Right Home Right Time

Prevent Unnecessary Foster Care Entry
Focus Group - 9/29/26

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Agenda

- Welcome & Introductions
- RHRT Overview
- RHRT Updates, Current & Planned Activities
- RHRT Data Snapshot
- Breakout Session
- Large Group Report Out & Recommendation
- Closing Reflections & Next Steps

Introductions

Please introduce yourself in the chat. List your name, agency (if applicable), and your role in the child welfare system.

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Federal “A Home for Every Child” Framework



“Our mission is straightforward: homes waiting for kids, not kids waiting for home. Every child grows best in family, and our A Home for Every Child initiative will ensure we are doubling down on prevention to keep families intact whenever it’s safe to do so, while ensuring there are enough loving foster homes available for any child who needs one.”

- Administration for Children and Families Assistant Secretary Alex Adams.

Right Home Right Time (RHRT) Overview

Our Central Goal: Right Home, Right Time

This means all youth receive safety and stability as quickly as possible. All strategies for CFS will flow through this one central goal, which aligns federal and state vision, strengthens our practice and family engagement, and ensures families thrive.

Nebraska's Federally Approved Program Improvement Plan:

The federally approved ***Right Home Right Time*** Program Improvement Plan focused improvement efforts around 3 statewide priorities.

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RHRT Overview - 3 Priorities



Support at home first

Keeping families together whenever safely possible should remain the priority. By connecting families to prevention services and in-home supports early, we can reduce unnecessary foster care entry and strengthen long-term family stability.

Place in family settings with relatives or kin



When out-of-home placement is necessary, keeping children connected to family and supportive adults should remain the priority. Prioritizing relative and kinship placements helps maintain important relationships, minimize trauma, and support long-term stability for children.



Attain safe and timely permanency

When out-of-home care is necessary, achieving safe and timely permanency for children should remain the priority. Reducing delays in permanency supports stability, strengthens long-term well-being, and helps children build lasting connections.

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Measuring Progress & Sharing Updates

CORE MEASURE

Foster Home to Child Ratio

(# of homes approved for placement/
#of children who require placement)

LEAD (PIP) MEASURES

Prevention:

- # of eligible families referred to prevention (FFPSA) services
- Rate of Foster Care Entry

Placement with Relatives or Kin:

- Time from removal to relative/kin placement

Safe/Timely Permanency:

- % of children attaining permanency in 12 months
- % of children attaining timely reunification, guardianship, or adoption

CHASER MEASURES

Maintaining Family Connections: % of children in care at the end of the month who are placed with relatives or kin.

Congregate Care: % of days children are placed in group homes/settings instead of living with a family

Recent Maltreatment History: % of children harmed after child welfare agency has already confirmed abuse or neglect

Home Disruptions: % of homes where foster placement ends unexpectedly and children must move

Monthly Data Reporting

(Starting: July/Aug 2026)



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RHRT – Current & Planned Activities

- ❑ ALTERNATIVE RESPONSE
- ❑ FFPSA
- ❑ WARM LINE
- ❑ PREVENTION FEDERAL GRANT
- ❑ COMMUNITY COLLABORATIVES

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Foster Home to Child Ratio

CORE MEASURE: Foster Home to Child Ratio

Achieve a foster home-to-child ratio greater than 1:1 statewide, ensuring homes wait for children instead of children waiting for homes.

Month	Numerator: Number of foster homes	Denominator: Number of children in foster care	Home-to-child ratio
Apr-26	2,399	2,848	2,399/2,848 (0.842)
May-26	2,372	2,817	2,372/2,817 (0.842)
Jun-26	2,370	2,803	2,370/2,803 (0.846)
Jul-26	2,374	2,760	2374/2760 (0.860)

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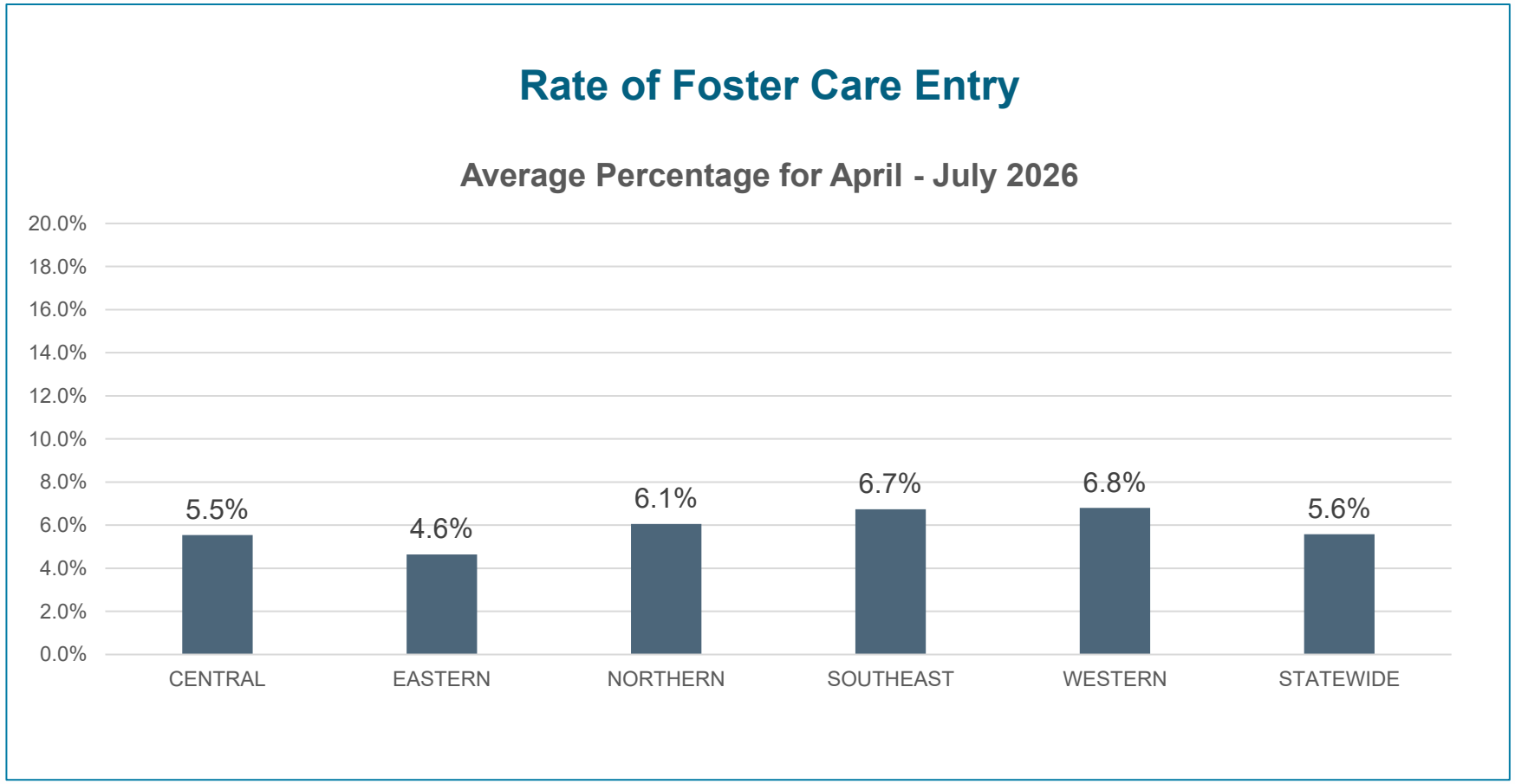
Prevention Data Snapshot



This measure compares the number of children who entered a qualifying foster care placement during the month to the number of children who were in a qualifying placement at the end of the month. It helps us understand the relationship between new entries and the foster care population size for that month.

This is not the rate of children entering foster care in the Nebraska population. It does not tell us how many children entered care per 1,000 children living in Nebraska. Instead, it looks specifically at **new entries compared with the size of the foster care population at the end of that month.**

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Prevention Data Snapshot

Family Centered Treatment Data CY 2025:

- **Workforce capacity:** 27 FCT practitioners, trainers, and supervisors across four provider organizations in all 5 Service Areas.
- **Referral Conversion Rate:** 99%
  - 225 referrals received and 223 of those families initiated FCT treatment
    - 151 closed in 2025
    - 72 remained open to continue services into 2026
    - 20 transferred to the Prevention Track in 2025

    *(**As of 7/31/2026, 23 cases were on the prevention track, with 22 additional cases pending that transfer)*
- **Engagement Rate:** 87%
  - 132 families closed in 2025 were engaged (87%), defined as families that closed after completing 6+ sessions
- **Outcomes:**
  - 81% positive placement at closure for engaged families
  - 84% family-reported improved safety
  - 75% improvement on primary Area of Family Functioning
  - 89% reported FCT positively impacted their life
  - 58% of families did not have an accepted intake 12 months after FCT
  - 93% of families did not have a substantiated intake 12 months after FCT
  - 91% of families did not have a placement outside the home 6 months after FCT

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Prevention Data Snapshot

Home Visiting Data – CY 2025

In 2025, 411 families were referred for home visiting. 127 families engaged in the program. Of those families, 104 families transferred to the prevention track (about 82%).

As of 12/31/2025, we had a total of 296 families that had been on the prevention track for home visiting (this is a culmination of cases-not just 2025 cases). 186 families were discharged from the program after transfer to the prevention track, for a number of reasons (see pie chart below).

- Out of the 296 cases, 77% did not have a subsequent accept intake
- Continuous tracking reflects that 97% of these families still had their children safely in their care at service discharge and continued to have their children safely in their care 6 months after service discharge.

Discharge Descriptions:

- Declined change of HV when HV left – 2%
- Felt got what was needed out of the program – 2%
- Felt didn't have time for the program – 3%
- Case plan goal changed from reunification – 1%
- Did not enroll – 28%
- Refused to continue service – 16%
- Moved out of the Service Area – 13%
- Did not respond to creative outreach – 35%

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Prevention Data Snapshot

COMMUNITY COLLABORATIVES – June 2024 to June 2025

A one-year look at whether the family had an accepted child abuse/neglect intake or an open ongoing CPS case following assistance from the collaboratives.

- There were **805 total families** assisted by the collaboratives through concrete supports. There were **1771 children** in those families.
  - **83.35% (671)** of the families did not have an accepted intake within the year following assistance.
  - **16.65% (134)** of the families assisted had an accepted intake within a year of concrete support assistance by the community collaboratives.
  - **92.55% (745)** of families did not have an open case with DHHS within a year following assistance.
  - **7.45% (60)** had an open ongoing case within a year following the assistance.

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Case Review Findings: Prevention



Case Review Findings indicate the following Needs:

- Need for stronger prevention efforts
- Earlier identification of family needs
- Improved service coordination

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Breakout Sessions Instructions

- Participants will be assigned to 1 of 3 breakout groups.
- Groups will discuss the same topics/questions. *The breakout sessions are being used to divide the participants into smaller groups for the discussion.*
- The breakout sessions will last approximately 35 minutes
- At the end of the breakout session, you will return to the large group for discussion, wrap up, and next steps



Breakout Sessions Questions

- 1. What Stood Out? - “What was the most important thing you noticed in the data?”
- 2. What Are the Biggest Barriers? “What are the two or three most significant reasons families are not accessing or engaging in prevention services?”
- 3. What Could Change? “What are the one or two strategies or changes that could make the greatest difference?”
- 4. What Should CFS Learn? “What is one question you believe CFS should continue to examine, monitor, or evaluate?”

Group Report Out & Recommendations

Each group will report the following:

“Our group noticed…”

“We believe the primary barriers are…”

“We recommend considering…”

“One thing we think CFS should continue to examine is…”

Closing Reflections & Next Steps

- Stakeholder feedback informed RHRT goals and strategies
- Collaboration remains essential
- Shared priorities helped guide improvement efforts



* Visit Right Home Right Time Website for Updates: https://dhhs.ne.gov/Pages/Right- Home-Right-Time.aspx

RHRT Website

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Thank You

Thank you for your continued partnership and commitment to achieving positive outcomes for Nebraska's children and families!

