

Comprehensive Foster Care (CFC) Provider Frequently Asked Questions (FAQs)

PROGRAM OVERVIEW

What issue do you hope to solve with CFC?

CFC is intended to increase options for Nebraska state wards in need of foster care placement. Our current foster care array is insufficient as youth continue to be rejected for placement, resulting in increased Letters of Agreement and temporary overnight placements.

How is this service different from the continuum of foster care services and supports provided in Nebraska?

CFC contracts directly with foster parents to pay a daily stipend to maintain a bed, decreasing the possibility of ejection from a placement or rejection to initial placement. Children placed in CFC may also be eligible for Therapeutic Family Care, and those supports will work in conjunction with CFC.

Given past challenges with DHHS-provided foster care services, what will distinguish CFC and how will you ensure success?

CFS has a lengthy history of successfully supporting foster homes throughout the state. Currently, CFS supports 95 licensed foster homes in addition to a number of relative/kinship homes. CFC is a direct extension of our lessons learned and continued success of supporting families across Nebraska. The program will offer a retainer in addition to the standard rate, and CFC homes will commit to no-reject/no-eject placements.

CFC Specialists will have a caseload maximum of ten homes to ensure intensive support. To address staff turnover, we're implementing thorough documentation, training, dedicated supervision, and a focus on shared learning. Crucially, we're committed to continuous evaluation and adjustments to ensure the program's long-term success, making this approach significantly different from past efforts.

What does this new service mean for Therapeutic Family Care?

CFC is intended to complement, not replace, existing services like Therapeutic Family Care, which will remain available and accessible to youth in CFC homes who qualify.

How does the CFC program relate to and interact with existing Therapeutic Family Care (TFC) services? How were decisions made regarding resource allocation between these two service models?

Both CFC and TFC aim to support youth in foster care, but address distinct needs. TFC provides specialized behavioral health support in traditional settings, while CFC focuses on providing stable, no-reject/no-eject placements to prevent disruptions. Implementing CFC is not about diverting resources from TFC, but about addressing a critical gap in services. Youth in CFC homes who qualify for TFC will have access to those services concurrently, as these programs are designed to work together to provide comprehensive support. This is a win for both the youth in our care and the homes who serve them.

ELIGIBILITY AND PLACEMENT

What are the criteria for Children and Family Services determining youth eligible for CFC?

Traditional foster care placements will be explored before CFC is utilized. Youth with no placement options available through traditional foster care will be eligible for CFC.

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Will referrals be sent for these youth to Child Placing Agencies first?

Yes.

Will Children and Family Services have the same payment structure as Child Placing Agencies serving high-acuity youth?

CFC foster parents will receive the Nebraska Caregiver Responsibilities rate for any CFC placements in the foster home in addition to the payment holding their bed availability.

FOSTER PARENT INFORMATION

Will CFC include kinship foster parents?

Foster families eligible to contract with the Department of Health and Human Services to provide this service must possess a current foster care license to provide care and placement for any state wards in Nebraska. While this may include homes that have previously been a kinship home, the program is not intended to target kinship foster parents.

Who will license CFC homes?

All applications received from licensed foster parents interested in becoming CFC providers will be considered and evaluated with the same criteria. Applicants must be licensed foster parents in Nebraska to be eligible for a CFC contract. Any interested applicants that do not currently have a foster care license will be referred to the Nebraska Foster and Adoptive Parent Association to begin the licensure process and the Department of Health and Human Services' Resource Development staff will complete the licensing steps.

Will CFC home licensure be prioritized over provider homes?

Given that CFC homes have no-eject and no-reject commitments, they may be prioritized for licensure to ensure there is an increase in the number of these critical homes. To meet the potential increase in demand for licensure, we have repurposed an existing full-time position to serve in Resource Development.

Will homes contracted with providers be eligible to become a CFC home?

While the goal of CFC is to expand the homes available for placement of youth, homes currently contracted with a provider will be eligible to apply for the program if they are interested.

What training will be provided to the CFC homes?

The training curriculum that will be required is still being finalized and will be shared when possible.

What is the payment structure for this new program?

CFC providers will receive the Nebraska Caregiver Responsibilities rate as appropriate for any youth placed into their home. Additionally, CFC providers will receive a retainer payment to be ready and available to take new placements as needed, provide mentorship to other CFC providers, and assist in recruitment of CFC providers.

Will CFC homes receive benefits in addition to the stipend?

The stipend will be a contracted amount. No benefits will be provided in addition to the stipend.

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What is the expectation of work outside of the home for foster parents contracted with CFC?

It is expected that at least one parent in a CFC home will work no more than part-time, allowing for adequate time to provide consistent care and support to meet the high-acuity needs of youth anticipated to participate in this program.

How will the Department of Health and Human Services differentiate their recruitment from the strategies employed by its network of providers?

The Department of Health and Human Services recognizes the vital role of its network of providers in supporting foster families. DHHS will recruit CFC families through targeted strategies focused on the unique characteristics of this program, which differ from traditional foster care.

IMPLEMENTATION AND STAFFING

Will CFC be a statewide service?

CFC will initially be focused in the Eastern and Southeastern Service Areas, with hopes for future expansion. Foster Families eligible to provide this service must possess an operational foster care license to provide care and placement for any state wards in Nebraska.

How will a CFC Specialist differ from a Foster Care Specialist?

The CFC Specialist position is classified as a Child and Family Services Specialist (CFSS), allowing them to work seamlessly with assigned CFSS for the youth. The position will differ from the traditional CFSS by focusing exclusively on CFC youth.

Are these CFC Specialist and CFC supervisor or existing CFS staff?

The position was posted both internally and externally.

What is the CFC Specialist caseload size?

CFC Specialists will have a caseload size of up to 10 homes.

How many staff will the CFC Supervisor manage?

Initially, the CFC Supervisor will be one CFC Specialist with the intention of adding additional team members as the program expands. This supervisor will be crucial in program development prior to expansion, shifting their duties to more supervisory work at that time.

Who will provide oversight and accountability of this new program?

The Department of Health and Human Services will provide the oversight and management of CFC.

What capacity does Children and Family Services plan to serve with CFC?

CFC will start small. Our plan is to initially recruit and contract with 10 licensed foster homes to be CFC providers.

What is the recruitment plan for providers?

Any licensed foster home in Nebraska will be eligible to apply to be a CFC provider and all applicants will be reviewed with the same criteria by the Department of Health and Human Services.

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What is the source of the program's funding?

Staff positions for the CFC program were allocated from existing Children and Family Services FTEs. The cost of CFC is anticipated to result in a reduction to existing Letters of Agreement – as these agreements are often associated with children who are otherwise rejected from provider homes. As a result, it is anticipated to be at least cost neutral.

What is the timeline for the CFC launch?

The current goal for CFC is to take the first placement into the program in summer 2025. More details will be shared as they become available.

Are you able to provide information on the evidenced-based program being utilized for CFC?

CFC is being developed based on specific needs in Nebraska and a review of current professional foster care programs in other jurisdictions. More details will be shared as they become available.

How will CFC support permanency goals of the youth in care?

CFS will conduct weekly evaluations to monitor progress towards each child's permanency objectives. Recognizing that reunification is a common goal, we will assess how CFC placements can best support this process. We will also consider other permanency options such as planned living arrangements, independent living, and guardianship. While CFC homes are not intended to be permanent placements for adoption or guardianship, we will not prevent these options if they are determined to be in the child's best interest.

Will CFC be included as a service attachment in the upcoming Agency Supported Foster Care contract?

At this time, CFS plans to maintain the CFC program as an in-house initiative. This decision allows for greater control over program implementation, enabling us to closely monitor the needs of youth who frequently experience challenges being placed in traditional foster homes. However, this does not preclude the opportunity for future collaboration with providers.

How will the Department of Health and Human Services communicate with providers on how this service is going?

Regular communications will be provided via email and provider meetings.