

**Nebraska Department of Health and Human Services
2008 Child and Family Services Review
Program Improvement Plan**

I. PIP General Information

CB Region:	I	II	III	IV	V	VI	VII	VIII	IX	X
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21. Vicki Maca – Behavioral Health Community Based Services Administrator
22. Ann Masters – Department of Education
23. Holly Bellis, Nebraska Association of Child Advocacy Centers
24. Terri Nutzman – Policy Section Office of Juvenile Services Administrator
25. Pam Allen – President Nebraska Foster and Adoptive Parent Association (Partners Council Member)
26. Pam Kirschman – Child Connect
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28. Shirley Pickens-White – CFS Program Specialist
29. Todd Reckling, Former Policy Section Administrator-Current Children and Family Services Director (4-2-09)
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31. Sondra Schwehn - Central Nebraska Child Advocacy Center (Past Partners Council Member)
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38. Jim Blue, President Children and Family Coalition of Nebraska (Partners Council Member)
39. Judy Kay, CEO Child Savings Institute (Partners Council Member)
40. Cindy Ryman Yost, Regional Director Child Welfare League of America (Partners Council Member)
41. Carol Stitt, Executive Director Foster Care Review Board (Partners Council Member)
42. Mick Klein, President Foster Family-Based Treatment Association (Partners Council Member)
43. Pat Connell, President Nebraska Association of Behavioral Health Organizations (Partners Council Member)
44. Nick Juliano, President Nebraska Association of Homes and Services for Children (Partners Council Member)
45. Gwen Hurst-Anderson, Director Nebraska CASA Association (Partners Council Member)
46. Mary Jo Pankoke, Executive Director Nebraska Children and Families Foundation (Partners Council Member)
47. Senator Joel T. Johnson, Chairman Health and Human Services Committee (NE Legislature) (Partners Council Member)
48. Honorable Larry Gendler-Sarpy County Separate Juvenile County Judge, Nebraska Supreme Court - Through the Eyes of A Child (Partners Council Member)
49. Kathy Moore, Executive Director Voices for Children (Partners Council Member)
50. Todd Landry, Former Children and Family Services Director (4-1-09)
51. Jeff Schmidt, DHHS Southeast Service Area Administrator (Partners Council Member)
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II. PIP Narrative

A. PIP DEVELOPMENT APPROACH

Nebraska began its efforts to develop the Program Improvement Plan (PIP) in November 2007 when over 140 people met for the CFSR kickoff conference. Using information from the National Data Profile, the agency's management information system (N-FOCUS) and the Quality Assurance system, Nebraska began to identify strengths and areas needing improvement in writing its statewide assessment. There was great commitment and enthusiasm during this kick-off event. Nebraska participants included Governor Dave Heineman, Chief Justice Michael Heavican, state Senators, DHHS staff and representatives from Child Advocacy Centers, Tribes, family organizations, CASA, the Foster Care Review Board, community providers, advocacy groups, the federal Administration for Children and Families, Child Welfare League of America, and National Resource Centers for Organizational Improvement and Child Welfare and Data Technology.

During the kick-off event, many stakeholders expressed their interest in continued involvement in all aspects of the CFSR process. Stakeholders participated in on-line surveys, interviews, served as CFSR reviewers, participated in the development of the PIP and will continue to monitor our progress. Nebraska has been fortunate to have such interest and continued commitment from stakeholders in improving the child welfare system.

The PIP development team that was identified during the CFSR kick-off event came together over the course of 5 months to identify the PIP strategies, goals, action steps and benchmarks. Members of the PIP development team will continue to work with the state throughout the implementation of the PIP to review progress and make recommendations.

B. STRATEGIES, GOALS, ACTION STEPS AND BENCHMARKS

While the overall results from the CFSR are consistent with what the Nebraska Division of Children and Family Services (CFS) reported in its CFSR Statewide Assessment, the Department believes that results from the CFSR point out several key areas where significant changes in practice are needed if Nebraska is to make substantive changes to further improve outcomes for children and families. In response to the areas cited as being an area in need of improvement, the Nebraska Program Improvement Plan (PIP) lays out five primary strategies along with action steps that will be evaluated over the course of the next two years. These strategies are for the entire CFS population that includes both Child Welfare and Juvenile Delinquent children, youth and families.

Throughout the PIP there are multiple action steps that relate to the Nebraska Child Welfare and Juvenile Services Reform. On July 1, 2008, the Department of Health and Human Services, Division of Children and Family Services (CFS), began the process of improving the manner in which the State of Nebraska purchases services for Child Welfare and Office of Juvenile Services (OJS) clients. After a competitive process, the Department implemented contracts with five lead agencies to provide a wide array of safety and in-home services to CFS clients. This array of services allows children and families to receive the necessary safety services to allow the child to remain safely in the parental home, while change services are being implemented to build parental capacity to safely care for their children without CFS intervention or court involvement. These contracts contain incentives to encourage contractor achievement of performance outcomes which are tied directly to safety, permanency, and well-being for children and families. The implementation of the Safety and In-Home Service Contracts reduced the number of contracts to be monitored by over 100, so the State has been able to begin to build a Contract Monitoring system that will ensure oversight of contracts. The process includes reporting of performance outcomes each quarter which are then posted publically on the DHHS website.

In the fall of 2008 we developed a framework building on the Safety and In-Home Services concept that combined all Safety, In-Home and Out-of-Home non-treatment services into a continuum of services provided directly to the family. This framework also included the component of service coordination which is a role contract staff will implement as they deal with the day to day needs of each child and family. This includes coordination with treatment services but does not include direct provision of treatment services. Contractors are required to use Evidence Based or Promising Practices shown to produce positive outcomes for safety, permanency and well-being. CFS staff will provide case management oversight, make policy and placement decisions and retains critical case decisions. Examples of these decisions include, but are not limited to, assessments of child safety, assessments of community safety, removal of a child from the home, changing the placement of a child, permanency plan recommendations, detaining Office of Juvenile Services (OJS) youth, written communications submitted to the court, treatment recommendations to the court, and critical health care decisions for the child. A training and implementation period occurred between June 1 and September 30, 2009.

CFS has entered into contracts with five lead agencies on November 1, 2009. Further detail regarding this reform can be accessed at: http://www.dhhs.ne.gov/Children_Family_Services/OHReform/

In summary, our previous “system” of out-of-home care services was the result of meeting short-term needs on a piecemeal basis. Out-of-home services were provided by multiple entities with inconsistent connections to other services needed by the youth/family. The continuum of care provided to youth/family was routinely interrupted as a result. Children experienced multiple placements and multiple providers of services. Duplication of efforts in some areas between providers and agency staff lead itself to confusion and inefficiency (i.e., foster home recruitment). The Child Welfare / Juvenile Services Reform will strengthen our system because it builds a system of care for children and families by requiring contractors to provide and coordinate a continuum of all non-treatment supports, services and care, both in-home and out-of-home. The Reform focuses on the achievement of the outcomes of safety, permanency and well-being, including preservation of the family or timely permanency, by providing financial incentives or disincentives to contractors. These contracts reinforce and support the Department’s ability to met these outcomes

On April 2, 2010 the Department was notified by CEDARS Youth Services to terminate its contract to provide service delivery and service coordination as part of the State’s out-of-home reform initiative effective June 30, 2010. CEDARS’ decision to terminate the contract was based on the cost to provide the services were substantially higher than they anticipated and funded by DHHS. On April 9, 2010 the Department terminated our contract with Visinet after Visinet notified DHHS that they intended to file a petition for bankruptcy proceedings.

DHHS has known all along there would be some challenges as we reform how children and families are served by the child welfare and juvenile services system in Nebraska because other states that have implemented reform efforts have had to make similar adjustments along the way. There is agreement that this type of public-private partnership to serve more kids in their own homes and communities is the right direction, and the Department and remaining 3 organizations are committed to working through any issues to reach positive outcomes and provide the best services possible to children and families.

Link to operational guides and contracts: http://www.dhhs.ne.gov/Children_Family_Services/CWJS/

The following are the five primary strategies identified in the PIP.

1. Strengthen and Improve Safety Management throughout the life of a case

Data indicators show that Nebraska is not achieving the national standard for repeat maltreatment. In addition, Nebraska struggles to achieve face-to-face contact with children within the timeframes required by State policy. We have not consistently addressed risk of harm when the services provided to families

do not adequately address all the safety issues in the family and there have been inadequate risk and safety assessments and follow-up.

One of our action steps is to develop a statewide Abuse and Neglect Hotline to centralize the receipt and processing of all reports of suspected child and vulnerable adult abuse and neglect from across the State of Nebraska. A statewide Hotline will promote increased efficiency and consistency by operating from one specialized Intake Unit which will be supervised separate from the safety assessment and ongoing unit to ensure workloads do not impact decision making. A priority of the Child Welfare System is first and foremost to protect children from abuse and neglect, and to safely maintain them in their homes whenever possible and appropriate. Families and reporters must be treated with dignity and respect as intervening in a family's life is very intrusive. The Nebraska Department of Health and Human Services efforts towards achieving child safety begin with the initial report of child abuse and neglect received by the Hotline.

A statewide Abuse and Neglect Hotline having professional specially trained staff, organization, efficiency and consistency in making accurate decisions is of utmost importance and will have a great impact on the entire child welfare system in the State of Nebraska. In addition and to the extent possible, callers will be referred to community resources to address identified concerns and inquiries about services. Notification to divisional partners such as Developmental Disabilities, Medicaid, Licensing and Behavioral Health will occur when reports of abuse and neglect received by the statewide Abuse and Neglect Hotline include those divisional partners that have a responsibility for safety. The statewide Abuse and Neglect Hotline will improve service delivery to meet accreditation standards as set forth by the Council on Accreditation.

In 2007-2008 Nebraska implemented the Nebraska Safety Intervention System (NSIS). The NSIS was developed with the assistance of the National Resource Center for Child Protective Services to improve our safety interventions with children and families throughout the state. The model is a research based model that provides workers the tools needed to better assess safety for children and families throughout their involvement with DHHS. More specifically, the NSIS:

- Improves safety decisions;
- Involves supervisors to a greater degree in all aspects of decision-making;
- Provides clarity of purpose for initial and continuing safety assessment;
- Provides clarity of purpose for ongoing work with families;
- Improves the ability to assess and professionally support decisions;
- Increases the equity and fairness for all families; and
- Improves case planning and focus for safety related interventions.

We believe the NSIS has many benefits. Through quality assurance activities we know that the NSIS is not being implemented as well as we would like. Accurate application of the NSIS process requires both substantive knowledge of the principles of the model, and the ability to apply those principles to individual families with each safety assessment. To improve staff knowledge and application of the model, we are requesting approval to work with the National Resource Center for Child Protective Services consultant to develop a proficiency improvement process in which CFS Administrators, Supervisors, front line CFS Specialists, Trainers, and QA staff will demonstrate that they have adequate mastery of the NSIS material.

Policy is being written to require that each CFS Administrator, Supervisor, Specialist, Trainer and QA staff who works with children and families in which abuse or neglect may be an issue, successfully demonstrate adequate mastery of the NSIS process. "Adequate" will be individualized to each job responsibility, because the level of mastery necessary is different for each position. A specialist and supervisor need far greater understanding of the principles and application of the NSIS model than that needed by an administrator, for example. What is "adequate" for each position will be determined by a workgroup representing each service area, QA, and the training unit, working with the assistance of

NRC-CPS to develop appropriate standards. The workgroup will be developing the tools and processes described below.

The next step will be to have each staff participate in “mini modules” in which they will read various articles on child abuse and neglect and related topics to develop a broader knowledge of subject matter content. Staff will complete activities and exercises applying principles learned in the written material.

Proficiency of staff will be assessed with some combination of a written test of subject matter; review and discussion of real cases and for Supervisors and Administrators, demonstrated ability to provide feedback and direction to CFS Specialists. Extensive practice will be provided in recognizing safety related family issues; information gathering; analysis; and decision making. An opportunity for additional learning and practice will be provided to those staff who do not initially achieve adequate mastery of the material. Following development of the staff proficiency development system, a similar system will be developed for contract staff. While contract staff do not conduct safety assessments, they need to understand the safety threats, how to implement the safety plan, and how to do the protective capacity assessment linking the identified threats to the desired outcomes in the case plan. We anticipate that the contract staff proficiency will also be assessed with some combination of a written test of subject matter, review and discussion of real cases, and for Supervisors and Administrators, demonstrated ability to provide feedback and direction to Service Coordinators.

A plan will be developed so that new staff or staff assuming responsibility for families in which child abuse or neglect is an issue can also participate in the proficiency improvement process. It will be expected that all staff working with families in which child abuse or neglect is an issue demonstrate at least adequate mastery of the NSIS material.

It will take two to five years for all staff to complete the proficiency process, but we believe this approach will significantly improve our ability to better recognize and respond to issues of safety in the families we serve.

Within the Department of Health and Human Services we have divisional partners such as Developmental Disabilities, Medicaid, Licensing and Behavioral Health that have an indirect responsibility for safety of either vulnerable children or adults, for example through licensure activities and supportive services. We plan to develop a protocol that will better notify and engage those divisional partners when reports of abuse and neglect are received by the statewide Abuse and Neglect Hotline. This protocol will promote interagency coordination that will be timely and objective and that causes the least possible confusion for all those involved.

2. Engaging parents, children, families and caregivers to improve outcomes for children and families

Currently, our most effective approach to engaging families—family team meetings—are not utilized consistently and we do not consistently search for or engage noncustodial parents in case planning. In the 2002 CFSR, Nebraska implemented Family Centered Practice (FCP). We continue to believe that the very foundation of FCP is the expectation that all individuals involved with CFS are treated with respect and dignity, and are empowered at every level of their interaction within the system. When individuals feel empowered, they accept responsibility; recognize their strengths; and develop an ability to make choices.

Although we issued a memorandum to staff in April 2005 regarding the importance of diligent efforts to locate, contact, and involve non-custodial parents (legal and alleged) and stakeholders noted an improvement in workers locating non-custodial parents, Nebraska continues to be inconsistent in searching for or engaging non-custodial parents. The memorandum referred to the use of the Federal Parent Locator Service, but did not provide a specific protocol to search for non-custodial parents. We also developed N-FOCUS reports identifying children missing parental relationship information but did

not provide guidance on how to use that information. To enhance the involvement of non-custodial parents and improve opportunities for them to fulfill their roles and responsibilities, we believe it is necessary to develop a more detailed protocol for locating and notifying absent parents. We believe these steps will allow us to improve our consistency in making efforts to find absent parents and give them opportunity to be involved in family team meetings, case planning, court proceedings, school events and continuous contact with their children.

Over the past several years, there has been increased focus on the quality and frequency of visitation between case workers and children. The CFSRs have shown that there is a strong correlation between frequent caseworker visits with children and positive outcomes for these children, such as timely adherence of permanency and other indicators of child well-being. Through the new Child Welfare and Juvenile Services Contracts, increasing quality visitation between case workers and children should be improved. Both CFS Specialists and the new Service Coordinators will be required to conduct monthly in-person visits. We believe that the arrangement of the day-to-day functions and activities being the responsibility of the contracted Service Coordinators will free up CFS Specialists time to focus on the quality of the visit, rather than the requirement alone, improving permanency and child well-being outcomes.

Also through the Child Welfare and Juvenile Services Contracts, the Service Coordinators will be required to coordinate, schedule and facilitate monthly Family Team Meetings. We believe by including the requirement for holding monthly Family Team Meetings will increase the consistent use of Family Team Meetings; increasing the available information for quality decision-making and family investment, ultimately improving child and family outcomes.

3. Achieve timely permanency for children and families by engaging the courts, court participants, the Division, and other community partners

Nebraska does not consistently engage in statewide practices that promote permanency for children including the following: timely establishment and attainment of permanency goals; consistently conducting permanency review hearings; use of concurrent planning, timely filing for termination of parental rights; maintaining stable placements; and conducting caseworker visits.

The use of concurrent planning is a philosophical dilemma for some and some people believe that reasonable efforts cannot be achieved when working two plans that have oppositional outcomes. We plan to create process for consistent use of concurrent planning, including the philosophical reason behind concurrent planning for workers, and communicate this process to judicial partners, family organizations and youth. Continued education and oversight needs to occur regarding the use of concurrent planning. We believe creating a process that includes the philosophical reasons will clarify the use and benefits of concurrent planning.

Nebraska continues to struggle with timely filing for termination of parental rights (TPR). To address this issue, we plan to engage in several activities that we believe will improve filings for TPRs. First, we plan to create a process for consistent use of TPR with training on TPR and compelling reasons. Nebraska has many barriers to achieving TPRs, such as a reluctance of attorneys to file TPRs, lengthy periods of time between TPRs and finalizations, and TPRs not being filed on both parents (workers failing to identify non-custodial parents early in cases). Developing and implementing a process for consistent use of TPR with training on TPR and compelling reasons should result in more consistent and timely TPRs.

We will also participate in the "Through the Eyes of a Child" summit breakout sessions regarding TPR, and develop a pilot using mediation centers. There are two sessions available at the "Through the Eyes of a Child" summit this year regarding TPR:

- **Terminations of Parental Rights: Building a Successful Case, Training for County Attorneys and Guardians ad Litem**

Termination of parental rights often represents the best chance for a permanent home for those children whose parents are either unwilling or unable to remediate conditions that made the children unsafe. This training will provide an overview of the legal framework for terminations of parental rights actions and will provide “nuts & bolts” suggestions and tools that will assist attorneys in filing and litigating TPRs. Special attention will be given to aggravated circumstances that may offer an opportunity to immediately move to TPR in those cases of egregious or chronic serious abusive patterns.

- **Facilitated TPR Settlement Conference: Do they Work?**

This session will present information about Nebraska’s experience with facilitation of termination of parental rights cases. Questions such as the following will be discussed: Why facilitate TPR? What are the goals? How to address civil liberty, confidentiality, and privilege? What is the optimum timing, referral, process, parties for a TPR facilitation? Actual case studies will be described.

Improving the timeliness of TPR will also be addressed through education and oversight as well as through a project that will utilize mediation and facilitation to facilitate TPR settlements. Although there are technical variations between mediation and prehearing conferences, all have the potential to accomplish the same purpose – to achieve voluntary termination of parental rights and to avoid costly and time consuming trials and subsequent appeals and achieve permanency for the child.

Increasing the utilization of Permanency Pre-hearing Conferences (PHC) prior to the permanency hearing should also positively impact timely permanency. The purpose of the PHC is to bring the parties together to gather information and determine what information is still needed prior to the Permanency Hearing to avoid unnecessary continuances and assure that the Court has sufficient detailed information to make a permanency decision that is in the child’s best interests regarding the child’s safety, well being, and timely permanency.

We plan to review and make recommended strategies to the Court Improvement Project regarding the Guardian ad Litem study conducted by the National Association of Counsel for Children to enhance GAL participation with children and youth. The study is looking at the entire GAL system in Nebraska. There is a belief that there are some systemic issues relating to the work of GALs that will promote the timely achievement of permanency.

Finally, we plan to increase caregiver and youth participation in court proceedings by ensuring caregivers and youth are given the opportunity and are aware of the importance of their participation. The Caregiver Reporting Form will be revised to include a section that caregivers can outline the needs they have in order to continue to support them in meeting the needs of their foster child. The caregiver form will be sent annually to caregivers and will also be available on the internet. The parent guidebook will be updated and the local court teams and Child Welfare and Juvenile Services Reform contractors will develop processes to increase caregiver opportunities to have input in court proceedings. We will also be working with the Foster Youth Initiative to support their efforts with the courts to improve youth “having a voice” in their court proceedings.

Local court teams were developed under the “Through the Eyes of a Child” Initiative. The Initiative is guided on the state level by the Nebraska Supreme Court Chief Justice, the project chair, and the local lead judges. Although the main structure is a network of local teams working to introduce best practices into their local court systems, the Initiative also has a state-level structure that assists the local teams in their implementation of best practices and maintains a consistent and productive system of collaboration.

There are approximately 30 local teams across Nebraska. Each team has been formed on its own initiative and has invited stakeholders of its choosing to join the team. All teams consist of a lead judge, team coordinator, and stakeholders from across the abuse/neglect court system who work well in a collaborative manner and can produce change in the system. Stakeholders may include attorneys, social workers, guardians ad litem, school representatives, mediators, mental health and chemical dependency workers, tribal representatives, foster parents, former foster youth, CASA volunteers and staff members, FCRB members, and community representatives.

Each local team has adopted an Action Plan, which is updated yearly in accordance with their progress. An Action Plan is a compilation of best practices from the Practice Guide that the team intends to adopt or fully comply with in the upcoming year. The number of items in the Action Plan varies considerably among the teams. To accomplish the goals in the Action Plan, the teams meet regularly to assess progress and discuss new issues.

In addition to their collaboration as a local team, the teams also collaborate with state staff and other local teams statewide through conferences, trainings, data assessments and other activities.

4. Strengthening placement and post placement services

Nebraska continues to struggle with achieving placement stability for foster children. Multiple placement moves disrupt the continuity of children's relationships with caregivers and community, their education, and their medical care. Realizing that multiple placements for foster children have important ramifications for their development and well-being, Nebraska has chosen to focus on strengthening placement and post placement services to improve stability. There are multiple factors that can affect the stability of a placement and Nebraska has developed the following action steps intended to address stability.

The vision of DHHS-CFS is to ensure the safety of children, reduce the percentage of children and youth in out-of-home care, reduce the length of time children and youth remain in out-of-home care, provide safe permanency for children in a timely manner and provide for community safety. Two of the ways in which the Division helps children achieve permanency are adoption and guardianship. Nebraska has been increasing the number of children achieving permanency through these means for the past several years. The number of children adopted in 2008 reached 572, which was a 92.6% increase since 2003. The average number of finalized guardianships averaged 250 per year for Federal Fiscal Year 2006 through 2008.

The majority of adoptive families and families formed through guardianship continue to be the child's permanent family. However, national studies show that somewhere between one (1) and ten (10) percent dissolve after finalization. Research also has found a significant relationship between the use of post-adoption services and positive adoption outcomes. Parents who receive post-adoption services report higher satisfaction with parenting, a better understanding of their children and how to parent them, an ability to create a warm and nurturing family climate, and ability to access the resources they need. In a recent study done in Illinois, eighty-four percent (84%) of families that had adopted or assumed guardianship of children who were wards said that they were doing well without additional supports. Sixteen percent (16%) reported that they were struggling and feeling frustrated because they did not have or could not access additional needed services.

Gaps in services most commonly identified by adoptive families and guardians nationally include support groups, crisis intervention, child and family advocacy, behavioral health care, adoption searches, case management, family and child counseling or therapy, and respite care. Nebraska's subsidized adoption and subsidized guardianship programs provide some services that adoptive parents and guardians in other states might not have. These include Medicaid coverage which covers a host of medical/surgical and mental health/substance abuse services for the child; child care when the parents are at work;

adoption searches within Nebraska's statutory guidelines; and an ongoing maintenance payment. However, even with this range, some families need additional assistance.

In May 2009 the Nebraska Legislature passed legislation (LB 603) that provides post adoption/post guardianship services. These services will be offered on a voluntary basis to families who have adopted children or been appointed the legal guardian for children in the Department's custody at the time the adoption or guardianship was finalized. Nebraska has contracted for case management and the provision of support services that will be available to persons who have finalized an adoption or guardianship of a child who was a ward of the Department and have a subsidized adoption or subsidized guardianship agreement. At the family's request, on a voluntary basis, case management and a variety of other services such as assessment and evaluation; family counseling; adult support groups; child counseling; youth support groups, short term respite care, connections to mentor families, educational classes for adoptive parents or guardians, and seminars on common behaviors of children separated from their families of origin who express unexplained feelings of loss and love for birth parents will be available.

The Child Welfare and Juvenile Services contracts require that the contractors provide necessary services for 12 months following case closure, which is different from LB 603 described above. Contractors will be required to provide case management and all necessary services and support that we believe will enhance stability and prevent the child and family from re-entry into the system for 12 months after case closure. After the initial 12 months, if adoptive or guardianship family needs continued support, they will access the post adoption/post guardianship services through the LB 603 program.

Foster care placement disruption usually occurs when the foster parents request that a foster child be moved from their home into another foster placement. This usually is the result of being unable to continue to care for the child for one reason or another. Research and experience show that careful matching, adequate preparation, thoughtful transitions, and support after placement can make the difference between stability and yet another move for a child. We plan to strengthen supports to resource families, ultimately improving placement stability, by requiring the Child Welfare and Juvenile Services contracts to include the development and implementation of a Foster Parent Recruitment and Retention Plan.

At a minimum the plans will include:

1. A description of the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the Service Area for whom foster and adoptive homes are needed;
2. Individualized recruitment of homes, including relative placements that will be supported by a continuum of services that support children, families, and resource families, and meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs, etc);
3. A protocol that "matches" children and youth with resource families;
4. A protocol to actively search and identify non-custodial and other relatives (both maternal and paternal) for possible placement and as life-long connections; and
5. How the contractor provides supports, education, and training for foster and adoptive parents and relatives and kin-care providers.

5. Strengthen the service array and supports for children and families

Nebraska's performance overall in the need for improvement in this area may be attributed in part to a failure to fully identify, recognize and/or access informal support networks to meet the needs of children and families; a deficit of community based resources available and/or readily accessible to children and families in their home communities; an insufficient number of resource families and placement resources across the state to meet the needs of the children; a lack of sufficient mental health, substance abuse

treatment; and a lack of independent living resources. Sufficient services are not always available to the rural population of the State. We need to identify advocates and/or supports available for parents who retain educational rights to ensure parental involvement in their child's educational assessments and individualized educational plan meetings to consistently ensure that children's educational needs are met. We also need to encourage parental involvement in children's education and extracurricular activities. In order to address these issues, Nebraska will be engaging in the following activities to strengthen the service array and supports for children and families.

In 2008, the Omaha Foster Youth Council with their partners created the Omaha Independent Living Plan. The Omaha Independent Living Plan is collaboration between youth who are current or former state wards, Department of Health and Human Services, the Nebraska Children and Families Foundation, the Sherwood Foundation and the William and Ruth Scott Family Foundation to create a supportive community which helps youth establish connections to supports and lifelong relationships to successfully transition to adulthood.

In August of 2008, as a result of the above planning process, the Nebraska Children and Families Foundation entered a co-investment partnership with the Jim Casey Youth Opportunities Initiative. Nebraska is now one of only two States that were invited to join the Initiative's nine other sites in the nation to gain insight and access to resources/tools from the national leader in helping youth successfully transition into adulthood. Specifically, this Omaha IL Plan will now have access to the Initiative's tools, resources and TA, a dedicated consultant, connections to other Initiative sites, involvement in a Peer Learning Network and two convening conferences per year.

Youth engagement is the heart of the Omaha IL Plan and one of the reasons why the Jim Casey Youth Opportunities Initiative chose Nebraska as a site to invest in. The Planning Committee and the Initiative believe that in order to create better outcomes young people need to be engaged in planning for their futures. Thus, the primary strategies for engaging young people to create a supportive system for young people leaving of foster care include:

1. The Community Youth Partnership Board focuses on the young people's needs and implementation of the strategies to reach the intended outcomes of the Plan (Listed below)
 - **Personal and Community Engagement** – Youth have supportive relationships, are able to access services in the community to achieve their personal goals, have a voice and connections to their community.
 - **Education** – Youth receive sufficient education and training to enable them to obtain and retain employment
 - **Employment** – Youth generate a sufficient income to support themselves by obtaining and retaining steady employment.
 - **Daily Living and Housing** – Youth have access to safe, stable, affordable housing in the community that is near public transportation, work and/or school
 - **Physical and Behavioral Health** – Youth have sufficient and affordable health insurance and services for both physical and behavioral health.
 - **Training, Education and Policies** – All Independent Living supports have the capacity to address the needs of youth in transition.
2. The Opportunity Passport™ is being implemented to organize resources and create opportunities for young people leaving foster care. The Opportunity Passport™ has undergone rigorous studies and is proven to be highly effective in promoting the independence of foster youth.
3. The Foster Youth Council and the Community Youth Partnership Board serve as vehicles for local leadership, information gathering, identification of priorities, and implementation of the Omaha IL Plan strategies to positively impact youth transitioning into adulthood. As a result, the following outcomes will be achieved.

Due to this initiative, foster youth will learn financial management; obtain experience with the banking system; save money for education, housing, health care, and other specified expenses; and gain

streamlined access to educational, training, and vocational opportunities. Youth will be provided with life changing connections, relationships and financial support to successfully transition into adulthood.

In addition, the community, state, and youth partnerships will work together to change the system of care for foster youth in the Omaha area. This work will serve as a vehicle to improving lives of foster youth across Nebraska as the Foster Youth Initiative begins work with the new DHHS Child Welfare and Juvenile Service Contractors to replicate the process, strategies, and outcomes statewide.

In the past, youth who have been at the Youth Rehabilitation and Treatment Centers have not been invited to participate on the Nebraska Foster Youth Council (FYC). We plan to collaborate with the FYC to ensure these young people have the opportunity to receive the support offered by the FYC. The FYC is a group of young people, ages 14-24, who are currently in foster care or alumni of foster care. The FYC has become a family and a life long support to many current and former foster youth in Nebraska. FYC's mission is to help youth transition into independent living while recognizing and taking full advantage of their strengths, to create opportunities for youth in care to connect with each other, and to provide input on program and policy issues. The Foster Youth Council (FYC) is an entire network of people who know exactly what growing up in the foster system is all about and serves as a great resource for young people.

Nebraska has identified several approaches to address educational issues beginning with collaboration with the Casey Family's Program and the Nebraska Foster Youth Initiative to implement the Endless Dreams Training Curriculum to educate those serving youth. To help address and improve educational outcomes for youth in care, Casey Family Programs developed the Endless Dreams video and training curriculum. The curriculum includes practice-oriented tools designed to support education advocates, specialists, liaisons, CASA volunteers, child welfare and juvenile service professionals, and others to assist youth in care with their educational needs. The curriculum provides solid, practical advice for educators on implementing policies and procedures to improve outcomes related to child welfare and juvenile service, educational, judicial and mental health. Optimally, each school that completes the training takes steps to address the particular needs of youth in out-of-home care in its annual school building plan.

We also plan to collaborate with the American Bar Association's Legal Center for Foster Care and Education and the Nebraska Department of Education to implement selected benchmarks in the "Blueprint for Change: Education Success for Children in Foster Care." The target audience for the *Blueprint for Change* is anyone who touches the life of a child in out-of-home care, and anyone who can help with the child's education goals and pursuits. This includes judges, attorneys and GALs, biological and foster parents, youth, child welfare and juvenile service administrators and caseworkers, educators, CASA volunteers and legislators. The Blueprint provides information for direct case advocates enhancing educational opportunity and achievement for children in out-of-home care. The Blueprint is also designed to guide system reform efforts by agency and court administrators or other community leaders. The Ad Hoc Committee on the Education of Children and Youth in Out-of-Home Placements includes Nebraska's Child Welfare Unit Administrator, Department of Education representatives and others. This group adopted the *Blueprint for Change* goals and they will implement selected benchmarks to better serve children involved with both systems.

CFS will provide all stakeholders with an Education Checklist, similar to the checklist detailed by the Casey Family Programs, Team Child, and the National Council of Juvenile and Family Court Judges. This checklist will provide valuable guidance to ensure the necessary information is obtained in every case to assure that the educational needs of children are met. According to a recent report by Casey Family Programs, some of the best predictors of success for alumni of foster care are education-related. The Education Checklist is a tool that judges can use to make inquiries about the educational needs of children and youth under their jurisdiction, with the goal of positively impacting their educational outcomes and preparing them for successful adulthood. The Checklist was extensively field-tested by

judges from around the country who evaluated its practical utility, content, and comprehensiveness by using the Checklist in their dependency court hearings.

CFS will collaborate with the Supreme Court to develop Parenting Time Guidelines and guidance on best standards for establishing parent and youth contact. One of the three priorities of the Nebraska Supreme Court's Through the Eyes of the Child Initiative is to improve the use of parenting time to improve permanency. The use of parenting time (formerly known as visitation) has been shown to improve the chances of reunification; courts must ensure that adequate, age-appropriate and meaningful parenting time is offered in every case where the child is in out-of-home care.

CFS will also collaborate and participate in the Nebraska Permanency Summit sponsored by the Nebraska Children and Families Foundation, the Foster Youth Initiative, the Sherwood Foundation and DHHS. This action should lead to a more common understanding of best practices for achieving permanency for children in care among key stakeholders, and an increased understanding and acceptance of issues from the perspective of youth with resource family care experience. This understanding, in turn, will serve as a catalyst for consensus on the implementation of strategies to implement permanency practices into Nebraska's System of Care which will lead to more timely and successful permanency for children currently in care.

The Child Welfare and Juvenile Services contractors will be providing a continuum of services to children and families. Each family is assigned to a single contractor. Each contractor is required to provide services to the family and individuals that will assist in providing child safety and community safety. The contractor is also responsible for assessing parental capacities and youth strengths and needs in order to provide change for services which will allow the parent to safely care for their child or for a youth to remain within the community. Contractors will be utilizing Evidence Based / Promising Practices and other service models to help families achieve permanency. The establishment of the contract and the flexibility of funding will allow the contractors to expand and individualize services for children and families.

As stated earlier, the Child Welfare and Juvenile Services contractors are required to develop and implement of a Foster Parent Recruitment and Retention Plan. This plan is to include individualized recruitment of homes including relative placements that will be supported by a continuum of services to support children, families, and resource families and to meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs, etc). The contractors will also provide supports and education/ training for foster and adoptive parents and relatives and kin-care providers.

Many older youth in the child welfare system who are also served within the behavioral health system may not have developed support systems and contacts to assist and guide them through planning and preparation for adulthood. Each Behavioral Health Region in the State of Nebraska has established a team dedicated to assisting transition age youth (16-24) with a mental health diagnosis. The teams are set up to provide recommendations, linkages to services, and resources to transition age youth, their families and the professionals working with them, to ensure a smooth transition to the adult service delivery system. Planning for transition into adulthood is an important aspect of ensuring that youth become stable and productive adults. CFS plans to develop a protocol to ensure consistent referral practices along with CFS staff and contractor participation on the Transition Age Youth Teams; to support independence, interdependence and recovery, and help ensure older youth with behavioral health diagnosis are given the support, skills and connections needed to experience future success as adults.

As mentioned earlier, Nebraska Legislature passed legislation (LB603) which also creates, through the Division of Behavioral Health, a Children and Family Support Helpline that is a single point of access for children and families to access when a child is having behavioral health needs. The bill also establishes a Family Navigator Program to respond to children's behavioral health needs by providing peer support and connections to existing services, including the identification of community-based services. The PIP

includes action steps for DCFS to collaborate with the Division of Behavioral Health (DBH) to assist in the implementation of these children's behavioral health services to support children and families.

The Help Line will provide a single point of contact that's available 24 hours a day, seven days a week, and it is operated by trained personnel and supervised by licensed behavioral health professionals. The Help Line will be a new resource for parents, guardians and primary caregivers of youth experiencing an urgent behavioral health situation. The Family Navigator Services will follow within 24 to 72 hours when needed, providing family peer support and helping the family identify existing services. The Help Line will focus on reducing the stress of the crisis being experienced by the caller, identifying immediate safety concerns, and giving recommendations or referrals to resources.

The Nebraska Department of Health and Human Services will receive a grant of almost \$1.5 million from the Health Resources and Services Administration over the next three years for finding ways to improve dental care for children under eight. The grant will also fund educational efforts to reach parents and teach them about appropriate dental care for their children. An advisory panel will be created to propose solutions to dental care access problems. CFS will work collaboratively with the Division of Public Health to assure state ward medical needs are being addressed.

On July 1, 2008, the Nebraska Department of Health and Human Services, Division of Children and Family Services (CFS), Division of Behavioral Health and the Division of Medicaid and Long-Term Care entered into three separate, yet similar contracts with Magellan Behavioral Health Services as an Administrative Services Organization (ASO). This effort was made to ensure consistency in the authorization of mental health and substance abuse services and to prevent duplication and overlap of service provision and funding sources. The three Divisions work collaboratively to ensure adherence to the contracts and to ensure that decisions made regarding mental health and substance abuse services do not adversely impact a sister Division. The Child Welfare section of the ASO contract requires the registration of non-treatment services; the authorization of mental health and substance abuse services not otherwise eligible for Medicaid reimbursement; the utilization management for mental health, substance abuse and non-treatment services provided to children and families served by CFS. In November 2009, CFS terminated the CW/JS contract with Magellan as part of the need to reduce the budget during the current economic situation. Although this action removes the active participation through a contract to work with the Divisions of Medicaid and Long-Term Care and Behavioral Health, the working relationships are established and the common goals continue to exist. The implementation of the Child Welfare and Juvenile Services Contracts require that the contractor provide some of the services that were being purchased for mental health and substance abuse services for individuals that are not Medicaid eligible or are court ordered to receive treatment services that is not medically necessary. The ASO through the Medicaid contract will continue to provide case consultation to CFS specialists in regards to high utilizing participants of services to identify evidenced based/promising practice interventions that have been shown to be effective in addressing a particular circumstance. We plan to continue to collaborate with the Division of Medicaid and Long-Term Care, the Division of Behavioral Health and Nebraska's Administrative Services Organization (ASO) to address children's needs for treatment. Nebraska continues to seek ways to ensure children with mental health and substance abuse issues are receiving the necessary services and supports. We will work to review and revise the utilization criteria for residential care and all other mental health and substance abuse services, streamline the application process for out of home treatment and implement strategies to expand and enhance community based services for children and youth.

IMPLEMENTATION AND MONITORING

In 2007 the Director of Children and Family Services established the Partners Council consisting of key stakeholders in Nebraska's child welfare and juvenile services system. Members include representatives of provider organizations, advocacy organizations, judicial representatives and others with an interest in

children and family services. Our newly appointed Director, Todd Reckling, has continued the Partners Council.

The Council has been meeting quarterly to monitor outcomes and improvements, and to provide input to the Director on how to improve federal outcomes. The Council has been and will continue to be involved in the CFSR process. Council members have reviewed and provided feedback on the statewide assessment, participated as CFSR reviewers, assisted in the development of the PIP and will monitor the State's progress.

Our plan is to have the Partners Council review the progress of the action steps approximately 30 days before the close of each quarter. This plan allows for the collection of information and data related to the action steps to review the progress and compliance made with the Program Improvement Plan. We will submit a quarterly report to the federal regional office within 30 days after the close of each quarter.

DATA AND MEASUREMENT

Nebraska met the national standard for the data indicator pertaining to achieving permanency for children in foster care for extended periods of time. The State did not meet the national standard for the safety data indicators pertaining to the absence of maltreatment recurrence and the absence of maltreatment in foster care. Nebraska also did not meet the national standards for the permanency data indicators pertaining to the timeliness and permanency of reunification (Permanency Composite 1), timeliness of adoptions (Permanency Composite 2), and placement stability (Permanency Composite 4). Therefore, the Program Improvement Plan instructions require Nebraska to develop baselines, establish goals and measure progress for items 1, 3, 4, 7, 10, 17, 18, 19 and 20.

Nebraska obtained the logic behind the federal syntax for AFCARS and NCANDS from the National Resource Center for Data and Technology and replicated the logic. Nebraska is able to produce federal outcome data that closely matches the results generated by the ACF. Based on this data, the Children's Outcomes Measured in Protection and Safety Statistics (COMPASS) was introduced in July 2007. COMPASS is a web-based program that houses "rolling year" data pertaining to federal and state data measurements for the child welfare and juvenile services system. Nebraska will use COMPASS to report quarterly progress on the Safety and Permanency federal data measures.

Nebraska has a Performance Accountability Plan which outlines goals and expectations for all staff, including timeliness of investigations. We will use our SACWIS system to measure progress for the timeliness of investigations to report for item one. The baseline will be established based on 12 months of data from March 2008 – March 2009.

Two sources of data will be used to establish the baselines and continued measurement of progress for the remaining items. The first source of data and information will be generated through a QA process that includes the CFS Quality Assurance (QA) unit who will partner with Child Welfare and Juvenile Services Reform Contractors and the Service Areas to complete QA reviews. This QA process is referred to as a Mini Child and Family Service Review (CFSR) that uses the federal CFSR tool. As part of the Mini CFSR we are conducting telephone interviews for Items 17-20. The phone interviews are with the child (school age), the child's parents, the foster parents, pre-adoptive parents, or other caregiver. The case worker and other professionals who might be knowledgeable about the child and their family could also be interviewed. The minimum number of interviews will be three which will include at least the child (school age), parents, and the caseworker. Starting in January 2010 these teams will conduct quarterly reviews in each of Nebraska's five Service Areas. There will be a total of 75 cases, both in-home and out-of-home, reviewed statewide each quarter. One fourth of those cases will be reviewed in our largest Metro area, Omaha, which is in the Eastern Service Area. The breakdown of cases to be reviewed in each Service Area will be as follows.

- Eastern Service Area: 19 cases (11 Foster Care cases and 8 In-home cases)
- Remaining four Service Areas: 14 cases (8 Foster Care cases and 6 In-home cases)

In the event there are not a sufficient number of in-home cases available at a site, the number of foster care cases will be increased. The sample size for each site may only be reduced when there is not a sufficient number of cases from which to draw from the sample. The quarterly reporting of QA data is based on a twelve month period of time and we will be using the January 2010 and April 2010 data as our baseline for the items 3, 4, 7, 10, 17, 18, 19 and 20.

The second source of Nebraska State data is our management information system (Nebraska Family Online Computer User System: N-FOCUS). Child and Family Service (CFS) Specialists and contracted Service Coordinators from across the state use the system to record information documenting casework activities. Data reports are run within the first week following the close of each quarter. The timeframe allows for the completion and entry of information into the system.

Continuous Quality Improvement (CQI)

Nebraska's Comprehensive Quality Assurance activities will be utilized to provide information related to evaluating the impact of PIP action steps and benchmarks. Nebraska has a comprehensive quality assurance system that is carried out on a statewide level. There are currently seven quality assurance staff located in each of the Service Areas and supervised by the Central Office. The staff is responsible for conducting quality assurance activities, audits, case reviews and consultations; monitoring contracts, utilization management, and compliance with federal and state standards; and analyzing data and writing reports.

Nebraska also uses a collaborative effort and partners with the Service Areas and Child Welfare and Juvenile Justice Reform Contractors to conduct certain QA activities. The Child Welfare and Juvenile Justice Reform contractors are active participants in the QA activities related to their contracts. They provide reviewers and have also partnered with CFS in providing training to reviewers.

QA tools and guidebooks have been developed for all CQI activities, both internal and those related to the reform contracts. Prior to conducting any QA activity, training is developed and provided to QA reviewers, this includes utilizing and reviewing test cases and round table discussions. The utilization of test cases allow for reviewers to provide feedback and clarify questions for reliability. All QA activities have a second level review to ensure the consistency and reliability of the QA activity. The Central Office QA unit is the lead on all reviews and is responsible for creating the reports for all QA activities and sharing the results with Administration, the field and Reform Contractors. Nebraska also has a case review data system that Central Office QA staff manages. The system houses the majority of our QA tools and has the ability to pull case samples and create reports.

In order to enhance QA activities, we are developing CQI local and statewide teams that will provide coordinated improvement efforts and a formal feedback loop throughout the state. These teams also provide an opportunity to involve families, youth and other stakeholders in the CQI process. Below outlines the functions of both the CQI and Statewide Teams.

CQI Service Area Teams (*These teams will be implemented in June 2010*).

- These teams will be minimally made up of Local Service Area Department Staff and Contract Staff. The Service Area may decide to include other partners such as field staff, Training staff, FCRB (Foster Care Review Board), Foster Parents, CASA (Court Appointed Special Advocate), Education, County Attorneys, youth, parents, etc.
- These teams will review data and discuss system issues that need to be addressed. They will review both contractor and state data.
- Participants on the team will analyze existing data, contribute additional data/relevant information, and hypothesize contributions at the following levels.

- Client Level (Are there ways to solve the problem by changing how we interact with the client?)
- Program Level (Are there ways to solve the problem by modifying the program that serves the client?)
- Community Level (Are there ways to solve the problem through local community resources?)
- Design and promote development of strategies which can be implemented to alleviate the identified issues.
- These QA teams will be led by the Central Office QA Program Specialists who will prepare for and coordinate the meetings.
- These teams will meet quarterly. The Corrective Action Plan and the strengths in the Service Area will be shared with the Statewide CQI Team on a quarterly basis after each team meeting.
- The focus of these meetings will be to identify three areas for change and three areas of strengths within the Service Area include the following considerations:
 - If data indicates an issue related to Safety, at least one of the areas for change will be in Safety; otherwise, areas for change will be selected for which the information and data indicates the greatest need for improvement.
 - A standard Corrective Action Plan format and a Strength Analysis format will be used across the state. Each Service Area will develop their own corrective action plan based on Service Area needs.
 - The expectation is that members will review information/data ahead of quarterly meetings, to monitor on-going corrective action plan/s, and strengths plan/s.
 - Each “strength area” and “area for change” will be discussed at the quarterly meetings. Issues identified within a specific Local Office will require that the Local Office develop and submit a corrective action plan at the next quarterly meeting for monitoring and discussion.
 - Each Local Office that is doing well can offer technical assistance to other Local Offices.
 - Corrective Action Plans and Strength Plans will be posted on a shared website.

CQI Statewide Team *(This team will be implemented in September 2010)*

- This team will be made up of Service Area and Central Office Department Staff and Contract Staff. Additional participants may include QA and Training management as well as family, youth and other stakeholders.
- This team will review all Corrective Action Plans from the Service Areas as well as strengths in practice. In reviewing, this team will start to identify statewide trends of best practice and areas needing improvement.
- Once best practices are identified then it is the task of this team to communicate that with the Service Areas.
- Analyzing statewide information and data will be part of the task for this team as well.
- After statewide data analysis, the team will identify data gaps and specific information and data needs for collection in order to develop statewide strategies.
- This team will develop statewide strategies for change in the areas of Practice, Policy, and Training.
- This team will meet at least quarterly to monitor and review PIP activities, Service Area Corrective Action Plans and Strengths Plans as well as other CQI activities.
- Maintaining open and clear communication with the Service Areas will be important to the success of the CQI process. The Team will review written commendations / recommendations from the Service Area Team to the State Team, Contractor, and front-line staff. Quarterly communication will be posted, utilizing the DHHS website for posting and notifying staff (department, contractors, and partners).

Nebraska has developed a CQI website that provides on-going QA support to internal and external QA reviewers. The purpose of the site is:

- to provide a web-based resource that is easily accessible by multiple individuals across the state;
- to house copies of all QA/CM tools and guidebooks as well as procedures and sample sizes for each activity;
- to house additional training materials as identified (*information considered "confidential" is not posted*);
- to provide a Question and Answer section for posting questions and the subsequent answers to provide direction and consistency;
- to provide a calendar of upcoming QA activities and trainings; and
- to provide other resources to aid reviewers in the QA process.

III. PIP Strategy Summary and TA Plan

State: Nebraska

Date Submitted: 6-11-09

PRIMARY STRATEGIES	KEY CONCERNS	TA RESOURCES NEEDED
Strengthen and Improve Safety Management throughout the life of a case	<ul style="list-style-type: none"> ● NSIS tool is being used more as an incident-based tool at this time ● Lack of assessment of the entire family ● Timeliness of investigations 	<ul style="list-style-type: none"> ● NRC for Child Protective Services
Engaging parents, children, families and caregivers to improve outcomes for children and families	<ul style="list-style-type: none"> ● Case plans not consistently developed with parents and children ● Case plans can be generic and services do not always match needs ● Visits with fathers, noncustodial, and incarcerated parents are not encouraged ● Language barriers create ambiguity with families regarding visitation 	<ul style="list-style-type: none"> ● NRC for Family-Centered Practice and Permanency Planning
Achieve timely permanency for children and families by engaging the courts, court participants, the Division, and other community partners	<ul style="list-style-type: none"> ● Uneven practice in searching for relatives ● Obtaining reports from providers and documenting information in N-FOCUS are big issues ● Lengthy “new worker” training delays assignments and, combined with high turnover, creates high caseloads ● Workers need training on independent living services ● Supervisors need training on supervising and oversight ● Resource development workers need training on assessing relatives ● Inconsistent practice of concurrent goal setting ● Distinct 12 month permanency hearings are not held consistently or timely ● Termination of Parental Rights may be 	<ul style="list-style-type: none"> ● NRC for Family-Centered Practice and Permanency Planning ● NRC on Legal and Judicial Issues ● National Council of Juvenile and Family Court Judges

PRIMARY STRATEGIES	KEY CONCERNS	TA RESOURCES NEEDED
	<p>postponed due to a delay in initiating services for the parents</p> <ul style="list-style-type: none"> ● Court backlogs, county attorney turnover, high caseloads, and worker turnover effect the timely achievement of goals 	
<p>Strengthening placement and post placement services</p>	<ul style="list-style-type: none"> ● Need to increase placement stability for children in foster care ● Independent living services are not being used consistently 	<ul style="list-style-type: none"> ● NRC OI ● NRC for Youth Development ● NRC for Permanency ● NRC for Adoption
<p>Strengthen the service array and supports for children and families</p>	<ul style="list-style-type: none"> ● Specialized needs are not always included in educational planning ● Lack of medical and dental assessment and follow-up, and inconsistent medical management ● There is a gap in outpatient and inpatient substance abuse services ● Services are not always accessible in rural areas and transportation problems compound the issue ● There is a need for a competitive foster and adoptive parent recruitment plan ● Relative foster parents need training 	<ul style="list-style-type: none"> ● NRC for Youth Development ● NRC for OI ● SAMSHA

PIP Agreement Form

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

Name of State Executive Officer for Child Welfare Services Date

Children’s Bureau Date

Amendments

The renegotiated content of the attached PIP, as summarized below, has been approved by State personnel and the Children’s Bureau Regional Office with authority to negotiate such content, and is approved by Federal and State officials:

Renegotiated Action Steps, Benchmarks, or Improvement Goals	Date Renegotiated	Approval of State Executive Officer for Child Welfare Services
		Approval Children’s Bureau

V. PIP Matrix

State: Nebraska

Type of Report: PIP: X **Quarterly Report:** __ (Quarter : __)

Date Submitted: Initial Date Submitted 6-11-09 , Revised Submitted 5-28-10

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy 1: Strengthen and Improve Safety Management throughout the life of a case				Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 1 and 2	
Goal: To ensure child and community safety for children and families involved with DHHS				Applicable CFSR Items: Item 1, Item 3, Item 4	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
1.1. Implement a centralized intake process that will allow for receiving, screening, monitoring and tracking of reports of child abuse and neglect in order to improve response times and coordination with the Child Advocacy Centers		As documented below			
1.1.1 Revise the intake instrument in collaboration with the NRC for Child Protective Services and field staff in order to provide clarity of acceptance or denial of a report based on a child being safe and at risk and documentation of the reason for decision and improvement of worker response time for accepted reports	Suzanne Schied	Revised Intake Instrument	1 st Qtr		

V. PIP Matrix

State: Nebraska

Type of Report: PIP: X **Quarterly Report:** __ (Quarter : __)

Date Submitted: Initial Date Submitted 6-11-09 , Revised Submitted 5-28-10

1.1.2 Formalize policy that includes screening definitions, defines abuse and neglect classifications, defines cases always accepted and those not accepted and expected response times	Suzanne Schied	Policy Issued	1 st Qtr		
1.1.3 Change telephone system, roll numbers and establish coverage lines	Suzanne Schied	Telephone System Operable	1 st Qtr		
1.1.4 Enhance N-FOCUS to capture new intake information	Suzanne Schied	N-FOCUS	2 nd Qtr		
1.1.5 Develop centralized intake training curriculum for intake staff	Suzanne Schied	Curriculum	1 st Qtr		
1.1.6 Implement centralized intake training curriculum for intake staff	Suzanne Schied	Training Schedule and Roster of staff completing training by position	2 nd Qtr		
1.1.7 Annually assess competency of staff including assessment and reporting on implementation, barriers, lessons learned and successes	Suzanne Schied	Annual Report	4 th Qtr		
1.1.8 Adjust staff performance measures to reflect expectations based on new policy	Suzanne Schied	Revised Performance Measures Posted	2 nd Qtr		

V. PIP Matrix

State: Nebraska

Type of Report: PIP: X Quarterly Report: __ (Quarter : __)

Date Submitted: Initial Date Submitted 6-11-09 , Revised Submitted 5-28-10

1.1.9 QA Intake hotline work through the Automated Call Distributer (ACD) and N-FOCUS	Suzanne Schied	ACD and N-FOCUS QA Reports	2 nd Qtr and on-going		
1.2 Implement a plan to improve and verify proficiency of CFS Specialists, Supervisors, Administrators, QA staff, trainers, and appropriate contract staff in application of NSIS process (assess safety of children in their family home) that will lead to the right service at the right time in the right location, in the least intrusive manner to meet the safety needs of the children and families		As Documented Below			
1.2.1 Develop policy requiring staff to demonstrate proficiency in the use of the NSIS	Suzanne Schied	Policy Developed	1 st Qtr		
1.2.2 Develop activities to determine proficiency of staff and a remedial process for those that do not demonstrate adequate proficiency	Suzanne Schied	Proficiency Criteria Established	1 st Qtr		

V. PIP Matrix

State: Nebraska

Type of Report: PIP: X Quarterly Report: __ (Quarter : __)

Date Submitted: Initial Date Submitted 6-11-09 , Revised Submitted 5-28-10

1.2.3 Determine baseline level of proficiency for each staff involved with CAN related families	Suzanne Schied	Baselines Identified	1 st Qtr		
1.2.4 Conduct NSIS “mini modules” with administrators, supervisors and workers, trainers, and QA staff	Suzanne Schied	Documentation of Completion	2 nd Qtr		
1.2.5 Annually assess competency of staff including assessment and reporting on implementation, barriers, lessons learned and successes	Suzanne Schied	Annual Report	8 th .Qtr		
1.2.6 Develop and Implement a plan for on-going application of the proficiency development process for all new staff or staff who assume CAN responsibilities	Suzanne Schied	Plan Developed and amended training modules for on-going implementation	2 nd Qtr		
1.3 Notify and / or engage all Divisional partners of child abuse and neglect reports in out-of-home care		As Documented Below			
1.3.1 Develop and implement a protocol for notification of Divisional Partners within DHHS through N-FOCUS	Suzanne Schied	Protocol N-FOCUS release notes	5 th Qtr		

V. PIP Matrix

State: Nebraska

Type of Report: PIP: **Quarterly Report:** __ (Quarter : __)

Date Submitted: Initial Date Submitted 6-11-09 , Revised Submitted 5-28-10

1.3.2 Develop an investigation protocol with Divisional Partners	Suzanne Schied	Protocol	6 th .Qtr		
1.3.3 Develop an investigation protocol training curriculum for CFS and Divisional Partners	Suzanne Schied	Curriculum	7 th .Qtr		
1.3.4 Implement an investigation protocol with Divisional Partners	Suzanne Schied	Protocol	7 th Qtr		
1.3.5 Implement investigation protocol training	Suzanne Schied	Training Schedule and Roster of staff completing training by position	8 th Qtr		
<i>Renegotiated Action Steps and Benchmarks</i>					

V. PIP Matrix

State: Nebraska

Type of Report: PIP: X **Quarterly Report:** __ (Quarter : __)

Date Submitted: Initial Date Submitted 6-11-09 , Revised Submitted 5-28-10

Primary Strategy 2: Engaging parents, children, families and caregivers to improve outcomes for children and families				Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 2, Well-Being Outcome 1	
Goal: To ensure parents, children, families and caregivers are involved in all planning aspects regarding their case				Applicable CFSR Items: Item 13, Item 14, Item 15, Item 16, Item 17, Item 18, Item 19, Item 20	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
2.1. Families are empowered to be engaged in their children's lives and advocates for their own children		As documented below			
2.1.1 Develop a protocol for identifying, locating of and notifying absent parents	Margaret Bitz	Protocol Developed	3 rd Qtr		
2.1.1.1 Incorporate protocol into pre-service and ongoing training	Margaret Bitz	Pre-Service and On-going Curriculum	4 th Qtr		
2.1.1.2 Provide training for CFS Specialists, Supervisors and Service Coordinators on the protocol for identifying, locating of and notifying absent parents	Margaret Bitz	Training attendees	5 th Qtr		

V. PIP Matrix

State: Nebraska

Type of Report: PIP: X **Quarterly Report:** __ (Quarter : __)

Date Submitted: Initial Date Submitted 6-11-09 , Revised Submitted 5-28-10

<p>2.1.2 CFS Specialists and/or Service Coordinators will schedule, prepare and facilitate Family Team Meetings, that ensure active involvement of team members in identifying appropriate, needs, strategies, functional strengths and informal supports statewide</p>	<p>Service Area Administrators</p>	<p>Copy of the QA tool for Family Team Meetings</p> <p>Quarterly Results from monthly QA evaluation of Family Team Meetings effectiveness</p>	<p>1st Qtr</p>		
<p>2.1.2.1 Establish Eastern Service Area (Douglas and Sarpy Counties) baseline reflecting the percentage of monthly Family Team Meetings that are occurring based on data April – June 2010</p>	<p>Sherri Haber</p>	<p>Baseline</p>	<p>1st Qtr</p>		
<p>2.1.2.2 Establish improvement percentage for Eastern Service Area based on established baseline</p>	<p>Sherri Haber</p>	<p>Percentage of Improvement</p>	<p>2nd Qtr</p>		
<p>2.1.2.3 Establish Eastern Service Area Improvement Plan to increase Family Team Meetings and monitor quarterly</p>	<p>Barry DeJong</p>	<p>Improvement Plan</p> <p>Quarterly Reports</p>	<p>2nd Qtr</p>		
<p>2.2. Enhance worker interactions with Families and Caregivers</p>		<p>As documented below</p>			

V. PIP Matrix

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<p>2.2.1 Implement a practice of partnering that includes an approach of shared roles for visitation between HHS and Reform contractors which will maximize time for DHHS CFS workers to interact with children, youth and families</p>	<p>Chris Hanus Terri Nutzman Jeff Schmidt</p>	<p>Review of results of staff survey Amended Roles and Responsibilities in Reform Contract</p>	<p>5th Qtr</p>		
<p>2.2.2 Develop and implement a survey for DHHS CFS Workers that includes a question regarding their increased time to interact with children, youth and families</p>	<p>Terri Farrell</p>	<p>Survey instrument Survey conducted every 6 months</p>	<p>5th Qtr and ongoing</p>		
<p>2.2.3 Establish Southeast Service Area (Lancaster County and surrounding 16 counties) baseline reflecting the percentage of monthly caseworker visits with the children residing in their own home and meets the quality requirements</p>	<p>Sherri Haber</p>	<p>Baseline</p>	<p>1st Qtr</p>		
<p>2.2.4 Establish improvement percentage for Southeast Service Area based on established baseline for in-home visits</p>	<p>Sherri Haber</p>	<p>Percentage of Improvement</p>	<p>1st Qtr</p>		

V. PIP Matrix

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2.2.5 Southeast Service Area will develop improvement plans to improve quality of visitation that could include mentoring, coaching, development of tools, with the assistance of the NRC	Jeff Schmidt	Improvement Plan Quarterly Reports	1 st Qtr		
<i>Renegotiated Action Steps and Benchmarks</i>					

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Primary Strategy 3: Achieve timely permanency for children and families by engaging the courts, court participants, the Division, and other community partners				Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 1, Case Review System	
Goal: To improve the timeliness and quality of permanency planning for children and youth				Applicable CFSR Items: Item 7, Item 8, Item 9, Item 10, Item 25, Item 27, Item 28 and Item 29	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
3.1. Create a process that ensures consistent use of concurrent planning		As documented below			
3.1.1 Develop a concurrent plan tool in collaboration with the courts and other external partners for use by HHS and courts and other stakeholders to ensure consistent use of concurrent planning	Margaret Bitz	Tool	3 rd Qtr		
3.1.2 Identify areas of the state to implement the tool	Margaret Bitz	Areas Identified	3 rd Qtr		
3.1.3 Implement the tool in the identified areas of the state	Margaret Bitz	Implementation Plan Quarterly Report	4 th Qtr and on-going		

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3.1.4 Develop training for CFS Specialists, Supervisors and Service Coordinators on the philosophy behind, best practices for concurrent planning and use of tool	Margaret Bitz	Copy of curriculum and training attendees	4 th Qtr		
3.1.5 Provide training for CFS Specialists, Supervisors and Service Coordinators on the philosophy behind, best practices for concurrent planning and use of tool	Margaret Bitz	Training attendees	5 th Qtr		
3.1.6 Communicate with judicial partners, appropriate youth, family organizations about the philosophy behind and best practices for concurrent planning in collaboration with the Court Improvement Project	Chris Hanus	Documentation based on methods used to inform e.g. E-mails, conferences, meeting notes, etc	5 th Qtr		

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3.1.7 Communicate with the Chief Justice about the possibility of establishing a sub-committee with the Supreme Court Commission on Children in the Courts about Concurrent Planning in collaboration with the Court Improvement Project	Chris Hanus	Documentation based on methods used to inform e.g. E-mails, conferences, meeting notes, etc	5 th Qtr		
3.2. Create an environment of practice that ensures consistent and timely Termination of Parental Rights (TPR)		As documented below			
3.2.1 Develop Training on TPR/Compelling Reasons	Margaret Bitz	Copy of curriculum and training attendees	4 th Qtr		
3.2.2 Train CFS Specialists, Supervisors and Service Coordinators on TPR/Compelling Reasons	Margaret Bitz	Training attendees	5 th Qtr		

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3.2.3 CFS Administration will attend the "Through the Eyes of a Child Summit" and participate with County Attorneys Judges, Guardians ad Litem in the TPR breakout sessions	Chris Hanus	Agenda and attendance roster	1 st Qtr		
3.2.4 Communicate with the Chief Justice about the possibility of establishing a sub-committee with the Supreme Court Commission on Children in the Courts about TPR/Compelling Reasons in collaboration with the Court Improvement Project	Chris Hanus	Documentation based on method used to inform e.g. E-mail or letter	5 th Qtr		
3.3. Develop and implement a program in collaboration with TTE/CIP to utilize Mediation and Facilitation to facilitate TPR settlements and Pre-Hearing Permanency Review Conferences		As Documented Below			
3.3.1 Identify areas of the state to implement to program	Sherri Haber	List of areas			

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3.3.2 Identify a process for selection of cases	Sherri Haber	Written Process	2 nd Qtr		
3.3.3 Conduct mediation and report on outcomes to determine if the program should be continued, expanded or discontinued based on results indicating successful TPR settlements, Pre-hearing Permanency Review Conferences and identified barriers.	Sherri Haber	Written report describing the model use of Mediation and Facilitation and subsequent results	4 th Qtr		
3.4 Collaborate with judicial partners (Courts, Attorneys, Chief Justice) and the National Council of Juvenile and Family court Judges to improve quality and utilization of permanency hearings		As documented below			

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<p>3.4.1 Participate in regularly scheduled local Through the Eyes of the Child court teams to identify and address barriers to the timeliness, quality and utilization of permanency hearings including setting timely permanency hearing dates at the adjudication hearing (Date of entry to foster care) and continuations of hearings and notification to caregivers regarding hearings or other barriers identified by local teams</p>	<p>Service Area Administrators</p>	<p>Report submitted by the CIP to DHHS outlining the barriers and recommendations for change</p>	<p>4th Qtr</p>		
<p>3.4.1.1 In collaboration with each Through the Eyes of a Child team develop a plan to implement at least one recommendation selected by the team</p>	<p>Margaret Bitz</p>	<p>Plans and Quarterly Reports</p>	<p>5th Qtr and on-going</p>		
<p>3.4.2 Increase utilization of Pre-Hearing Conferences at the beginning of the case in order to obtain input early in the case process</p>	<p>Margaret Bitz</p>	<p>Identification of baseline</p>	<p>6th Qtr</p>		

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3.4.3 Training for Court Teams regarding the necessary content and purpose of a permanency hearing	Margaret Bitz	Copy of Children's Summit curriculum and training attendees	1 st Qtr		
3.5 Recommend strategies to the CIP to enhance GAL participation in permanency hearings		As Documented Below			
3.5.1 Review the National Association of Counsel for Children's Guardian ad Litem (GAL) Study with the CIP, identify viable options and make recommendations that leads to improving GAL participation	Chris Hanus	Written Recommendations to the CIP	2 nd Qtr		
<i>Renegotiated Action Steps and Benchmarks</i>					

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Primary Strategy 4: Strengthening placement and post placement services				Applicable CFSR Outcomes or Systemic Factors: Permanency 1 and National Standard – Placement Stability	
Goal: To have sufficient services to improve placement stability and prevent placement disruptions				Applicable CFSR Items: Item 6	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
4.1. Strengthen post placement services to families		As documented below			
4.1.1 Increase case management supports and services to post adoption / post guardianship families. These families are not served by the aftercare program provided by the new Child Welfare and Juvenile Services Reform Contracts (4.1.3)	Margaret Bitz	Monthly Reports as required by the contract to include information on such things as outcomes for families at the end of service provision and response times Annual Report as required by the contract	1 st Qtr and on-going		

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<p>4.1.1.1 Increase case management to post adoption/guardianship families by providing a 24/7 access line, assistance in identifying needs, barriers and strategies, problem solving and assistance in identifying, locating and accessing resources.</p>	<p>Margaret Bitz</p>	<p>Monthly Reports as required by the contract to include information on such things as outcomes for families at the end of service provision and response times</p> <p>Annual Report as required by the contract</p>	<p>1st Qtr and on-going</p>		
<p>4.1.1.2 Increased services to include such things as supports groups to adults and children, education, mentoring, and short term respite care, etc.</p>	<p>Margaret Bitz</p>	<p>Monthly Reports as required by the contract to include information on such things as outcomes for families at the end of service provision and response times</p> <p>Annual Report as required by the contract</p>	<p>1st Qtr and on-going</p>		

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<p>4.1.2 Conduct quarterly and annual evaluations of post adoption and post guardianship case management and services to families of former wards to stabilize the family and prevent disruption in order to determine program effectiveness, efficiency and outcomes for continuation and to make adjustments to the program if needed.</p>	<p>Margaret Bitz</p>	<p>Evaluation Reports required by the contract regarding fidelity, effectiveness and outcomes</p>	<p>2nd Qtr</p>		
<p>4.1.3 CW/OJS Contractors will provide aftercare services to prevent the child and family from re-entry into the DHHS system during the 12 months following discharge from DHHS custody or case closure. These families are not served by the post adoption post guardianship program (4.1.1)</p>	<p>Service Area Administrators</p>	<p>Quarterly Reports required by the contract regarding the provision of aftercare services</p>	<p>4th Qtr</p>		

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4.2. Strengthen supports to Resource families		As documented below			
4.2.1 Develop written Foster Parent Recruitment and Retention Plans to outline goals and objectives that address supports, matching and education/training for resource families	Service Area Administrators	Individual Contractor Plans Quarterly Reports	2 nd Qtr and On-going		
4.2.2 Revise policy to include a clear description of topics to be discussed with foster parents in assessing their needs and in providing services necessary to meet those needs.	Margaret Bitz	Copy of Revised Policy	1 st Qtr		
<i>Renegotiated Action Steps and Benchmarks</i>					

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Primary Strategy 5: Strengthen the service array and supports for children and families				Applicable CFSR Outcomes or Systemic Factors: Well- Being 2, Well-Being 3 and Service Array	
Goal: To have available and accessible services and supports to serve children and families				Applicable CFSR Items: Item 21, Item 22, Item 23, Item 35, Item 36 and Item 37	
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
5.1. Enhance services for youth and families involved in CFS		As documented below			
5.1.1 Identify communities with developed Foster Youth Councils and external stakeholders willing to contribute financial or other resource contributions to replicate the Omaha Living Independent Program	Shirley Pickens-White	Communities Identified	4 th Qtr		
5.1.2 Develop Community Independent Living Plans with newly identified communities	Shirley Pickens-White	Written Community Independent Living Plans	6 th Qtr		

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<p>5.1.3 In collaboration with the Foster Youth Initiative, the Youth Rehabilitation Treatment Centers will provide opportunities for youth to become members on the Youth Council</p>	<p>Terri Nutzman</p>	<p>Membership Rosters and report from the Youth Council and YRTC regarding opportunities</p>	<p>1st Qtr</p>		
<p>5.1.4 In collaboration with Casey Family Programs and the Foster Youth Initiative, implement the Endless Dreams Training Curriculum to educate those serving youth on the effects of resource family care on children's education</p>	<p>Chris Hanus</p>	<p>Copy of curriculum and training attendance rosters</p>	<p>4th Qtr</p>		

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<p>5.2 Implement selected benchmarks from the “BLUEPRINT FOR CHANGE: EDUCATION SUCCESS FOR CHILDREN IN RESOURCE FAMILY CARE” in collaboration with the Nebraska Department of Education (NDE) and with technical assistance from the American Bar Association’s Legal Center for Resource family Care and Education</p>		<p>As Documented Below</p>			
<p>5.2.1 Identify and prioritize benchmarks and develop implementation plan with NDE and other stakeholders</p>	<p>Chris Hanus</p>	<p>Implementation Plan developed</p>	<p>4th Qtr</p>		
<p>5.2.2 Establish a baseline by identifying data that will demonstrate the educational level of youth who are wards of the state in comparison to the general population</p>	<p>Chris Hanus</p>	<p>Baseline established</p>	<p>5th Qtr</p>		

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<p>5.2.3 Evaluate success of benchmarks implemented</p>	<p>Chris Hanus</p>	<p>Written evaluation report describing the implementation of the benchmarks</p>	<p>8th Qtr</p>		
<p>5.3 Provide all stakeholders, including legal parties, with an education checklist (Courts Catalyzing Change Bench card) similar to the checklist and detailed technical brief developed by the Casey Family Programs; Team Child, and the National Council of Juvenile and Family Court Judges (NCJFCJ). The checklist will provide valuable guidance to ensure the necessary information is obtained in every case to assure that the educational needs of children are met</p>	<p>Chris Hanus</p>	<p>Checklist and written communication to judges</p>	<p>4th Qtr</p>		

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5.4 Identify and implement strategies for permanency for all children including older youth		As Documented Below			
5.4.1 Plan and participate in the Nebraska Permanency Summit as a member of the Youth Focus Group's Statewide Planning Team	Shirley Pickens-White	Membership List Summit Agenda	2 nd Qtr		
5.4.2 Identify recommendations from the Nebraska Permanency Summit that CFS will implement	Shirley Pickens-White	Written report of outcome of summit and implementation plan	4 th Qtr		
5.4.3 Provide a single access point for children and families through the Child Welfare and Juvenile Services Reform Contracts to access a continuum of services ranging from In-home safety services to Out-of-home care (non-treatment)	Service Area Administrators CQI/Operations Administrator	Assignment of new cases and transition of legacy cases to CW/JS Reform Contractors	2 nd Qtr		

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<p>5.4.3.1 Implement evidence based, promising practices and other service models identified through the Child Welfare and Juvenile Services Reform contractor proposals</p>	<p>Service Area Administrators</p>	<p>Quarterly reporting as required by the contracts including fidelity, outcome measures and strengths and weaknesses</p>	<p>2nd Qtr</p>		
<p>5.4.4 In collaboration with the Supreme Court “Through the Eyes of a Child” Initiative, develop Parenting Time Guidelines that provide guidance on best standards for establishing parent and youth contact for youth that are in out of home care.</p>	<p>Chris Hanus</p>	<p>Guidelines developed</p>	<p>1st Qtr</p>		
<p>5.4.4.1 Issue Administrative Memo to CFS staff regarding Parenting Time Guidelines</p>	<p>Chris Hanus</p>	<p>Administrative Memo Issued</p>	<p>2nd Qtr</p>		

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<p>5.5 Collaborate with the Division of Behavioral Health, Medicaid and other agencies regarding youth with persistent mental health, substance abuse and specialized issues such as developmental disabilities and their families to identify barriers and implement practices that will lead to the achievement of permanency</p>		<p>As documented below</p>			
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<p>5.5.1 Establish a protocol to ensure consistency in DHHS referral practices and staff and contractor participation on the "Transition Age Youth Teams"</p>	<p>Sherri Haber</p>	<p>Written Protocol</p>	<p>3rd Qtr</p>		
<p>5.6 Collaborate with the Division of Behavioral Health, Medicaid and Long-Term Care and Magellan regarding access to, quality of, barriers to and coordination of funding regarding availability of mental health and substance abuse</p>		<p>As documented below</p>			

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services for parents and children involved with the Child Welfare System or Office of Juvenile Services					
5.6.1 Assign CFS staff to review and score RFPs to the Division of Behavioral Health (DBH) for the development of the triage line and the Family Navigator Program that will provide crisis supports to parents in crisis	Chris Hanus	Names of Staff Assigned	1 st Qtr		
5.6.2 Promote the 800 number established for the Helpline	Sherri Haber	Promotion materials	1 st Qtr		
5.6.3 Participate on the Helpline Evaluation Team to determine the effectiveness of the Helpline	Sherri Haber	Evaluation Team Member Name Meeting Minutes	4 th Qtr		
5.6.4 CFS will participate on Behavioral Health Regional teams in the development of Systems of Care Teams to enhance the systems of care environment to strengthen the delivery and coordination of the	Service Area Administrators	Membership Roster Meeting Minutes	8 th Qtr		

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Children's Behavioral Health system					
5.7 Recruitment of resource family and adoptive families to increase the availability of appropriate placements to meet the needs of children and youth		As documented below			

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<p>5.7.1CW/OJS contractors will develop and implement plans for individualized recruitment of foster and adoptive homes including relative placements that will be supported by a continuum of services to support all children, families and resource families including meeting the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs).</p>	<p>Service Area Administrators</p>	<p>Copy of Provider Recruitment Plan and Quarterly Progress Reports</p>	<p>2nd Qtr and on-going</p>		
<p>5.7.2 CW/OJS contractors will provide supports and education/training for relatives and kin-care providers based on an assessment of their identified needs</p>	<p>Service Area Administrators</p>	<p>Provider Quarterly Progress Report</p>	<p>3rd Qtr and on-going</p>		
<p>5.8 Collaborate with the Division of Public Health in implementation of the Dental Health Grant from the Federal Health Resources and Service Administration to assure state ward dental needs are addressed</p>		<p>As Documented Below</p>			

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5.8.1 Secure representation on the Dental Health Grant Advisory Panel	Margaret Bitz	Advisory Panel Membership Roster	2 nd Qtr		
5.9 Collaborate with the Division of Medicaid and Long-Term Care and Nebraska's Administrative Services Organization to address family and children's needs for treatment		As documented below			
5.9.1 Review and revise utilization criteria and definitions for residential care and other mental health and substance abuse services	Sherri Haber	Posting of definitions and criteria and Training of provider network	2 nd Qtr		
5.9.2 Streamline the application process for sub-acute care	Sherri Haber	Implementation of the new application	1 st Qtr		
5.9.3 Implement strategies to expand and enhance community-based services	Sherri Haber	Identification of expanded and enhanced services	3 rd Qtr		

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5.10 Develop a protocol to initiate timely mental health and substance abuse assessments of parents to ensure timeliness of services	Sherri Haber	Written Protocol Distributed	1 st Qtr		
<i>Renegotiated Action Steps and Benchmarks</i>					

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Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Outcome 1: Absence of Recurrence of Maltreatment												
National Standard	94.6											
Performance as Measured in Final Report/Source Data Period	91.3 2006b07a ACF Data Profile											
Performance as Measured at Baseline/Source Data Period	90.8 FFY 2006 ACF Data Profile, baseline adjusted per TB#3A											
Negotiated Improvement Goal	Not Applicable. Nebraska met the improvement goal at the time of the CFSR.											
Renegotiated Improvement Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Safety Outcome 2: Absence of Maltreatment of Children in Resource family Care												
National Standard	99.68											
Performance as Measured in Final Report/Source Data Period	99.43 2006b07a ACF Data Profile											
Performance as Measured at Baseline/Source Data Period	99.42 FFY2006b07a ACF Data Profile, baseline adjustment per TB#3A											
Negotiated Improvement Goal	Not Applicable. Nebraska met the improvement goal prior at the time of the CFSR. FFY 2007 ACF Data Profile: 99.56											
Renegotiated Improvement Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

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Permanency Outcome 1: Timeliness and Permanency of Reunification												
National Standard	122.6											
Performance as Measured in Final Report/Source Data Period	110.8 2006b07a ACF Data Profile											
Performance as Measured at Baseline/Source Data Period	107.5 FFY2008 ACF Data Profile, baseline adjustment per TB#3A											
Negotiated Improvement Goal	Not Applicable. Nebraska met the improvement goal prior to the implementation of the PIP. FFY 2008b09a Data Profile: 111.9											
Renegotiated Improvement Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Permanency Outcome 2: Timeliness of Adoptions												
National Standard	106.4											
Performance as Measured in Final Report/Source Data Period	90.7 2006b07a ACF Data Profile											
Performance as Measured at Baseline/Source Data Period	81.5 FFY 2006 ACF Data Profile											
Negotiated Improvement Goal	Not Applicable. Nebraska met the improvement goal at the time of the CFSR. Nebraska has also met the federal standard in the FFY 2008 ACF Data Profile prior to the implementation of the PIP: 111.6											
Renegotiated Improvement Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Permanency Outcome 3: Achieving Permanency for Children in foster family Care for Long Periods of Time												
National Standard	121.7											
Performance as Measured in Final Report/Source Data Period	154.1 2006b07a ACF Data Profile											
Performance as Measured at Baseline/Source Data Period	151.6 FFY 2006 ACF Data Profile											
Negotiated Improvement Goal	Not Applicable. Nebraska met the federal standard prior to; at the time of the CFSR and continues to exceed the national standard.											
Renegotiated Improvement Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Permanency Outcome 4: Placement Stability												
National Standard	101.5											
Performance as Measured in Final Report/Source Data Period	89.8 2006b07a ACF Data Profile											
Performance as Measured at Baseline/Source Data Period	88.2 FFY 2006 ACF Data Profile, baseline adjustment per TB#3A											
Negotiated Improvement Goal	90.8											
Renegotiated Improvement Goal												
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor: Safety Outcome 1		Item 1: Timeliness of Investigations											
Performance as Measured in Final Report	37%												
Performance as Measured at Baseline/Source Data Period	53.4% Source Data Period: SACWIS March 2008 – March 2009												
Negotiated Improvement Goal	54.3%												
Method of Measuring Improvement	SACWIS												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Outcome/Systemic Factor: Safety Outcome 2		Item 3: Services to family to protect child(ren) in home and prevent removal											
Performance as Measured in Final Report	68%												
Performance as Measured at Baseline/Source Data Period	89.5% 1 st and 2 nd Quarter Mini-CFSR (Jan.1,2009-Jan. 25, 2010) and April 2010 (April 1, 2009-April 5, 2010)												
Negotiated Improvement Goal	94.0%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

Outcome/Systemic Factor: Safety Outcome 2		Item 4: Risk of harm to children											
Performance as Measured in Final Report	52%												
Performance as Measured at Baseline/Source Data Period	68.7% 1 st and 2 nd Quarter Mini-CFSR (<u>Jan.1,2009-Jan. 25, 2010</u>) and April 2010 (<u>April 1, 2009-April 5, 2010</u>)												
Negotiated Improvement Goal	73.5%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Outcome/Systemic Factor: Permanency Outcome 1		Item: 7 Permanency goals for children											
Performance as Measured in Final Report	43%												
Performance as Measured at Baseline/Source Data Period	43.7% 1 st and 2 nd Quarter Mini-CFSR (<u>Jan.1,2009-Jan. 25, 2010</u>) and April 2010 (<u>April 1, 2009-April 5, 2010</u>)												
Negotiated Improvement Goal	50.5%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

Outcome/Systemic Factor: Permanency Outcome 1		Item 10: Permanency goal of other planned permanent living arrangement											
Performance as Measured in Final Report	17%												
Performance as Measured at Baseline/Source Data Period	61.5% 1 st and 2 nd Quarter Mini-CFSR (<u>Jan.1,2009-Jan. 25, 2010</u>) and April 2010 (<u>April 1, 2009-April 5, 2010</u>)												
Negotiated Improvement Goal	73.8%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Outcome/Systemic Factor: Well-being Outcome 1		Item 17: Needs and services of children, parents, and foster family parents											
Performance as Measured in Final Report	40%												
Performance as Measured at Baseline/Source Data Period	43.3% 1 st and 2 nd Quarter Mini-CFSR (<u>Jan.1,2009-Jan. 25, 2010</u>) and April 2010 (<u>April 1, 2009-April 5, 2010</u>)												
Negotiated Improvement Goal	48.5%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

Outcome/Systemic Factor: Well-being Outcome 1		Item 18: Child and family involvement in case planning											
Performance as Measured in Final Report	39%												
Performance as Measured at Baseline/Source Data Period	42.2% 1 st and 2 nd Quarter Mini-CFSR (<u>Jan.1,2009-Jan. 25, 2010</u>) and April 2010 (<u>April 1, 2009-April 5, 2010</u>)												
Negotiated Improvement Goal	47.4%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	
Outcome/Systemic Factor: Well-being Outcome 1		Item 19: Worker visits with children											
Performance as Measured in Final Report	65%												
Performance as Measured at Baseline/Source Data Period	59.3% 1 st and 2 nd Quarter Mini-CFSR (<u>Jan.1,2009-Jan. 25, 2010</u>) and April 2010 (<u>April 1, 2009-April 5, 2010</u>)												
Negotiated Improvement Goal	64.5%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

Outcome/Systemic Factor: Well-being Outcome 1		Item 20: Worker visits with parents											
Performance as Measured in Final Report	20%												
Performance as Measured at Baseline/Source Data Period	28.1% 1 st and 2 nd Quarter Mini-CFSR (<u>Jan.1,2009-Jan. 25, 2010</u>) and April 2010 (<u>April 1, 2009-April 5, 2010</u>)												
Negotiated Improvement Goal	32.8%												
Method of Measuring Improvement	Mini CFSR												
Renegotiated Improvement Goal													
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	