRAFFICKING SPECIALISTS

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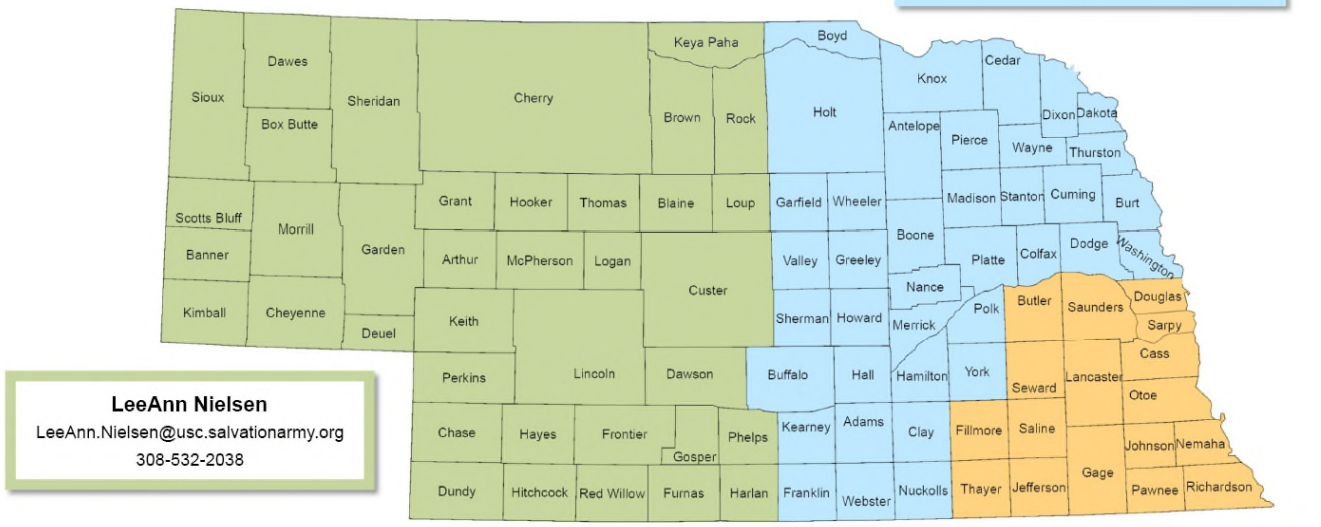
308-382-4855



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National Human Trafficking Resource Center Hotline: 1-888-373-7888

Attachment C

State of Nebraska WORK INSTRUCTION DOCUMENT FOR:	**Author:** Jamie Kramer	**Effective Date:** 4-23-2020
Mandatory Monthly Visits with Children, Parents and Out of Home Care Providers	**Version #:** 2	**Page:** Page **1** of **7**

Purpose: Provide instructions for DCFS case managers regarding requirements for mandatory monthly contacts with children, parents and out of home care providers.

Scope: Division of Children and Family Services Protection and Safety

Responsibilities: Child and Family Services Specialists

Definitions:

Out of Home Care Provider: Any adult providing care for a child other than the parent(s). This can include relatives, kinship placement, foster parents, group home staff, PRTF staff, adult caregiver(s) in an informal living arrangement, etc. If a youth is placed in Independent Living or with a legal parent, they do not have an out of home care provider.

Procedure:

1. **Who will Conduct the Visit?**
   - A. The assigned CFS Specialist or DCFS contractor for case management (hereafter CFS Specialist) will conduct the visit. On **rare** occasions, a different CFS Specialist, the CFS Supervisor, DCFS contractor for case management or Resource Development worker may conduct the visit.
   - B. When multiple children are placed in a facility such as a group home or residential treatment facility, DCFS can designate one or more CFS Specialists to make the monthly visit to a number of children and report individually to each child's CFS Specialist. In all situations, it remains the responsibility of the assigned CFS Specialist to ensure that the visits are made and appropriately documented on N-FOCUS in the Required Contacts narrative.
   - C. Wards placed out-of-state may have a person designated in the other state to conduct the visit. Such individuals may be staff of a private agency with a contract with Nebraska for the service or a courtesy case manager assigned by the other state under Interstate Compact for the Placement of Children (ICPC) or Interstate Compact for Juveniles (ICJ).
      1. The CFS Specialist will not visit a child in another state without first notifying the Nebraska ICPC Office in DCFS Central Office to determine if the other state allows Nebraska staff to conduct visits in the other state.
2. **Visitation with Children:**
   - A. Placed In-Home: The CFS Specialist will have face-to-face contact with all children in the home, regardless of whether the child is a DHHS ward or Non-ward.
   - B. Placed Out-of-Home: The CFS Specialist will have face-to-face contact with all children placed out of the home as well as any other children remaining in the family home, regardless of whether or not the other children in the family home are DHHS wards or Non-wards.
   - C. All children placed in Nebraska under the auspices of the Interstate Compact on Placement of Children (ICPC) or Interstate Compact on Juveniles (ICJ) in non-facility placements.
   - D. When a parent chooses to prohibit the CFS Specialist from having contact with the non-ward minor siblings of state wards, the CFS Specialist will document and discuss this with their

supervisor. The CFS Specialist and supervisor will discuss alternative ways to engage the parent to allow access.

E. For a child living outside the Service Area or local office area, a courtesy case manager in the area where the child resides can, upon request, be assigned to conduct the monthly visit.

F. All visits with children must occur in the home where they reside. When a visit cannot occur in the home, the CFS Specialist must obtain approval from their supervisor and document the approval in Consultation Point narrative.

G. If the child cannot be located at his or her residence, the CFS Specialist will notify his or her supervisor immediately in writing, by phone or other electronic means. For youth missing from placement, the CFS Specialist will follow the procedure for reporting a youth that is missing from care, as outlined in the program guidance on "Youth Who Cannot Be Located" #29-2017.

H. The frequency of face-to-face contact is based on the SDM risk levels.
    1. In Home Cases
        a. Low or Moderate Risk – One face-to-face contact per month.
        b. High or Very High Risk – Two face-to-face contacts per month.
    2. Out-of home Cases
        a. Low or Moderate Risk – One face-to-face contact per month.
        b. High or Very High Risk – Two face-to-face contacts per month. One of the two contacts may be made by the agency supported foster care worker or Resource Development worker assigned to the specific child.

I. With supervisory approval, when more than one contact per month is required, one contact can be via SKYPE, phone call, text or other electronic means if an in-person contact cannot occur. CFSS will document in the Required Contact narrative why a face to face contact could not occur and what efforts were made to have face to face contact with the youth.

J. All visits with children age 18 months and older must be private. Others may be present with children who are less than 18 months old, non-verbal (involving little or no use of words) or have a disability limiting their ability to communicate. This will be considered and documented as a private contact.

K. All children in out-of-home care will have contact with the CFS Specialist within the first 7 calendar days of any out-of-home placement. This does not apply to youth placed in another state through the Interstate Compact for the Protection of Children (ICPC).

L. Children placed out-of-state through ICPC, will have contact with their case manager based on the ICPC regulations and laws.

M. **Topics to be Covered/Focus of the Visit**:
    1. Visits should address the following:
        a. The strengths and needs of the child;
        b. Evaluation of current services;
        c. Permanency, establishment and evaluation of goals;
        d. Assessment of the child's safety in the residence and safety of the community;
        e. School; and
        f. Visits with parents and siblings.
    2. The following information should be provided and discussed with the child when appropriate, taking into account age, development, mental health concerns, etc.:

a. Dates for court hearings and discussion on the child attending and participating;
b. Court ordered expectations;
c. Requirements of probation or parole;
d. Explanation of the Youth Bill of Right and discussion monthly regarding whether those rights have been respected for the youth. If the youth feels their rights have been violated in anyway, CFSS will work with the youth as well as their parents and out of home caregiver when applicable to address those issues.
e. Opportunity to ask questions or express concerns.

3. Discussion about Transitional Living plans for state wards age 14 or older and discussions on Independent Living should occur with every child age 14 or older. This discussion should center on: assessment of the youth's knowledge, skills and abilities; areas needing more education, training, and mentoring; and plans for the future. Discussion should include asking the child for his or her input and hopes for the future as well as how he or she is doing in school; medical issues or concerns. If applicable, discussion of mental health and substance use issues or concerns including discussion of how psychotropic medications are working and any side effects the youth may be experiencing.
4. For children who are non-verbal due to age or disability, the CFS Specialist must observe and document the child's general growth, progress in meeting developmental milestones, behavior, and any concerns and progress shared by the caregiver. Refer to Program Guidance on "Health Care Coordination and Psychotropic Medication Guidelines".

3. Visitation with Parents

A. The CFS Specialist will have a private face-to-face visit with:
   1. Legal parents and non-custodial parents of all children who are HHS-Wards whose parental rights are not terminated, regardless of the permanency objective
   2. Legal parents and non-custodial parents providing care to a child placed under the auspices of ICPC or ICJ

B. Visits with custodial and non-custodial parents must be confidential. The parents must be in agreement with any additional individuals being present during the visit. At least every other month the visit must occur in the parent's residence unless otherwise instructed below.
   1. For a parent receiving treatment in a residential facility, monthly face-to-face contact is required unless there is a clear barrier to having contact with the parent. When a clear barrier exists, phone contact can replace the face-to-face visit. The barriers identified must be documented in the Required Contact narrative
   2. For a parent who is incarcerated, monthly face-to-face contact is required unless there is a clear barrier to having contact with the parent. When a clear barrier exists, phone contact and/or use of Skype can replace the face-to-face visit. The barriers identified must be documented in the Required Contact narrative
   3. For a parent living outside the Service Area or local office area, a courtesy case manager in the area where the parent resides may be assigned to conduct the monthly visit
   4. For a parent living out-of-state, monthly contact can be made via phone or other avenues such as letter, e-mail, texting or other forms of communication at the request of the parent

5. Refusal to meet or appointments that are missed without good cause will be documented in the Required Contact Narrative – Efforts to Contact.

C. The frequency of contact is based on the risk levels.
   1. Low or Moderate Risk – One face-to-face contact per month.
   2. High or Very High Risk – Two face-to-face contacts per month.

D. When more than one contact per month is required, one contact can be via SKYPE or other electronic means if an in-person contact cannot occur, with supervisory approval.

E. The CFS Specialist will have a monthly private face-to-face visit with the non-custodial parent in court cases.

F. Regular efforts to locate and engage the non-custodial parent must be documented in the Required Contacts Narrative – Efforts to Contact.

G. **Topics to be Covered/Focus of the Visit**:
   1. Discussion should include the following:
      a. Current safety threat(s) identified
      b. Safety plan
      c. Risk levels
      d. Family strengths and needs
      e. Establishing a permanency objective and case plan
      f. Ongoing evaluation of the permanency objective and case plan
      g. Discussion of concurrent planning (when needed); and
      h. Visitation issues
      i. Upcoming court hearings such as the Permanency Hearing and the 15 out of 22 Month provisions
   2. Discussion should also include information on the child's:
      a. Health and treatment needs
      b. School performance and peer relationships
      c. For older children, discussion about their skills and abilities towards achieving independence
      d. Discussion on psychotropic medications being taken by the child and the parent's observations of how psychotropic medications are working and any side effects the youth may be experiencing
      e. When any child in the home is under the age of 2, the CFS Specialist will have a discussion about Safe Sleep and observe the child's sleeping arrangement utilizing the Nebraska Safe Sleep Environment Checklist as a guide. The CFS Specialist will encourage the parent to address any identified concerns regarding the child's safe sleep environment and assist the parent in making any necessary changes, if requested.

4. Visitation with Out of Home Care Providers

A. The CFS Specialist will have monthly contact with the child's out-of-home care provider as follows:
   1. Caregiver of each ward in out-of-home care;

2. Caregiver of each child in an Informal Living Arrangement in a non-court involved case; and
3. Caregiver of each child in out-of-home care under the auspices of ICPC and ICJ.

B. At a minimum every other month the visit must be face-to-face, in the caregiver's home. For caregivers out of state, the visit may be by phone or email. For out of state, contact must be made in addition to contact that may be made by an ICPC Courtesy worker.

C. If the caregiver refuses or cancels contacts without good cause the CFS Specialist will document this in the Required Contacts – Efforts to Contact and consult with the supervisor to consider whether or not the current placement continues to be suitable and in the child's best interest.

D. **Topics to be Covered/Focus of the Visit**:

1. Discussion should include the following:
    a. Child's health status including any recent treatment, unmet medical needs, and current medications, including psychotropic medications
    b. Child's school performance and educational plan
    c. Peer relationships or needs
    d. Behavioral needs
    e. For children 14 and older discussion of the child's independent living knowledge, skills and abilities should occur with a plan as to what action the foster family or caregiver will do to support teaching, coaching, and mentoring
    f. Issues around visitation with parents and siblings
    g. Status of court process
    h. Any issues, concerns or needs in the caregivers' household should also be discussed.
    i. When any foster child in the home is under the age of 2, the CFS Specialist will have a discussion about Safe Sleep and observe the foster child's sleeping arrangement utilizing the Nebraska Safe Sleep Environment Checklist as a guide. The CFS Specialist will address any identified concerns regarding the foster child's safe sleep environment and assist the parent in making any necessary changes.
    j. The CFS Specialist should regularly reassess the caregiver's commitment to the child and willingness to provide continued care including the caregiver's willingness and ability to provide permanency when needed.

5. Waiver of Case Manager's Contacting Parent in the Parent's Home:

A. When the home environment of the parent presents a threat to the safety of a CFS Specialist, a supervisor may waive the requirement for face-to-face contact with the parent in the home. This decision must be documented in N-FOCUS. The decision to waive the requirement must be made and reviewed and documented each month.

6. **Documentation of Visits**:

A. Documentation of all monthly contacts (and information about contacts that were attempted and not successful) with children, parents, and caregivers must be documented in the Required Contacts narrative within seven (7) calendar days of the contact. The following information must be included:

1. Location of visit

2. Date of visit
3. Who was present at the visit identified by first and last name
4. If the visit was not private, describe why
5. Observations of the child, parent, and caregivers and interactions noted
6. Assessment of child safety and risk which reflects the child, parent and caregiver's input
7. Issues discussed which reflect the child, parent and caregivers
8. Actions needed by whom and by when

7. **Immediate Alternative:** When a visit cannot occur due to an unforeseen emergency, the supervisor must be notified in advance. The supervisor will make arrangements for alternative coverage. If alternative coverage cannot be arranged a written exception to this requirement must be approved by a CFS Administrator. Exceptions will be documented by the CFS Specialist in the Consultation Narrative within seven (7) calendar days of the decision, and include the name of the administrator approving the decision.

Expected Results: CFS Specialists will have more thorough and informative monthly contact with children, parents and out of home care providers. They will have a clear understanding of what should be documented from these contacts and when and documentation will reflect that monthly contacts are being completed in a more comprehensive manner.

References: Protection and Safety Procedure on Health Care Coordination and Psychotropic Medication Guidelines.

Protection and Safety Procedure #28-2017; Protection and Safety Procedure #29-2017

Nebraska Safe Sleep Environmental Checklist

Revision History:

REVISION LEVEL	DESCRIPTION	AUTHOR	APPROVAL DATE	EFFECTIVE DATE
2 version		Jamie Kramer	4-23-20	4-23-20

Approval by: *Jamie Kramer* **Date: 4-23-2020**

Nebraska Human Trafficking Taskforce Screening Tool

Who should use: This tool is to be utilized by Law Enforcement, Domestic Violence providers, Case Managers and other trained professionals

Purpose:

1. To standardize the screening and identification of trafficking victims
2. To ensure that trafficking victims are identified and can be connected with relevant resources.

Name of Youth/Adult: _____ Date: _____

CFSS: _____

Indicators	**Source** (e.g. self-disclosed, documentation, observation.)
☐ Self-identifies as victim or survivor of trafficking	
☐ Has a history of sexual abuse	
☐ Current incident or history of inappropriate sexual behaviors	
☐ Youth associates or has relationships with age inappropriate friends, boyfriends or girlfriends	
☐ Has sexually suggestive activity on their social media	
☐ Youth has a history of going missing from care	
☐ Youth has been located after being missing from care	
☐ Located with an adult that is not a family member	
☐ Inconsistent or unexplained injuries or illnesses	
☐ Suspicious tattoos or signs of branding/scarring	
☐ Has expensive material items in their possession that they cannot afford or has excess amounts of cash.	
☐ Has no personal items or possessions, including identity documents	
☐ Seems extremely fearful and/or is not allowed to speak for themselves	
☐ Reports of human trafficking by a parent/guardian, law enforcement, medical/services providers, teacher, CPS, or probation	
☐ Arrested by Law Enforcement	
☐ Other	
Narrative for Other:	

Next Steps:

1. Contact the Child Advocacy Center for a forensic interview if trafficking is suspected
2. Contact the Nebraska SAFE T Trafficking Specialist in your area help locate appropriate resources
3. Document below all resources made available to the youth (Circle all that apply)

victim advocacy	housing	Shelter	literacy	job training
food	life skills	medical care	dental care	employment
transportation	mental health	LE coordination	interpretation	translation
immigration	substance abuse	legal services	GED help	Other:

State of Nebraska	**Author:** Karen Moran	**Effective Date:** 12/12/2019
WORK INSTRUCTION DOCUMENT FOR: Oversight of Psychotropic Medications for State Wards	**Version #:** 1	**Page:** Page **1** of **6**

Purpose:

Provides guidance on the oversight of psychotropic medications being prescribed to state wards, including the informed consent process, regardless of Medicaid eligibility.

Scope:

Department of Children and Family Services (DCFS) staff are impacted and need to follow these instructions

Responsibilities:

CFS Specialists (CFSS), CFSS Supervisors, including Hotline Staff, and Youth Rehabilitative Treatment Center (YRTC) staff (if youth are placed at YRTC) need to follow the steps in this SWI as indicated. Central Office program staff need to provide guidance and direction as requested by the field on this subject.

Definitions:

Managed Care Organization (MCO)-An agency contracted with DHHS that is responsible to help provide for the physical, behavioral and pharmaceutical needs for Medicaid enrollees

Overview:

Youth in DCFS' care often experience emotional and/or behavioral challenges as a result of maltreatment and trauma. To help cope with symptoms a high proportion of these youth are prescribed psychotropic medication. The use of this type of medication must be closely managed.

DCFS is legally authorized to make decisions regarding medical treatment of state wards, while recognizing the importance of parental involvement in decision making (when parental rights are intact). This includes the prescription of psychotropic medications. DCFS has the responsibility to ensure health needs of youth are coordinated and necessary monitoring of medication occurs according to Social Security Act section 422(b)(15)(A). The Division of Medicaid and Long Term Care and the MCOs also join in the oversight of psychotropic medications through various ways, such as participating in case staffings with DCFS, utilizing minimum and maximum dosage requirements, utilization reviews, alert systems and medication reviews.

Procedure:

1. During normal business hours, CFSS/YRTC provide and document informed consent or denial for the prescription of psychotropic medications with these steps:
   a. Verify the youth had a medical evaluation within the past 12 months (see *Detail Medical Exam* window under *CFS Program Person Information* in N-FOCUS). If not documented in N-FOCUS, check with the assigned MCO for information on the last medical evaluation. If a medical exam has not occurred within the past 12 months, ensure youth has a medical evaluation prior to giving consent for the prescription of psychotropic medication. **Include the youth's parents (to the extent possible) with the medical evaluation (if parental rights are intact).**
   b. Verify the youth has a DSM 5 diagnosis (see *Detail Conditions* window under the *CFS Program Person Information* in N-FOCUS). If not, ensure N-FOCUS narratives or other such documentation in the youth's file indicate a need by the youth's mental health professional for psychotropic medication. If not documented in N-FOCUS check with the assigned MCO for diagnosis information. Confirm current diagnosis, if necessary, with youth's mental health provider.
      - If the specific condition/ diagnosis is not listed in N-FOCUS, many of the different categories have the option for 'Other' and a description can be filled in.
      - If a condition/diagnosis still needs to be added, please reach out to N-FOCUS Help Desk.
   c. Review narratives for information to share with medical professionals requesting consent-such as current medications, allergies, medical conditions, recent medical changes (see *Medical* narratives under *CFS Program Person* and pushbuttons in *Detail Medical Exam window* under *CFS Program Person Information* in N-FOCUS).
   d. Complete the *Psychotropic Medication Checklist* and scan into N-FOCUS document imaging (*Mental Health/Substance Abuse-P & S)* within 14 business days of when consent was given and document in N-FOCUS upon completion of these steps (*Medical* narrative under *CFS Program Person*), summarizing the results of these steps.
      - Per the *Psychotropic Medication Checklist* the CFSS/YTRC ***or*** caregiver can ask the prescriber the medical questions indicated on the form.

*** The Psychotropic Medication Checklist is to be completed for new state wards who are taking psychotropic medications and current state wards when a new psychotropic medication prescription is being considered.**

2. Outside of normal business hours (evenings, weekends, holidays) the hotline worker or on call CFSS/YRTC provide and document informed consent or denial for the prescription of psychotropic medications, when consent is being requested, with these steps:

    a. Ask if the prescription of the psychotropic medication is an emergency. If so, proceed with steps b through i. If it is not an emergency and the prescriber/physician indicates prescription of the medication can wait until the next business day, ask the prescriber/physician to contact the assigned CFSS/YRTC staff (locate staff contact information in N-FOCUS).
    b. Determine if the youth had a medical evaluation within the past 12 months (see *Detail Medical Exam* window under *CFS Program Person Information* in N-FOCUS).
    c. Determine if the youth has a DSM 5 diagnosis (see *Detail Conditions* window under the *CFS Program Person Information* in N-FOCUS).
    d. Review narratives for information to share with medical professionals requesting consent-such as current medications, allergies, medical conditions, recent medical changes (see *Medical* narratives under *CFS Program Person* and pushbuttons in *Detail Medical Exam window* under *CFS Program Person Information* in N-FOCUS).
    e. Ask the prescriber about possible side effects, benefits and risks
    f. Consult with the on-call supervisor if needed
    g. Provide verbal informed consent or denial for the psychotropic medication
    h. Document in N-FOCUS (*Medical* narrative under *CFS Program Person)* identifying the individual requesting consent, the prescriber's name and credentials, the name of the medication (s), dosage, frequency and if consent or denial was given, at the time given.
    i. Email the assigned CFSS and CFS Supervisor notifying of the request and outcome

***If consent was provided outside of normal business hours, the assigned CFSS/YRTC staff must ensure a medical evaluation is completed (if not done in the past 12 months), youth's current diagnosis has been confirmed with mental health provider (if need be) and complete the Psychotropic Medication Checklist, scanning into N-FOCUS document imaging (*Mental Health/Substance Abuse-P & S*) within 14 business days of when informed consent was given.**

3. CFSS/YRTC seeking a second medical opinion
    a. Seeking a second medical opinion is acceptable-scenarios that may warrant seeking a second opinion include:

- Treatment has not resulted in improvement within a reasonable amount of time from starting a new medication (discuss with parents if parental rights are intact)
- A parent, caregiver, guardian, youth or health care provider has concerns about the medication and discussions with the prescriber have not resolved the issues. In addition to seeking a second medical opinion, if a parent or youth still has concerns about psychotropic medications being prescribed to a youth, the CFSS (after consulting with CFS Supervisor and/or Administrator) will take the following actions to help resolve concerns if needed:
    - Seek the Guardian ad Litems input, legal parties, or Court involvement
    - Seek consultation from outside parties, including physicians within the DHHS system
    - Consulting with DHHS Legal
- Other concerns at the discretion of CFSS/YRTC

***CFSS/YRTC are encouraged to discuss their concerns with the primary prescriber first and request their assistance with obtaining/requesting the second opinion when appropriate.**

4. CFSS/YRTC ensure medication management is occurring
    a. Ensure youth prescribed psychotropic medications receive regular medication management appointments from their physician(s)/prescriber(s) every 90 days, or often as recommended by the youth's physician(s)/prescriber(s), or when requested by the youth/caregiver
    b. Narrate follow up appointments and recommendations in N-FOCUS (*Detail Medicaid Exam* under *CFS Program Person Information*)

5. CFSS/YRTC ensure communication is occurring
    a. Coordinate and share psychotropic medication information and address concerns with the youth's medical providers, school, dental providers, behavioral healthcare providers, parents (if parental rights are intact), youth, assigned CFSS (if youth is at YRTC), out-of-home care providers and any other treatment team members on a regular basis
    b. Share information from the *Psychotropic Medication Checklist* with the youth's caregiver and parent (if parental rights are intact) on a regular basis
    c. During regular mandatory regular visits with the youth and caregiver use this time to explore the effectiveness of medications and share information. These questions below can be guides for conversations with both caregiver and youth. Refer to the Reference section of this SWI for more questions to ask.

- Is the youth taking medications as prescribed?
- Have the medications been changed?
- Does the medication appear to be managing symptoms?
- Is the youth experiencing negative side effects i.e. change in appetite, weight gain, irritability, restlessness?
- Is the youth experiencing suicidal or homicidal thoughts?

***If the CFSS/YRTC learns that the youth is having suicidal or homicidal thoughts, concerning behavioral changes, or is experiencing a traumatic life event, the CFSS/YRTC will immediately contact the prescribing health care professional and members of the youth's treatment team to communicate this information and to determine the best course of action.**

6. Internal oversight
   a. If a youth has been prescribed a psychotropic medication, the CFSS/YRTC staff reviews the completed *Psychotropic Medication Checklist* at the next staffing with their supervisor, discussing concerns and thoughts. The CFSS/YRTC staff completes action steps resulting from this staffing, if needed.
   b. At any time that questions or concerns arise, the CFSS or supervisor can reach out to DCFS Central Office staff to request a staffing with the MCO by emailing dhhs.pspolicyandguid@nebraska.gov and DCFS Central Office staff will schedule this.
      a. Suggestions of when requesting a staffing concerning a psychotropic medication may be appropriate include the following (but is not exhaustive):
         - Care coordination by the MCO is requested
         - A discussion about what medication claims the MCO has are on file
         - A review of medications by the MCO's pharmacist is desired
         - A discussion about coverage for a particular psychotropic medication is desired
   c. If the youth has been a prescribed a psychotropic medication, is not on Medicaid and a concern has been brought up during the staffing between CFSS/YRTC and supervisor, the CFSS/YRTC contacts the youth's prescriber and/or primary health care insurance plan to discuss.

Expected Results:

Youth in DHHS custody will have their health care needs met, with particular attention being given to the oversight of youth prescribed psychotropic medication.

References:

- *Psychotropic Medication Checklist* (on Resource Library)
- American Psychiatric Association-http://www.appi.org/Dulcan (medication resource)
- DCFS Child Protection and Safety Training Psych Meds + Job Aid http://dhhsemployees/sites/CFS/CWJAPS/ResourceLibrary/Pages/Tools%20and%20Resources.aspx
- Youth Voice-System of Care Medication http://dhhsemployees/sites/CFS/CWJAPS/ResourceLibrary/Pages/Tools%20and%20Resources.aspx
- https://www.childwelfare.gov/pubPDFs/makinghealthychoices.pdf (a guide for youth in foster care)
- NE Rev Statute 43-285

Revision History:

REVISION LEVEL	DESCRIPTION	AUTHOR	APPROVAL DATE	EFFECTIVE DATE
Initial	Oversight of Psychotropic Medications for State Wards	Karen Moran	11/25/2019	12/12/2019

Approval by: Jamie Kramer **Date: 11-25-19**

Psychotropic Medications

Job Aid for Working with Caregivers, Youth, and Providers

DCFS | Child Protection & Safety Training

February 2020

Psychotropic Medication Questions

Questions for Caregivers

Reasons

1. How is the child/youth doing in your care?
2. Do you have any specific concerns?
3. If so, what are they?
4. Do you feel that you have enough education and support to manage these concerns in an informal manner?
5. Does the child/youth's need outweigh the support you can provide?
6. Do you see these concerns impacting their daily life? If so, how?
7. What are some ways you are helping this child/youth manage the concerns?
8. Are you seeing progression or regression?
9. What do you think would be a positive next step?

Alternatives

1. Do you feel you can give the support needed to support the current concerns without further intervention?
2. Has the child/youth identified things he would like to do? Or things he think will help him?
3. A psychiatrist is recommending medication to assist with the concerns, do you have any other ideas that you would like to consider?

Questions for Youth

Reasons

1. How are things going for you?
2. Do you think you are having any struggles right now? (be sure to normalize this!)
3. What is working for you?
4. What isn't working for you?
5. How have your eating and sleeping habits been? Have they changed?
6. Do you think the people in your life can support you?
7. Do you want anything to be different?
8. Notify the youth that someone has indicated a concern and ask them about it specifically.
9. Ask the child/youth if they have ever taken a medication in the past? Did it help?
10. Have you ever heard of kids who take medicine to help them? What have you heard? What do you think about it?
11. Would you be willing to attend an appointment to look at some things that might help you?

Alternatives

1. Are there activities that you would like to be involved in that you think would help you?
2. Have there been other things in your life that have helped you when you have had these concerns in the past?
3. Do you have coping skills that work? What are they and how do they work?
4. There are some adults that think a medication might help you, what do you think about that?
5. Is there something that you think would help you?

Questions for Prescribing Providers

The Psychotropic Medication Checklist is be completed for new state wards who are taking psychotropic medications and current state wards when a new psychotropic medication prescription is being considered.

Reasons

1. **What is your DSM V diagnosis?**
2. Do you have a medical diagnosis as well? Are they related?
3. **Do you recommend medication?**
4. Have you prescribed a psychotropic medication for this child/youth before?
5. **What is the name of the medication you recommend?**
6. **What is the recommended dosage and how often?**
7. Why would this be the way to help this child/youth?
8. Have you had contact with the child/youth's therapist? School? Other?
9. How long did you spend with the child/youth?
10. Did you talk with the caregiver or an individual with knowledge of the child/youth's daily needs?

Alternatives

1. What other medications might help the child/youth?
2. **What alternatives to medication (meditation, changes in diet, exercise, etc.) might help the child/youth?**
3. Should the child/youth try other things that might help them at the same time as the medication?

Risks

1. How might this medication harm the child/youth? What are the medication's side effects? How long do side effects typically last?
2. Will the medication cause weight gain? Weight loss? Is there anything that needs to be done to keep current weight while taking the medication?
3. Is this medication addictive (hard to give up once started)?
4. What are the effects if the medication is taken with alcohol, marijuana, or other drugs?
5. What are the effects if a person isn't taking the medication consistently as prescribed?
6. What should be done if a problem develops (Sickness, Missed Dose, Side effects)?
7. Are there foods that should be avoided while on the medication? Are there special things that should or should not be done while taking the medication?
8. **Will blood work or other kinds of medical tests before, during, or after treatment need to be done? What will the doctor look for?**
9. What should be done if someone starts the medication and then wants to stop it?
10. If the youth chooses to, can the medication be safely stopped?

Expectations

1. How will the team, including the child/youth know this medication is working?
2. What changes will we see?
3. How soon should we begin to see changes?
4. How long will they need to take the medication?
5. How common is it for individuals his/her age to be on this medication?
6. How much experience do you have with this medication?
7. What adverse reactions should we be looking for?
8. How often should the child/youth see the physician who prescribed the medication?
9. Will you provide a letter on dosing to the school, if applicable?

Supervision

Ask more questions or request a second opinion when:

1. Treatment has not resulted in improvement within a reasonable amount of time from starting a new medication (discuss with parents if parental rights are intact)
2. A parent, caregiver, guardian, youth or health care provider has concerns about the medication and discussions with the prescriber have not resolved the issues. In addition to seeking a second medical opinion, if a parent or youth still has concerns about psychotropic medications being prescribed to a youth, the CFSS (after consulting with CFS Supervisor and/or Administrator) will take the following actions to help resolve concerns if needed:
    a. Seek the Guardian ad Litems input, legal parties, or Court involvement
    b. Seek consultation from outside parties, including physicians within the DHHS system
    c. Consulting with DHHS Legal
3. Other concerns at the discretion of CFSS/YRTC

***CFSS/YRTC are encouraged to discuss their concerns with the primary prescriber first and request their assistance with obtaining/requesting the second opinion when appropriate.**

Request a Psychotropic Medication Consultation:

Medicaid Clients:

At any time that questions or concerns arise, the CFSS or supervisor can reach out to DCFS Central Office staff to request a staffing with the MCO by emailing dhhs.pspolicyandguid@nebraska.gov and DCFS Central Office staff will schedule this.

Suggestions of when requesting a staffing concerning a psychotropic medication may be appropriate include the following (but is not exhaustive):

1. Care coordination by the MCO is requested
2. A discussion about what medication claims the MCO has are on file
3. A review of medications by the MCO's pharmacist is desired
4. A discussion about coverage for a particular psychotropic medication is desired

Non-Medicaid Clients:

1. Staff with your supervisor
2. Contact prescriber for in depth discussion
    a. Contact primary health care plan

If you choose to utilize an informed denial (Refuse a medication):

1. Ensure all steps to the informed process have been followed and thoroughly documented.
2. Seek supervision and provide rationale to supervisor.
3. Ensure the team is aware of the decision and any problem solving or further discussion has occurred.
4. Ensure a detailed plan is outlined in the Psychiatric Medication Checklist.

Monitoring and Review

Questions to ask the youth:

1. How are you feeling on the medication?
2. Are you taking the medication? Consistently? As prescribed?
3. Is it working for you?
4. How do you know?
5. Is there anything about the medication, good or bad you want me to know?

Questions to ask the caregivers:

1. How do you think the medication is working?
2. Are you seeing the changes expected?
3. Do you have concerns?
4. Have you seen any effects that are a concern?
5. Do you have the support you need to assist in building the skills?

Questions to ask to community provider (including schools if relevant):

1. How do you think the medication is working?
2. Are you seeing the changes expected?
3. Do you have concerns?
4. Have you seen any effects that are a concern?
5. Are there things that you are doing in your "environment" that are supporting the changes?

Child/Youth Who is Missing

1. Ensure that all parties have been notified and follow appropriate policy and procedure.
2. Ensure that you have notified the prescribing physician and identify any adverse reactions or safety concerns that may occur as a result of medications being stopped suddenly.
3. Ask for medical instructions of continuing medication when child/youth is found.
4. Ensure you have thoroughly documented the prescribed medications, concerns that may arise, and any other relevant information an individual should be aware of if they come in contact with the missing child/youth.
5. Ensure that all documentation is up to date and accurate within the NFOCUS system.
6. When child/youth is found follow the medical directions regarding continuing a medication that has been missed or stopped for a period of time.
7. Notify all individual involved, including the prescribing physician, when a child/youth returns and has access to the medications again.

Resources

Websites

- Quick Reference Medication Chart, www.PsyD-fx.com
- Dulcan's Helping Parents and Teachers Understand Medications for Behavioral and Emotional Problems, https://www.appi.org/Dulcan
- Medline Plus: Trusted Health Information for You, https://medlineplus.gov/druginformation.html

Apps for IOS or Google Play

 Psych Meds
https://play.google.com/store/apps/details?id=com.yourappsgeek.meds&hl=en

 Epocrates
http://www.epocrates.com/

Policy and References

Policy

- Standard Work Instruction Oversight of Psychotropic Medications for State Wards 12/12/19
- Psychiatric Medication Checklist CFS 67 11/19

References

- Psychotropic Medications. (n.d.). Retrieved October 17, 2016, from https://www.dfps.state.tx.us/Training/Psychotropic_Medication/page38.asp
- Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care. (n.d.). Retrieved October 18, 2016, from https://www.childwelfare.gov/pubs/makinghealthychoices

Notes

Notes

Notes

FOR ADDITIONAL INFORMATION CONTACT

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In Partnership
Nebraska DHHS and UNL CCFL

This project is supported by contract number 79669 04 from the State of Nebraska.

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DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services
Division of Children and Family Services

Psychotropic Medication Checklist

*** The Psychotropic Medication Checklist is be completed for new state wards who are taking psychotropic medications and current state wards when a new psychotropic medication prescription is being considered.**

Section 1: This section to be completed by CFSS/YRTC staff OR caregiver		
Youth's Name:	Youth's Date of Birth:	
This form is being completed for the following medications:		
Name:	Dosage Amount:	New Medication? ☐ Yes ☐ No
Name:	Dosage Amount:	New Medication? ☐ Yes ☐ No
Name:	Dosage Amount:	New Medication? ☐ Yes ☐ No
Name, credentials and phone number of prescribing practitioner (primary care physician, nurse practitioner, psychiatrist):		
Name, credentials and phone number of health care practitioner consulted for informed consent form (if different from prescribing practitioner):		
Section 2: This section to be completed by CFSS/YRTC staff OR caregiver when meeting with the prescriber during the youth's medical appointment		
1. What is the reason for prescribing the medication? (Include the target symptom(s) that warrant the use of this medication.) What is the DSM-5 diagnosis and is this medication consistent with that diagnosis?		
2. What are alternatives to this medication? (Non-medication alternatives)		
3. What are the risks and adverse effects from this medication?		

4. What is the prescriber's treatment plan to target symptoms and manage adverse effects? What changes will be seen with the youth taking the medication?

5. Is blood work/medical testing needed before, during, or after treatment related to this medication? If yes, when and how often?

6. If the youth is currently prescribed other medications, list the psychotropic and non-psychotropic drugs, dosage amounts and frequency given.

6a. What are the drug interactions that can happen and how should they be monitored while the youth is taking these medications?

Section 3: This section to be completed by CFSS/YRTC staff

Did a discussion occur between the CFSS and the youth's parents (if parental rights are intact) about their opinions/beliefs on the medication(s) being recommended by the physician?

Mother: ☐ Yes ☐ No

If yes, list date discussion occurred and her thoughts/concerns:

If a discussion did not occur, please explain why:

Father: ☐ Yes ☐ No

If yes, list date discussion occurred and his thoughts/concerns:

If a discussion did not occur, please explain why:

Section 4: This section to be completed by CFSS/YRTC staff

Did a discussion occur between the CFSS and the youth (if appropriate according to age/developmental stage) about his/her opinion/beliefs on the medication(s) being recommended by the physician?
☐ Yes ☐ No

If yes, list date discussion occurred and the youth's thoughts/concerns:

If a discussion did not occur, please explain why:

Section 5: This section to be completed by CFSS/YRTC staff

Did a staffing occur with the youth's assigned Managed Care Organization? ☐ Yes ☐ No
If yes, list the date staffing occurred:
(If a staffing is desired, please request through the DHHS Policy and Guidance email box at dhhs.pspolicyandguid@nebraska.gov.)

Section 6: This section to be completed by CFSS/YRTC staff

CFSS/YRTC staff - Having completed this checklist, do you agree the above identified youth should take the prescribed psychotropic medication? ☐ Yes ☐ No
If no, please explain why, indicate what alternatives will be explored instead and indicate the date this decision will be reviewed:

CFSS/YRTC Staff (typed name okay):	Date:
CFSS/YRTC Supervisor (typed name okay):	Date:

*** Scan this form into N-FOCUS document imaging (Mental Health/Substance Abuse-P & S) within 14 business days of when this form has been completed and signed.**