NEBRASKA
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Child and Family Services Review (CFSR)

Round 4

Statewide Assessment

Submitted to:
Children's Bureau
Administration for Children and Families
February 28th, 2025

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Section I—General Information

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Children and Family Services

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List of Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process and identify their roles in the process. Identify individuals with lived experience by including an asterisk (*) after their name

Name	Affiliation	Role in Statewide Assessment
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Ashley Brown	KVC Nebraska	CFSR Advisory Committee
Hon. Elise White	Lancaster County Judge	CFSR Advisory Committee
Joe Fleming	Omaha Tribe of Nebraska - CFS Director	CFSR Advisory Committee
Karla Bennetts	Foster Parent/Families Care Org	CFSR Advisory Committee
Miskoo Petit	Winnebago Tribe of Nebraska - Human Services Director	CFSR Advisory Committee
Monica Dement	Better Living	CFSR Advisory Committee
Youth*	Youth with Lived Experience	CFSR Advisory Committee
Youth*	Youth with Lived Experience	CFSR Advisory Committee
Becky Jones	CFS - Administrator	CFSR Advisory Committee & ELT SWA Discussion
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Name	Affiliation	Role in Statewide Assessment
Celeste Spotts	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
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John Ullrich	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
KaCee Zimmerman	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
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Katie Harvey	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
Megan J. Miller (Ongoing)	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
Nikki Novak	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
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Shayne Schiermeister	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
Suzanne Sabus	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
Tayla Ryon	CFS - Administrator	Expanded Leadership (ELT) SWA Discussion
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Amy Shane	Holt/Boyd Community Connections Collaborative	SWA Session Participant
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Angela Johnson	Public Health Solutions- Healthy Families America	SWA Session Participant
Antonia Dorsey	Capture DCS	SWA Session Participant
Ashley Brown	KVC Nebraska	SWA Session Participant
Barbara Robinson	Robinsons Family Advocacy Center	SWA Session Participant
Beth Larson	COR Therapeutic Services, LLC	SWA Session Participant
Chloe McManis	Youth Care & Beyond	SWA Session Participant
Corrie Kielty	Nebraska CASA Association	SWA Session Participant
Dawn Rockey	CASA for Lancaster County	SWA Session Participant
Debbie Green	SENCA CASA	SWA Session Participant
Diana Lindensmith	Cass County CASA	SWA Session Participant
Elizabeth Dyches	Executive Director, rails West Casa, Inc	SWA Session Participant
Erin Martin	Jenda Family Services	SWA Session Participant
Evie Russel	CASA	SWA Session Participant
Happy Aldana	CASA of the Midlands	SWA Session Participant
Heather Hultgrien	Renewed Horizon	SWA Session Participant
Heather Wood	Foster Care Review Office	SWA Session Participant

Name	Affiliation	Role in Statewide Assessment
Janet Vath	Lincoln County Casa	SWA Session Participant
Jennifer Jolley	Foster Care Review Office	SWA Session Participant
Jennifer May	Release	SWA Session Participant
Julie Kindler	Pathfinder Support Services	SWA Session Participant
Kate Sorrell	OMNI Inventive Care	SWA Session Participant
Katherine spoon	Lutheran family services	SWA Session Participant
Kelli Wacker	Faith Regional Child Advocacy Center	SWA Session Participant
Kelsey Whiteley	Omni Inventive Care	SWA Session Participant
Kimberly C Barnes	CASA for Douglas County	SWA Session Participant
Kristen Derr	United Way of Lincoln/Lancaster County	SWA Session Participant
Kristin Chandler	Director of Membership and Programs	SWA Session Participant
Krystal Eich	CASA of Scotts Bluff County	SWA Session Participant
Laura Kemp	Boys Town	SWA Session Participant
Megan Andrews	Boys Town	SWA Session Participant
Megan Reay	Omni Inventive Care	SWA Session Participant
Melissa Misegadis	Guardian light family services	SWA Session Participant
Michael Neise	Paradigm, Inc.	SWA Session Participant
MiKayla Wengler	Guardian light family services	SWA Session Participant
Mindy Marschman	Omni Inventive Care	SWA Session Participant
Missi Iasillo	CASA of Scotts Bluff Co.	SWA Session Participant
Monika Gross	Foster Care Review Office	SWA Session Participant
Nia Dorsey	Capture DCS	SWA Session Participant
Patrick Griffin	Foster Care Review Office	SWA Session Participant
Rachael Kallhoff	Building Blocks for Community Enrichment	SWA Session Participant
Rob Valentine	Director of Operations-Capture	SWA Session Participant
RuAnn Root	CASA of South-Central Nebraska	SWA Session Participant
Ryan Stanton	Compass	SWA Session Participant
Sage Leis	Nebraska Children's Commission	SWA Session Participant
Sharen Saf	Healthy Families Nebraska-Four Corners	SWA Session Participant
Shawn Riddle	Priority Family Services	SWA Session Participant
Sheryl Canales	Epworth Family Resources	SWA Session Participant
Sonia Kovar	FCRO	SWA Session Participant
Susan Jarecki	CASA Connection	SWA Session Participant
Teresa Ward	Region II Human Services	SWA Session Participant
Vanessa Sherman	Otoe County	SWA Session Participant
Angela Miles	CFS - Program/Policy Administrator	SWA Admin Team

Name	Affiliation	Role in Statewide Assessment
Nichole Hersch	CFS - Program/Policy Administrator	SWA Admin Team
Suzana Borowski	CFS - Training Administrator	SWA Admin Team
Allyson Hoover	CFS Specialist	SWA Session Participant
Biological Father*	Parent with Lived Experience	SWA Session Participant
Biological Father*	Parent with Lived Experience	SWA Session Participant
Biological Father*	Parent with Lived Experience	SWA Session Participant
Biological Mother*	Parent with Lived Experience	SWA Session Participant
Biological Mother*	Parent with Lived Experience	SWA Session Participant
Biological Mother*	Parent with Lived Experience	SWA Session Participant
Clarrisa LaPlante	Santee Sioux Tribe of Nebraska - CFS Deputy Director	SWA Session Participant
Danielle LaPointe	Santee Sioux Tribe of Nebraska - CFS Director	SWA Session Participant
Foster/Adoptive Mother*	Parent with Lived Experience	SWA Session Participant
Hon. Alfred Cory	Hall County Judge	SWA Session Participant
Kayla Backer	Winnebago Tribe of Nebraska - Human Services Deputy Director	SWA Session Participant
Stephanie Pospisil	Ponca Tribe of Nebraska - Human Service Director	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Youth*	Youth with Lived Experience	SWA Session Participant
Bernie Hascall	CFS - RD Supervisor	SWA Team
Abby Barth	CFS - Program Specialist	SWA Team
Allison Wilson	CFS - Program Specialist	SWA Team
Angela Reimers	CFS - Program Specialist	SWA Team
Brieana Teeters	CFS - Program Specialist	SWA Team
Cydney Volker	CFS - Program Specialist	SWA Team
Daniel Grosvenor	CFS - Program Specialist	SWA Team
Deanna Brakhage	CFS - Program Specialist	SWA Team
Ivy Bloom	CFS - Program Specialist	SWA Team
Kerrin Packard	CFS - Program Specialist	SWA Team
Nicole Hampton	CFS - Program Specialist	SWA Team

Name	Affiliation	Role in Statewide Assessment
Tony Mitzel	CFS - CMRD Administrator	SWA Team
CFS Case Managers	124 CFS Case Managers	Survey Participants
CFS Supervisors	38 CFS Supervisors	Survey Participants
CFS Administrators	11 CFS Administrators	Survey Participants
CFS Resource Development Staff	24 Resource Development Staff	Survey Participants
Youth**	81 Youth with Lived Experience	Survey Participants
Parents	223 Parents with Lived Experience	Survey Participants
Foster Parents	403 Parents with Lived Experience	Survey Participants
Judges	11 Judges	Survey Participants
Attorneys	73 Attorneys	Survey Participants
Service Providers	81 Service Providers	Survey Participants

Description of Stakeholder Involvement in Statewide Assessment Process

The Division of Children and Family Services (CFS) of the Department of Health and Human Services (DHHS) has always valued and prioritized stakeholder engagement in the creation and evaluation of the child welfare systemic process. The inclusion of stakeholder input and voices on the Round 4 Child and Family Services Review (CFSR) Statewide Assessment is interwoven into the ongoing CFS operations and Continuous Quality Improvement (CQI) process and is not segmented to a one-time engagement effort. In preparation and development of Round 4 CFSR, CFS met with various stakeholders and utilized information gathered from various methods including surveys, existing CQI initiatives and feedback processes, advisory committees, and collaborative sessions. CFS engaged stakeholders with the goal of utilizing questions to gain input, presenting data, and gathering information to increase understanding of statewide functioning of the entire child welfare system in Nebraska. Description of engagements are outlined below.

CFSR Advisory Committee:

CFS created the CFSR Advisory Committee in August 2024. The committee exists to provide input on the development and implementation of the CFSR, Statewide Assessment, and Program Improvement Plan (PIP). Committee members include stakeholders with vested interest in child welfare outcomes. Members include representatives from the following groups: youth and families with lived experience, judges, attorneys, service providers, family organizations, Tribes, and CFS staff. Committee activities include data review and discussion of system strengths and areas needing improvement, feedback regarding CFSR-related plans and activities, and review of the draft statewide assessment.

CFSR Statewide Assessment Collaborative Sessions/Focus Groups:

CFS invited over 300 internal and external stakeholders to several collaborative/focus group sessions in October and November 2024. Stakeholders representing various groups involved in the system were invited to register for and attend three virtual sessions listed below. Breakout groups were utilized to divide the attendees into smaller groups to allow attendees more opportunities to engage in the discussions. Below is a list of the sessions, the topics discussed, and the number of people who registered and attended each event. The agenda for each session included an opportunity to answer polling questions related to the session topics, review data and provide input regarding strengths, barriers and answer questions related to the session topics.

Session Topics	Number Registered	Number in Attendance
Safety, Well-Being, and Service Array	56	44
Permanency, Court Issues, and Training	47	20
Placement Stability, Foster Parent Recruitment, Retention, and Training	41	31

CFS wanted to ensure sufficient feedback was received from certain groups and conducted additional in person and virtual collaborative sessions from those listed below. These sessions included a review of data and questions related to safety, permanency, well-being, and the systemic factors.

Group	Number in Attendance
Youth with Lived Experience	9 youth from various areas of the state attended an in-person session.
Parents with Lived Experience	8 parents from various areas of the state attended a virtual session.
Tribes	8 participants from each of the 4 Tribes in Nebraska attended an in-person session.
Judges	1 judge participated in a virtual session and 2 provided feedback through a survey.

All stakeholders who were invited to the sessions also received a link to sign up for ongoing involvement in the CFSR process including participation in the stakeholder assessment, workgroups, and other activities that will be implemented in preparation for the States' Program Improvement Plan (PIP).

Feedback through Surveys:

CFS utilized various surveys to gather input and feedback from Stakeholders. The following groups were asked to provide input through various surveys:

Group	# of Response Received
CFS Case Managers	124
CFS Supervisors	38
CFS Administrators	11
CFS Resource Development Staff	24
Youth	81
Parents	223
Foster Parents	403
Judges	11
Attorneys	73
Service Providers	81

Feedback through existing CQI Meetings

- CFS Expanded Leadership Team: CFS takes the opportunity to review data and obtain feedback from CFS Administrators and Deputy Directors during the monthly Expanded Leadership Team (ELT) Meetings. CFS utilizes this opportunity to review data and discuss strengths, barriers, and develop strategies for improvement with CFS leaders across the state.

Section II: State Context Affecting Overall Performance

Part I: Vision and Tenets

Briefly describe the vision and core tenets of the state child welfare system that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

The Nebraska Department of Health and Human Services (DHHS) is a multiservice agency led by a Governor-appointed Chief Executive Officer (CEO). The CEO leads the Office of Economic Assistance (OEA) and five divisions: Children and Family Services, Behavioral Health (BH), Developmental Disabilities (DD), Medicaid and Long-Term Care (MLTC), and Public Health (PH). The Director of each division and OEA report directly to the CEO.

The Division of Children & Family Services (CFS) administers Nebraska's statewide child welfare system. The State's child welfare system is divided into 5 Service Areas with 93 counties as outlined in the figure below. Nebraska is a largely rural state despite having 93 counties. The city of Omaha is the largest metropolitan area, which is located in Douglas County, in the Eastern Service Area.

Counties within each Children and Family Services - Service Area



The Deputy Director of Protection and Safety provides leadership and oversight to CFS Administrators in the 5 Service Areas across the States. All statute, regulation, policy and procedural oversight is administered by CFS and applies to the entire state. CFS goes to great lengths to ensure each worker in each service area performs case management duties first-and-foremost to ensure safety and well-being for children and families and in adherence of State statute/policy and Federal regulations. While each

service area has some degree of autonomy hiring and managing their staff, the case management functions are consistent and standardized statewide. Nebraska also has a centralized hotline phone intake center located in Omaha, Nebraska. Just as with case management being consistent statewide, having a single hotline team that answers all child abuse and neglect calls ensures that received intakes are treated consistently and objectively throughout the state.

Nebraska has some variance as a result of the independent Courts across the state. As with many national jurisdictions, many of the case decisions in Nebraska are made by the independent county or juvenile courts, e.g., removal, placement and discharge, etc. Accordingly, there is judicial variance per the Court's discretion throughout the state ranging from initial filing on abuse/neglect youth to termination of parental rights and how/when these proceedings occur. CFS has a centralized legal team that provides all staff across the state with consistent legal support to help them more effectively serve youth in the state's custody. Fortunately, Nebraska also has an engaged Court Improvement Program (CIP) team that works closely with CFS. CIP strives to engage and educate justices and attorneys across the state.

CFS services are delivered through the five service areas and tribal-administered child welfare programs. There are four federally recognized Tribes with governmental headquarters within Nebraska's borders, the Omaha Tribe, the Ponca Tribe of Nebraska, the Santee Sioux Nation, and the Winnebago Tribe. The Tribes have exclusive jurisdiction over Native American children who are wards of the Tribal Court or residents of or are domiciled on the reservation. The number of children served by the Tribes, who meet federal IV-E requirements, and are part of the state's AFCARS population is a very small number. However, while there is a small number of children who meet AFCARS criteria from the Tribes, the state serves over 300 youth from over 30 different tribes in ICWA cases within the AFCARS population served in the five service areas throughout the state.

The DHHS mission is "Helping people live better lives". The vision of CFS Protection and Safety is "Good Life. Safe Families." To achieve this vision,

- CFS works to improve prevention services and remove fewer youth from the parental home while providing more comprehensive evidence-based services to children and their families in their own homes and reduce levels of secondary trauma.
- CFS works to reduce the turnover rate of case managers and ensures that the case managers feel supported while continuing to be proficient in their work engaging youth and families to achieve better outcomes.
- CFS works to improve collaboration, information sharing, continuity, and performance within CFS, with youth and families, and all parties within the Nebraska child welfare system.

CFS Commitments include:

1. Children are our #1 priority.
    - We respect the individuality of each child we serve.
    - We advocate for each child's safety, permanency, and well-being.
    - We respect each child's family and culture.
    - We promote permanency for all children, including the promotion of self-sufficiency and independent living for youth emancipating from the foster care system.
    - We will utilize services, including evidence-based services, to help keep children in their homes when it is safe to do so.

2. We respect and value parents and families.
    - We seek to identify family strengths and well-being.
    - We believe parents want to keep their children safe.
    - We believe that parents want to provide for and have their children placed with them whenever possible.
    - We believe children grow best in families, which are the cornerstone of our society.
    - We recognize the importance of family connections.
    - We believe every family has the right to have their voice and choice being a part of change.
    - We understand that families are the experts of their own experiences.
    - A family or individual does not need to be in crisis to receive services.

3. We value partnerships.
    - We are all accountable for achieving positive results for children and families.
    - Families have the right to be a part of the decision-making team.
    - Casework is the most important function of the agency team.
    - Families, communities, and government share the responsibility to keep children safe.
    - We support children and family services that are community-based.
    - CFS will collaborate with all parties within the Nebraska child welfare system.

4. We are child welfare professionals.
    - We use a Continuous Quality Improvement (CQI) framework to achieve measurable outcomes.
    - We recognize the importance of providing accessible, flexible, effective, timely, and evidence-based services.
    - We recognize the importance of preventing a child from being removed from the home by providing evidence-based services to address in-home parenting skills, substance abuse, and mental health.
    - We recognize the importance of using strategies to enhance safety, engagement, and critical thinking.
    - We value, respect, and support each other.

- We are proud that we improve the quality of life for families in our community.
- We are fiscally responsible.
- We aspire to be culturally competent and build upon the strengths of community and cultural groups.

Part II: Cross-System Challenges
Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance.

For the past decade, the child welfare profession has struggled, nationwide, to maintain a trained and skilled workforce dedicated to providing services and support to assist families in need of critical and immediate care and services. CFS recognizes that high staff turnover is a major factor impacting CFS's ability to complete accurate and comprehensive assessments, engage families and ensure families receive timely and effective services. In 2024, 164 Nebraska CFS case managers left their positions for opportunities outside of CFS or the agency. This number is down from 214 in 2022 and reflects CFS's efforts to stabilize the workforce and reduce turnover. CFS continues to implement strategies to further reduce staff turnover to ensure positive outcomes for children and families.

Part III: Current Initiatives
Briefly describe the cross-cutting improvement initiatives to provide context for, and an understanding of, the priority areas of focus from the last CFSR.

CFS identified the following focus areas and initiatives to improve outcomes for children and families in Nebraska.

Focus Areas:
- Build Family-Driven Services: This area emphasizes tailoring services to meet the specific needs and goals of each family CFS serves.
- Develop Confident and Skilled Teammates: This area prioritizes equipping staff with the knowledge and skills necessary to excel in their roles.
- Develop a Values-Supported Workforce: This area focuses on creating an environment where staff feel supported and empowered.

Initiatives:

Build Family Driven Services:
- Strengthen case planning procedures to include front loading services articulating appropriate intensity, type, timing, and sequencing of the plan.
- Evaluate the Alternative Response (AR) program to identify opportunities to strengthen prevention and reduce unnecessary system entry for families.
- Strengthen contract oversight.

Develop Confident and Skilled Teammates:

- Streamline assessments to track progress toward reunification or case closure. A new safety assessment model is being implemented statewide to improve case management decisions.
- Improve front-line worker training and engagement strategies. A new “Learn by Doing” training model is being implemented to address evolving dynamics and changing needs of the child welfare workforce. The new Learn by Doing model prioritizes experiential learning and enables new team members to gain on-the-job experience.

Develop Values-Supported Workforce:

- Reduce Barriers to provide more time to focus on families. Work In Progress (WIP) Processes were implemented statewide to examine and support daily case movement and eliminating bottlenecks in case management. The process includes utilization of WIP boards, team huddles, supervision protocols and other resources to address various case management processes (i.e. parent engagement strategies and intake assignment process).
- Enhance team members rewards and recognition for excellent performance. Monthly and quarterly awards have been implemented to recognize excellent performance.

Section III: Assessment of Child and Family Outcomes

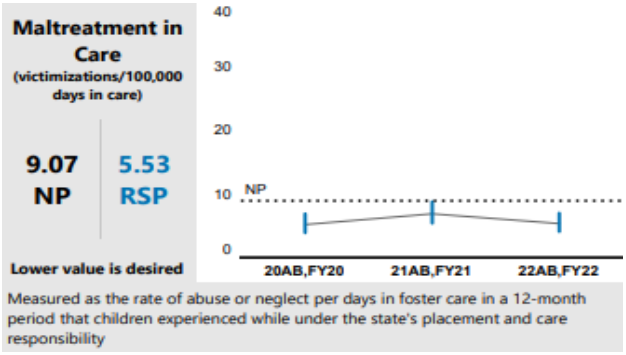
A. Safety Outcomes 1 and 2

Safety Outcomes 1 and 2 were not in substantial conformity for Nebraska in CFSR Round 3. Nebraska was required to address CFSR Items 1, 2, and 3 in the PIP for Round 3 and successfully met the target goals of the PIP.

Nebraska's most recent data profile dated August 2024 indicates CFS successfully meets both safety indicators and has seen an improvement through decrease in the rate of maltreatment in care and recurrence of maltreatment from the previous 6-month data profile in February 2024.

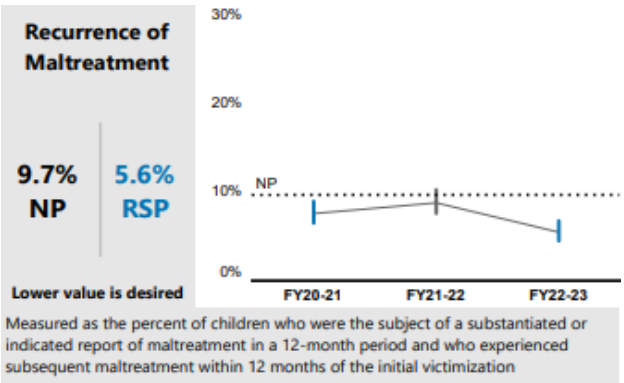
For Maltreatment in Care, Nebraska's Risk Standardized Performance (RSP) is 5.53 victimizations per 100,000 days in foster care. This is below the national performance of 9.07.

Nebraska Data Profile – August 2024



For Recurrence of Maltreatment within 12 months, Nebraska's RSP is 5.6%, which is below the national performance of 9.7%.

Nebraska Data Profile – August 2024

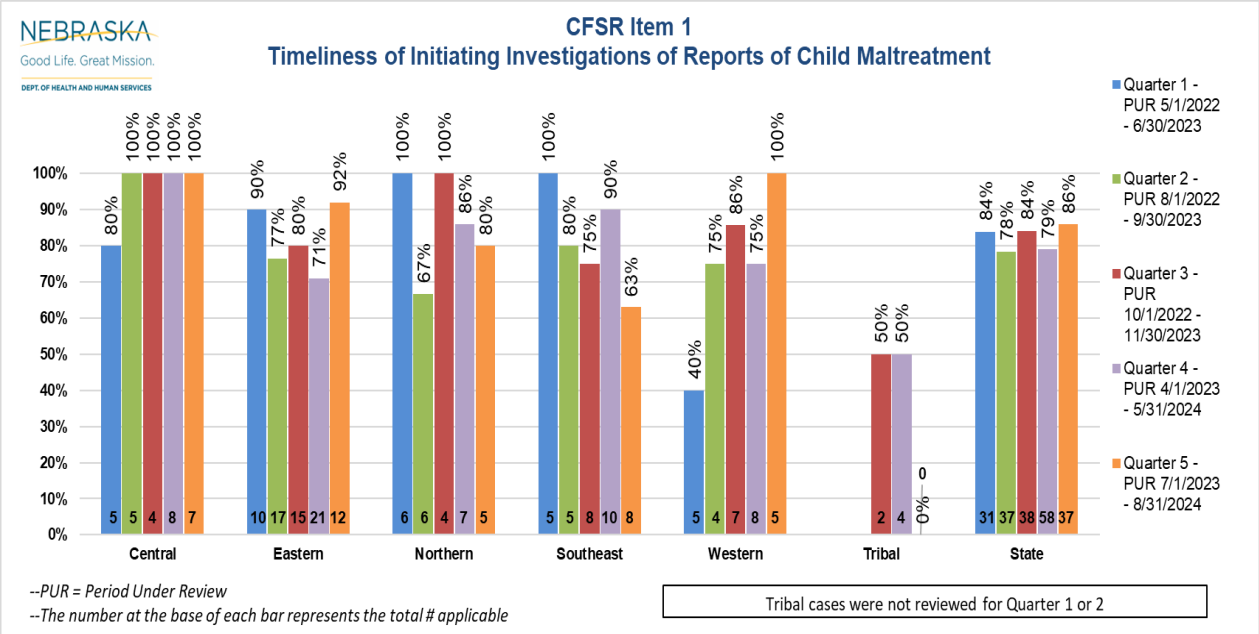


Outcome #1: Children are first and foremost protected from abuse and neglect

Item 1: Timeliness of initiating investigations of reports of child maltreatment. Was the agency's response to all accepted child maltreatment reports initiated, and face to face contact with the child victims made within the timeframes established by agency policies or state statute?

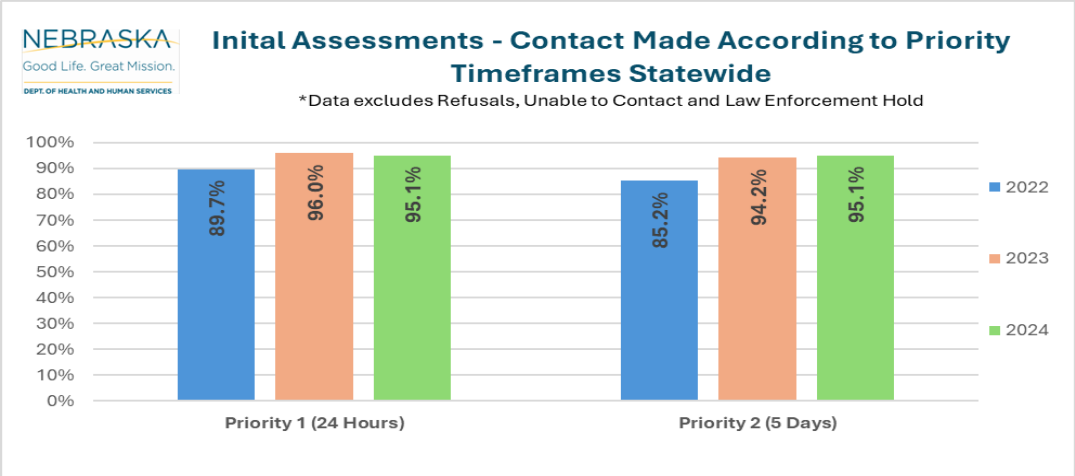
Response priority for the current CFS policy includes two levels: Priority 1 (P1) 24 hours and Priority 2 (P2) 5 calendar days. As of July 5, 2022, Priority 3 (P3) timeframes have been eliminated. Any intake accepted after July 5, 2022, was identified only as a P1 or P2. The priority response timeframes are based on the severity of the allegation and the time the call ("intake") is accepted by the centralized Child Abuse and Neglect Hotline ("CFS Hotline").

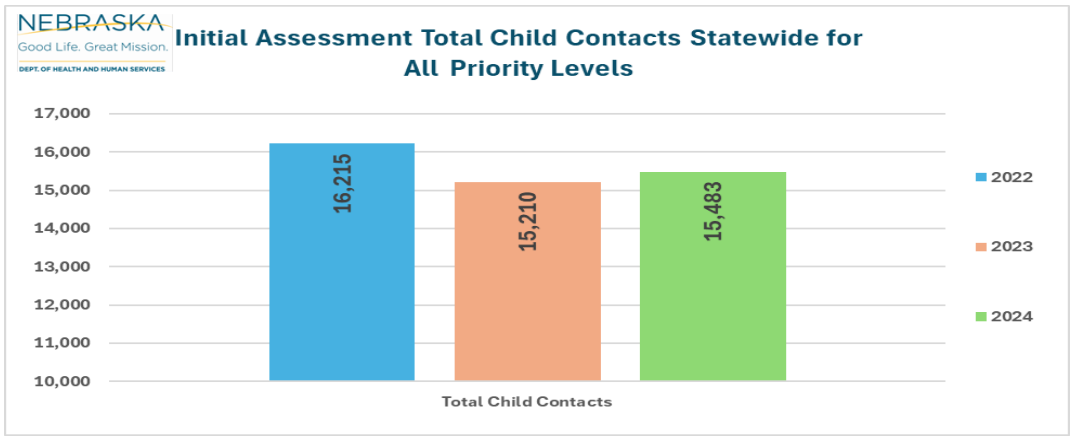
There are two methods to measure timeliness to CFS's response and initiation of a child abuse investigation. One method is to utilize the CFSR case reviews using the federal Onsite Review Instrument (OSRI). The second is to utilize data from the Nebraska Family Online Client User System (N-FOCUS), a Statewide Automated Child Welfare System (SACWIS). Utilizing the most recent CFSR case review results from Quarter 5 CFSR Reviews, CFS responded timely to reports of abuse/neglect according to CFS policy timeframes in 32 of 37 (86%) of applicable cases (see chart below). This data includes both P1 and P2 intakes. This data illustrates relatively consistent performance statewide in the five most recent quarterly reviews completed in 2023 and 2024. While most service areas have fluctuations during the periods, the Central Service Area was very consistent at or near 100%. While the Western Service Area has an average during these PURs just under 80%, all other service areas have an average time to initiate the investigation exceeding 80%, with numerous 100% reviews.



According to N-FOCUS data, listed below are four charts. The first chart illustrates the response rates statewide stratified by Priority. The second chart illustrates the count of child contacts made statewide during each of the three calendar years. The last two charts illustrate the response rates by intake priority and Service Areas during the same three-year periods.

On a statewide annual basis, the response times were diminished during 2022, and higher and generally consistent for both years of 2023 and 2024. The most recent periods of 2023 the response rates are in excess of 94%, while 2024 both are in excess of 95%. The second chart illustrates the count of child victims requiring contacts at all priority levels were higher during 2022 than either 2023 or 2024.

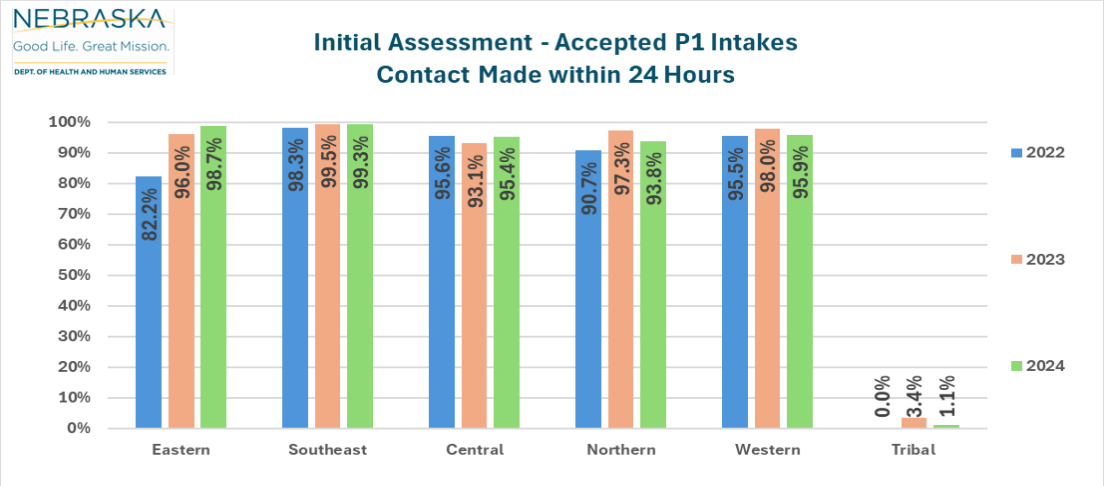




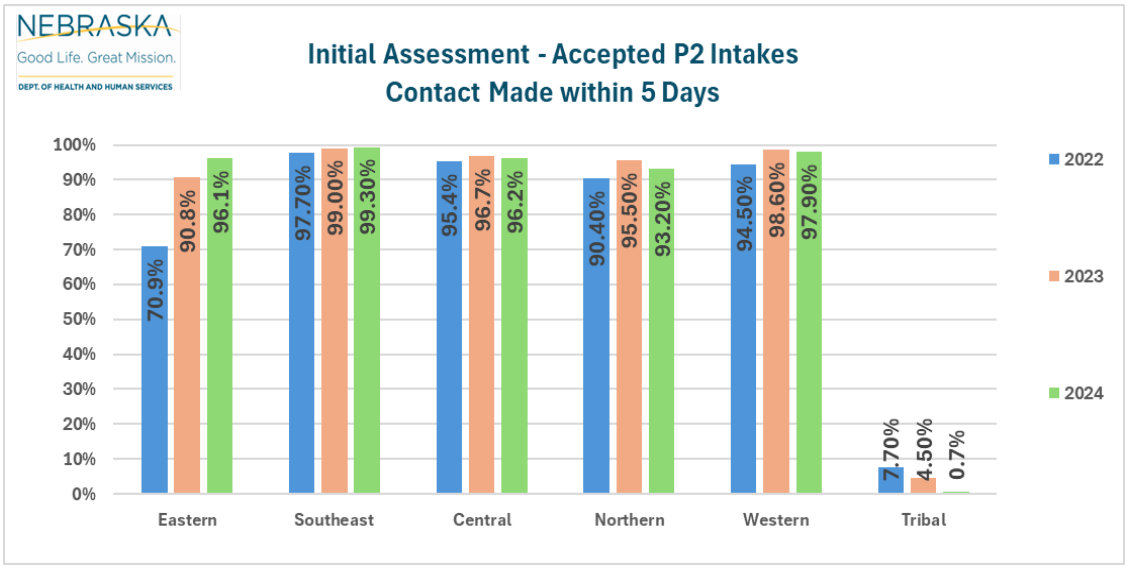
The following two tables illustrate the response rates statewide stratified by priority, service areas and calendar years 2022, 2023, and 2024.

According to N-FOCUS data, listed below for Priority 1 intakes, when stratified by service areas, the only service area that had a material variance was Eastern. During 2022, the Eastern Service Area had a response rate of 82.2%. However, during subsequent years of 2023 and 2024, the results improved markedly and now align with or exceed the other service areas. During 2022, the Northern Service Area also experienced a slightly lower response rate, as is illustrated with a score of 90.7%. The

2022 results are attributable to the increased count of child contacts as well as staffing levels for both service areas, which have now improved, and the 2023 and 2024 results support this finding.



According to N-FOCUS data listed below for P2 intakes, when stratified by service areas, the only service area that had a material variance was Eastern. The Priority 2 results correlate very closely to P1 results. During 2022, the Eastern Service Area had a response rate of 70.9%. However, during subsequent years of 2023 and 2024, the results improved markedly and now align with or exceed the other service areas. During 2022, the Northern Service Area also experienced a slightly lower response rate, as is illustrated with a score of 90.4% The 2022 results are attributable to the elevated count of child victims requiring contacts, and to a lesser extent, the staffing levels for both service areas, which have improved, and the 2023 and 2024 results support this finding. The time to contact for both P1s and P2s are low for the tribes; however, this is due to lack of documentation of the contact in the state's information system and not due to lack of actual face-to-face contacts with the child victims.



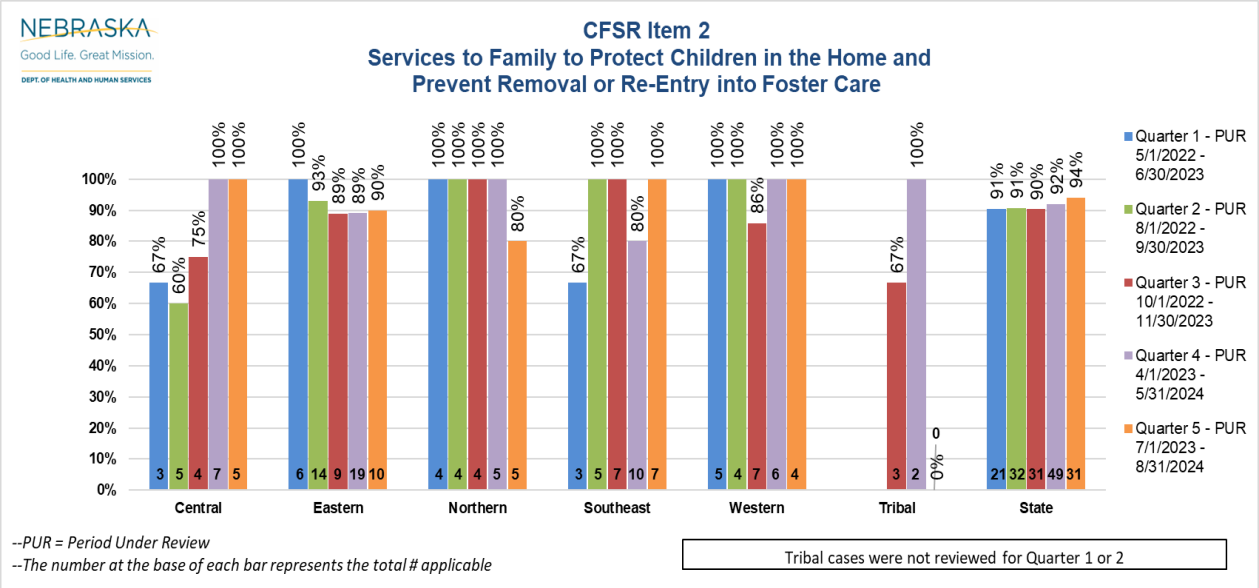
Review information and feedback from stakeholders suggest the following:

- CFS has a clear system in which intakes are received at the CFS Hotline when accepted for a response and assigned to a Children and Family Services Specialist (CFSS), thus avoiding delays.
- The response rates for P1 intakes are nominally higher than P2 intakes; however, both priority response rates illustrate timely responses in excess of 95% for 2024.
- The response rates across the three years are generally consistent across service areas, with the exception of 2022 in the Eastern Service Area. The decrease in contact timeframes in 2022 was primarily due to elevated counts of child victims requiring contacts, and to a lesser extent, case manager staffing challenges.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Safety Outcome #2: Children are safely maintained in their homes whenever possible and appropriate

Item 2: Services to families to protect children in the home and prevent removal and reentry into foster care. Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Services to families at risk of out-of-home placement are an important aspect of child welfare service delivery in Nebraska. During the most recent internal CFSR case review, CFS made concerted efforts to provide services to safely maintain children in the home or prevent re-entry into foster care in 29 of 31 (94%) applicable cases (see chart below). Per the below chart, this score has been consistently above 90% for the five recent review periods and has been trending higher.

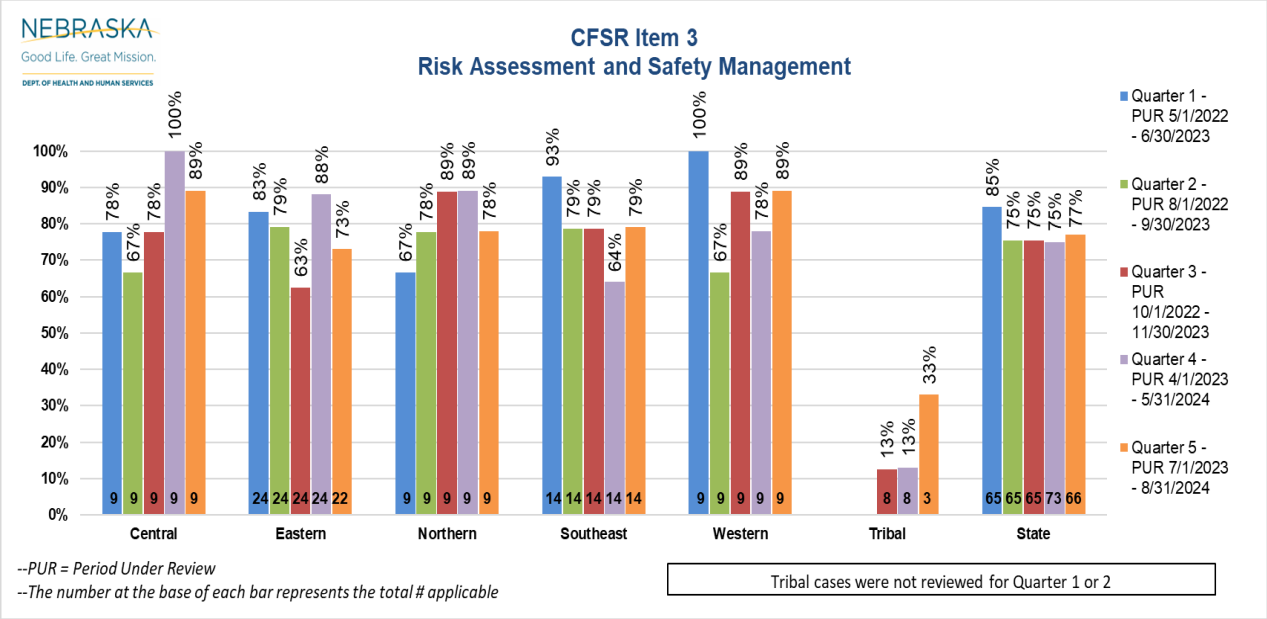


Review information and feedback from stakeholders suggest the following:

- While performance in this item can be attributed to many factors, CFS's ongoing partnerships with community service delivery providers play a key role in ensuring children and families are safe and thus preventing re-entry into foster care.
- CFS staff and stakeholders indicate that ongoing relationships and collaborations between CFS, law enforcement, and service providers make a difference and allow CFS to work with the family through safety planning and service provision in the home to prevent removal and placement in foster care.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

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

CFS makes concerted efforts to assess and address risk and safety concerns of children receiving services in their own homes and in foster care. During the most recent internal CFSR case review, CFS made concerted efforts to assess and effectively manage safety and risk in 51 of 66 (77%) applicable cases (see chart below).

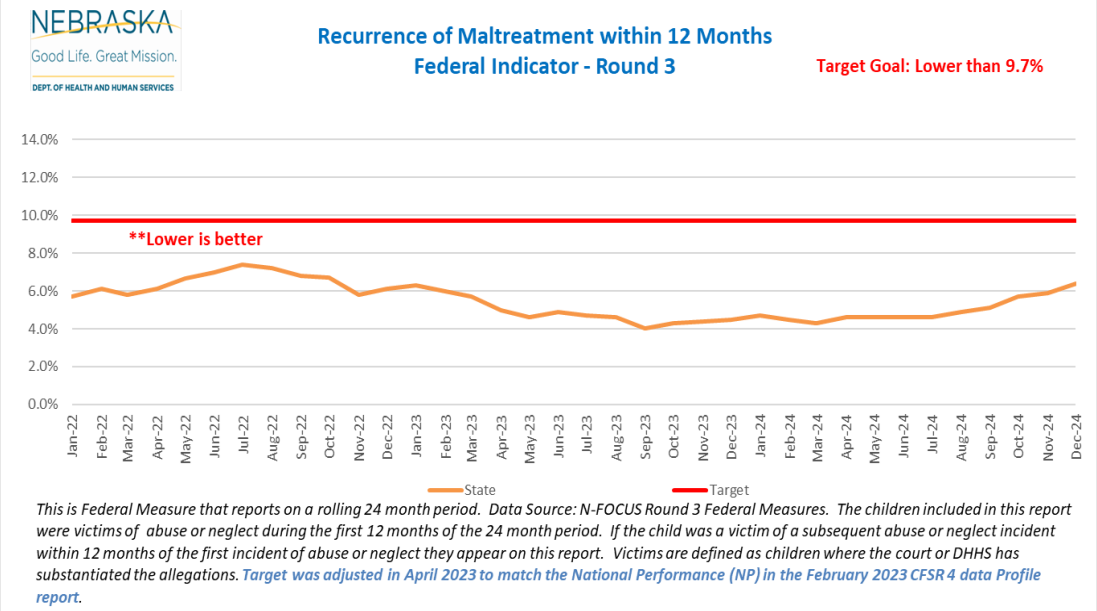


CFS conducts initial and ongoing safety and risk assessments using Structured Decision Making (SDM®) Assessment Tools. In addition to these formal risk and safety assessment tools, CFS also makes concerted efforts to informally assess for risk and safety through ongoing face-to-face contacts and family team meetings (FTM) with the youth and families.

CFS continues to focus on timely completion of all the SDM® Assessments: Safety Assessment, Risk Assessment, and Prevention Assessment. Timely completion of SDM® assessments not only ensures safety and identifies levels of risk, but also provides critical information used to make important decisions in the case such as reunification and/or case closure.

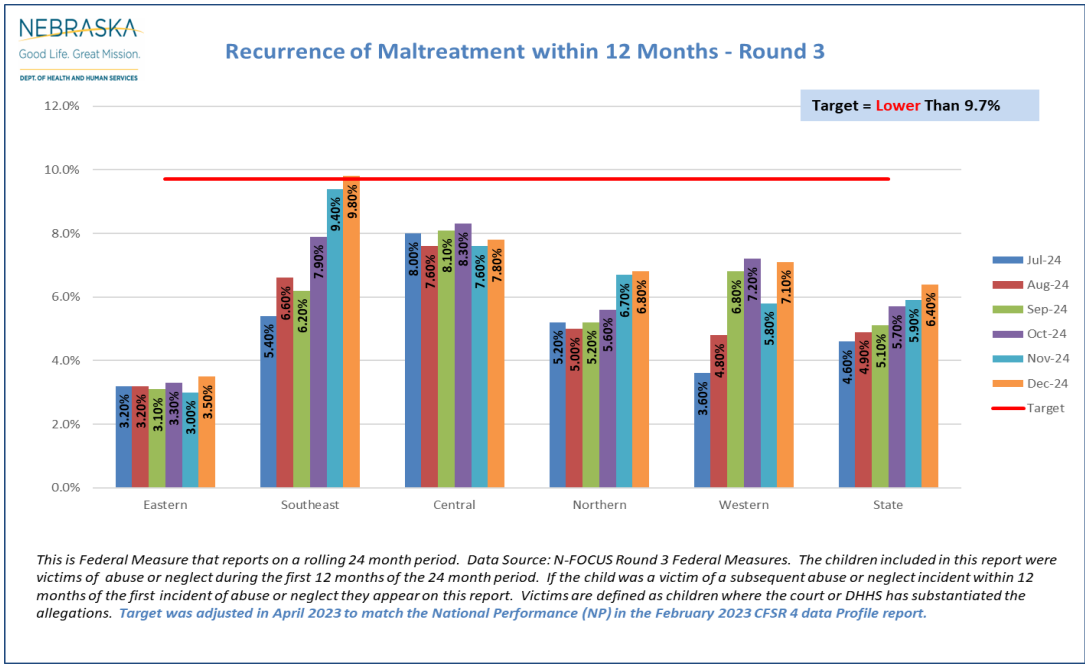
In addition to the CFSR item reviews, Nebraska is fortunate to generate simulated CFSR data indicator scores based on federal calculations. While the primary calculations for the internal measures are consistent with federal calculations, Nebraska's measures do not account for risk adjustments, so the results are not exact to the federal results published by the Children's Bureau. With this information, Nebraska is able to continually monitor indicator outcome results. The charts below illustrate federal indicator scores over time and by service area.

The chart below illustrates the long-term trend for the recurrence of maltreatment federal data indicator for Nebraska from 2022-2024. The Federal Data Indicator is trending just slightly up in 2024 but is consistently well below the national performance of 9.7% during the last three years.



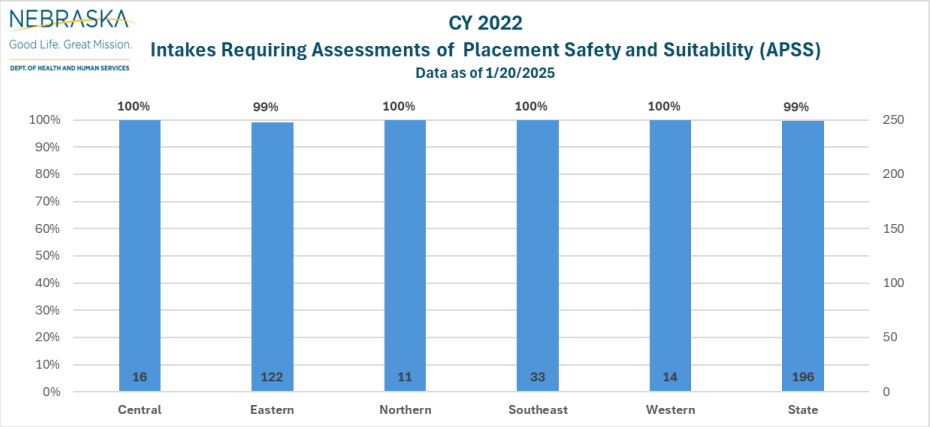
This is Federal Measure that reports on a rolling 24 month period. Data Source: N-FOCUS Round 3 Federal Measures. The children included in this report were victims of abuse or neglect during the first 12 months of the 24 month period. If the child was a victim of a subsequent abuse or neglect incident within 12 months of the first incident of abuse or neglect they appear on this report. Victims are defined as children where the court or DHHS has substantiated the allegations. Target was adjusted in April 2023 to match the National Performance (NP) in the February 2023 CFSR 4 data Profile report.

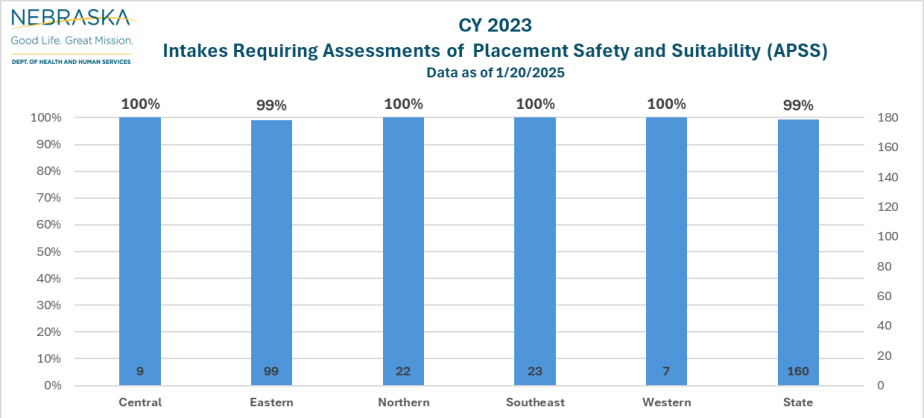
The chart below illustrates the recurrence of maltreatment rates for each Service Area from July 2024 – December 2024. Service Area data shows an increase in recurrence of maltreatment each month statewide. Data indicates recurrence of maltreatment is a greater area of need in the Southeast Service Area, as they currently exceed the national performance rate.

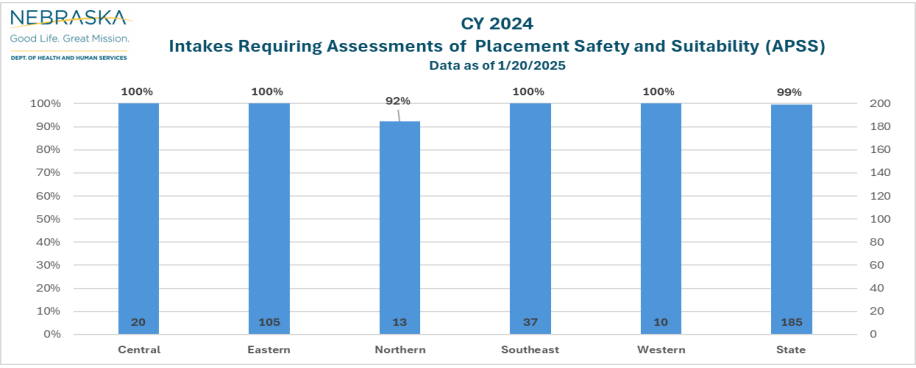


This is Federal Measure that reports on a rolling 24 month period. Data Source: N-FOCUS Round 3 Federal Measures. The children included in this report were victims of abuse or neglect during the first 12 months of the 24 month period. If the child was a victim of a subsequent abuse or neglect incident within 12 months of the first incident of abuse or neglect they appear on this report. Victims are defined as children where the court or DHHS has substantiated the allegations. Target was adjusted in April 2023 to match the National Performance (NP) in the February 2023 CFSR 4 data Profile report.

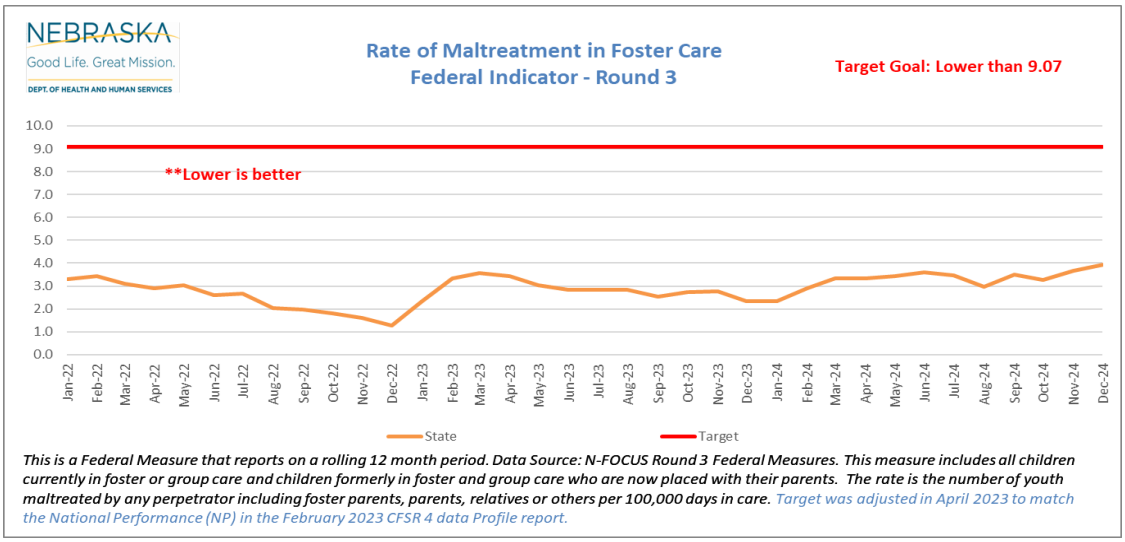
CFS continues to utilize the SDM® Assessment of Placement Safety and Suitability (APSS) to assess safety and care concerns for children in foster care. The following three charts illustrate the count of assessments performed, and more importantly, the proportion of intakes in which the APSS was necessary and completed to assess child safety in a timely manner. When an intake on a foster home is accepted for investigation, the APSS is completed by an Initial Assessment CFSS in a timely manner 99% or greater of the time, with just one exception in 2024. With this performance, youth that have an allegation of abuse or neglect while in foster care are promptly and properly reviewed through the completion of the APSS. This is a critical factor to ensure safety concerns are identified and resolved expediently and thoroughly.



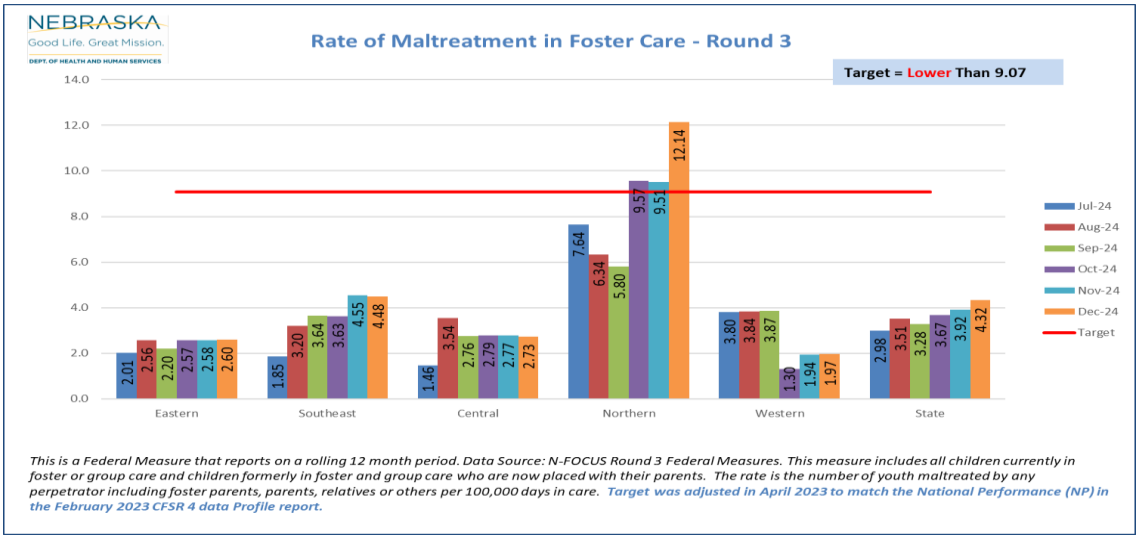




The chart below illustrates the long-term trend for the maltreatment in foster care. This Federal data indicator is trending just slightly up but is consistently well below the national performance of 9.07 during the last three years.



The chart below illustrates the rate of maltreatment in foster care for each Service Area from July 2024 – December 2024. Data shows a statewide rate of maltreatment in foster care at 4.32 for December 2024, which is well below the national performance rate of 9.07. The state and all service areas, except the Northern Service Area, have consistently met and greatly exceeded this target. The increase in rate of maltreatment in foster care for the Northern Service Area was in part due to several groups of siblings experiencing maltreatment during the most recent months.



Review information and feedback from stakeholders suggest the following:

- CFS policy requires ongoing risk and safety assessments throughout the life of the case. In 2024, Nebraska conducted an analysis of the current safety and risk

assessment processes to identify root causes for areas needing improvement. Analysis identified the need for a streamlined and efficient assessment process that allows CFS staff to assess for safety and risk more accurately and efficiently. Several exploratory sessions were held with a group of CFS case managers and supervisors representing the hotline/intake, initial, and ongoing case managers throughout the state. The sessions were held to identify barriers and root causes for areas needing improvement. As a result of these sessions, Nebraska began planning and preparation for a new safety and risk assessment process. Nebraska began training staff in January 2025 and will transition to utilizing the Safety Assessment and Family Evaluation (SAFE) model in latter part of 2025. The new SAFE model will provide a solid foundation for staff to assess for safety and risk in a more efficient manner, thus allowing the staff to spend more time directly working with and serving children and families. The new SAFE model includes a more efficient and defined process and tools to assess for safety on an ongoing basis and when circumstances change during the case.

- CFS effectively addresses safety concerns related to the child's foster care placement and/or foster parents. CFS continues to have strong partnerships and collaboration with foster care agencies and continues to identify barriers and develop strategies for improvement.
- CFS recognizes the opportunity to improve documentation to support ongoing monitoring and updating of safety plans to adequately address all identified safety threats for the children who remain in the family home. While informal assessment of safety and risk takes place during the monthly face-to-face contacts with the case manager, the case narratives do not always include detailed information with regards to ongoing efforts to assess for safety, monitoring, and updating of the safety plan for the children who remain in the home.
- Staff turnover and lack of consistency in case managers was a factor mentioned by stakeholders to have impact in timely assessments and ongoing engagement with youth and families to ensure safety and risk are assessed and addressed on a regular basis.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Summary of State Performance for Safety Outcomes 1 and 2

Nebraska's performance for Safety Outcomes 1 and 2 is below the federal standard of 95% for substantial conformity. The most recent internal CFSR case reviews indicate that 86% of the cases reviewed had a rating of substantially achieved for Safety Outcome 1 and 77% of the cases had a rating of substantially achieved for Safety Outcome 2. Additionally, the Federal Data Indicator scores show a long-term trend for maltreatment in foster care and recurrence of maltreatment within 12 months consistently well below the national performance. Nebraska observed an increase in maltreatment in recurrence of maltreatment and maltreatment in foster care in recent months and continues to utilize local service area and statewide CQI processes and activities to develop, implement, and evaluate strategies to address identified barriers for safety outcomes 1 and 2.

Nebraska implemented several strategies during CFSR Round 3 to address deficiencies for Safety Outcomes 1 and 2. Strategies were implemented to support and strengthen the workforce to prevent staff burn out and staff turnover. Other strategies included the implementation of a new case staffing process and coaching and support for supervisors. These strategies led to positive outcomes; however, CFS recognizes the ongoing need for improvement and continues to identify barriers and root causes for areas needing improvement.

B. Permanency Outcomes 1 and 2

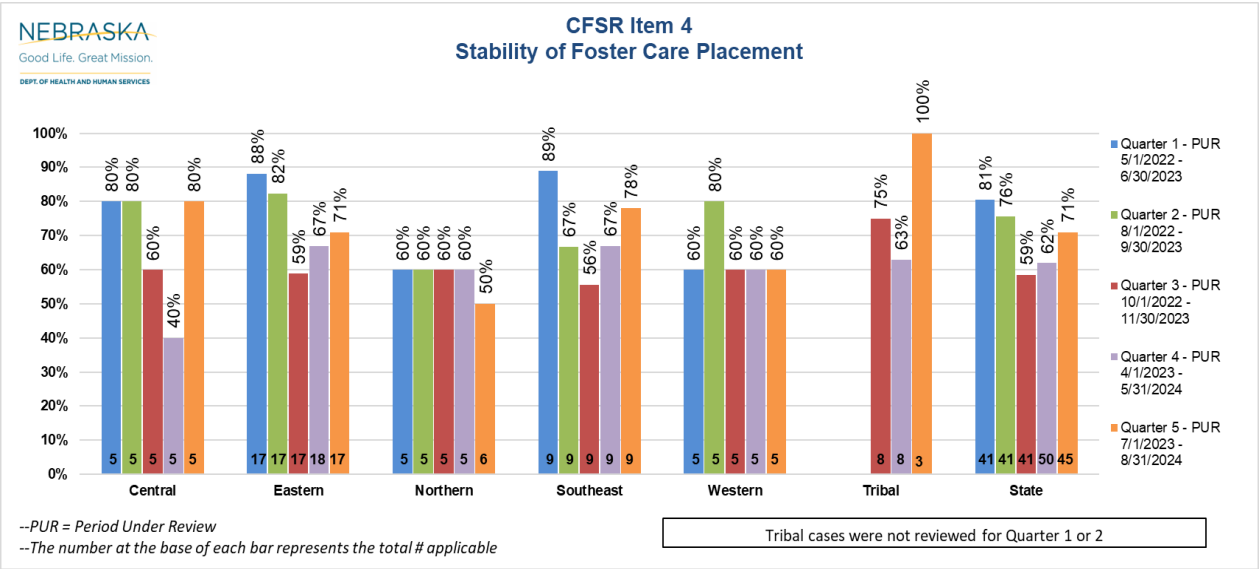
Permanency Outcomes 1 and 2 were not in substantial conformity for Nebraska in CFSR Round 3. Nebraska was required to address CFSR Items 4, 5, and 6 in the PIP for Round 3 and successfully met the target goals of the PIP.

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

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

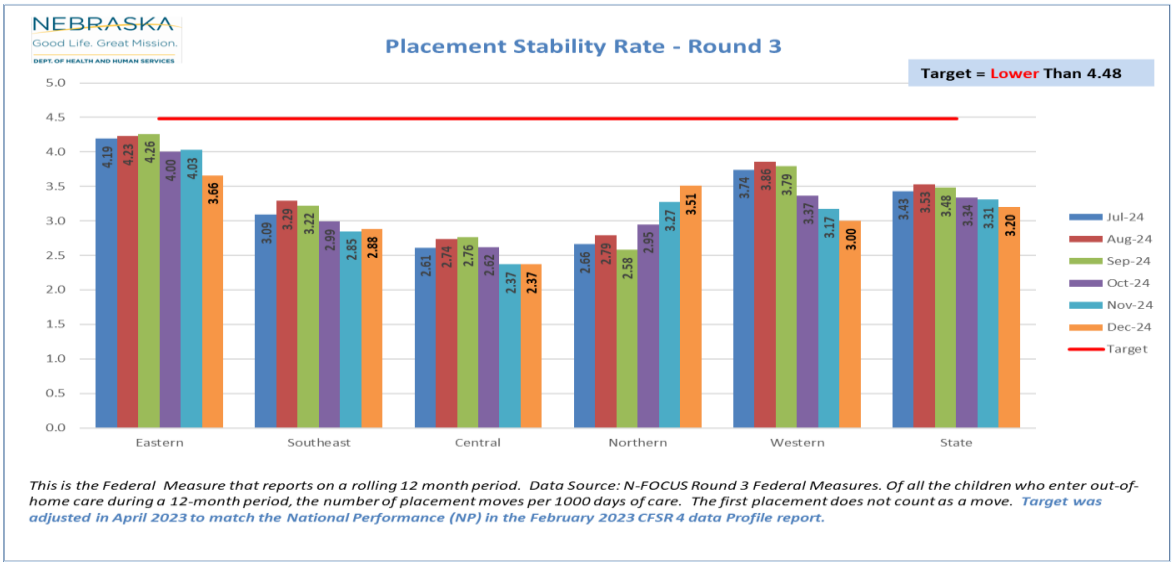
Nebraska recognizes that placement stability is a key factor to ensuring timely permanency for children in foster care. Any change in placement must be made to meet the best interest of the child and promote case goals. During the most recent ongoing internal CFSR case review, CFS achieved stability of foster care placement in 32 of 45 (71%) applicable cases. Information gathered from the most recent CFSR case review identified that one of the main reasons for unplanned placement changes was due to foster parents requesting placement changes when they are unable to continue to provide placement due to the child's behaviors.

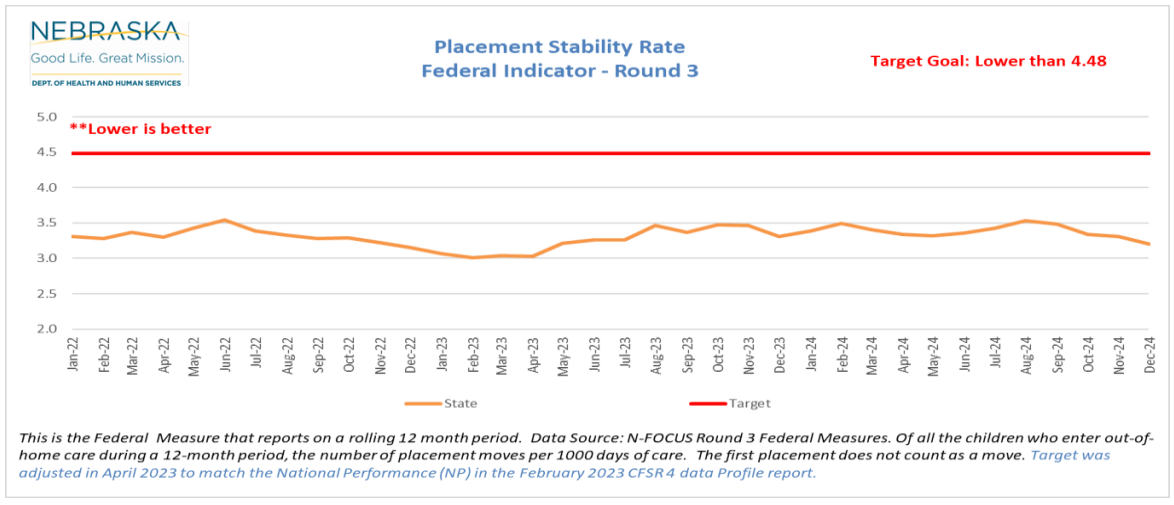
The chart below shows stability of foster care placement broken down for the five service areas (Central, Eastern, Northern, Southeast, and Western) along with Tribal cases and the state total. The data was collected over five quarterly reviews in 2023 and 2024. The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item. Case reviews indicate that placement stability is an area of need for all Service Areas and the Tribes.



According to the state's Round 3 Federal Indicator Measure, in the chart below, the state's placement stability rate of 3.20 in December 2024 was below the national performance of 4.48 for this measure. For this measure, lower performance is preferrable. The data demonstrates how the service areas and state have performed better than the national performance of 4.48 over the past six months. The placement stability rate shows for all the children who enter out of home care during a 12-month period, the number of placements moves per 1,000 days of care. The state's rate of placement moves for December 2024 was 3.20. The Eastern Service Area consistently has more moves per 1,000 days, with the latest data from December indicating 3.66. The Eastern and Western Service Areas have had higher rates compared to other service areas however, both service areas have seen a decrease each month in the last three months. The Northern Service Area is the only area that has seen an increase in the last three months.

The second chart below indicates the statewide trends since January 2022. The state saw an increase in placement stability rate in 2023 and early 2024 but started to see a decrease in the placement stability rate in September 2024.





Review information and feedback from stakeholders suggest the following:

- Case review and feedback from CFS staff and stakeholders indicate that CFS continues to see unplanned placement changes or disruptions to placements due to lack of support to assist foster parents to manage the youth's behaviors, as well as placement changes due to reasons that are not considered to be in the best interest of the child.
- CFS continues to work closely with the Foster Care Agency providers to address placement support needs and ensure that youth are placed with foster parents who have the ability and adequate support to maintain placement stability for the youth.
- Service Areas continue to discuss and share strategies to address placement stability during the statewide CQI meetings, local Service Area CQI meetings, and ongoing meetings with providers throughout the state.
- CFS recognizes the opportunity to improve supports to foster parents and continues to track placement disruptions as part of the Provider Performance Improvement (PPI) Initiative. CFS Contract Monitoring Staff have quarterly meetings and ongoing discussions with foster care agencies/providers to address identified needs and develop strategies for improvement.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback during Tribal CQI meetings suggests the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified are staff turnover and its impact on the continuity of assessments, engagement with families, and ongoing service provision.

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

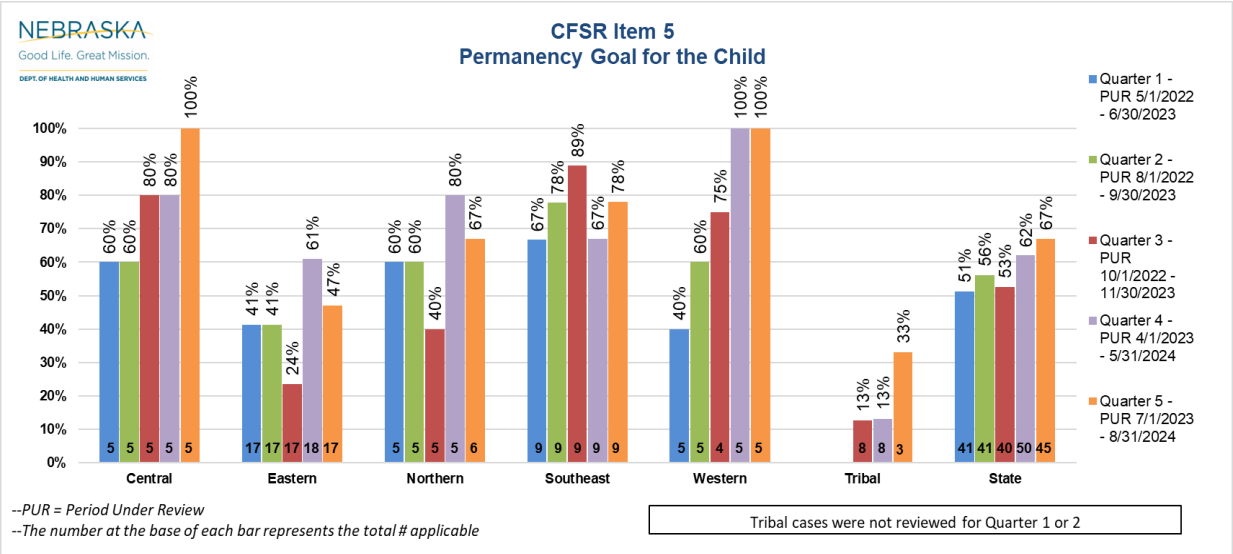
The child's permanency goal (reunification, adoption, guardianship, APPLA) must be documented timely, within 60 days of removal per State policy. Additionally, concurrent goals need to be established in a timely manner based on case circumstances. This would include circumstances when little to no progress has been made toward achieving reunification, which is when a concurrent permanency goal would be warranted.

In addition to the goals being documented timely, permanency goals must be appropriate for the child's needs and case circumstances. In circumstances where Termination of Parental Rights (TPR) exists, CFS examines ASFA criteria in this item. ASFA requires the state move to TPR for children who have been in foster care for 15 out of the latest 22 months. If exceptions are made, such as a child in a relative foster home at the 15-month mark, TPR not being in the best interest of the child, or the state failing to provide necessary services for reunification, CFS and the courts review the case circumstances and a determination is made on whether or not the circumstance meets the TPR exception criteria listed in the State Statute.

During the most recent ongoing internal CFSR case review, CFS established timely and appropriate permanency goals for the child in 30 of 45 (67%) applicable cases (see chart below). Barriers identified on the latest CFSR case review indicated that the goals were not established in a timely manner and not appropriate to case circumstances. In particular, case reviews indicated that concurrent planning was not utilized effectively with CFS not taking steps to implement a concurrent permanency objective when case circumstances and progress toward case plan goals indicated that reunification was not going to be achieved within 12 months. Additionally, the TPR was not filed timely for youth in care 15 of the most recent 22 months.

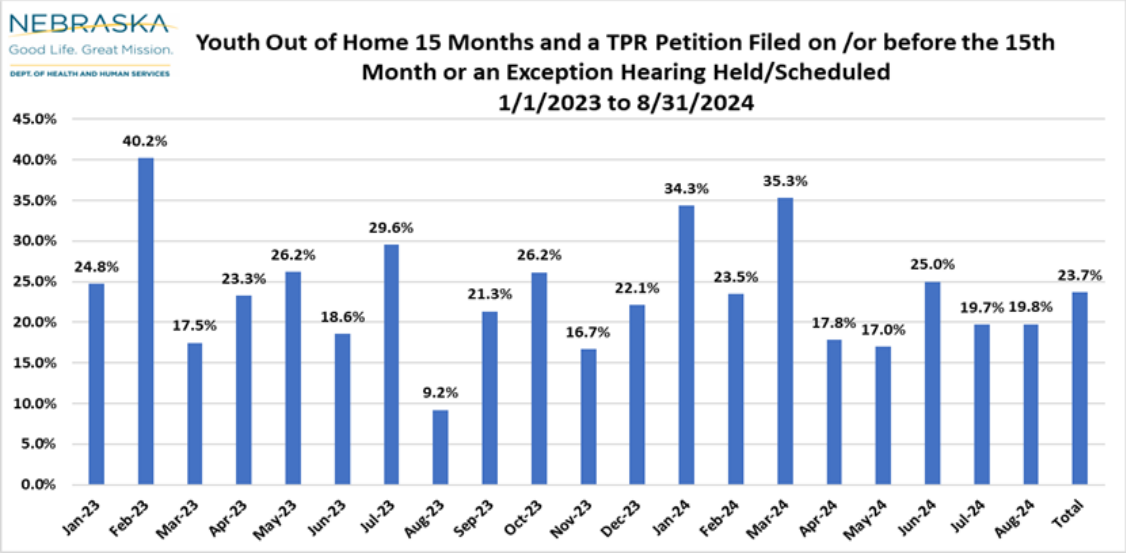
Additional supports have been provided to all Service Areas to help case managers ensure permanency goals are established in a timely manner and concurrent permanency objectives are identified and established in a timely manner. CFS continues to implement strategies such as case staffing for youth in cases that are open nine or more months with no concurrent permanency goals and regular supervisor staffing at least once every 60 days.

The chart below shows the permanency goal for the child broken down for the five service areas (Central, Eastern, Northern, Southeast, and Western) along with Tribal cases and the state total. The data was collected over five quarterly reviews in 2023 and 2024. The number on the bottom of each bar is the number of applicable cases and the percentage is the percent of applicable cases that scored a strength for the item. The state did not meet the goal of 90% in any of the five quarters, however, the state is trending upward from Quarter 1 to Quarter 5. Case reviews indicate that the Eastern Service area needs the most improvement, with an average performance of less than 50% in the last five quarters.



Information entered into N-FOCUS regarding timeliness of TPR filing indicates that this is an area of improvement for Nebraska. The chart below indicates that a TPR petition is filed in a timely manner for approximately 24% of youth who had been in out-of-home

care 15 of the most recent 22 months and who did not meet any exceptions for TPR filing. While the state saw some increases in these numbers in certain months, the increase was not sustained from month to month.

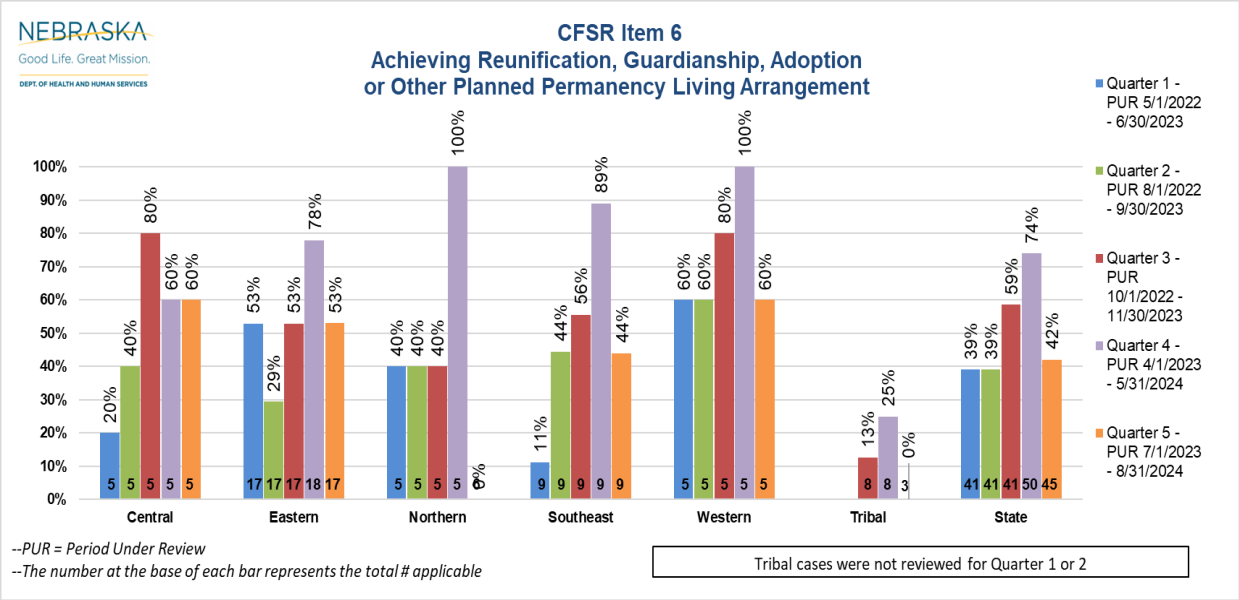


Review information and feedback from stakeholders suggest the following:

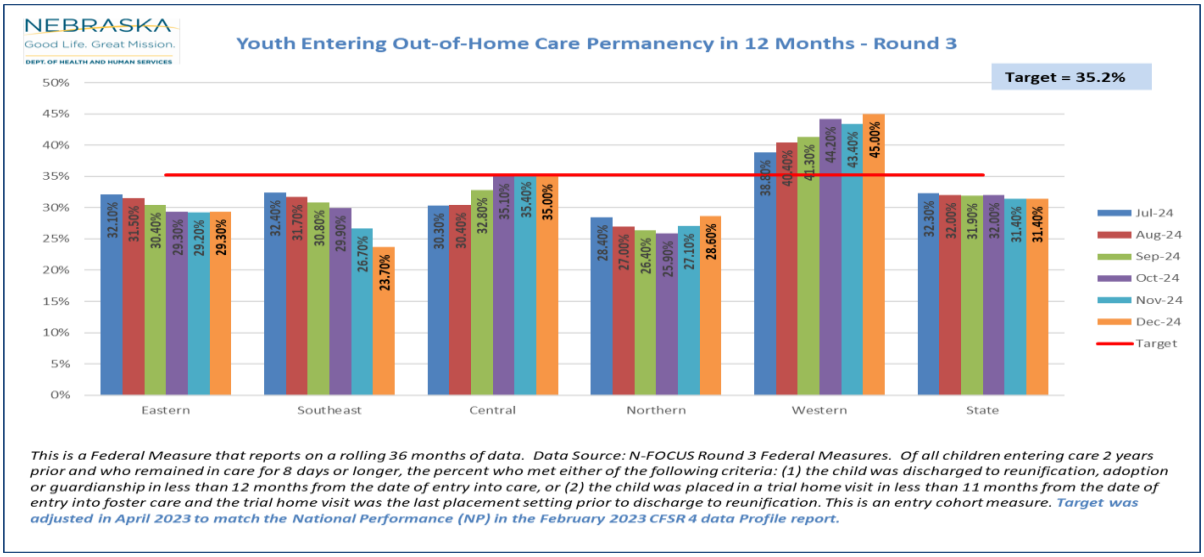
- Case manager turnover leads to lack of consistency and continuity of assessments and services and negatively impacts timely permanency.
- Lack of concurrent planning and timely implementation of concurrent permanency goals lead to delays in permanency.
- Lack of ongoing communication and collaboration among all parties involved in the case (i.e. case managers, attorneys, service providers, foster parents, families) results in delays to service provision and progress in the case.
- Delays in court hearings and/or hearing continuances can lead to a delay in permanency.
- Some barriers to TPR filing identified by stakeholders include circumstances in which parents make some progress so that TPR filing is delayed and/or there is a reluctance to file by County Attorneys or GAL. In some smaller communities, resources are limited to support County Attorneys or GAL to file TPR in a timely manner.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

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

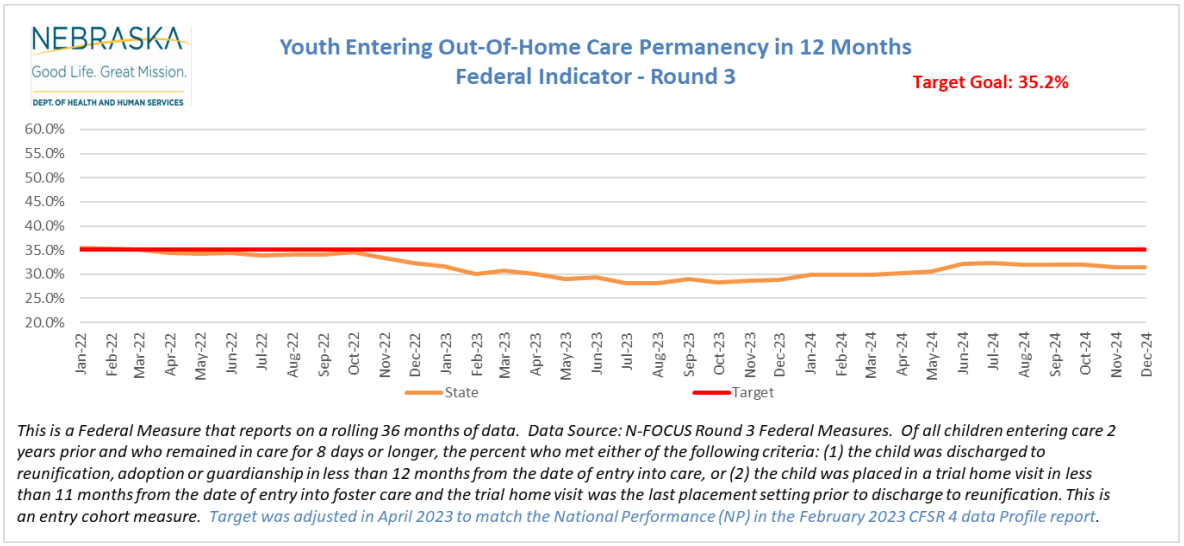
During the most recent on-going internal CFSR case review, CFS achieved permanency for youth in a timely manner in 19 of 45 (42%) applicable cases. Over the past five quarters, there was only one favorable quarter (74%) in which youth achieved permanency in a timely manner; the state has consistently seen low performance for this item. Some of the main barriers identified for this item include the following: Concerted efforts are not consistently made to establish and work on concurrent permanency goals to ensure timely permanency, court-ordered services that are not readily available and/or not provided timely for the family, delays with TPRs or assisting parents with relinquishments, and continuation of court hearings.



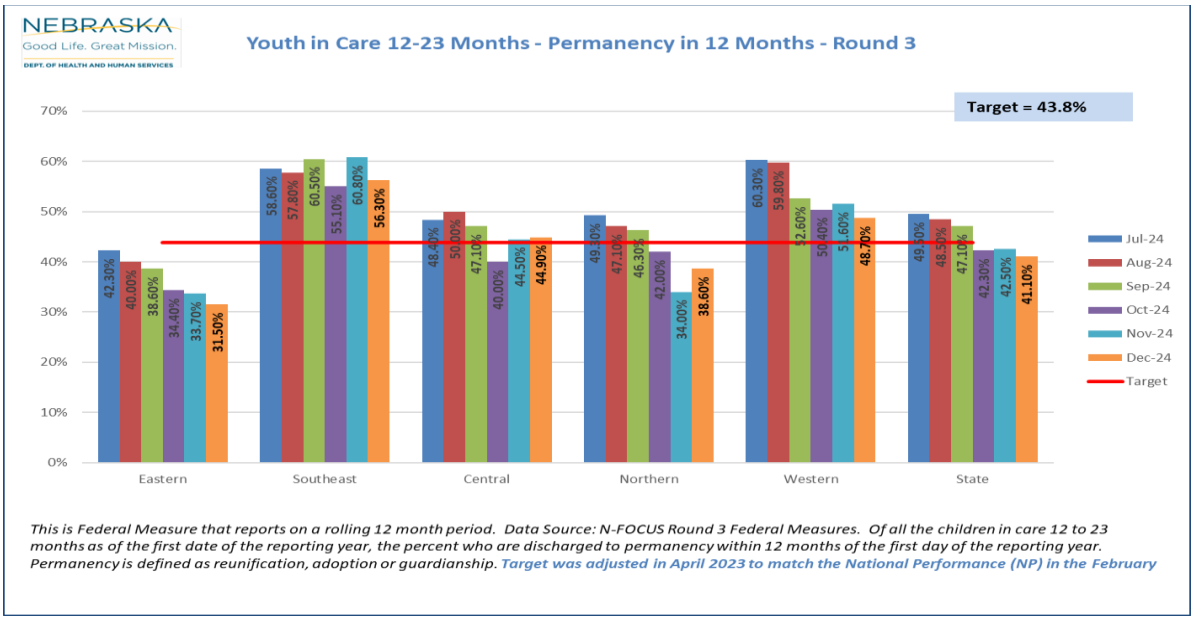
According to the state's Round 3 Federal Indicators charts below, the state is not meeting its target goal for achieving permanency for youth entering foster care within 12 months. Data from December 2024 indicate the state was achieving permanency within 12 months for 31.4% of youth entering care. The state is consistently below the national performance of 35.2%. The Western Service Area is the only Service Area that has consistently exceeded the national performance in the past several months. The Southeast Service Area has seen a decline in this measure in the last few months, with the performance dropping to 23% in December 2024.



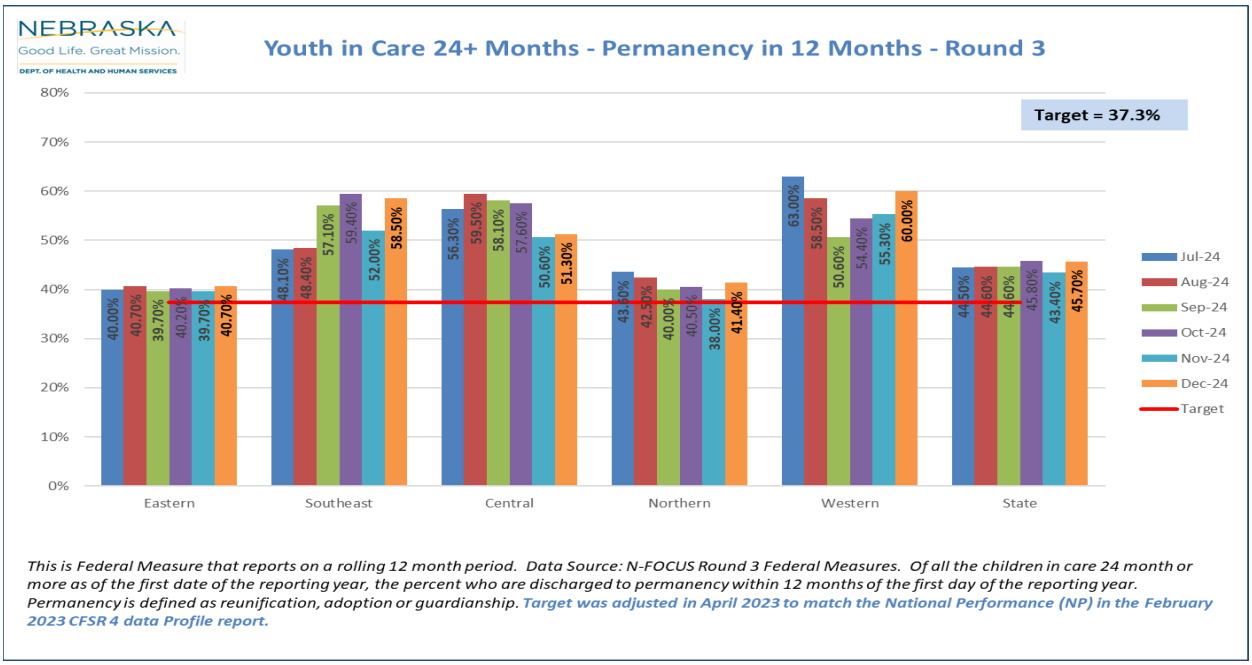
The second chart indicates the statewide trends since January 2022. The state saw a decrease in 2023 through 2024. An increase started in early 2024, with the performance remaining around 31-32% in the last six months.



The chart below indicate the State is currently performing below the national performance for Youth in Care 12-23 Months – Permanency in 12 months, with a performance of (41%) in December 2024. The Eastern and Northern Service Areas are the two Service Areas that are performing below the national performance. The Eastern Service Area has seen a decrease each month for the last six months, with the lowest performance at 31.5% in December 2024.



The chart below indicates that the State is currently performing above the national performance for Youth in Care 24+ months, with a performance of (45.7%) in December 2024. The Eastern and Northern Service Areas are the two Service Areas that are performing just above the national performance and require the most improvement for the state.



Review information and feedback from stakeholders suggest the following:

- Case manager turnover leads to lack of consistency and continuity of assessments and services and negatively impacts timely permanency.

- Lack of concurrent planning and timely implementation of concurrent permanency goals leads to delays in permanency.
- Lack of ongoing communication and collaboration among all parties involved in the case (i.e. case managers, attorneys, service providers, foster parents, families) results in delays to service provision and progress in the case.
- Delays in court hearings and/or hearing continuances can lead to delay in permanency.
- Some barriers to TPR filing identified by stakeholders include circumstances in which parents make some progress so that TPR filing is delayed and/or there is a reluctance to file by County Attorneys or GAL. In some smaller communities, resources are limited to support County Attorneys or GAL to file TPR in a timely manner.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Summary of State Performance for Permanency Outcome 1:

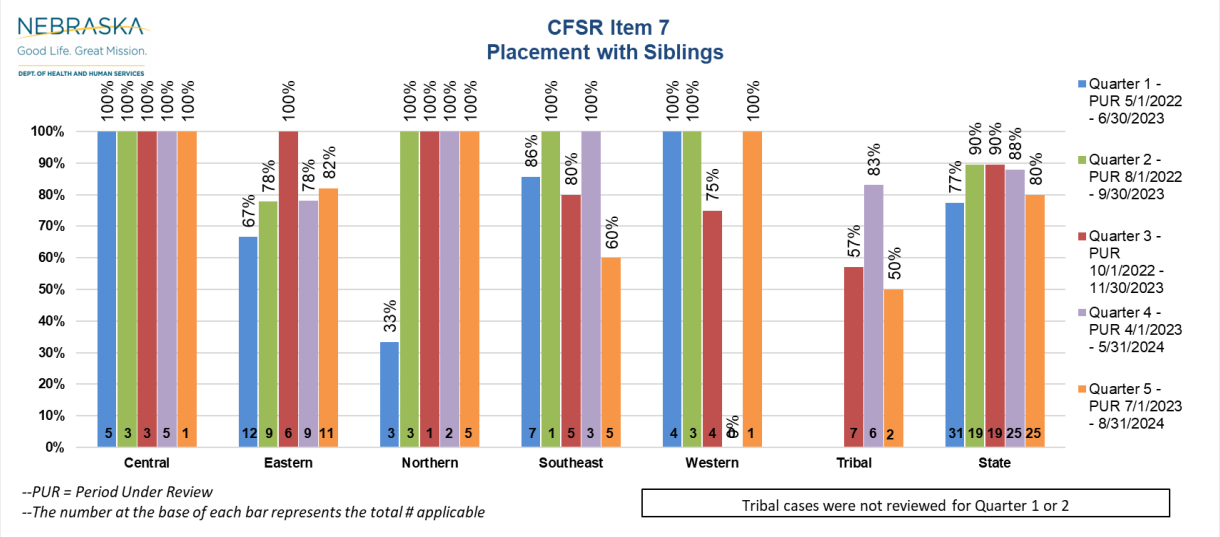
Nebraska's performance for Permanency Outcome 1 is below the federal standard of 95% for substantial conformity. The most recent internal CFSR case reviews indicate that 24% of the cases reviewed had a rating of substantially achieved and an additional 69% had a rating of partially achieved for Permanency Outcome 1. Additionally, the Federal Data Indicator scores for permanency in 12 months shows that Nebraska is performing below the national performance and requires improvement in this measure. While Nebraska is performing above the national performance in the federal indicators for timely permanency for youth in care 12+ months, Nebraska recognizes the need for ongoing improvement for these youth as noted from case reviews and feedback from stakeholders.

Nebraska implemented several strategies during CFSR Round 3 to address deficiencies for Permanency Outcome 1. Strategies were implemented to support and strengthen the CFS workforce and improve collaboration with the Court Improvement Program (CIP), judges, and legal parties to address barriers to permanency. Specific strategies included new instructions and targeted education for CFS staff regarding concurrent planning and strategies to increase the judges and legal parties' understanding and trust in the agency's safety and risk assessment tools and processes. These strategies led to positive outcomes; however, CFS recognizes the ongoing need for improvement and continues to identify barriers and root causes for areas needing improvement.

Permanency Outcome #2: The continuity of family relationships and connections is preserved for children.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

CFS believes in the importance of keeping siblings together in foster care. Siblings should be placed together in foster care unless separation is required to meet the needs of the children. CFS has ongoing communications with contracted service providers to ensure efforts are made to place siblings together. During the most recent ongoing internal CFSR case review, CFS ensured siblings were placed together or justified the need to place siblings separately in 20 of 25 (80%) applicable cases. While the percentage for achievement for the Tribes is the lowest in the state, it is important to note there were very low number of applicable cases for this item. In the Quarter 5 review, there were a total of five foster care cases statewide in which the children were not placed together and/or concerted efforts to place the children together were not made throughout the period under review.



Information entered into N-FOCUS shows that close to 60% of children placed in out-of-home care were placed with their siblings. The chart and table below include point-in-time data with the numbers and percentage of children in out-of-home care placed with all of their siblings in foster care in June and December of each year in 2022, 2023, and 2024. It's important to note that the N-FOCUS data does not account for case circumstances in which there is a justifiable reason for separating the siblings, such as when one of the siblings needs specialized treatment available in a different placement setting. In December 2024, approximately 58% (1,168 of 2,031) children statewide were placed with all of their siblings in foster care. The Eastern Service Area is the area needing the most improvement, with approximately 50% (438 of 882) of the children placed with all of their siblings In December 2024. The Western Service Area has had

the highest placement with siblings, above 70% in 2022 and 2023; however, there was a drop to 65% in December 2024.

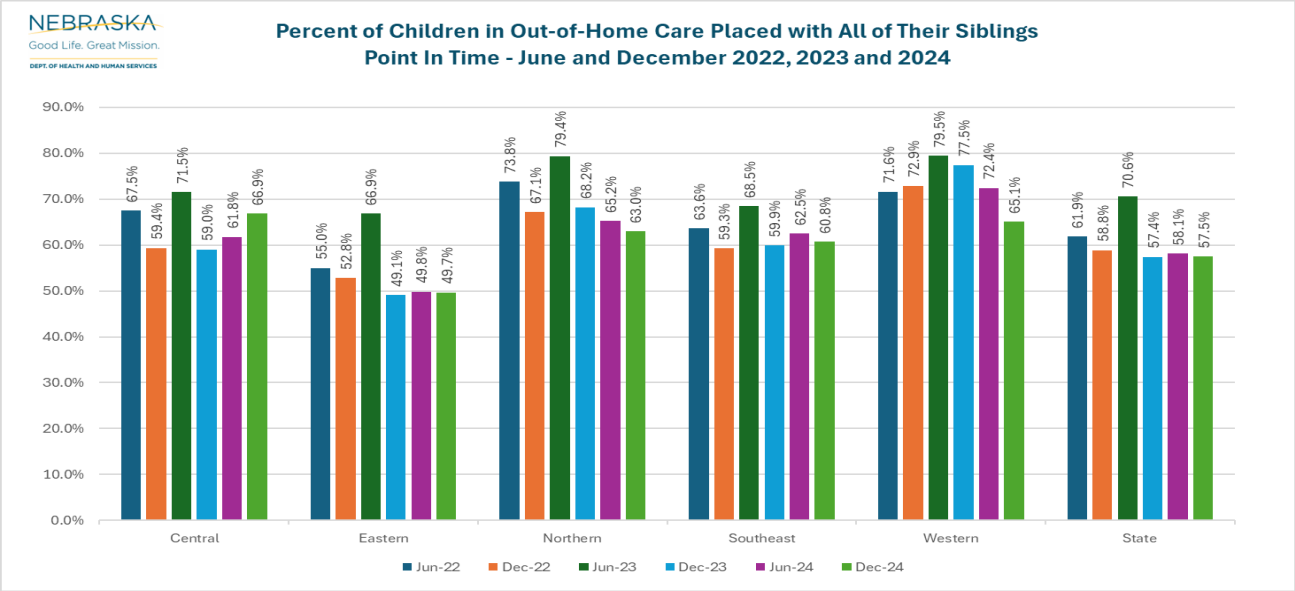


Table: Percent of Children in Out of Home Care Placed with All of their Siblings – Point-in-Time Numbers 2022-2024

	Numera	Denomin	Percent	Numera	Denomin	Percent	Numera	Denomin	Percent	Numera	Denomin	Percent	Numera	Denomin	Percent	Numera	Denomin	Percent
Central	166	246	67.5%	130	219	59.4%	148	207	71.5%	124	210	59.0%	152	246	61.8%	158	236	66.9%
Eastern	595	1082	55.0%	552	1046	52.8%	714	1068	66.9%	489	995	49.1%	498	1001	49.8%	438	882	49.7%
Northern	200	271	73.8%	188	280	67.1%	204	257	79.4%	178	261	68.2%	210	322	65.2%	204	324	63.0%
Southeast	225	354	63.6%	217	366	59.3%	226	330	68.5%	206	344	59.9%	230	368	62.5%	217	357	60.8%
Western	174	243	71.6%	194	266	72.9%	210	264	79.5%	165	213	77.5%	176	243	72.4%	151	232	65.1%
State	1360	2196	61.9%	1281	2177	58.8%	1502	2126	70.6%	1162	2023	57.4%	1266	2180	58.1%	1168	2031	57.5%

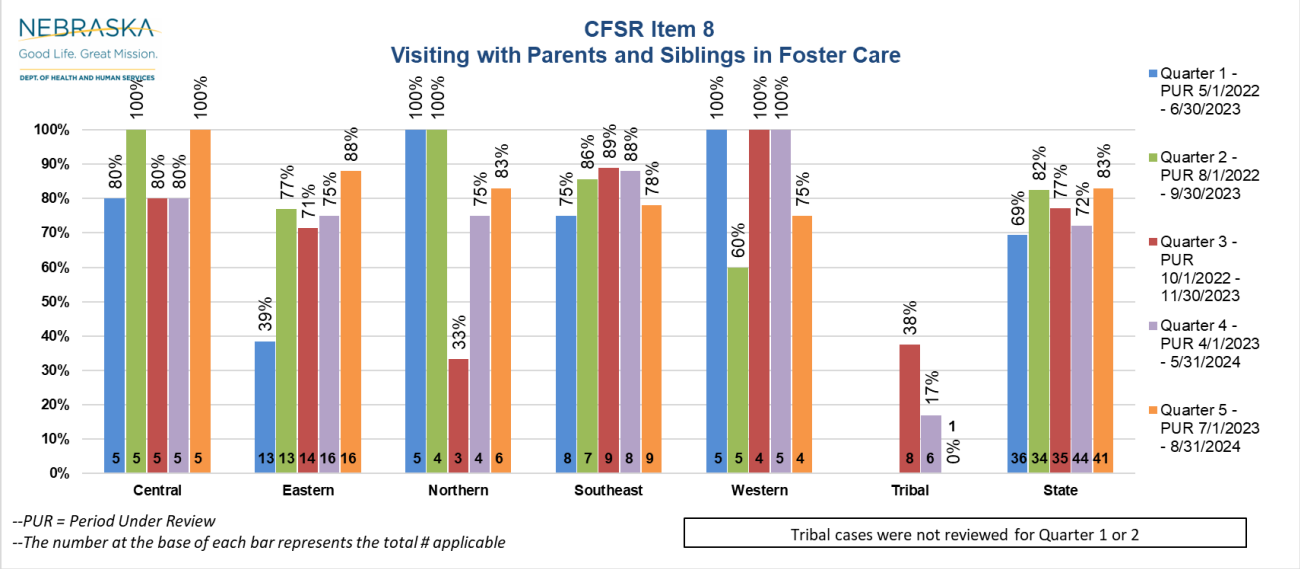
Review information and feedback from stakeholders suggest the following:

- It is sometimes difficult to find placements for a large sibling group.
- Sometimes children are moved to different placements due to behaviors that are unable to be managed by the current placement.
- Sometimes when siblings are initially separated, there is not an ongoing effort to locate a placement that is able and willing to provide placements for all of the siblings together.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

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

Concerted efforts must be made to ensure sufficient frequency and quality of visits to promote the child's relationship with family members. During the most recent ongoing internal CFSR case review, youth placed in foster care continued to have visits with their parents and siblings in 34 of 41 (83%) applicable cases. The Eastern and Southeast Service Areas require the most improvement in this item.

Nebraska has historically done a great job of ensuring visits are taking place between the child and parents and siblings in foster care but have struggled with documenting information on N-FOCUS regarding the quality of the visits.

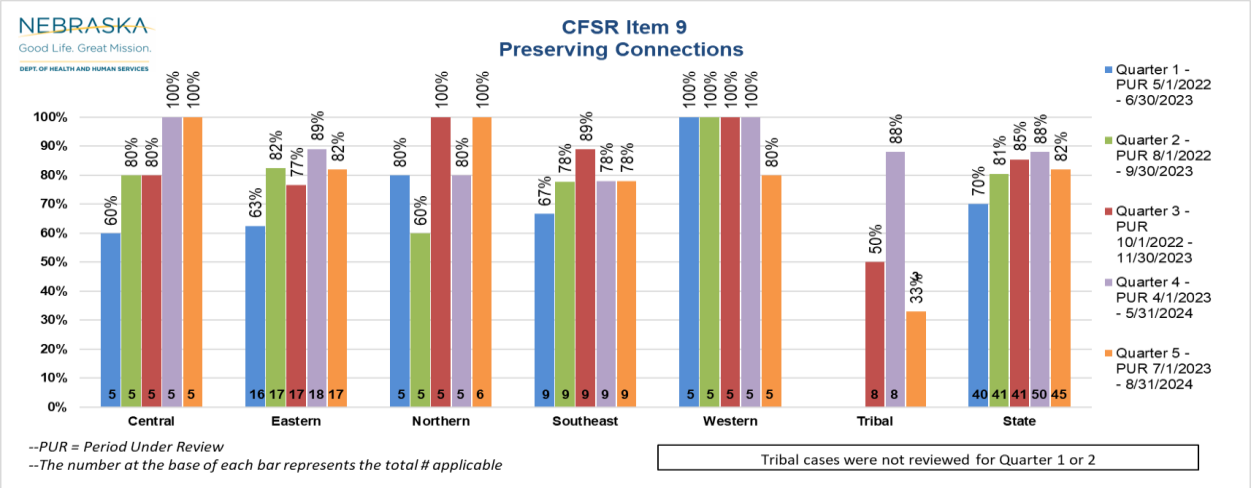


Review information and feedback from stakeholders suggest the following:

- Main barriers include a lack of ongoing efforts to engage parents in visitations, particularly in cases in which parents may not be consistent with keeping scheduled visitation appointments.
- Concerted efforts are needed to ensure visitation between siblings when they are not placed together.
- Concerted efforts are needed to engage the fathers in visitations with their children.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

During the most recent on-going internal CFSR case review, CFS made concerted efforts to preserve important connections for children in care 37 of 45 (82%) applicable cases. The Service Areas often make efforts to preserve the child's important connections; however, the case managers struggle with documenting information on N-FOCUS regarding those efforts. Notable connections included siblings who are not in foster care, extended family members, school, friends, and extracurricular activities. The Western Service Area consistently performs well with preserving the child's important connections. The Eastern and Southeastern Service Areas have the most need for improvement in this item.



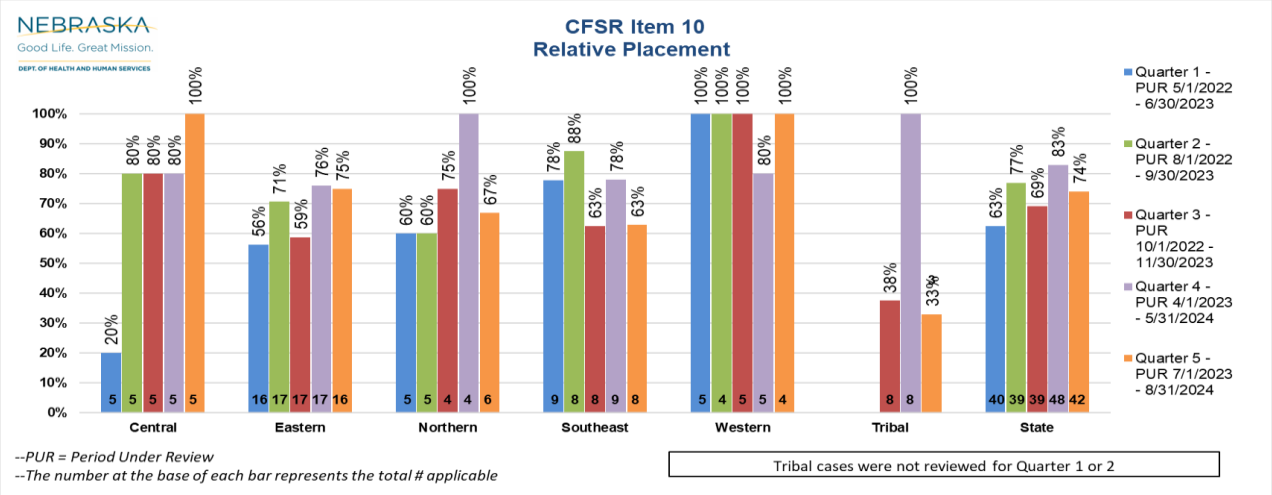
Review information and feedback from stakeholders suggest the following:

- There is sometimes lack of ongoing efforts to preserve the child's connections with relatives, older siblings, and other kin whom they had a relationship with prior to entry into foster care.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

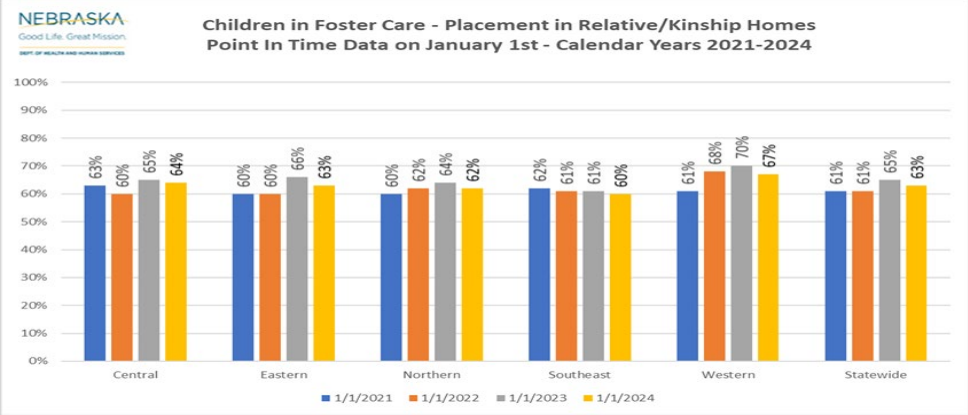
Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Concerted efforts are to be made to place the child with relatives whenever appropriate. Both maternal and paternal relatives must be identified, located, informed, and evaluated for placement. If the child is not placed with a relative, CFS should provide explanation as to why relative placement wasn't possible. During the most recent

ongoing internal CFSR case review, CFS made concerted efforts to place children with their relatives in 31 of 42 (74%) applicable cases (see chart below). For several of the cases, the maternal and/or paternal relatives were not identified, located, informed, and/or evaluated. The Western Service Area consistently does well in placing children in foster care with their relatives and/or continually making efforts to place the children with relatives. The Eastern, Southeast, and Northen Service Aras have the most need for improvement in this item.



The N-FOCUS data in the chart below further supports that the Western Service Area is doing a better job of placing children in relative/kinship placements. In 2024, 63% of the youth in out-of-home care statewide were placed in a relative/kinship placement. In 2024, 67% of the youth in the Western Service Area were placed in a relative/kinship placement. The Southeast Service Area is performing the lowest compared to other Service Areas but is still placing 60% of their youth in relative/kinship placements.



Review information and feedback from stakeholders suggest the following:

- Ongoing efforts need to be made to identify, locate, inform, and evaluate relatives for potential placement at the initial removal and on an ongoing basis while the youth is placed in foster care. CFS is doing a better job of identifying and evaluating maternal

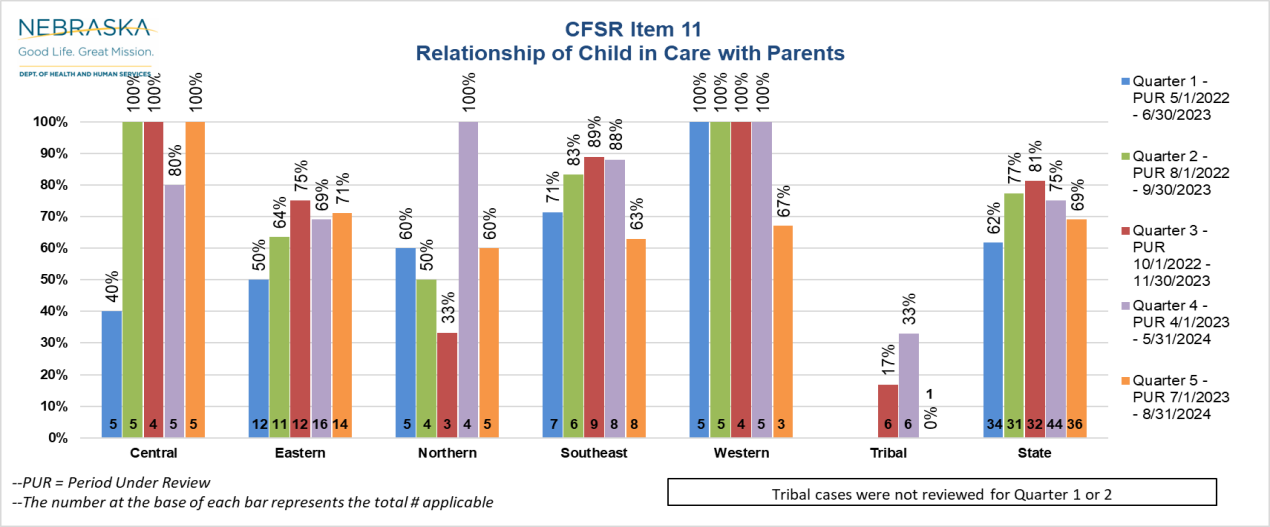
relatives than paternal relatives. CFS needs to improve contact and engagement with fathers to be able to better identify paternal relatives.

- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

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

During the most recent on-going internal CFSR case review, CFS made concerted efforts to preserve the relationship between the child in foster care and their parent(s) in 25 of 36 (69%) applicable cases. In many of the cases, concerted efforts were made to promote the mother-child relationship though participation in medical appointments, school activities, and therapeutic situations and encouraging the foster parent to be a mentor/role model to the mother. When needed, transportation assistance was given to allow the parents to attend appointments, etc. Some cases were rated as areas needing improvement when the father was applicable, and efforts were not made to promote the father-child relationship outside of visitation.

The chart below demonstrates how CFS has made concerted efforts to preserve the relationship between the child in care and their parents for the five service areas (Central, Eastern, Northern, Southeast, and Western) along with Tribal cases and the state total. CFS has not met the goal of 90% in any of the five quarters. However, the Western Service Area is the most consistent in four of the five quarters. Reviews indicate that Eastern and Northen Service Areas have the most room for improvement in this item.



Review information and feedback from stakeholders suggest the following:

- Concerted efforts were not made to promote the parent-child relationship through activities outside of parenting time visits.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Summary of State Performance for Permanency Outcome 2:

Nebraska's performance for Permanency Outcome 2 is below the federal standard of 95% for substantial conformity. The most recent internal CFSR case reviews indicate that 76% of the cases reviewed had a rating of substantially achieved and an additional 18% were rated as partially achieved for Permanency Outcome 2.

Nebraska was not required to address Permanency Outcome 2 during the CFSR Round 3 PIP. However, CFS has continually monitored performance in the Permanency Outcome 2 items and implemented strategies in the past few years to address identified areas for improvements. CFS recognizes the ongoing need for improvement and continues to identify barriers and root causes for areas needing improvement.

C. Well-Being Outcomes 1, 2, and 3

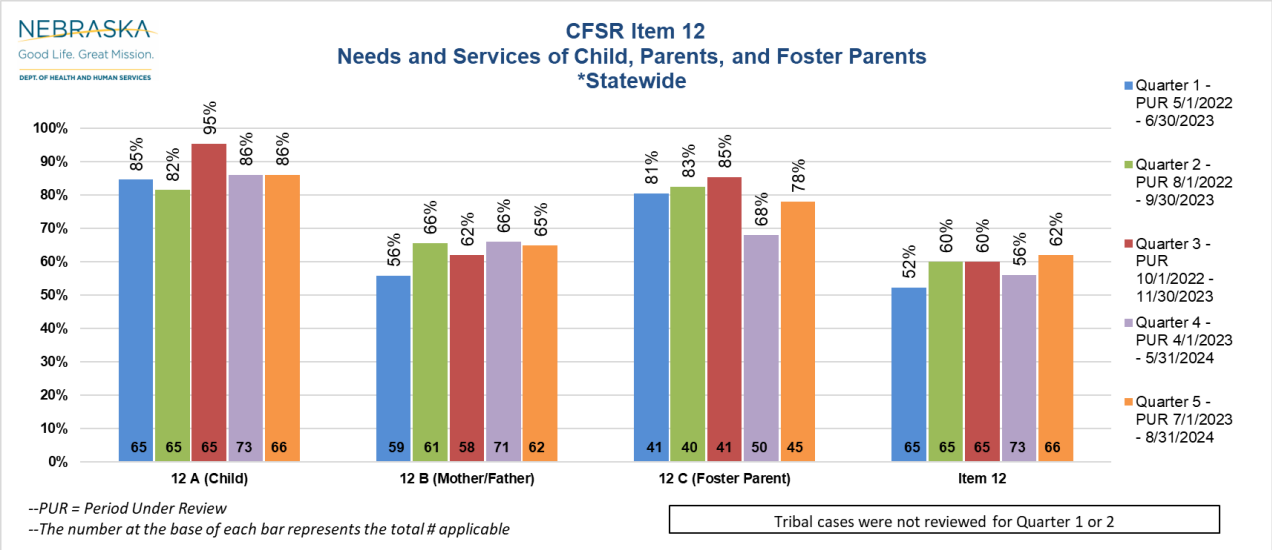
Well-Being Outcome #1: Families have enhanced capacity to provide for their children's needs.

Well-Being Outcomes 1, 2, and 3 were not in substantial conformity for Nebraska in CFSR Round 3. Nebraska was required to address CFSR Items 12, 13, 14, and 15 in the PIP for Round 3 and successfully met the target goals of the PIP.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

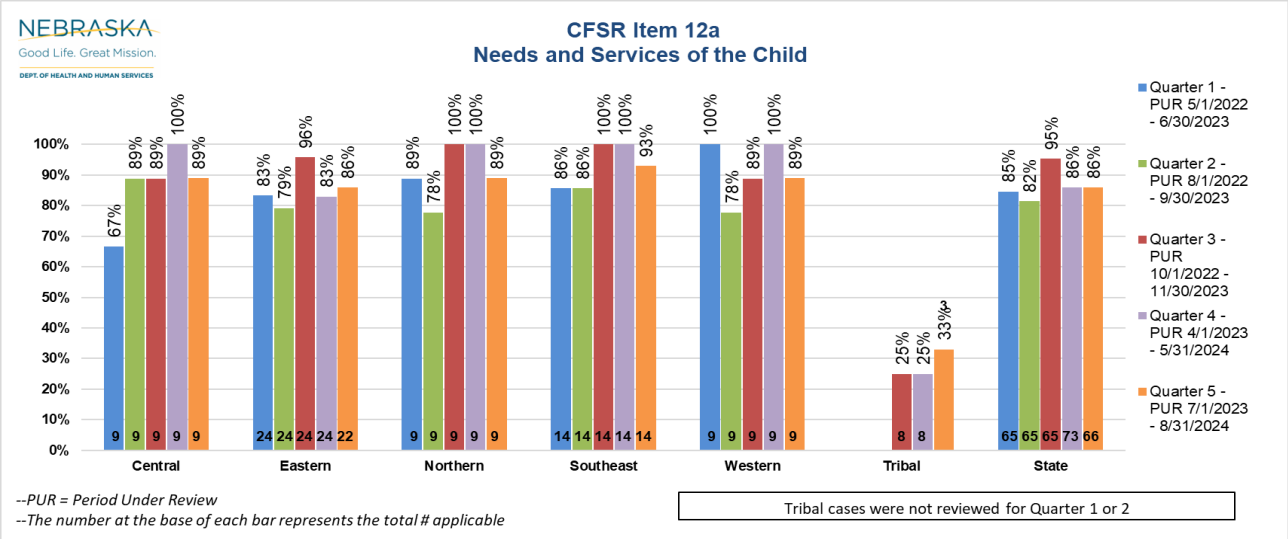
Well-being outcomes based on Item 12 reflect how CFS assesses the needs of children, parents, and foster parents with appropriate services provided to meet the needs. The chart below demonstrates how CFS has made concerted efforts to assess and provide needs for parents, youth, and foster parents for the five service areas (Central, Eastern, Northern, Southeast, and Western) along with Tribal cases and the state total.

During the most recent ongoing internal CFSR case review, CFS made concerted efforts to assess the needs and provide appropriate services for children, parents, and foster parents in 44 of 66 (62%) applicable cases. CFS does well assessing the needs and providing services for the child and foster parents; however, CFS consistently struggles with needs assessment and services to the parents.

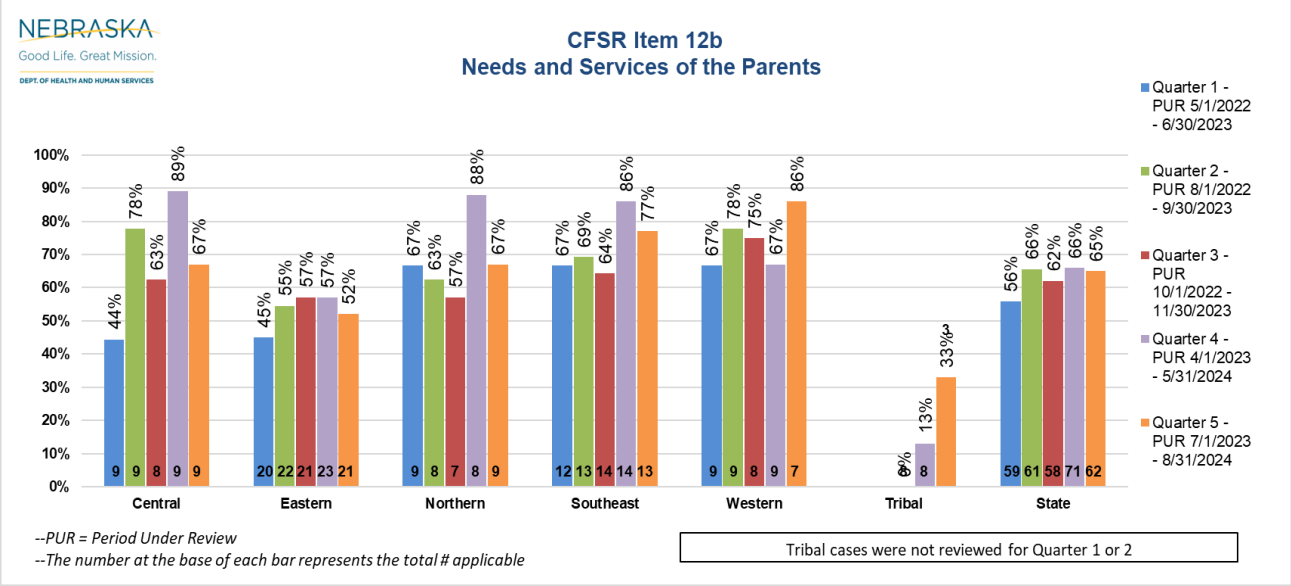


Case reviews as noted in the charts below indicate CFS does a better job of assessing and addressing the child's needs. The most recent CFSR case review showed CFS

assessed the child's needs and provided services to meet the needs in 57 of 66 (86%) of the cases. The performance is similar in all service areas except for the Tribes.

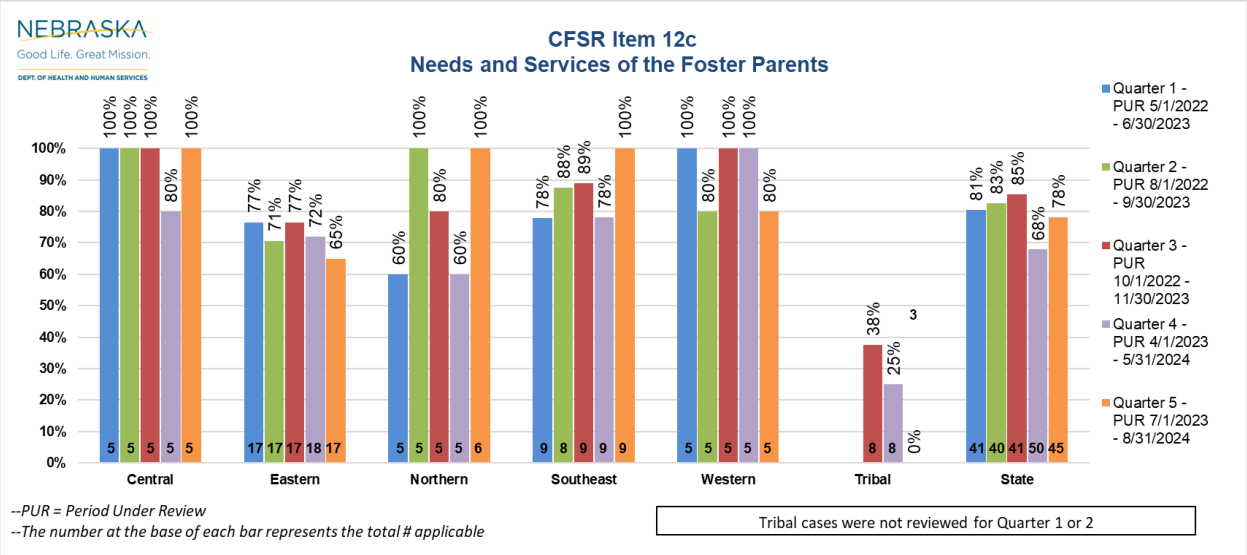


The most recent CFSR case review showed that CFS assessed the parent's (mother/father) needs and provided services to meet the needs in 40 of 62 (65%) of the cases. The performance is similar in all service areas except for the Eastern Service Area and the Tribes. The Eastern Service Area assesses the needs and provides services to meet the parent's needs in 50% of the cases reviewed compared to 60% or more in the other service areas.



The most recent CFSR case review showed the CFS assessed the foster parent's needs and provided services to meet the needs in 35 of 45 (78%) of the cases. The performance is similar in all service areas except for the Eastern Service Area and the

Tribes. The Central and Western Service Areas have consistently performed well, achieving a 100% rating in many of the recent quarterly reviews.

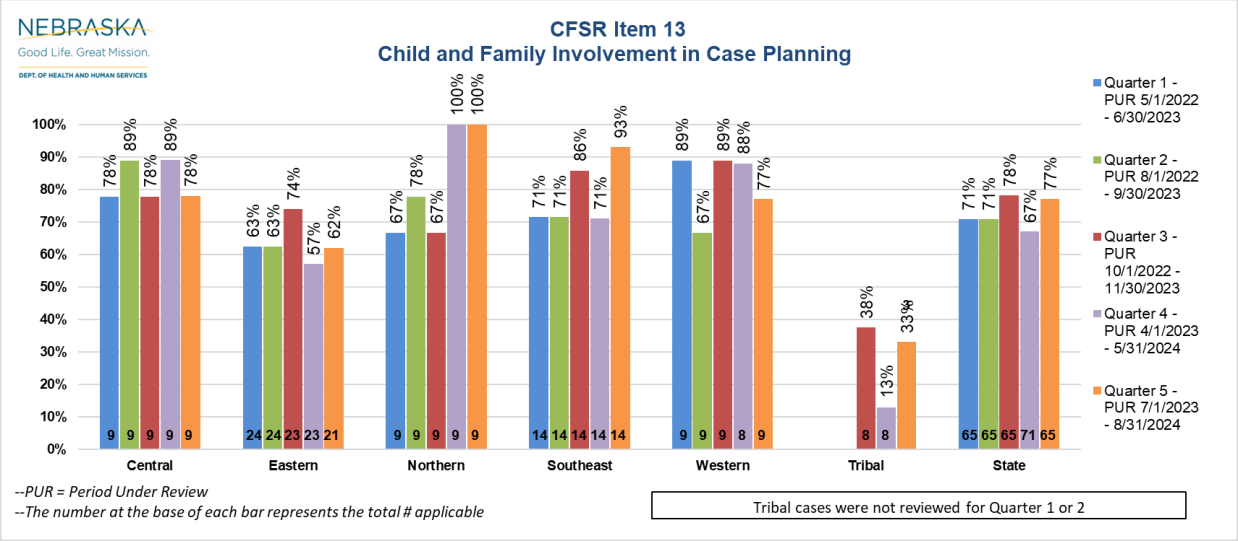


Review information and feedback from stakeholders suggest the following:

- Some of the barriers identified for this item include a lack of thorough ongoing needs assessments to assess the foster parent's needs and provide services to meet those needs. This was found to be true for some cases in which more efforts were needed to accurately assess the foster parent's needs and provide services to assist the foster parents to manage the child's behaviors.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families and ongoing service provision.

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

During the most recent internal CFSR case review, CFS made concerted efforts to actively involve children and parents in case planning in 50 of 65 (77%) applicable cases. The performance is similar in all service areas except for the Eastern Service Area and the Tribes. The Eastern Service Area involves the child and family in case planning less than 65% of the time compared to a performance of 70% or more in the other Service Areas.

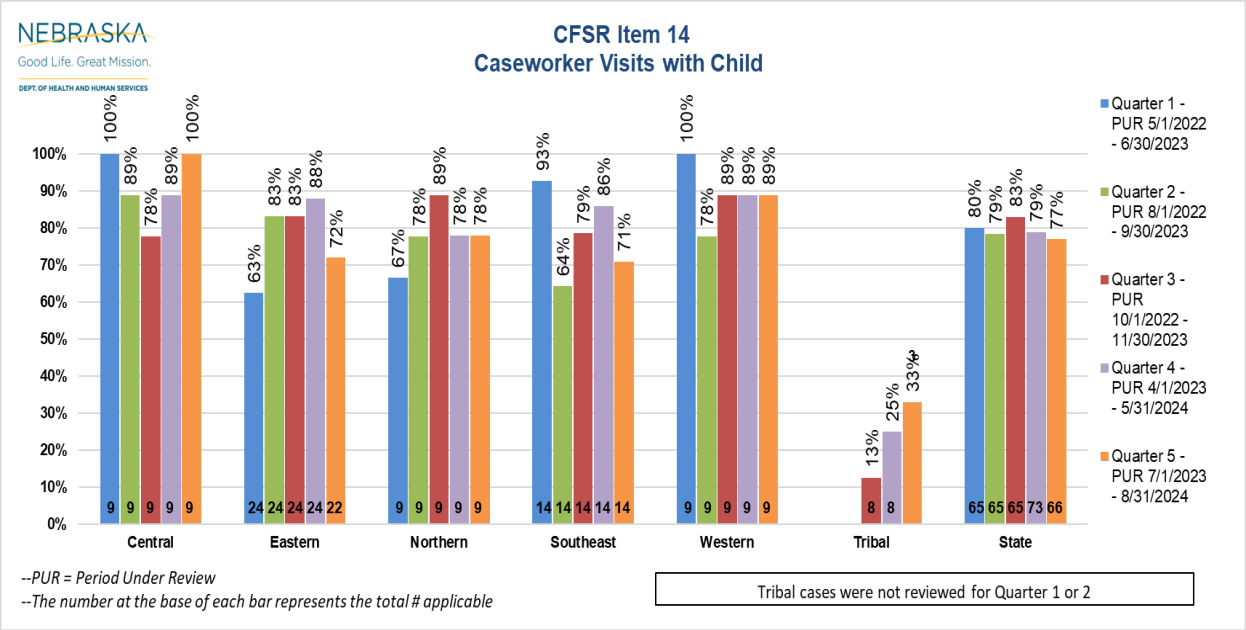


Review information and feedback from stakeholders suggest the following:

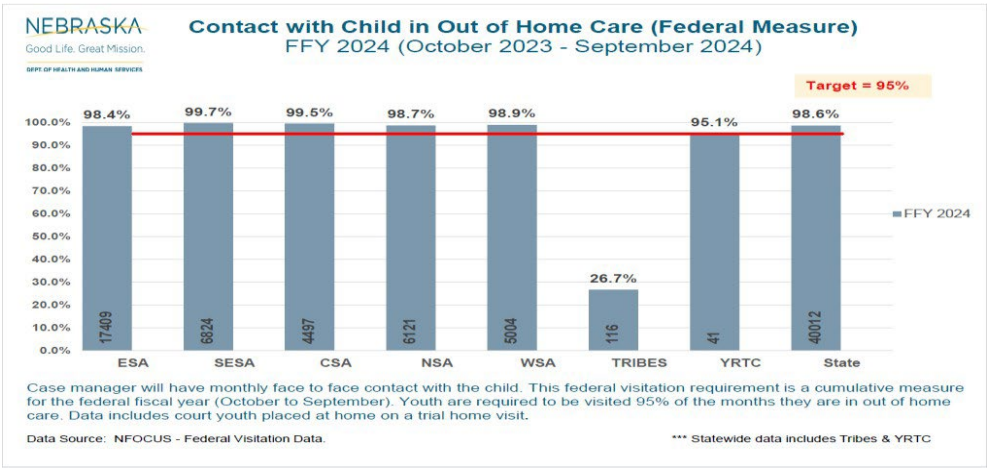
- A lack of ongoing efforts to engage the fathers in case planning.
- A lack of ongoing efforts to engage incarcerated parents in case planning.
- A lack of frequent team meetings allowing for thorough review of case progress and opportunities to engage the parents in case planning discussions.
- A lack of engagement of all children in case planning for In-Home and Alternative Response (AR) Cases.
- A lack of ongoing efforts to locate and engage parents who move frequently.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

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

During the most recent review, CFS maintained visits with children that were of sufficient frequency and quality in 51 of 66 (77%) applicable cases. The State has seen a gradual decrease in performance on this item. The Central and Western Service Areas perform better than the other service areas and the Tribes.



The current federal goal for contact with children in out-of-home care is 95%. In the most recent Federal Fiscal Year (FFY) 2024, the state performance exceeded the target goal with a performance of 98.6%. Performance is above 95% for all service areas and 26.7% for the tribes. As noted above, the barrier for Tribal cases is largely due to barriers and a lack of time to document case activity information in N-FOCUS, including all contacts for each youth.

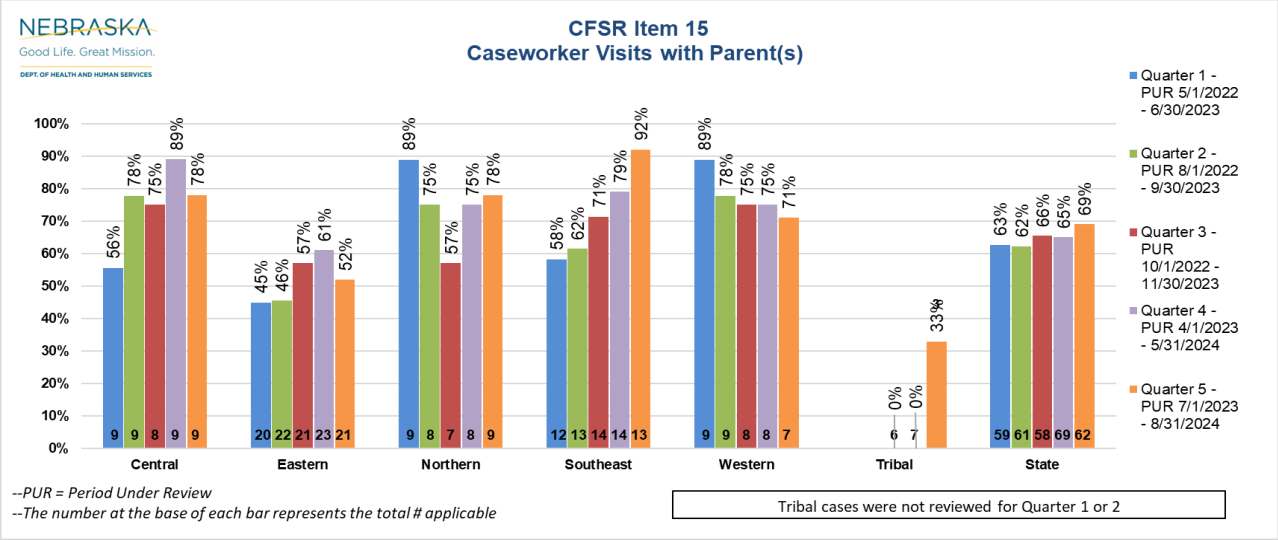


Review information and feedback from stakeholders suggest the following:

- Case managers continue to utilize the Case Management Due Date Report to ensure monthly child contacts are taking place with the child each month and this has helped increase performance.
- There is sometimes lack of consistent case manager contact with all children in In-Home and AR cases. Case managers often focus efforts and contacts with children in the home with higher needs and/or needs connected to the reason for involvement with the family (i.e., child has medical or behavioral health needs) and less efforts on the other siblings.
- The quality of case manager contacts with the child needs improvement. Sometimes the contacts are not private and/or long enough to support quality discussions and assessment of safety and risk for the child.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

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

During the most recent review, CFS maintained visits with parents that were of sufficient frequency and quality in 43 of 62 (69%) applicable cases. Similar performance was seen in all service areas except for the Eastern Service Area and Tribes. The Eastern Service Area case managers have sufficient contact with the parents only half of the time compared to 70% or more of the time in the other service areas.



Review information and feedback from stakeholders suggest the following:

- A lack of ongoing efforts to contact non-custodial parents.
- A lack of ongoing efforts to contact the fathers.
- A lack of ongoing efforts to contact incarcerated parents.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due a to lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Summary of State Performance for Well-Being Outcome 1:

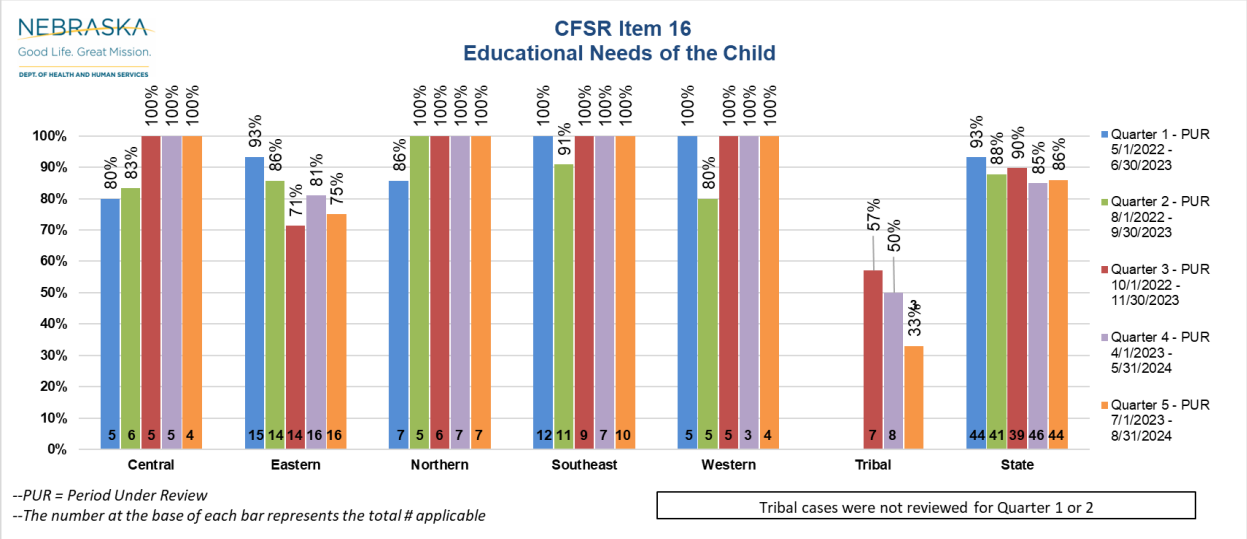
Nebraska's performance for Well-Being Outcome 1 is below the federal standard of 95% for substantial conformity, the most recent internal CFSR case reviews indicate that 61% of the cases reviewed had a rating of substantially achieved and 29% had a rating of partially achieved for Well-Being Outcome 1.

Nebraska implemented several strategies during CFSR Round 3 to address deficiencies for Well-Being Outcome 1. Strategies were implemented to support and strengthen the workforce to prevent staff burn out and staff turnover. Other strategies included implementation of a new case staffing process and coaching and support for supervisors and implementation of Safety Organized Practice (SOP) to improve youth, parent, and foster parent engagement. These strategies led to positive outcomes; however, CFS recognizes the ongoing need for improvement and continues to identify barriers and root causes for areas needing improvement.

Well-Being Outcome #2: Children receive appropriate services to meet their educational needs.

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

During the most recent CFSR case review, CFS made concerted efforts to assess the educational needs of children and provide appropriate services in 38 of 44 (86%) applicable cases (see chart below). This item has historically been an area of strength for the state and continues to be for most of the service areas. Except for the Eastern Service Area, the other service areas have demonstrated 100% strength for this item in several quarterly reviews. The Eastern Service Area demonstrated the most need for improvement in this item with performances in the 70-81% in the last three quarterly reviews.



Data and feedback from stakeholders suggest the following:

- CFS is making concerted efforts to assess the educational needs of children either informally or in conjunction with the school or daycare most of the time.
- A lack of ongoing communication and collaboration between the case managers, parents, foster parents, and the school is a barrier for some cases.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Summary of State Performance for Well-Being Outcome 2

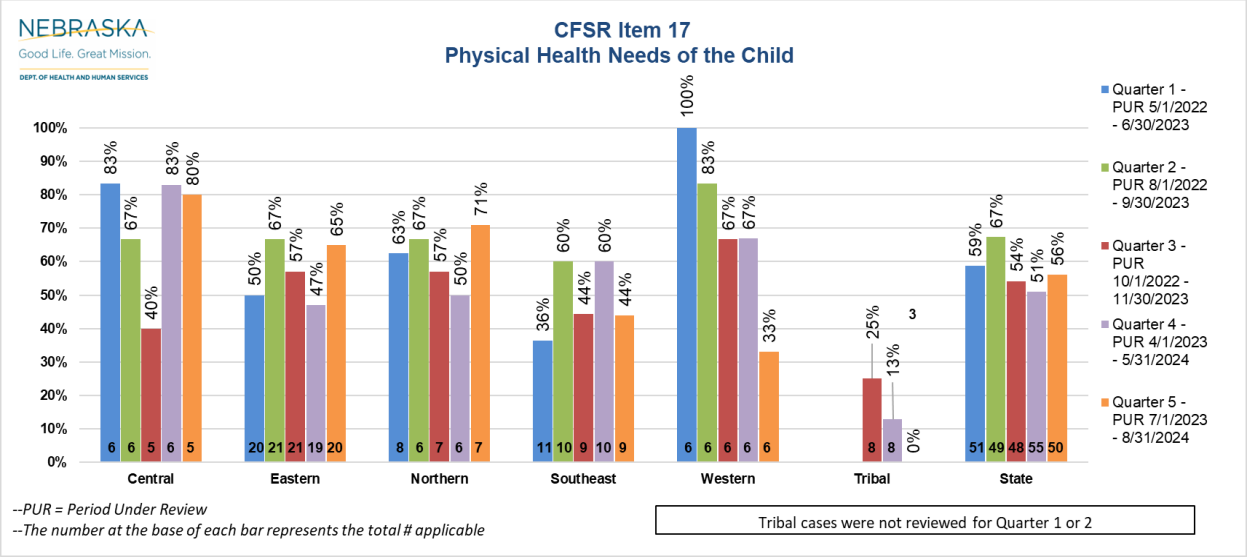
Nebraska's performance for Well-Being Outcome 2 is below the federal standard of 95% for substantial conformity. The most recent internal CFSR case reviews indicate that 86% of the cases reviewed had a rating of substantially Well-Being Outcome 2.

Nebraska was not required to address Well-Being Outcome 2 during the CFSR Round 3 PIP. However, CFS has continually monitored performance in this item and implemented strategies in the past few years to address identified areas for improvements. CFS recognizes the ongoing need for improvement and continues to identify barriers and root causes for areas needing improvement.

Well-Being Outcome #3: Children receive appropriate services to meet their physical and mental health needs.

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

CFS has the responsibility to ensure that the medical/physical and dental health needs of children/youth are addressed, and the necessary monitoring and management of medication occurs, paying special attention to psychotropic medications. During the most recent case review, CFS made concerted efforts to assess the physical health needs of children and provide appropriate services in 28 of 50 (56%) applicable cases (see chart below). The statewide performance has remained around 50-55% in the last three quarterly reviews. Reviews indicate this item is an area of need for all service areas and the Tribes. The Central Service Area has had the best performance of 80% or above in the last two quarterly reviews.

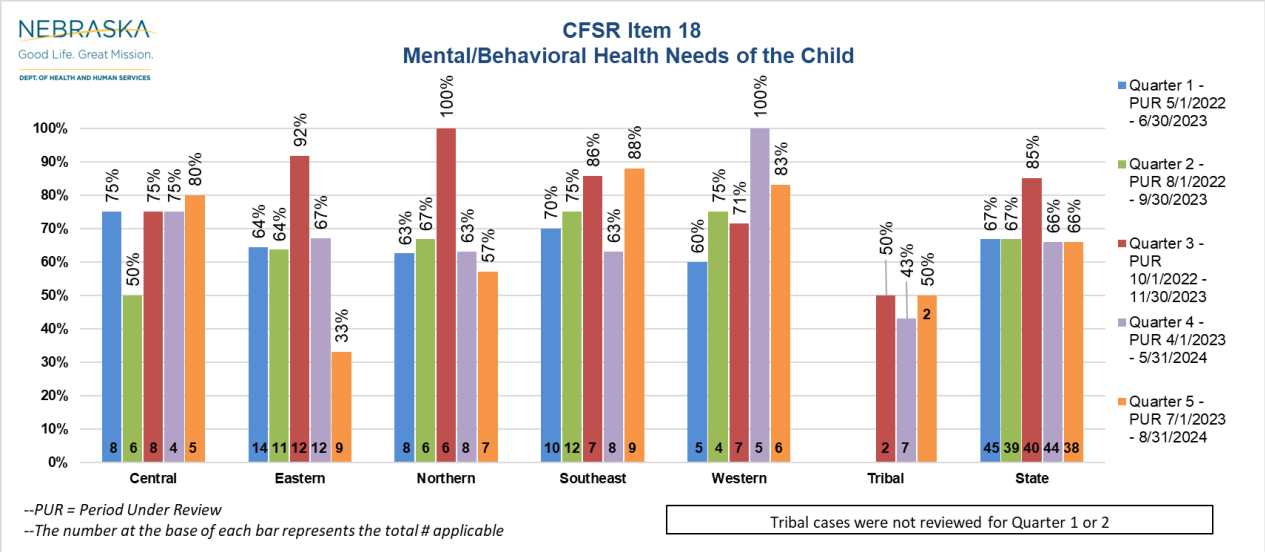


Review information and feedback from stakeholders suggest the following:

- The main barrier for this item is the lack of timely dental health assessments and services due to a lack of dental health providers in the area who accept Medicaid and/or long wait lists at dentist offices, making it difficult to get appointments every six months.
- There is sometimes a lack of follow through with ensuring dental health needs are addressed timely.
- A lack of ongoing communication and collaboration between the case manager, foster parents, and/or parents to coordinate and schedule medical and dental examinations timely. More efforts need to be made to improve communication and coordination between case managers and foster care providers and/or parents to ensure services are provided for the children as needed and that information regarding the child's physical and dental assessments and services are shared timely with all involved.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

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

CFS has the responsibility to ensure that the behavioral and mental health needs of children/youth are addressed, and the necessary monitoring and management of medication occurs, paying special attention to psychotropic medications. During the most recent CFSR case reviews, CFS made concerted efforts to assess the mental/behavioral health needs of children and provide appropriate services in 24 of 38 (66%) applicable cases (see chart below).



Review information and feedback from stakeholders suggest the following:

- CFS is providing appropriate oversight of prescription medications for mental and behavioral health issues most of the time; however, CFS staff are not always adhering to all the policy requirements including completion of medication checklists and oversight of psychotropic medications.
- CFS is needs to further explore and address barriers to providing appropriate services to address children's mental/behavioral health needs. Some service areas report delays in services due to wait lists and/or delay in referrals or initiation of services.
- More efforts need to be made to improve communication and coordination between case managers and foster care providers to ensure services are provided for the children in foster care as needed and that information regarding the child's behavioral and mental health assessments and services are shared timely with all involved.
- The Tribes experience barriers to timely documentation in the state's information system. Feedback suggests that the main barrier is due to a lack of resources to devote to documentation in N-FOCUS to reflect the work completed in each case. Additional barriers identified include staff turnover that may impact continuity of assessments, engagement with families, and ongoing service provision.

Summary of State Performance for Well-Being Outcome 3:

Nebraska's performance for Well-Being Outcome 3 is below the federal standard of 95% for substantial conformity. The most recent internal CFSR case reviews indicate that 52% of the cases reviewed had a rating of substantially achieved and another 20% had a rating of partially achieved. These ratings indicate a need for improvement for this outcome. Nebraska continues to utilize local service area and statewide CQI processes and activities to develop, implement, and evaluate strategies to address identified barriers for Well-Being Outcome 3.

Nebraska was not required to address any of the items in Well-Being Outcome 3 during CFSR Round 3 PIP. However, CFS has continually monitored performance in these items and implemented strategies in the past few years to address identified areas for improvements. Strategies have included implementing processes to remind staff of appointment deadlines and strategies to improve communication and collaboration with foster care agencies and foster parents to address to ensure appointments are made and services are provided to youth when needed. These strategies led to positive outcomes; however, CFS recognizes the ongoing need for improvement and continues to identify barriers and root causes for areas needing improvement.

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System
How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Analysis

Background Information

The Statewide Information System was found to be in substantial conformity with federal requirements during CFSR Round 3 in 2017. Nebraska believes this item continues to be in substantial conformity for the State.

CFS operates a SACWIS called N-FOCUS. N-FOCUS is available to CFS staff including case managers, supervisors, managers, administrators, and staff in supporting roles within CFS statewide. N-FOCUS was created to collect and maintain information regarding individuals, families, and providers who receive services from or interact with the agency. Collecting and maintaining this information allows immediate access to information about any child, family member, and all other involved parties who have contact with the state's child welfare system. SACWIS allows timely data reporting and analysis, which is key to monitoring outcomes and identifying areas needing improvement. In addition, SACWIS allows CFS to collect and report data as requested by the Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect System (NCANDS), National Youth in Transition Database (NYTD), and other stakeholders.

N-FOCUS is utilized for all children in foster care, families receiving in home services, AR services, and prevention services. N-FOCUS identities the legal status, demographics characteristics, location of the child's placement, and permanency goals of every child in foster care. CFS staff update information in N-FOCUS to capture youth and family information to ensure best practice and meet federal reporting requirements. There are policy and practice guidance directing staff to document any placement changes as soon as possible and within 72 hours of the placement. Staff are also directed to enter the child's case plan and permanency goal within 60 days of the child's entry into foster care. There are other case activities that require staff to enter information as quickly as possible requiring specific documentation timeframes such as safety plans within 24 hours and case manager contacts within seven days of the contact. Daily case management due date reports allow CFS staff to check youth information and ensure missing information such as the child's legal status, placement, and case plan information is entered in the system.

The legal status of every child is recorded in the Program Case window in N-FOCUS. The legal status window includes the legal status begin date and end date. Legal status history information is maintained in N-FOCUS to provide a historical picture of all foster care entries and exists. If not already entered, CFS staff are required to enter demographic information such as the child's placement information and location upon entry into foster care. All foster placements entered into N-FOCUS are connected to the financial and licensing portions in the system. This ensures placements are valid and appropriate payments are issued. N-FOCUS allows for all placements to be documented, including temporary or short-term placements such as hospitalizations.

The permanency goals for each child are required to be documented within the child's case plan on N-FOCUS. The screen allows a primary and concurrent permanency goals to be identified. The case plan must be completed and finalized in the system within 60 days of the child's entry into foster care. CFS supervisors are responsible for monitoring timely entry and accuracy of all case information entered in the N-FOCUS system.

Data Sources/Evidence:

- AFCARS Compliance Report
- Case Review-Data Verification Review Reports
- N-FOCUS System Generated Reports
- Case management staff survey results

Analysis of Findings

Accessibility of Information

Information for each youth involved in the system is readily available and accessible to internal CFS staff and utilized to generate reports needed by other internal or external system partners.

Youth information including demographics, case plan goals, legal status, and placement information is readily available and allows CFS to generate reports that are reviewed and utilized by CFS staff on a regular basis. The following are some of the key reports that are generated on a regular basis and utilized by CFS case managers, supervisors, and administrators:

- N-FOCUS Child Information Summary: This report is a built-in report function in N-FOCUS and allows staff to generate a real-time child summary report at any given time. The child information summary includes all of the child's details and case information. The report includes the child's legal status, demographics, case plan goals, placement information, dates of case manager contacts, assessment, court dates, summary of services, etc. This report is accessible and utilized by case managers and supervisors to confirm case information.
- Daily Case Management Due Date Reports: Daily case management due date reports are generated daily with youth details and various case activities and due dates. These reports allow the case manager to review up to date information for each youth including demographics, case plan goals, placement, legal status, and

much more. The case management due date reports update daily and allows CFS staff to view real-time case information for the youth and address any deficiencies. The report uses color coding to alert staff to upcoming deadlines, missing information, or past due information. For example, the report will show a due date of when the case plan is due for the child. If the case plan is not completed in the system, the due date report will change the color coding to red, alerting the case manager that the case plan is overdue.

- Supervisory Review Report: This report provides a one-page summary of N-FOCUS data for each child and is used by CFS Supervisors to access and review case information including the child's demographics, case plan goals, placement, and legal status. This report is utilized by Supervisors during regular case staffing with the case managers. The case staffing provides an opportunity to review the case information with the case manager and address any documentation inaccuracies.
- Performance Accountability Reports: This report contains performance measures that can be drilled down to the case level. Data is produced monthly and utilized to monitor progress and performance in case management measures including case plan completion, visitation, FTMs, etc. A review of the performance-related measures allows supervisors to access and review youth information entered into the system that may impact whether or not performance goals are met. For example, one of the measures in the performance accountability report looks at whether or not case plans which include the child's permanency goal were documented within 60 days from entry into foster care. A monthly review of this data allows case managers and supervisors to ensure action is taken to address any deficiencies.
- Placement Documentation Report: This monthly report shows whether or not placement changes were documented within 72 hours as required by Nebraska statute. This report is another example showing placement information is readily available and accessible and utilized by staff. The report includes the ability to view placement information for each Service Area, by Administrator, Supervisor, and Case Manager. The report includes all related youth and placement details. The report is another way for case managers to identify any areas for improvement with timely documentation of placement information.

When asked about report accessibility and information usage, the CFS case managers, supervisors, and administrators provided the following responses to a survey conducted in November 2024. 634 CFS Staff (19 CFS administrators, 88 supervisors, and 473 case managers) were surveyed, and 173 responses were received.

- 82% (142 of 173) of the respondents indicated that they utilize various data/reports (such as those above) to access youth and case information and drive their case management decisions.
- 90% (156 of 173) of the respondents indicated that their direct supervisor utilizes various data/reports (such as those above) to access youth and case information and drive their case management decisions.

CFS continues to share data from N-FOCUS directly with various community stakeholders including the Foster Care Review Office (FCRO), service providers, foster

placement agencies, Child Advocacy Centers (CAC), etc. CFS has ongoing discussions with these stakeholders and many others regarding accuracy and accessibility of the data that is shared directly from N-FOCUS. These stakeholders continue to express confidence in the accuracy of the data and functioning of the State's Information System. Below are some examples of data sharing with external users.

- Child and case information is shared with the FCRO.
- Youth data from N-FOCUS is also shared with the Nebraska Criminal Justice Information System (NCJIS) and the Judicial User System to Improve Court Efficiency (JUSTICE) system. Data from N-FOCUS is shared with NCJIS and the JUSTICE system. The JUSTICE system connects all the Trial Courts in Nebraska, and the courts are able to access the placement information for the youth as documented on N-FOCUS by the case managers.
- Data from N-FOCUS is shared with Nebraska service providers through the PPI reporting system. Data from N-FOCUS is shared with the providers and utilized in reports through the PPI reporting system.

Accuracy of Information:

In addition to ensuring information is readily available and accessible in the State's Information system, CFS also takes additional steps to validate and ensure accuracy of the information entered in the system.

Nebraska's AFCARS files include data extract from N-FOCUS such as removal status, demographic characteristics, location, and goals for every child in foster care. AFCARS data quality reports provide the number of records with missing data. The CFS 2024B AFCARS submission had no elements, with error rates above 7.4%. The threshold for an AFCARS penalty is 10%.

Table 1 below includes data elements from the 2024B AFCARS compliance report that are pertinent to this systemic factor such as the child's demographic information. The 2024B AFCARS compliance report showed a 0% error rate for the child's date of birth, gender/sex, and race.

Table 1: AFCARS Compliance Report

2024B AFCARS Compliance Report	
AFCARS Elements	Error Rate
Date of Birth:	0.00%
Gender/Sex:	0.00%
Race:	0.00%

In addition to the AFCARS compliance reports, the CFS CQI team conducts ongoing data verification reviews to ensure accuracy of specific information documented in N-FOCUS. The data verification reviews are conducted by the review team at least once per quarter on a select number of youth involved in the system. The number of cases reviewed varies each quarter. Reviewers utilize other case information documented in N-FOCUS as well as information gathered from interviews conducted with the case

manager and other case participants (parents, youth, foster parents) to verify accuracy of case information, including the following:

- Gender identification
- Date of birth
- Race and ethnicity
- Current placement
- Placement information for the last 12 months
- Legal status information
- Case plan/permanency goals

Table 2 below contains data from reviews conducted in 2021, 2023, and 2024. Data verification reviews were not conducted in 2022 when the review team was tasked with a different priority review. Reviews were completed for 149 youth in 2021, 285 youth in 2023, and 309 youth in 2024.

Data in Table 2 shows that the child's gender, date of birth, race, placement information, legal status, and case plan/permanency goals are accurately documented in the system most of the time. For example, in 2024, the CQI team reviewed 310 youth out of an average of 3,000 youth in foster care. Case reviews showed the following for the 310 youth who were selected for review:

- Gender was accurately documented for 99.7% (309/310) of the youth.
- Date of birth was accurately documented for 100% (310/310) of the youth.
- Race/ethnicity was accurately documented for 85% (265/310) of the youth.
- Child's most current placement was accurately documented for 98% (304/310) of the youth.
- Child's placement in the last 12 months were accurately documented for 97% (303/310) of the youth.
- Child's case plan/permanency goals were documented accurately for 88% (272/310) of the youth.
- Child's legal status was documented accurately for 100% (200/200) of the youth. The legal status verification was added to the review in the latter part of 2024 and was verified for 200 out of the 300 youth.

Case reviews in 2024 found the child's race/ethnicity and case plan goals as two areas of documentation that could be improved by CFS. Case reviews completed in 2024 showed race was documented accurately for 85% (265/310) of the youth and the case plan goal was documented accurately for 88% (272/310) of the youth. The CQI review team works with CFS field staff to ensure corrections are made to the child's information on N-FOCUS following each quarterly case review.

Table 2: CFS Data Verification Review Data

Child's Gender	2021	2023	2024
Numerator (Youth with Correct Information)	149	285	309
Denominator (Total Reviewed Youth)	149	285	310
% Correct	100%	100%	99.70%

Child's Date of Birth	2021	2023	2024
Numerator (Youth with Correct Information)	149	285	310
Denominator (Total Reviewed Youth)	149	285	310
% Correct	100%	100%	100%

Child's Race/Ethnicity	2021	2023	2024
Numerator (Youth with Correct Information)	135	268	265
Denominator (Total Reviewed Youth)	149	285	310
% Correct	91%	94%	85%

Child's Most Recent Placmeent	2021	2023	2024
Numerator (Youth with Correct Information)	148	282	304
Denominator (Total Reviewed Youth)	149	285	310
% Correct	99%	99%	98%

Child's Placement for the last 12 Months	2021	2023	2024
Numerator (Youth with Correct Information)	145	282	303
Denominator (Total Reviewed Youth)	149	285	310
% Correct	97%	99%	97%

Child's Case Plan Goal	2021	2023	2024
Numerator (Youth with Correct Information)	136	250	272
Denominator (Total Reviewed Youth)	149	285	310
% Correct	91%	88%	88%

Child's Legal Status	2021	2023	2024
Numerator (Youth with Correct Information)	*	*	200
Denominator (Total Reviewed Youth)	*	*	200
% Correct	*	*	100%
** Legal Status verifcation was added to the reviews in the latter part of 2024*			

In addition to the follow-up from the data verification reviews, CFS also created a report that identifies youth whose race or ethnicity is not entered or is listed as “other” or “unknown” on N-FOCUS. This report is used by CFS staff to make sure race information is gathered and documented in the system for the identified youth. Utilization of this report has led to conversations with staff highlighting some areas of need when it comes to documentation of race and ethnicity within the system. There are times when the youth identify their race as something other than any of the race options within the system. For example, a youth may identify their ethnicity as Hispanic and their race as Mexican, which does not match any of the race categories or options in N-FOCUS. The case managers and supervisors use the daily case management due date report to ensure the child’s case plan/permanency goal is created and documented timely. An additional report was created to highlight any youth who have been in foster care for

nine or more months and no concurrent permanency goal has been entered into N-FOCUS. This report is utilized by CFS staff to identify cases that warrants a review and staffing with supervisors to determine if a concurrent permanency goal should be added to the case plan.

CFS also monitors accuracy of system data through other ongoing quality assurance (QA) case reviews completed by the CQI team. Case documentation entered into N-FOCUS is the primary source of information utilized by reviewers when conducting ongoing QA reviews. The CQI team is able to conduct accurate QA reviews because information is documented accurately and readily accessible within the information system. The following are examples of some of the QA reviews that are conducted on a regular basis using case information that is readily available and accessible from the system:

- Monthly ongoing proactive case reviews are conducted monthly to ensure quality ongoing case management activities/decisions and provide an opportunity to address any incorrect or missing case information, questions, or concerns during ongoing case management. The ongoing proactive case reviews look at all aspects of ongoing case management such as documentation of monthly face-to-face contacts between the case manager, child, parents, foster parents, case plan goals, FTMs, safety and risk assessments, placement accuracy and stability, and child and family needs and services. The reviewers access and use case information such as the child's demographic information, legal status, case plan goals, and placement information during the case reviews. These case reviews offer another opportunity to identify inaccurate or missing case information and work with CFS field staff to address areas needing improvement. The CQI team reviews approximately 90-100 cases each month.
- Quarterly physical and mental health QA reviews to ensure child conditions and needs are accurately assessed and services provided to address the needs. The physical and mental health QA reviews allow for opportunities to address data entry questions or concerns related to child conditions, diagnosis, medications, etc. The CQI team reviews approximately 200 cases per quarter.
- Quarterly CFSR case reviews provide an opportunity to review case documentation and address any data entry questions or concerns throughout the case. A summary email is sent to the case manager after each CFSR case with a summary of the case review and a highlight of strengths and areas needing improvement. The summary also includes documentation inaccuracies including any corrections needed for the child's demographics, legal status, placement, and case plan goals. The CQI team reviews approximately 65 cases per quarter.

System Improvements:

CFS continues to improve the level of collaboration between the Information System Business Analysts, CFS data analysts, and internal and external data users. The CFS business and data analysts continue to work with CFS program administrators, supervisors, case managers, and other users to solicit input for system enhancements. Additionally, the CFS CQI and data analysis staff continue to solicit feedback from

internal and external stakeholders regarding system functioning, data, and report availability and accuracy.

State Performance and Overall Rating for the Statewide Information System Systemic Factor

Nebraska's assessment demonstrates this item is a strength and is in substantial conformity with regards to the Statewide Information System. The Statewide Information System is functioning well in Nebraska to ensure that at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Analysis

Background Information

During CFSR Round 3, the case review system (Item 20) was rated as an Area Needing Improvement for Nebraska. Parent engagement in case planning was found to be a need. Nebraska believes that Item 20 continues to be an Area Needing Improvement for the State in CFSR Round 4.

As a result of the CFSR findings in Round 3, Nebraska implemented strategies including utilization of SOP framework and tools to increase engagement with parents and youth.

According to federal regulations (45 CFR 1355.34 (c) (2) Case Review System), the Title IV-E agency must have procedures in place that: (i) Provide, for each child, a written case plan to be developed jointly with the child's parent(s) that includes provisions: for placing the child in the least restrictive, most family-like placement appropriate to his/her needs, and in close proximity to the parents' home where such placement is in the child's best interests; for visits with a child placed out of State/Tribal service area at least every 12 months by a caseworker of the agency or of the agency in the State/Tribal service area where the child is placed; and for documentation of the steps taken to make and finalize an adoptive or other permanent placement when the child cannot return home (sections 422(b)(8)(A)(ii), 471(a)(16) and 475(5)(A) of the Act). In Nebraska, the required provisions are addressed in the Case Plan and Court Report documents, which are submitted jointly to the court for review.

The case plan is a written agreement developed between the family and the case manager. Information is gathered from those working with the family such as relatives, supporting agencies, foster parents in addition to the child, the mother, and father when applicable. Case plans are developed for families involved in court and non-court families to identify and address safety and/or risk factors. The court approves or modifies the case plan for families involved with the court. The initial case plan is created no later than 60 days from the date the legal status changes and will be updated before every review hearing, or at a minimum of every six months thereafter. Additionally, the plan can be updated whenever new information is shared that impacts the child's achievement of performance.

Data Sources/Evidence

- CFS System Generated BI Portal Reports (N-FOCUS)
- CFS QA Review Reports
- Surveys and feedback from various stakeholders during Statewide Assessment Collaborative Sessions – Details are described in the beginning of the assessment on pages 9 and 10.

Analysis of Findings

Written Case Plan Developed Jointly with the Child's Parents: Nebraska monitors whether or not case plans are developed jointly with the child's mother and father on an ongoing basis. Nebraska utilizes case review information from reviews conducted by the CQI team on a quarterly basis. These reviews are completed using a separate case review tool outside of the case planning questions asked in the CFSR OSRI. The case reviews include interviews about the parent's experience and efforts from CFS staff to directly involve and engage the parent in completing the case plan. Case reviewers gather information to answer the following questions:

- Did the agency make concerted efforts to complete the case plan jointly with the child's mother?
- Did the agency make concerted efforts to complete the case plan jointly with the child's father?

The table below shows the results from case reviews completed in calendar years 2021, 2023, and 2024. This specific case review was not completed in 2022 due to other department case review priorities.

Case Planning with the Child's Mother

Calendar Year	**2021**	**2023**	**2024**
Total Cases Reviewed	149	136	110
Numerator (Mother's Actively Engaged)	97	85	71
Denominator (Total Applicable Mothers)	122	105	94
% Mother's Actively Engaged in Case Planning	**80%**	**81%**	**76%**

Case Planning with the Child's Father

Calendar Year	**2021**	**2023**	**2024**
Total Cases Reviewed	149	136	110
Numerator (Father's Actively Engaged)	53	47	45
Denominator (Total Applicable Fathers)	100	78	72
% Father's Actively Engaged in Case Planning	**53%**	**60%**	**63%**

Data from the reviews identified case planning with the children's mother and father as

areas needing improvement for CFS. Most recent data from reviews completed in 2024

shows CFS made concerted efforts to complete the case plan jointly with 76% (45 of 72) applicable mothers, this performance was a decrease from 81% (85 of 105) in the previous year. The review data from 2024 indicate CFS made concerted efforts to complete the case plan jointly with 63% (45 of 72) applicable fathers, this performance was an increase from 60% (47 of 78) in the previous year. CFS recognizes that additional strategies are needed to improve engagement with the child's parents, particularly the child's father. CFS continues to identify barriers and implement strategies to improve parent engagement in case planning. Case reviews indicate similar performance in each Service Area and the Tribes. While some service areas may perform better in some quarters, the performance is not consistent throughout the year indicating improvement is needed in all Service Areas and the Tribes.

Feedback from stakeholders during the Statewide Assessment Collaborative Sessions support areas for improvement in this area. Out of the 20 people who attended the collaborative session meeting, 16 responded to a polling question about case planning with parents.

- Parents were actively involved in developing case plan goals and reviewing case plan progress on a regular basis. The stakeholders agreed with the statement 31% of the time.
- Case plan goals were specific to the family's needs. The stakeholders agreed or strongly agreed with the statement 38% of the time.
- Case plan goals addressed the reason for department/court involvement. The stakeholders agreed or strongly agreed with the statement 69% of the time.

Key barriers identified from the stakeholder discussion include the following: Case planning with the mother is more of a strength than with the father and more attention and strategies need to be developed to improve case planning with the fathers. For example, paternity is not always established or not listed on the birth certificate. Additionally, lack of communication tends to be a barrier as well. Communication and engagement with all parties involved (parents, child, court, service providers) needs to be improved. Lastly, CFS needs to improve on capturing the family's voice when completing case plans and identifying key factors that the family perceive as a struggle or need.

Summary of State Performance for Item 20

Nebraska has assessed the state's performance for Item 20: Written Case Plan to be an area needing improvement in Round 4. Information in the current statewide assessment indicate more efforts need to be made to develop the child's case plan jointly with the parents, particularly the child's father.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every six months, either by a court or by administrative review?

Analysis

Background Information

During CFSR Round 3, Item 21: Periodic Reviews was found to be an area needing improvement for Nebraska. In Round 3, Nebraska did not provide sufficient data or information in the statewide assessment to support that periodic reviews were occurring no less frequently than once every six months. Stakeholders reported that periodic reviews routinely occur for many children in foster care. However, stakeholders said that in some areas of the state, in cases when the judicial TPR decision is appealed, it is not uncommon for all periodic reviews to cease. As a result, timely periodic reviews did not occur for these children as required. Nebraska implemented strategies to address timeliness of court hearings and has seen improvements in the timeliness of periodic review hearings. Nebraska believes this item is no longer an area needing improvement in CFSR Round 4.

Nebraska Revised Statute §43-1313 requires that when a child is in foster care, the court having jurisdiction over such a child for foster care placement shall review the dispositional order for such a child at least once every six months. Children who entered the state's care and custody or were in care during a specified period are supposed to have a periodic review every six months.

Nebraska Juvenile Court Article 1: Case Progression Standards § 6-104 Time For Disposition of Juvenile Cases does lay out the following case progression standards that shall apply to child welfare cases: A temporary custody hearing should be held no later than eight days after the child’s removal. Adjudication hearings in cases under Nebraska Revised Statute 43-247(3)(a) in which children have been removed should be held within 60 days of the filing of the petition. If children were not removed or returned home shortly after the filing of the petition, the adjudication hearing must occur within 90 days of filing. A disposition hearing should be held within 45 days from the date of the adjudication hearing. Review hearings should be held on the record every six months.

During a review hearing, the court reviews its initial dispositional order, which outlines a plan of rehabilitation to address the conditions that brought the child under the juvenile court's jurisdiction. The court has the authority to modify the plan by adding, eliminating, or adjusting the requirements of the plan. Nebraska Revised Statutes continue to provide a consistent framework for the review of rehabilitation plans, review of child specific plans to promote independence plans for older youth, review of individualized needs of the youth and support active participation at hearings.

CIP continues to provide education to the Courts and attorneys on the importance of continuing to hold reviews every six months and during TPR appeals.

Data Sources/Evidence

- The 2024 FCRO Data Reports. FCRO reviews cases of children in out-of-home placement or trial home placement in the custody of DHHS. The data represents all the reviews in the review period, so a child could have been included more than once.
- Surveys and feedback from various stakeholders during Statewide Assessment Collaborative Sessions. Details are described in the beginning of the assessment on pages 9 and 10.

Analysis of Findings

The tables below contain data from the FCRO for six-month court review hearings for calendar years 2022, 2023, and 2024. Data supports case review hearings are taking place every six months for youth in foster care.

FCRO utilizes paid staff to review case documentation and trained volunteers who serve on a review board to review cases for the child. The information gathered from documentation is verified through interviews and a formal document is written by FCRO staff and submitted to the judge, DHHS, and other legal parties. FCRO reviews include a comprehensive discussion of the case status, including the child's safety, placement stability, compliance with the case plan, and progress toward achievement of case plan goals and progress toward reunification. Per state statute, the designated foster care review board reviews the case for each child in foster care at least once every six months. The data in the tables below represents all the reviews in the review period, so a child could have been included more than once during the calendar year.

Review data indicate court review hearings are occurring every six months for over 90% of the children reviewed (see tables below). Reviews completed in 2022 showed 6-month review hearings were held for 92.7%, or 3,359 out of 3,622, of the children/youth whose cases were reviewed. Performance in this area increased to 95.8% (3,571/3,729) in 2023 and 97.2% (2,545/2,619) in 2024. The tables below include a breakdown of the data by Service Area. Reviews in 2024 showed 6-month review hearings were happening for over 90% of youth in each Service Area.

Foster Care Review Office (FCRO) Data

CY2022: Are court reviews occurring every 6 months for children in foster care by Service Area?

Service Area	6-month court review held	Children FCRO reviewed that were in care 6 months or longer	Percentage
Central	421	433	97.2%
Eastern	1,603	1,811	88.5%
Northern	315	346	91.0%
Southeast	697	706	98.7%
Western	323	326	99.1%
Statewide	3,359	3,622	92.7%

CY2023: Are court reviews occurring every 6 months for children in foster care by Service Area?

Service Area	6-month court review held	Children FCRO reviewed that were in care 6 months or longer	Percentage
Central	433	446	97.1%
Eastern	1,781	1,853	96.1%
Northern	336	399	84.2%
Southeast	659	663	99.4%
Western	362	368	98.4%
Statewide	3,571	3,729	95.8%

CY 2024*: Are court reviews occurring every 6 months for children in foster care by Service Area?

Service Area	6-month court review held	Children FCRO reviewed that were in care 6 months or longer	Percentage
Central	251	259	96.9%
Eastern	1,294	1,320	98.0%
Northern	285	311	91.6%
Southeast	417	425	98.1%
Western	298	304	98.0%
Statewide	2,545	2,619	97.2%

**CY 2024, data through October 2024*

FCRO review data indicate court review hearings are occurring every six months for children on TPR appeal. Reviews completed in 2022 showed 6-month review hearings were held for 92.8%, or 64 out of 69, of the children/youth on TPR appeal. Performance decreased to 87.3% (48/55) in 2023 and increased to 92.5% (37/40) in 2024.

Are court reviews occurring every 6 months for children on TPR appeal?

Review Period	6-month court review held	Children FCRO reviewed that were in care 6 months or longer and TPR was on appeal	Percentage
CY 2022	64	69	92.8%
CY 2023	48	55	87.3%
CY 2024*	37	40	92.5%
Grand Total	149	164	90.9%

**CY 2024, data through October 2024*

The FCRO data does not break down the court hearing information to the initial or subsequent hearing information. Nebraska pulled information from N-FOCUS to determine if the initial case review hearing was happening timely. Upon further review of the data, Nebraska identified data limitations that need to be addressed for the system's data to accurately reflect court hearing information for each youth. Data is based on information entered in the legal action fields on N-FOCUS by case managers and support staff. The accuracy and timeliness of data entry for court hearings in the legal status section of N-FOCUS requires improvement to accurately measure the timeliness of the initial court review hearing.

Feedback from stakeholders during the Statewide Assessment Collaborative Sessions support that case review hearings are happening timely for youth in foster care. Out of the 20 people who attended the collaborative session meeting, 16 responded to a polling question about case review hearings. 81% of the stakeholders agreed, strongly agreed, or remained neutral that court review hearings are happening every six months for youth in foster care. Key notes identified from the stakeholder discussions review hearings being considered a strength in some service areas because hearings are scheduled in advanced at the disposition hearing.

Summary of State Performance for Item 21

Nebraska's has assessed the state's performance for Item 21: Periodic Review to be a strength in Round 4. Since Round 3, Nebraska implemented strategies to monitor periodic review hearings for all youth, including cases when the judicial TPR decision is appealed. Since that time, Nebraska implemented strategies to address barriers and improve in this area. While the current data does not breakdown the performance between the initial and subsequent review hearings, Nebraska is confident that the data from FCRO reviews indicate 6-month review hearings are happening for a majority of the youth in foster care in Nebraska.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Background Information

During CFSR Round 3, Item 22: Permanency Hearings was found to be an area needing improvement for Nebraska. In Round 3, Nebraska did not provide sufficient data or information in the statewide assessment to support that permanency hearings were occurring no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. Stakeholders reported that periodic reviews routinely occur for many children in foster care. However, stakeholders said that in some areas of the state, in cases when the judicial TPR decision is appealed, it is not

uncommon for all periodic reviews to cease. As a result, permanency hearing reviews did not occur for these children as required. Nebraska implemented strategies to address timeliness and has seen improvements in the timeliness of permanency hearings. Nebraska believes this item continues to be an Area Needing Improvement and strategies are needed to address improvement in some of the Service Areas.

Federal regulations (45 CFR 1355.34 (c)(2) Case Review System) and Nebraska Revised Statute 43-1312 require a permanency hearing no later than 12 months from the date the child entered foster care and not less frequently than every 12 months after that during the continuation of foster care. Courts also have the authority to order two different permanency objectives: a primary permanency objective and an optional concurrent objective. The permanency hearing is a pivotal point in a child's case, and the court should determine whether reunification remains a viable option.

CIP has been an integral partner with CFS to ensure that children's and families' cases are forward-moving. CIP educates the courts and attorneys on the importance of holding permanency hearings every 12 months including when cases are on TPR appeal.

Data Sources/Evidence

- The 2024 FCRO Data Reports. FCRO reviews cases of children in out-of-home placement or trial home placement in the custody of DHHS. The data represents all the reviews in the review period, so a child could have been included more than once.
- Surveys and feedback from various stakeholders during Statewide Assessment Collaborative Sessions. Details are described in the beginning of the assessment on pages 9 and 10.

Analysis of Findings

The tables below contain data from FCRO for permanency hearings for calendar years 2022, 2023, and 2024. Data supports permanency hearings are taking place every 12 months for a majority of youth in foster care.

The FCRO utilizes paid staff to review case documentation and trained volunteers who serve on a review board to review cases for the child. The information gathered from documentation is verified through interviews and a formal document is written by FCRO staff and submitted to the judge, DHHS, and other legal parties. The FCRO reviews include a comprehensive discussion of the case status, including the child's safety, placement stability, compliance with the case plan, and progress toward achievement of case plan goals and progress toward reunification. Per state statute, the designated foster care review board reviews the case for each child in foster care at least once every six months. The data represents all the reviews in the review period, so a child could have been included more than once during the calendar year.

Review data indicate court review hearings are occurring every 12 months for approximately 90% of the children reviewed. Reviews completed in 2022 showed permanency hearings were held for 89.6%, or 2,075 out of 2,317, of the children/youth whose cases were reviewed. Performance in this area decreased to 88.6% (2,224/2,511) in 2023 and increased again to 90.2% (1,607/1,781) in 2024. The tables below include a breakdown of the data by Service Area. Review data from 2022-2024 indicate that the Eastern Service Area has the highest performance, with 98% of the youth having a permanency hearing every 12 months. Review data indicates that the Northen Service Area requires the most improvement, with 62% in 2022, 58.8% in 2023, and 69% in 2024. The Central, Southeast, and Western Service Areas also have room for improvement, with performances below 90% in 2022-2024.

Foster Care Review Office (FCRO) Data

CY 2022: Are Permanency hearings occurring every 12 months for children in foster care by Service Area?

Service Area	Court permanency hearing held documented	Children FCRO reviewed that were in care 12 months or longer	Percentage
Central	189	242	78.1%
Eastern	1,270	1,293	98.2%
Northern	111	178	62.4%
Southeast	374	459	81.5%
Western	131	145	90.3%
Statewide	2,075	2,317	89.6%

CY 2023: Are Permanency hearings occurring every 12 months for children in foster care by Service Area?

Service Area	Court permanency hearing held documented	Children FCRO reviewed that were in care 12 months or longer	Percentage
Central	216	285	75.8%
Eastern	1,407	1,425	98.7%
Northern	100	170	58.8%
Southeast	334	435	76.8%
Western	167	196	85.2%
Statewide	2,224	2,511	88.6%

CY 2024*: Are Permanency hearings occurring every 12 months for children in foster care by Service Area?

Service Area	Court permanency hearing held documented	Children FCRO reviewed that were in care 12 months or longer	Percentage
Central	99	154	64.3%
Eastern	1,061	1,073	98.9%
Northern	99	142	69.7%
Southeast	221	267	82.8%
Western	127	145	87.6%
Statewide	1,607	1,781	90.2%

**CY 2024, data through October 2024*

FCRO review data indicate permanency hearings are not always occurring for children on TPR appeal. Reviews completed in 2022 showed permanency hearings were held for

66.1%, or 39 out of 59, of the children/youth on TPR appeal. Performance decreased to 65.4% (34/52) in 2023 and increased to 97% (32/33) in 2024, as of the reviewed completed by October 2024.

Are permanency hearings occurring every 12 months for children on TPR appeal?

Review Period	Court permanency hearing held documented	Children FCRO reviewed that were in care 12 months or longer and TPR was on appeal	Percentage
CY 2022	39	59	66.1%
CY 2023	34	52	65.4%
CY 2024*	32	33	97.0%
Grand Total	105	144	72.9%

**CY 2024, data through October 2024*

The FCRO data does not break down the permanency review information to the initial or subsequent hearing information. Nebraska pulled information from N-FOCUS to determine if the initial permanency hearing was happening timely. Upon further review of the data, Nebraska identified data limitations that need to be addressed in order for the system's data to accurately reflect court hearing information for each youth. Data is based on information entered in the legal action fields on NFOCUS by case managers and support staff. The accuracy and timeliness of data entry for court hearings in the legal status section of N-FOCUS requires improvement to accurately measure the timeliness of initial permanency hearing review.

Case review information and stakeholder feedback supports the ongoing need for improvement in this area. Out of the 20 people who attended the collaborative session meeting, 16 responded to a polling question about permanency hearings. 65% of the stakeholders agreed or strongly agreed that permanency hearings were happening every 12 months for youth in foster care.

Barriers identified from the stakeholder discussion include factors such as attorneys being overextended and courts rescheduling hearings as some of the identified causes for delays. Inadequate or incomplete paperwork by the Agency or supporting programs causing barriers to timely permanency hearings. Lastly, a lack of communication and collaborations between the parties involved in the case was identified as another contributing factor.

Summary of State Performance for Item 22

Nebraska has assessed the state's performance for Item 22: Permanency Hearings to be an Area Needing Improvement in Round 4. Since Round 3, Nebraska implemented strategies to monitor permanency hearings for all youth, including cases when the judicial TPR decision is appealed. Since that time, Nebraska implemented strategies to address barriers and improve in this area; however, current data and stakeholder feedback support a continued need for improvement in several Service Areas.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of TPR proceedings occurs in accordance with required provisions?

Background Information

Nebraska Revised Statute 43-292.02 outlines the state's duty to file a petition of TPR. 43-292.03 states that within 30 days after the 15-month period under subsection (1) of section, the court shall hold a hearing on the record and shall make a determination on the record as to whether there is an exception under subsection (3) of section 43-292.02 in this particular case. If there is no exception, the state shall proceed as provided in subsection (1) of section 43-292.02.

The exceptions under subsection (3) of Section 43-292.02 are described below:

The petition is not required to be filed on behalf of the state or if a petition is filed the state shall not be required to join in a petition to terminate parental rights or to concurrently find a qualified family to adopt the juvenile under this section if:

(a) The child is being cared for by a relative,
(b) DHHS has documented in the case plan or permanency plan, which shall be available for court review, a compelling reason for determining that filing such a petition would not be in the best interests of the juvenile; or
(c) The family of the juvenile has not had a reasonable opportunity to avail themselves of the services deemed necessary in the case plan or permanency plan approved by the court if reasonable efforts to preserve and reunify the family are required under section 43-283.01.

CFS utilizes two monthly data reports to assist with the accurate and timely identification of cases that necessitate TPR proceedings. The first report includes children who have been out-of-home for 15 of 22 months, have a 3(a) adjudication, have both sets of parental rights intact, and have no termination or exception hearing scheduled or held. The second report includes children in out-of-home placement for 5-15 months. Supervisors and administrators utilize the second report to identify youth who have been in out-of-home care for nine months and require an internal review to determine if a TPR exception or TPR filing for either parent is appropriate. Per court feedback, the report was modified in 2021 to include docket numbers and the grouping of cases by the judges to have a more targeted approach based on jurisdiction in improvement efforts.

CFS has collaborated with CIP over the last five years to address barriers to TPR. CFS continues to collaborate and have local agreements with Lancaster and Douglas Counties. These local agreements assist in funding the hiring of additional legal staff to review, file, and present evidence to support TPR.

Data Sources/Evidence

- The 2024 FCRO Data Reports. FCRO reviews cases of children in out-of-home placement or trial home placement in the custody of DHHS. The data represents all the reviews in the review period, so a child could have been included more than once.
- Surveys and feedback from various stakeholders during Statewide Assessment Collaborative Sessions. Details are described in the beginning of the assessment on pages 9 and 10.

Analysis of Findings

In Round 3 CFSR, this item was found to be an area needing improvement. Data and information from the statewide assessment show that TPR petitions were not routinely filed across the state in a timely manner, as required. Nebraska believes this item continues to be an Area Needing Improvement for the State for CFSR Round 4.

The tables below contain data from FCRO for TPR filings for children who are in out-of-home care for the last 15 of 22 months and who do not meet any of the exceptions to TPR filing described in Nebraska Statute 43.292.02. Data indicates TPR filings continue to be an area needing improvement for Nebraska.

Review data indicates over half of the youth who were in out of home care for at least 15 of 22 months and who did not meet any of the TPR exception criteria did not have a TPR filing. In 2022, 499 out of 761 (65.6%) of the youth did not have a TPR filing. In 2023, there were 523 out of 789 (66.3%) youth and in 2024* there were 414 out of 694 (59.7%) youth with no TPR filing.

Are TPR filings occurring for children who are in out-of-home care for the last 15 of 22 months (without exception)?

Review Period	No TPR filings	Children FCRO reviewed that were in care 15 of 22 months (without exception)	Percentage
CY 2022	499	761	65.6%
CY 2023	523	789	66.3%
CY 2024*	414	694	59.7%
Grand Total	1,436	2,244	64.0%

**CY 2024, data through October 2024*

Review data indicates that TPR filing is an area needing improvement for all Service Areas as evidence in the tables below. The data show that TPR filings are not occurring as expected for children who have been in out-of-home care for the last 15 of 22 months and who do not meet any TRP exception criteria. This data is based on information gathered from the FCRO quarterly reviews. This data shows a slight increase within the three years, supporting CFS is continuing to work with the courts on these termination filings.

This data continues to show that in some areas of the state, courts do a better job with TPR filings before the 15th month or hold an exception hearing; however, significant progress is needed to address improvement in this area in all Service Areas.

CY 2022: Are TPR filings occurring for children who are in out-of-home care for the last 15 of 22 months (without exception) by Service Area?

Service Area	No TPR filings	Children FCRO reviewed that were in care 15 of 22 months (without exception)	Percentage
Central	24	40	60.0%
Eastern	356	515	69.1%
Northern	55	89	61.8%
Southeast	59	108	54.6%
Western	5	9	55.6%
Statewide	499	761	65.6%

CY 2023: Are TPR filings occurring for children who are in out-of-home care for the last 15 of 22 months (without exception) by Service Area?

Service Area	No TPR filings	Children FCRO reviewed that were in care 15 of 22 months (without exception)	Percentage
Central	32	47	68.1%
Eastern	392	588	66.7%
Northern	53	70	75.7%
Southeast	36	63	57.1%
Western	10	21	47.6%
Statewide	523	789	66.3%

CY 2024*: Are TPR filings occurring for children who are in out-of-home care for the last 15 of 22 months (without exception) by Service Area?

Service Area	No TPR filings	Children FCRO reviewed that were in care 15 of 22 months (without exception)	Percentage
Central	16	24	66.7%
Eastern	340	524	64.9%
Northern	34	80	42.5%
Southeast	22	54	40.7%
Western	2	12	16.7%
Statewide	414	694	59.7%

**CY 2024, data through October 2024*

Feedback from stakeholders during the Statewide Assessment Collaborative Sessions support an ongoing need for improvement in this area. Out of the 20 people who attended the collaborative session meeting, 16 responded to a polling question about TPR filing.

- TPR is filed timely (according to ASFA Requirements) for children in foster care 15 or more months. The stakeholders agreed with the statement 25% of the time.

Key notes identified from the stakeholder discussion include a lack of timeliness in determining exceptions to the 15-month rule was a concern with stakeholders. This includes relative/kinship cases, cases that are complex in nature, and court dates not being set in advance. Lastly, turnover amongst caseworkers was an area of concern and sometimes led to lack of continuity and timely progress in the case.

Summary of State Performance for Item 23

Nebraska has assessed the state's performance for Item 23: Termination of Parental Rights to be an Area Needing Improvement in Round 4. Since Round 3, Nebraska implemented strategies to monitor timely TPR filing for youth to ensure timely permanency. Since that time, Nebraska implemented strategies to address barriers and improve in this area; however, current data and stakeholder feedback supports a continued need for improvement in this item.

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

Analysis:

Background Information

In Round 3 CFSR, Item 24: Notice of Hearings was found to be an area needing improvement for Nebraska. Data and information in the statewide assessment showed that foster parents, pre-adoptive parents, and relative caregivers of children in foster care do not routinely receive notification of and understand they have a right to be heard in reviews or hearings held with respect to the child in their care. Nebraska believes this item continues to be an area needing improvement in Round 4.

Nebraska Statute (43-1314) indicate that notice of the court review or hearing and the right of participation in all court reviews and hearings pertaining to a child in a foster care placement shall be provided by the court having jurisdiction over such child for the purposes of foster care placement. Furthermore, Nebraska statute (43-314.02) requires the Court to provide a Caregiver Information Form or directions on downloading the form from the Supreme Court website to the foster parent, pre-adoptive parent, guardian, or relative providing care for the child when giving notice of a court review. The Caregiver Information Form is to be dated and signed by the caregiver and requests detailed information about the child, caregiver, services provided, address, child's interests, education, etc.

The Caregiver Information Form states: "To the Foster Parent or Relative Caregiver of the child: Neb. Rev. Stat. § 43-1314.02 (2007 Neb. Laws, L.B. 457, § 1) requires courts to provide a Caregiver Information Form to foster parents. You may submit written information to the court, and you can be heard at review and permanency hearings. This optional form may assist you in providing written information to the court. You are encouraged to provide information based only on first-hand knowledge. You do not have to complete every item on the form. Please type or print clearly in ink and submit the form 2 weeks in advance of the hearing to the Clerk of the Court. You also have the right to be present at the hearing, and you are encouraged to attend. All parties to the case will have access to the information you provide, and you may be required to testify about this information." The Caregiver Information Form is available on the Supreme Court website and is easily accessible for foster parents.

Additionally, in 2021, CFS leadership issued a Standard Work Instruction (SWI) instructing CFS staff to notify foster parents of court proceedings 30 days in advance for children currently placed in their care. CFSSs send a letter in the mail that includes the following information: 1. The CFSS's name and contact information; and 2. The location

and contact information of where the court proceedings will take place. Additionally, CFS staff are to make the foster parents aware of their rights to be involved in court proceedings and the ability to send updates electronically to the court when they are unable to attend in person. Foster parents receive a Caregiver Information form from courts; the CFS staff will provide them a copy if for some reason they did not receive the form. Implementation of the SWI has varied based on the support available to field workers. Written notification is not completely automated; therefore, notification data is difficult to gather.

CFS continues to conduct monthly in-home visits with foster parents and children placed in their homes. During the visit, CFS makes it a priority to discuss upcoming court hearings. CFS and CIP continue working together to enhance the foster parent notification and tracking processes. CFS will implement strategies to enhance data collection and tracking of written notification to foster parents through the N-FOCUS system so that data can be reviewed on an ongoing basis. CFS will continue to gather information and share strategies and best practices with case managers to ensure foster parents are notified and understand their rights to be heard and participate in court hearings regarding children in their care.

Data Sources/Evidence

- 2024 Foster Parent Survey
- Surveys and feedback from various stakeholders during Statewide Assessment Collaborative Sessions. Details are described in the beginning of the assessment on pages 9 and 10.

Analysis of Findings

Nebraska currently uses surveys to gather adequate feedback to ensure foster parents are actively involved and aware of their rights concerning the foster child in their placement. The data in the table below is from the 2024 foster parent surveys. Foster parents were asked to complete a survey that included the questions around court hearing notifications and participation. Statewide survey results show that foster parents responded with an average of 4.0 statewide (Often) on the question “I received notices for court review hearings regarding my foster child.” “I received notification of my right to be heard during court hearings regarding my foster child(ren) while attending court or through the Caregiver information form” was an average of 3.7 statewide (3.0 - Sometimes and 4.0 - Often). “I actively participated in the court review hearings regarding my foster child(ren)” was an average of 3.4 statewide (3.0 - Sometimes and 4.0 - Often). CFS received responses from 403 foster parents. Survey Results indicate the following:

- 72%, or 277 out of 386, of the foster parents indicated they often or always received notices for court review hearings regarding their foster child. 386 out of 403 foster parents who responded to the survey provided a response to this question.
- 63%, or 231 out of 365, of the foster parents indicated they often or always received notification of their right to be heard during court hearings regarding

their foster child while attending court or through the Caregiver Information Form.

While CFS has implemented a process to generate notices of court hearings within N-FOCUS, the notices to foster parents are stored in N-FOCUS under correspondences sent to the foster home and cannot be easily tracked back to each child placed in the home. Additionally, the written notification process requires manual prompt from the case manager to generate the notice, which may leave room for error/inconsistency. CFS is evaluating this process and will be implementing strategies to enhance data collection and tracking of written notifications to foster parents so data can be easily extracted, reviewed regularly, and utilized for improvement.

Case review information and stakeholder feedback support an ongoing need for improvement in this area. Out of the 20 people who attended the statewide assessment collaborative session, 16 responded to the following questions:

- Foster parents are notified of and understand their right to be heard in court hearings for children in their care. Stakeholders disagreed with the statement 50% of the time and remained neutral the other 50%.
- Foster parents are notified timely about court hearings for children in their care. Stakeholders strongly disagreed 6.3% and disagreed 18.8% of the time. Those that remained neutral were 50% of the time, while 6.3% agreed with the statement.

Stakeholder feedback include the following: Communication with caregivers regarding the Notice of Hearings and Reviews during monthly meetings is looked at as a strength. However, this isn't always consistent in every service area. Additionally, foster parents don't always fully understand that they have a voice and the right to be heard during court hearings.

Summary of State Performance for Item 24

Nebraska has assessed the state's performance for Item 24: Notice of Hearings and Reviews to Caregivers to be an Area Needing Improvement in Round 4. Since Round 3, Nebraska implemented strategies to address barriers and improve in this area; however, current data and stakeholder information supports a continued need for improvement in this item.

State Performance and Overall Rating for the Case Review System

The Case Review Systemic Factor is an area needing improvement and not in substantial conformity as Nebraska's assessment indicate a strength for only one of the five items in this systemic factor. Nebraska intends to continue to identify root causes and barriers to improvement and continue to implement strategies to improve performance in this systemic factor.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is
(1) operating in the jurisdictions where the services included in the CFSP are provided,
(2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety),
(3) identifies strengths and needs of the service delivery system,
(4) provides relevant reports, and
(5) evaluates implemented program improvement measures

Analysis:

Background Information

The Quality Assurance System was found to be in substantial conformity with federal requirements during CFSR Round 3 in 2017. Nebraska believes this item continues to be in substantial conformity for the State.

CFS is dedicated to nurturing a culture of Continuous Quality Improvement (CQI). CFS has a fully functional CQI system supporting the CFS Operations team. The CFS CQI system utilizes a team approach to improving performance, leading to better outcomes for children and families. The CQI system operates statewide in all jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided. The CQI system enables qualitative and quantitative data review processes, providing maximum insight and support to continually assess and improve case management practices and outcomes for children and families.

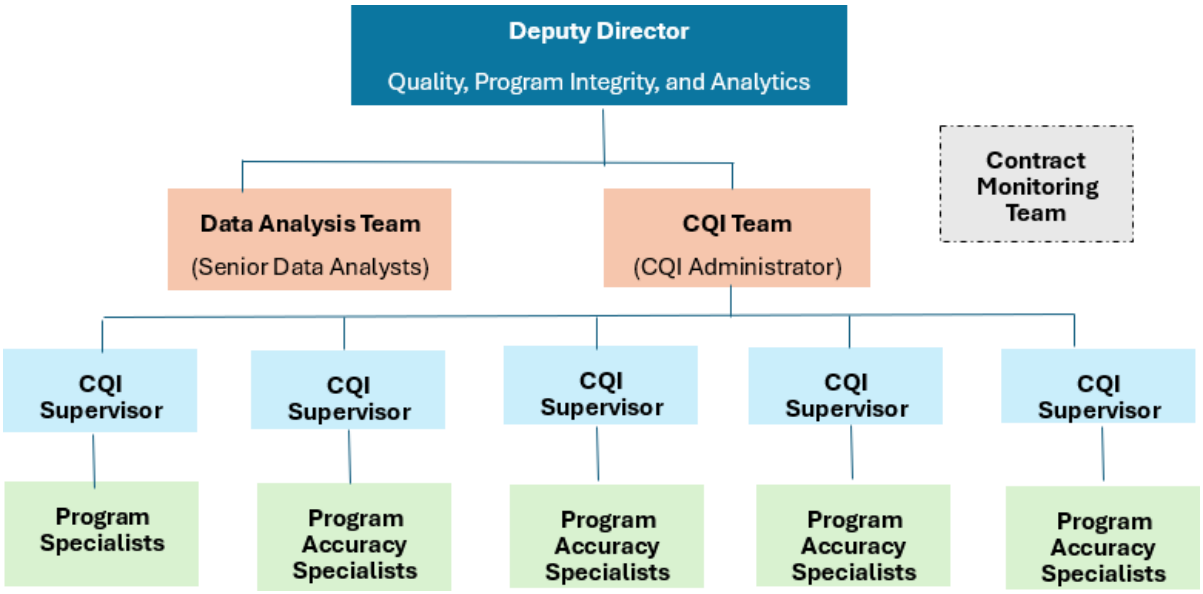
While CFS has a robust CQI system, the team continually assesses the system's functioning and capacity and implements strategies for improvement.

Evidence and Analysis of Findings:

(1) Operates in the jurisdictions where the services included in the APSR are provided

Nebraska’s CQI system utilizes a team approach to improve performance, leading to better outcomes for children and families. The oversight of CFS’s CQI system is provided by the CFS Deputy Director of Quality, Program Integrity, and Analytics. The Deputy Director provides leadership to the CFS Quality Unit, which includes the CFS Data Team and CFS CQI Team. The CFS CQI team is led by the CQI Administrator, who has responsibility for implementation of all CQI and QA-related activities for the State. Under the leadership of the CFS CQI Administrator, the team is comprised of 5 CQI Supervisors, who provide leadership to 4-5 QA program specialists and program accuracy specialists (PAS).

The CFS CQI team monitors CQI activities performed across the state. The chart below illustrates the unit structure.



The CFS CQI team's goal is to optimize the outcomes for children and families and improve the efficiency and quality of the CFS system by:

- Promoting the use of best practice standards across the State of Nebraska;
- Developing quality measures to meet the CFS directions and quality expectations of casework practice;
- Performing various case reads, quality assurance reviews, and data analysis to identify trends, areas of strength, and areas needing improvement;
- Ensuring quality data collection through continuous inter-reliability and other activities that promote reviewer consistency;
- Preparing data reports and ensuring reports are made available and accessible to internal and external stakeholders;
- Providing feedback to CFS field staff regarding strengths and areas needing improvement as identified in the case reads and QA reviews;
- Working collaboratively with CFS staff to identify process inefficiencies and develop solutions for improvement;
- Providing training, technical assistance, and support to CFS field staff by providing Quality Quick Tips and instructions to ensure staff across the state are aware of existing and updated policies and procedures;
- Supporting CQI system, statewide and service area CQI teams;
- Supporting statewide and service area improvement activities and initiatives; and,
- Providing oversight of federal requirements.

- The CFS CQI team is also responsible for all activities related to the CFSR, and the reporting requirements associated with the CFSP and the Annual Progress and Services Report (APSR). The team is responsible for completion of CFSR case reviews utilizing the federal On-Site Review Instrument and coordinating activities related the development and implementation of the CFSR PIP.

The Data & Statistical Analysis team supports the CFS staff through the completion of the following:

- Completing a variety of analyses using data from the CFS information system and other sources to prepare reports. Reports are used during statewide and local CQI meeting discussions and used by CFS staff to manage important case activities and staff performance and to identify strengths and areas needing improvement;
- Acting as a liaison between business (policy/program) and the Information System and & Technology developers;
- Initiating and coordinating N-FOCUS enhancement projects for CFS;
- Analyzing business processes and working with CFS staff to determine needs and requirements for system changes;
- Providing analytic support by coordinating data extraction from databases, organizing data, and providing data interpretation;
- Providing technical support/instruction/assistance for applications;
- Investigating information system malfunctions and researching solutions; and,
- Performing complete unit testing and business acceptance testing to ensure system enhancements function as designed without system interruption.

The CFS Quality team works closely with the Provider Performance and Contract Monitoring Team and aims to optimize the outcomes for children and families by completing various contract monitoring and provider performance activities. The success of CFS-involved youth is highly dependent on services provided by private agencies, so the goal is to monitor and improve agency performance.

CFS has a CQI framework and infrastructure to implement an effective CQI process statewide. The framework creates a process that allows for information gathering, sharing, and collaboration to improve outcomes for children and families.

- Statewide Area CQI: The CFS CQI team is involved in the daily operations of the policy and field operations teams. CQI reports and detailed child data are shared with the field operations teams to provide detailed information on areas of strength and areas needing improvement. CFS Deputy Directors utilize reports to manage team performance and identify areas of strength and barriers to improvement. CFS Administrators and Deputy Directors incorporate data review, root cause analysis, and discussion of strategies during their monthly ELT meetings.

- Service Area CQI: CFS conducts CQI meetings/discussion within the five Service Areas throughout the State. The CQI discussions include Service Area CFS Administrators and Supervisors. The Service Area CQI discussion takes place quarterly and includes a review of service area data, discussion of root causes for areas needing improvement, and brainstorming and development of strategies for improvement.
- Tribal CQI: The Tribal CQI Team, which meets at least once per quarter, consists of CFS leadership and representatives from each of the four Native American Tribes in Nebraska. Tribal CQI meetings provide a solid framework to improve outcome measures and enhance the partnership between CFS and Tribal representatives.

(2) Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)

CFS maintains a comprehensive repository of all state, administrative, and child welfare policies. State policy, procedures, and references to relevant state and federal requirements in the CFS Standard Operating Procedure (SOP) and SWI Instructions.

CFS developed standards to evaluate the quality of services based on statutes, regulations, policies, and best practice requirements. CFS measures and monitors performance related to federal standards and outcomes related to safety, permanency, and well-being. Federal, state, and best practice standards are used to monitor performance and ensure quality services for all children and families served within the CFS system. Additionally, Nebraska has foster and adoptive parent licensing and requirements regulations and monitors foster home compliance with background checks.

Developing and implementing standards to ensure children in foster care receive quality services that protect their health is an area of strength for Nebraska. CFS collects data from various sources, including data from the CFS information system, case reviews including the CFSRs, quality assurance reviews, stakeholder interviews, surveys, and in-depth information system data analysis using various techniques.

In addition to using data from the CFSR case reviews and other sources noted above, CFS also assesses safety and permanency for children in Nebraska using the CFSR Federal Indicators. CFS utilizes the federal publication of these measures every six months, but also took the opportunity to replicate the measures internally, which allowed CFS to review the observed performance for the indicators monthly. The internal monthly measures are observed measures and do not include any risk adjustments that are normally applied to the measures when published by the Children’s Bureau every six months.

The use of data is critical to a reliable CQI system, which is why CFS has standards to ensure data quality and validity using various methods. The following are examples of quality data collection strategies implemented by CFS:

- Ensure quality data collection through N-FOCUS: CFS ensures quality data collection by dedicating staff to evaluating and improving the user interface and enhancing the user experience with the system. In addition, CFS provides ongoing training and instructions regarding the effective and efficient use of N-FOCUS to document and collect information for all families served.
- Ensure the quality of data in the state's information system meets federal expectations: CFS monitors data accuracy, generates reports, and implements strategies on an ongoing basis to improve data accuracy concerning AFCARS, NCANDS, and NYTD. CFS recognizes that ensuring quality data related to AFCARS, NCANDS, and NYTD increases confidence in the quality of all system data.
- Ensure quality data collection through inter-rater reliability and reviewer proficiency: In addition to system improvements, the CFS CQI team ensures quality data collection through inter-rater reliability and reviewer proficiency activities. Activities include the following:
    - Utilize a continuous inter-rater reliability program to monitor and report on CQI reviewers' reliability and the efficacy of results.
    - Conduct reliability exercises for CFSR reviews and all other QA review tools. The reliability exercises continue to comprise the following:
        - Results are broken down to the individual reviewer level. Reviewers who score below the average work with their supervisors to address areas needing improvement.
        - CQI reviewers have ongoing discussions and communication with their supervisor and other team members to address inconsistencies. The CQI reviewers meet as a team to discuss the reliability exercise results and identify areas of inconsistencies. The CQI team supervisors implement additional training and provide clarifications to correct areas of inconsistencies identified during the reliability exercises.
        - CQI reviewers and supervisors review updates to program policy and field practice expectations and discuss how those relate to specific review questions in the CFSR and other QA review tools.
- To ensure inter-rater reliability and consistency, utilize a second-level review process for QA review tools. The second-level reviewers provide direction and clarification to first-level reviewers and work with them to identify and address reliability issues.
- Utilize electronic quizzes to ensure reviewers are up to date with review requirements and knowledge to complete the reviews accurately. Reviewers with scores below the average on the quizzes work with their supervisors to address areas needing improvement.

- Reviewers are required to be proficient and have expert knowledge of the CFSR. Reviewers are required to complete all CFSR training modules on the federal CFSR training website.
- Reviewers are required to be knowledgeable and proficient with current CFS policy and practice expectations. Reviewers must attend at least 24 hours of ongoing training each calendar year.

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

The CQI team conducts case reads for various programs and processes. CFS utilizes various case-read and QA review instruments to review a sample of cases across the state to monitor safety, permanency, and well-being and identify the strengths and needs of the service delivery system.

The CQI team uses the federal CFSR OSRI and the federal Online Monitoring System (OMS) to conduct case reviews on an ongoing basis. The review process is identical to the one used during the federal CFSR reviews. The CQI unit PASs complete the initial case reviews. A CQI Program Specialist or QA Supervisor completes an initial QA review of 100% of the cases for accuracy. A percentage of the cases are also selected for a 2nd level review by a different CQI Program Specialist, Supervisor, or Administrator. The source of information for the case reviews includes documentation from the case file and data from interviews with case participants (parents, foster parents, youth, and other case participants as needed).

The CQI team utilizes other review instruments to assess and identify strengths and areas needing improvement. Reviews are implemented to gather data and information to inform the state regarding specific barriers to Safety, Permanency, Well-Being, and Statewide Systemic Factors. The following is a list of some of the additional QA reviews:

- Intake Quality Review;
- Hotline Customer Service Quality;
- Nebraska Caregiver Responsibility (NCR) Review;
- Indian Child Welfare Act (ICWA) Compliance Reviews;
- Transitional Living Plan Reviews;
- Timely TPR filing;
- Domestic Violence Reviews;
- Informal Living Arrangement Review;
- Placement Disruption Review; and,
- Foster Care Licensing Requirements.

In addition to the case reads using the federal CFSR review tool and the targeted reviews described above, the unit completes the following reviews:

- IV-E Eligibility Case Reviews: IV-E eligibility reviews are conducted quarterly using the Federal IV-E On-Site Review Instrument.

- Subsidized Adoption IV-E Case Reviews: Subsidized Adoption IV-E eligibility reviews are conducted quarterly using a comprehensive tool to assess all subsidized adoption requirements.
- Proactive Safety and Risk Reviews: Ongoing case documentation reviews are conducted on recently completed Initial Assessments and documentation of the most recent four months of ongoing cases. The reviews focus on safety and non-safety-related concerns and determine if additional attention is needed. An email is sent to the CFS Administrators with a summary of identified safety and/or other case concerns, which require addressing safety concerns within 24 hours and non-safety concerns within five days.

The CFS CQI process incorporates data and information from reviews conducted by the CFS Contract Monitoring team. The CFS Contract Monitoring team conducts performance reviews on various provider processes, programs, and services to identify strengths, identify needs, and ensure quality services that meet outcomes for children and families.

The contract monitoring team implements various service provider contract monitoring activities and reviews to ensure compliance with service delivery needs. Contract monitoring activities include service quality reviews, personnel file reviews, provider performance reviews, and foster parent recruitment and retention plan reviews.

The Contract Monitoring Unit implements various service provider contract monitoring activities and reviews to ensure service delivery needs are met. The following are examples of activities and reviews performed to identify strengths and areas needing improvement:

- *Provider Service Review* – A comprehensive review with the Contractor about service performance, quality of service, quality of documents, audits, and contract compliance.
- *Service Quality Review* – A review of a Contractor's service documentation and collateral information to determine quality of an individual service provided to a family while involved with CFS.
- *Personnel File Review* – A review of a Contractor's personnel files to determine contract compliance, to include compliance with background checks, training, work eligibility, etc.
- *Paid Claims Audit Review* – A review with the Contractor regarding paid claim audits conducted by CFS Billing Teams. The review includes discussion about any errors found during the audit.
- *Provider Performance Improvement (PPI)* – Review of data recorded and calculated in the Contractor's PPI webpage. The review will include conversations about both good and poor performance in services tracked in the PPI webpage, as well as a comparison of the Contractor's data with statewide data and other contractors.

- *Home Study Quality Assurance* – A review of Home Studies completed by the Agency Supported Foster Care Contractor for foster homes licensed under the Contractor.
- *Foster Care Payment Audit Review* – A review of Foster Care Payment audits conducted by CFS Billing Teams to determine if payment made to the Agency Supported Foster Care Contractor for state ward maintenance was paid directly to the foster parent. This review will include discussion about any errors found during the audit.

CFS utilizes trained staff to analyze data gathered from the state's information system, case reads, quality assurance, and provider performance reviews. CFS analyzes data to illustrate current performance and performance over time for the state, service areas, Tribes, and providers.

CFS utilizes data as part of the CQI process to identify areas needing improvement and continually looks for ways to ensure CFS field staff can document information in N-FOCUS in a timely and accurate manner. The CQI team provides feedback and technical assistance when a need is identified during CQI meetings and as requested by the Service Area leadership team. Below are examples of the additional assistance provided:

- Participate and present data and case review information during Supervisory Team Meetings and All-Staff Meetings.
- Quality Quick Tip emails are sent to Case Managers, Supervisors, and Administrators with reminders and tips on various case management activities and instructions for documentation of those activities in the state's information system.
- Provide CFSR training to introduce CFS staff to the CFSR and the various components of safety, permanency, and well-being. Training outcomes include the following:
    - Case Managers will understand the CFSR review process and better understand the different items in the CFSR that impact safety, permanency, and well-being outcomes.
    - Case Managers will have an avenue to ask questions and share ideas and strategies with other Case Managers through discussion of case management practices related to the CFSR items.
- Administrative review notifications are sent to CFS Administrators if the case reviewer discovers incomplete work or insufficient explanation that could result in a safety issue for the child.

Recognizing strengths and celebrating successes are essential aspects of a robust CQI system. The CFS Quality Team recognizes and celebrates successes through positive feedback emails to Case Managers and Supervisors and by providing data for service area special recognition awards. The positive recognition emails are sent to the Service Area CFS leadership, who take time to recognize their staff's accomplishments.

(4) Provides relevant reports:

Nebraska is fortunate to have a wealth of data available to use in evaluating the quality of services provides to children and families involved in the child welfare system. CFS provides data to internal and external stakeholders in various ways, including the CFS public website, an intranet SharePoint site, dissemination during Service Area and statewide CQI meetings, and various monthly and quarterly meetings with community stakeholders.

CFS utilizes an internal report site called the Quality Assurance Reports Library (QARL) to post CFSR case review results and all QA case review results and reports. QARL contains detailed reports and pivot tables for CFS staff to drill down to the Service Area, office, Supervisor, Case Manager, and case level to determine improvement areas. CFS utilizes the data from the CFSR case reviews, state data profiles, IV-E case reviews, safety and non-safety proactive reviews, and other specific QA reviews to update goals, objectives, and interventions. Data from additional reviews are made available to CFS staff at the completion of the QA reviews. The QA reports are also posted on the QARL and accessible to all CFS staff.

CFS Case Managers, Supervisors, Administrators, and all other internal staff also have access to various reports with aggregate case data from N-FOCUS. All CFS staff can access aggregate reports through the EZ Access report site. In addition to utilizing the reports to identify strengths and areas needing improvement, the Case Managers utilize reports to manage daily case activities and identify cases requiring additional discussions or reviews to ensure timely achievement of safety, permanency, and well-being.

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

- Case Manager Due Date Trackers: CFS staff use the daily trackers to identify all pending, completed, and late case management activities. The report runs daily, and Case Managers can review and print organized case details allowing them to improve case management tracking and timing capabilities. Due date trackers allow case managers to track upcoming due dates for case for key case activities such as contact with child victims and initial investigation timeframes, monthly visit, assessment requirements, case plan, court reports, and more for youth in an ongoing open case.
- Ad hoc reports: CFS staff use the following reports to identify cases for internal reviews to ensure the safety, permanency, and well-being of the youth. The reports can be filtered down to the service area, office, Administrator, Supervisor, Case Manager, and other case details. A sampling of reports include:
    - Intake weekly reports assist staff in tracking progress for intake-related tasks.

- Relative Notification Tracking assists with tracking and making sure relatives are notified and contacted as resources for youth in out of home care.
- Youth Out-of-Home 9+ Months – No Concurrent Permanency Goal assists with identifying youth for case staffing and review to determine barriers to permanency and to address concurrent planning needs if the youth is not likely to achieve reunification within 12 months.
- Youth who have been in care for 15 of the last 22 months have parental rights intact and no TPR or exception hearing scheduled. This report assists with identifying youth for case staffing and further review to identifying barriers to TPR.
- Performance Accountability Report that includes the monthly performance for measures including the following:
    - CFS Case Manager contacts with the child;
    - CFS Case Manager contacts with the mother and father;
    - Case Plan created within 60 days of the child's entry into care;
    - Supervisor Review Case with the worker once every 60 days;
    - Visitation Plans created for youth in out-of-home care; and,
    - FTMs.

In addition to accessing aggregated reports on the EZ Access report site, CFS generates many other data reports posted on DHHS's SharePoint site, often called the "Business Intelligence (BI) Portal." CFS staff can access daily, weekly, and monthly reports to inform them about safety, permanency, and well-being outcomes.

CFS staff continue to utilize the monthly service area dashboards, including pivot tables and charts, allowing Supervisors and Case Managers to view results in chart format at the service area, Administrator, Supervisor, and Case Manager levels. The dashboards allow users to drill down to case-level details to address deficiencies. The dashboards are posted monthly and accessible to all CFS staff.

CFS uses a cloud-based information system for communications, performance tracking, and reporting with service providers. The cloud-based system allows CFS and providers to enter information into the system and generate the reports needed for review and discussions to address improvement areas.

The cloud-based information system is part of the PPI Initiative. The PPI system tracks and generates reports on various provider and youth measures such as placement disruptions, foster care placement denials, placement concerns, Intensive Family Preservation (IFP) engagement, Family Support outcomes, and more. The system allows CFS and providers to track complaints and address them with the providers continuously.

When asked about report accessibility and information usage, CFS Case Managers, Supervisors, and Administrators provided the following responses to a survey

conducted in November 2024. 634 CFS staff (19 CFS Administrators, 88 Supervisors, and 473 Case Managers) were surveyed, and 173 responses were received.

- 82%, or 142 of the 173 respondents, indicated that they utilize various data/reports (such as those above) to access youth and case information and drive their case management decisions.
- 90%, or 156 of the 173 respondents, indicated that their direct supervisor utilizes various data/reports (such as those above) to access youth and case information and drive their case management decisions.

(5) Evaluate implemented program improvement measures:

CFS utilized results from the CFSR case reviews, data from other state case reviews, quality assurance reviews, and stakeholder feedback to develop and monitor progress with various state and service area CQI goals, objectives, and interventions.

As part of the CQI process, CFS monitors and assesses the progress and successes of solutions implemented through various CQI projects and program improvement activities. As opportunities are identified through case reviews, N-FOCUS data analysis, root cause analysis, stakeholder feedback, systemic factor reviews, surveys, and other sources, progress and successes are prioritized and addressed through the CQI process.

Feedback and evaluation are key components of a successful CQI system. CFS utilizes a multi-pronged approach, such as quick tips, emails, onsite training, and technical assistance and CQI meetings and discussions to ensure information is shared and discussed with child welfare stakeholders.

Beyond creating avenues to share the information and receive feedback from stakeholders, CFS devotes time into engaging stakeholders in discussions and evaluation of program outcomes and development of strategies for improvement. CFS utilizes the following methods to review system processes and outcomes to determine if current strategies are effective or bringing about desired change. If the strategies are not working as intended, decisions are made to implement new strategies or make shifts in practice as needed.

- The Deputy Director of Protection and Safety discusses performance measures and brainstorms improvement strategies at monthly service area Expanded Leadership Team (ELT) meetings. Performance measures are closely monitored, and corrective action plans are utilized across the state to address areas needing improvement. Strategies are discussed to determine effectiveness, and adaptations are made when necessary to ensure continued success. The monthly meetings also provide an opportunity for leaders across the state to learn about barriers and strategies implemented to address barriers from different areas of the state. The following is an example of statewide evaluation and implemented program improvement: Case reviews and feedback from staff identified some barriers with the

current safety and risk assessment tool and processes. Staff reported needing an assessment that is easy to use and more effective in helping staff identify safety and risk factors and adequately assess the needs of the youth and families. CFS researched different assessment models and found a new model that will meet the identified needs. Training officially started in January 2025, and the new model will be fully implemented in October 2025. CFS will be conducting fidelity reviews and assessing the impact on safety and risk assessment and management for youth and families.

- Evaluation of strengths and areas needing improvement is also conducted during quarterly Service Area Supervisor and Administrator CQI meetings. The focus of the CQI meetings has been on CFSR case review data and discussions around safety, permanency, and well-being outcomes. Discussions focus on strengths, areas needing improvement, and strategies for improvement. Evaluation of strengths and needs by service areas allows each area to identify specific barriers in their area and implement strategies to address improvement. For example: The Western Service Area identified barriers to permanency and implemented strategies to address barriers. Those strategies have helped the Western Service Area continue to increase their timeliness to permanency in 12 months and perform better than the state and national performance. Strategies included the following:
    - Placement stability calls when placing in a new foster home to include the CFS Case Manager, CFS Supervisor, placement agency worker, and foster parent to develop a plan for care.
    - CFS discussions and collaborations with local judges about court orders and specific language that is needed. These collaborations have also led to discussions about reunification by the 11th month and the urgency of proceeding to disposition so that a parent begins working on services to address reasons for involvement.
    - Pre-hearing conferences are used to get buy-in of parents/legal parties as to CFS recommendations for Initial Diagnostic Interview (IDI), evaluations, and services. Instead of waiting until disposition, discussing these during the pre-hearing conferences allows CFS to work with the families to schedule appointments and begin services early.
    - Service providers engage in the review of outcomes and strategies during statewide service provider meetings and Service Area-specific provider meetings. Each format continues to be an efficient method for facilitating consistent dialogue with providers to proactively plan, identify challenges, and brainstorm solutions as one system collaboratively.
    - Court and legal parties engage in a review of outcomes and strategies during ongoing meetings and discussions during DHHS-CIP meetings, as well as meetings and ongoing discussions with the judges.
    - System Partners, participants with lived experience, and other stakeholders are involved in the review and evaluation of outcomes and strategies in various ways. The most recent opportunities included the following:
        - CFSR Advisory Committee review of Permanency in 12 Months data and discussions of barriers for areas needing improvement and strategies for

improvement. Information from these discussions were utilized in the current CFSR statewide assessment will continue to be utilized by CFS to further conduct root cause analysis and develop new strategies for improvement which will be included in the State's PIP.

- Another recent opportunity for system-wide analysis of strengths and areas needing improvement occurred during the CFSR statewide assessment collaborative sessions in November 2024. Various stakeholders (system partners, providers, judges, persons with lived experience, and tribal representatives) were engaged in a review of system data and discussions of strengths and barriers and strategies for improvement. Information from these discussions were utilized in the current CFSR statewide assessment will continue to be utilized by CFS to further conduct root cause analysis and develop new strategies for improvement, which will be included in the State's PIP.

- The Contract Monitoring Resource Development (CMRD) team continues to produce a quarterly CQI document. The CQI document includes numerous subjects identified by agency providers that are critical to the child welfare system including: IV-E penetration; foster care recruitment; placement disruption volumes; and identification of child-placing agencies most willing to serve youth with higher level needs. The CQI document is provided to CFS administrative teams every quarter and provides valuable insight into the performance of child-placing agencies. CQI meetings are held with the CFS administration as requested to address the documents and look into the impact or areas of need in Nebraska's five Service Areas.
- In addition to providing the information to CFS Administrators, the CMRD team schedules quarterly performance conversations with the foster care child-placing agency supervisors, administrators, and quality assurance staff to discuss the agency's performance. During quarterly conversations, performance strengths and improvement areas are discussed. Several items that are prioritized for discussion include recruitment and retention of foster homes and activities and projects being utilized by the agency to recruit new homes to better serve the difficult-to-place youth in the 12+ age range. Other subjects discussed include placement disruptions and licensing of approved agency homes where the youth is IV-E eligible.
- The CMRD team provides a broad overview of barriers to licensing and actions being taken by the foster care agency provider to move the foster home toward becoming licensed. In addition to the agency's performance, the agency receives its performance data compared to statewide agency performance in the interest of either recognizing high-performing agencies or encouraging lower-performance agencies to improve.

CFS has successfully executed CFSR case reviews, proactive case reviews, and various channels for two-way communication and feedback. Nebraska is vigilant about the quality of its case management services. Nebraska's proactive safety and administrative case reviews provide insight into the case management activities across

the state. Case reviews help identify safety concerns before incidents occur while recognizing Case Managers who perform high-quality work through case-specific recognition. Nebraska's CQI is a synergistic process, bringing together a wide array of information collaboratively, designed to improve outcomes for the children and families served.

CFS is committed to continuing to evaluate and adapt to new findings, regulations, and the ever-changing needs of the staff and stakeholders. CFS evaluates CQI activities, quality assurance processes, and case review tools to determine if adjustments need to be made. CFS closely monitors progress to address areas needing improvement and believes continuous improvements are necessary to ensure that CFS staff and stakeholders can make crucial decisions for improving outcomes for youth and families.

State Performance and Overall Rating for the Quality Assurance System

Nebraska's assessment demonstrates this item is a strength and that Nebraska continues to be in substantial conformity with the QA Systemic Factor.

The State's QA/CQI System is functioning well statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

Analysis:

Background Information

Initial staff training was determined to a strength for Nebraska in CFSR Round 3. Nebraska believes initial staff training continues to be a strength for the State in CFSR Round 4. Overall, trainees report that they are acquiring the information they need to be successful. The training program has effectively utilized feedback and evaluation data to make timely adjustments.

I. INTRODUCTION | CFS CHILD PROTECTION & SAFETY NEW WORKER TRAINING

CFS Child Protection & Safety (CP&S) New Worker CORE Training prepares CFSSs and those providing case management to serve as case managers to Nebraska's children and their families identified as in need of child welfare intervention because of abuse or neglect. This population includes children who lack proper parental care, either due to the actions of parents or through no fault of parents; children whose parents give up their rights for the child to the State; and children who are wards of another state agency, and for which placement is requested.

Training supports CFS's identified purpose of working in partnership with other groups to keep those served safe from harm or maltreatment in a permanent, healthy, nurturing, and caring environment, and with a stable family. Case managers are trained on resources necessary to help children and families heal from the harmful effects on their lives as well as on the importance of promoting community safety as families are served. Training supports CFS's mission "to provide the least disruptive services when needed, for only as long as needed to give children the opportunity to succeed as adults, help the elderly and disabled live with dignity and respect and help families care for themselves. Our mission will result in healthier families and safer, more prosperous communities."

CP&S New Worker CORE Training is developed in collaboration with CFS and administered by the University of Nebraska–Lincoln's (UNL) Center on Children, Families, and the Law (CCFL) under a contract administered by CFS.

A. Goal and Focus of CORE Training

CP&S New Worker CORE Training has the goal of preparing case managers to intervene as authorized to provide safety for Nebraska's children, families, and communities and to consistently move the children in the DHHS's care toward permanency and well-being.

New Worker CORE Training places a strong focus on:

- Advocating for each child's safety, permanency, and well-being;
- Respecting the individuality of each child and family served;
- Respecting each child's family and culture;
- Implementing family-centered practice principles into case management to ensure the inclusion of children and families in the decision-making processes that impact their lives;
- Promoting normalcy in the lives of children in care;
- Adhering to principles and procedures of SDM® for making decisions that will support keeping children and families safe;
- Understanding the benefits of utilizing evidence-based and promising casework practices;
- Committing to evidence-based and promising family-centered casework practices that utilize a least-restrictive, trauma-informed approach for children and families;
- Understanding the additional importance of service providers' fidelity to evidence-based and promising casework practices; and,
- Enhancing each worker's knowledge, skills, and abilities that are needed to successfully carry out their job.

B. CP&S New Worker CORE Training Model Key Features

CP&S New Worker CORE Training is a blended-learning model and combines distance learning and field training with instructor-led training that focuses on application experiential and simulation opportunities.

Training ~~is~~ a 14-week model and includes these key features:

- Trainees receive CORE Training that provides an overview of DHHS and the case management process;
- Membership in each trainee's own Service Area Learning Team (SALT) that meets regularly and has the purpose of supporting the trainee through the learning experience;

- Training that includes 68 courses and follows the life of a CFS case with many concepts interwoven through multiple courses;
- A flipped-classroom model that uses online learning to teach content that will later be applied or practiced in the classroom or during field tasks;
- Training that takes place in the local office or the DHHS Service Area and includes various distance learning modalities (e.g., self-paced online learning, webinars) and field experiences (e.g., shadowing, visiting the local Child Advocacy Center);
- Instructor-led training that focuses on the application of content through experiential opportunities, including an experiential simulation space, an N-FOCUS lab, a courtroom, and classroom;
- Promotion of transfer of learning from the classroom to the field through completion of required field tasks and structured field observations supported by Field Training Specialists (FTS) and supervisors;
- A final demonstration and assessment of case management and documentation at the end of initial and ongoing training;
- specialized training in the areas of intake and adoption; and,
- Assignment of families following successful completion of CORE and role specific training.

Local office training days are the traditional eight-hour workday. Classroom (in-person or webinar) training days are up to seven hours in length, allowing one hour per day for trainees to attend to home-office business and travel. The CCFL training website (the CCFL Online Classroom, or the “OC”) allows trainers, FTSs, and supervisors the ability to track their trainees’ progress in real time and supports the provision of timely feedback. Upon hire, trainees will complete Team Up as well as Home Office Orientation. Trainees will attend SALT meetings with their supervisor and FTSs throughout training. Specializations of Intake and Adoption are trained as needed. No more than four families are assigned until the trainee completes CDT.

C. CP&S New Worker CORE Training Overview

CP&S New Worker CORE Training is required prior to managing cases involving families. It is a period in which the trainee’s time is devoted to learning and developing identified case management knowledge and essential skills necessary before assuming case management responsibilities. During New Worker Training (NWT), the observations and feedback from SALT inform decisions about the new worker’s competence to assume responsibilities as a case manager and identify any additional training needs. CP&S New Worker CORE Training is required for all CFSSs. Trainees also have the opportunity to take specialized training on the topics of intake or adoption if they will work in these areas.

Training is offered in local office environments with interspersed weeks of classroom application training. During the local office learning weeks, trainees acquire new

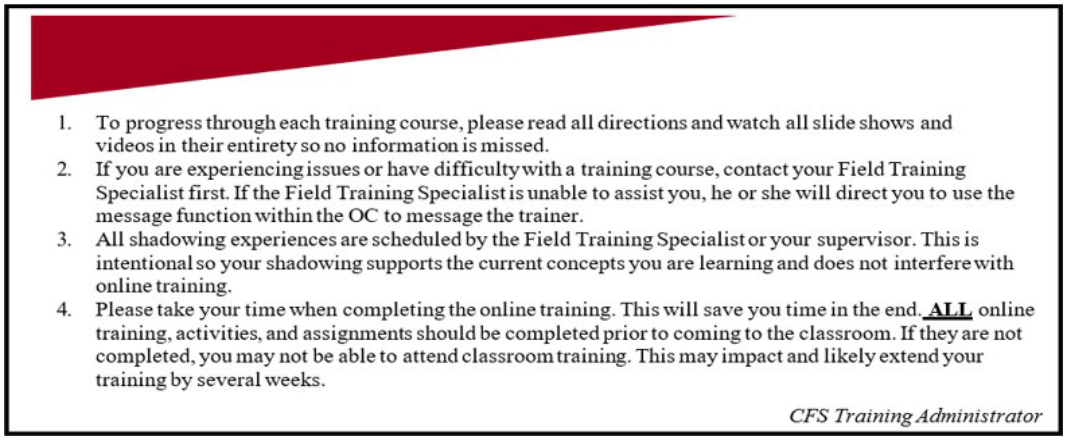
knowledge and skills by completing self-paced online learning activities, participating in webinars, completing field tasks outlined in the SALT binder, and by participating in field shadowing or observation opportunities supported by FTSs. Classroom weeks (in-person or webinar) are instructor-led trainings that focus on experiential opportunities through role play and simulated experiences that give trainees an opportunity to apply what is learned in the previous learning weeks.

Prior to training, the trainee becomes acclimated to the job. The first several days involve DHHS orientation activities that include becoming acquainted with local office personnel, protocol, and gaining access to N-FOCUS.

Trainees will have participated in their first SALT meeting upon hire, which includes the trainee, their supervisor, and their FTS. At this meeting, trainees will receive their SALT binder and their calendar of training. The training is designed so each course builds upon the previous course. It is imperative to follow the training calendar and complete the trainings in the order they are scheduled. If training is completed out of the designed sequence, it may be confusing, or important information may be missed.

The SALT binder outlines the training and field tasks. The roles and responsibilities of the trainee, supervisor, and FTS are identified and shared with everyone on the trainee's team to understand his or her part in the successful completion of NWT by the trainee.

When completing online courses and planning shadowing experiences, trainees should be aware of these directions that will help them to be successful:



1. To progress through each training course, please read all directions and watch all slide shows and videos in their entirety so no information is missed.
2. If you are experiencing issues or have difficulty with a training course, contact your Field Training Specialist first. If the Field Training Specialist is unable to assist you, he or she will direct you to use the message function within the OC to message the trainer.
3. All shadowing experiences are scheduled by the Field Training Specialist or your supervisor. This is intentional so your shadowing supports the current concepts you are learning and does not interfere with online training.
4. Please take your time when completing the online training. This will save you time in the end. **ALL** online training, activities, and assignments should be completed prior to coming to the classroom. If they are not completed, you may not be able to attend classroom training. This may impact and likely extend your training by several weeks.

CFS Training Administrator

After accessing information in the SALT binder, trainees follow the directions to begin to complete their online courses on the OC following the order outlined in the calendar. Trainees login at https://ccfl- classroom.unl.edu and review the "Orientation" information to begin the training experience. Trainees then complete all courses outlined in the SALT binder and on the OC. Trainees work with trainers, FTSs, and training support teams to complete CP&S NWT. Near the end of training, trainees have the opportunity

to participate in a demonstration of case management skills and an assessment of documentation skills on N-FOCUS. Additional specialized training must be completed prior to working within specializations.

Attachment A contains the NWT Outline, detailing the different training units offered.

II. TRAINING DELIVERY AND METHODOLOGY

This blended learning model utilizes a flipped classroom approach that supports ongoing communication between the classroom and the field. Under the guidance of FTSs, trainees complete online self-paced assignments and field activities in their local offices and then meet with classroom trainers on-site or online for additional learning and experiential opportunities to practice their skills in various simulation spaces. The result is a dynamic, interactive learning environment where trainees refine their skills and prepare to perform the work of case management.

A. In-person Experiential Training | Synchronous

In-person training is face-to-face and is delivered in a classroom-style environment, a simulation room or home environment, or a simulation court room. Training may include a videotaped practice/simulation experience.

The purpose of instructor-led training is to help trainees acquire and refine new knowledge and skills in a group setting, facilitated by a trainer. Representative types of training include acquisition of information presented through lecture, role/real-play, question-and-answer sessions, group discussions, and large- and small-group activities.

The purpose of N-FOCUS training activities is to allow trainees to become familiar with entering and using information on DHHS's computer system. The training also typically involves a great deal of one-on-one instruction and feedback from the facilitators of the training.

The purpose of videotaped practice and simulation is for trainees to develop skills and demonstrate competence in applied work using hypothetical case information. It allows trainees to practice specific job-related skills in a safe environment.

B. Distance Learning

Distance learning occurs when trainees and their trainers are in different geographical locations and the instruction occurs on an electronic device, such as a computer or mobile phone. The learning can occur in a synchronous environment, in which all participants are connected at the same time or in an asynchronous environment, when participants are engaged in learning at different times.

- **Webinar Training | Synchronous**

CCFL offers webinars via Zoom. Trainees join the training from their local offices and participate in a virtual classroom with a trainer and other trainees across the state. Trainees typically listen to a trainer, watch slides or videos, participate in polling activities, complete small-group work, and ask or respond to questions.

- **Self-Paced Online Learning | Asynchronous**

Trainees access and participate in asynchronous training that occurs through a digital medium, like a computer or mobile phone. CCFL's online classroom (OC) and is accessed using instructions provided in the SALT binder.

Trainees complete structured learning activities and may complete assignments to prepare for upcoming classroom training, learn new information and skills not covered elsewhere, or perform activities that reinforce concepts recently learned in classroom training. These activities typically occur in the trainee's local office and engage learners through multiple techniques such as participating in training guided by interactive audiovisuals, reading written materials, searching websites, working through hypothetical case scenarios or case files, becoming familiar with job aids, practicing N-FOCUS navigation and documentation, and completing learning checks. These trainings vary in length and must be completed according to an agreed-upon schedule.

C. Field Training | Service Area Learning Team (SALT) Meetings

The purpose of a SALT meeting is to guide the trainees' field learning. In general, activities during SALT meetings include clarifying the responsibilities and expectations for each person (trainee, supervisor, and FTS); planning and coordinating all training activities; and reviewing the trainee's behavior, attitude, and performance during training. FTSs address confidentiality and professional use of CFS systems, such as N-FOCUS and the Nebraska Data Exchange Network (NDEN), to be accessed only for approved cases assigned. Additionally, FTSs share about physical safety concerns when meeting with families in their homes, as well as share concerns with access of personal social media account information being available to the public. SALT meetings may occur as often as needed but are required for CFSSs at these specific times in training: week one, week three, week six, week nine, week twelve, prior to assigning the initial four families, and prior to moving to a full caseload.

D. Field Training

Field training includes activities to help trainees refine their knowledge and skills through applied field experiences. These tasks fall into five general categories: 1)

talking with or observing a supervisor; 2) talking with or observing another CFSS or case manager; 3) meeting specific staff, and identifying and becoming familiar with providers or other partners; 4) looking up and reviewing specific information (e.g., case file forms, assessments, plans, narratives, reports); and 5) performing case management tasks and documentation under supervision. The field activities are not assigned to a specific day on the training calendar but rather can be flexibly scheduled around other training and shadowing opportunities. During training, trainees must be accompanied by an experienced CFSS, supervisor, identified case manager, or FTS whenever they meet with families.

FTSs support their assigned trainees as they complete all required training and prepare to take on responsibility for family case management. The FTSs coordinate meetings with the supervisors and trainees throughout training, provide support by responding to questions or concerns related to field tasks, and help in the arrangement of shadowing opportunities. FTSs spend a significant amount of time providing coaching, observing performance, and giving feedback. They support trainees as they learn to document case information, attend family interviews, and complete field tasks identified. The FTSs track training received by trainees and then follow up to ensure completion of training requirements.

III. TRAINING EVALUATION

An important part of ensuring effective training is training evaluation. The goals of the CP&S NWT evaluation system are to collect information to: a) provide to supervisors, trainees, and trainers feedback about individual trainee performance, including strengths and areas for improvement, and b) inform decisions about the future use of various instructional activities and their delivery.

Tools used to meet these goals include:

- Trainee knowledge and skill evaluations conducted throughout training;
- Trainee evaluations by trainers to record attitude and behavior;
- Course evaluations completed by trainees on both training and trainers;
- Post-training evaluations by trainees on their overall perceptions of the training model; and,
- Quarterly evaluations by supervisors on their overall perceptions of the training model.

IV. POST CP&S NWT

A. Guidelines for Assignment of Families Following Completion of CP&S NWT

The CFS Supervisor is responsible for the assignment of families to the CFSS. (“Families” is defined as one program case.) If the CFS Supervisor has concerns

regarding the CFSS's readiness to accept additional families for assignment within the timeframes outlined, the CFS Supervisor will consult with their administrator to develop a plan with the CFSS to enable the CFSS to have the knowledge, skills, and abilities to accept a full caseload within their first year of employment.

The CFS Supervisor and CFS Administrator may make an exception if the CFSS has prior case management experience in Nebraska or another state and/or can demonstrate his or her readiness to accept additional assignments beyond the progression of assignments outlined below:

- Within one month from successful completion of CP&S NWT
  - CFSS will be assigned no more than four (4) families
- Within one month from successful completion of the CDT
  - CFSS will be assigned no more than six (6) families
- Within two months from successful completion of the CDT
  - CFSS will be assigned no more than eight (8) families
- Within three months from successful completion of the CDT
  - CFSS will be assigned no more than ten (10) families
- Within four months from successful completion of the CDT
  - CFSS will be assigned no more than twelve (12) families
- Within five months from successful completion of the CDT
  - CFSS may be assigned a full caseload

B. Successful Completion of the Competency Development Tool and Promotion to CFS Specialist on Original Probation

The CDT is administered no later than week 20 from date of hire. After successfully passing the CDT, the CFS Trainee may be promoted to CFSS on original probation. After promotion, the CFS Specialist is identified as the Primary Worker on N-FOCUS and the caseload may gradually increase to a full caseload.

V. TRAINING STAFF

The CCFL multidisciplinary team of experts includes trainers and FTSs who are located throughout the state. The training team maintains qualifications as trainers for DHHS-initiated or mandated procedures, including SDM® and Safe Kids Nebraska Children and Family Services Transportation Training. The staff also has acquired an advanced level of knowledge not only about DHHS's vision, mission statements, policies, and procedures, but also about how to apply these guidelines in the daily work of the CFSS. A significant number of the training staff members have previously worked for DHHS in roles such as Protection and Safety Worker, Supervisor, Quality Assurance Specialist, Juvenile Service Officer, and Youth Rehabilitation and Treatment Center (YRTC) staff. The remaining training staff members have extensive backgrounds working in the child welfare and juvenile justice systems as lawyers, psychologists, sociologists, therapists,

educators, law enforcement officers, foster home providers, curriculum developers, industrial-organizational psychologists, and program evaluators.

FTSs are training facilitators and work very closely with trainees and their supervisors as trainees move through training. Their job is to support transfer of learning as trainees practice and apply in the field the knowledge learned, and skills developed in the classroom or lab. FTSs are positioned throughout the state, and at least one FTS is assigned to every DHHS Service Area.

VI. SUPPLEMENTAL INFORMATION

A. Training Scheduling, Registration, and Location

CCFL loads training information on the DHHS Workday learning management system and creates a unique training calendar for each group of trainees. CCFL then registers groups of trainees on LINK-EDC. Trainees receive their calendars at their initial SALT meeting with their supervisor and FTS. Trainees follow the directions in the SALT binder on how to access and login to the OC where their learning is outlined.

Trainees and supervisors are notified about the specific training facilities and rooms assigned to individual courses via the training calendar. Notification of a change in location of training sessions is provided via email. Information about training locations, parking, and links to addresses of all training locations are also available in the SALT binder and on the OC.

B. Make-Up Training

The format of CP&S NWT follows the life of a child welfare case. The design of training is intentional in that each training day builds upon what was learned in the days before. Therefore, it is imperative that the trainee attend each training day as it is scheduled on the calendar. It is understood that emergencies and unforeseen circumstances arise. Should trainees be unable to attend training, they need to work with their FTSs and supervisors to develop a plan as to how the missed training will be made up. Depending on the training missed, it could lengthen CP&S NWT. The request process for making up training is included in the SALT binder. CCFL will send an email to the trainee’s supervisor regarding any missed training by the end of the week after the scheduled training date and continue to send an email at least every other week until the training is made up. Additional DHHS leadership staff will be included in the correspondence if barriers to completion continue.

C. Curriculum Distribution

Select CP&S NWT materials for new workers are available in paper version to both trainers and trainees. Training materials are available electronically through the password-protected CCFL online classroom (https://ccfl-classroom.unl.edu) and through the CCFL server, which serves as an archive. These resources allow identified individuals access to training materials, calendars, records, group management information, and links to DHHS policy and memos.

D. Training Facilities and Rooms

To support training, specific locations in local offices and service areas have been identified by CFS for use by trainees during NWT. CCFL provides furnished training facilities during experiential training for in-person classroom weeks in Lincoln, as required. The main CCFL office and training space is on the 9th and 10th floors of the Sharp Building. This space provides five large training rooms, three medium-sized conference rooms for smaller group trainings or breakout sessions, and a simulation space. Documentation on N-FOCUS takes place in one of CFS's N-FOCUS labs or at the trainee's computer, via webinar.

E. Training Records and Report

The CCFL OC allows trainees, trainers, FTSs, supervisors, and administrators the opportunity to view training completion in real time. CCFL also maintains CFS staff and tribal staff training records using the DHHS Workday learning management system supporting the availability of transcripts to trainees as needed.

Reports generated include information on training sessions and enrollment in and completion of training courses. Reports also include training dates, number of training courses offered, trainers, topics, number of training hours, names of trainees, and locations of trainings. These reports are available as requested by DHHS-CFS. A complete archive of training materials by training group is maintained by CCFL. CCFL will send a completion of training email to the trainee's supervisor no later than two weeks after all NWT is completed.

Data Sources/Evidence

Training evaluation has been conducted in collaboration with CCFL through unit evaluations, post-training evaluations, CDT results, and focus groups. Additional feedback and recommendations are gathered from stakeholders to ensure a coordinated effort in analyzing training needs, communicating strategies, and evaluating training effectiveness.

Training Completion Data

The following data is showing the NWT completion rates for training dates ending in 2024. From January to September 2024, there were 176 total possible trainees for NWT. Of these, 25 resigned before completing the training. Among the trainees who completed the training, 51% (77/151) did so on time. Common reasons for delayed completion include illness and vacation leave, which cause trainees to miss scheduled sessions. As some training sessions are sequential, delays often result in rescheduling for the next available session. DHHS does not have data on the reasons why tribal trainees did not complete the training.

New Worker Training Completion											
NWT End Date	**1/11/2024**	**1/31/2024**	**2/16/2024**	**3/22/2024**	**4/24/2024**	**5/24/2024**	**6/18/2024**	**7/25/2024**	**8/1/2024**	**9/18/2024**	**Totals**
# CFS Trainee that completed training	16/23	17/18	6/7	17/18	10/14	13/14	17/20	15/17	14/17	23/28	148/176
Timeliness of training completion	7/16	8/17	2/6	12/17	9/10	11/13	2/17	6/15	5/17	15/23	77/151
% of CFS Training Completion	70%	89%	86%	94%	83%	93%	85%	88%	82%	82%	85%
# of CFS Trainees Resigned	7	1	1	1	4	1	3	2	3	5	25
# of Tribal Case Managers	0/0	0/0	0/6	0/2	0/0	0/0	0/0	0/0	2/7	0/0	2/15

Unit Evaluations

To provide feedback on individual NWT units (individual training courses), trainees complete ratings indicating their level of agreement with statements about overall satisfaction, acquisition of new knowledge and skills, trainer effectiveness, and the effectiveness of training materials and processes. Open-ended responses are also requested, asking trainees to identify the most and least helpful aspects, as well as any additional comments or suggestions.

The following table displays average ratings for various trainings and corresponding evaluation items. Trainees are asked to rate their level of agreement with each statement on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). Ratings are then aggregated across trainees, trainers, training units, and training sessions to calculate average scores for each evaluation item. The table below summarizes responses collected between January 16, 2024, and June 30, 2024. The data below comes from

68 different courses that were offered multiple times between the January 16-June 30 dates. The responses are from approximately 8,349 surveys. This number is approximate due to some trainees resigning, missing trainings and completing make up courses. Recounting attendance records over the past six months would be too time intensive. The following responses are from the trainees who participated in the training.

Evaluation Item	Responses = 1879 Possible Responses~ 8349
I am satisfied overall with this training	4.26
The training gave me new knowledge and skills that will be useful in my job	4.33
The trainer was effective in helping me learn	4.37
The training materials and process were effective in helping me learn (e.g., through visuals, examples, handouts, job aids, videos, activities, practice	4.28

A thematic analysis was conducted on open-ended comments about the most and least helpful aspects of training for each unit. The themes identified from this analysis are summarized below.

Most Helpful (771 comments)	Least Helpful (359 comments)
Interactive and Hands-On Learning (~23% of comments)	Training Format and Delivery (~25% of comments)
Video Content and Visual Aids (~16% of comments)	Content and Materials (~25% of comments)
Informative Content and Resources (~15% of comments)	Technical Issues and Navigation Challenges (~11% of comments)
Trainer Quality and Teaching Style (~11 % of comments)	Trainer Performance and Preparation (~10% of comments)
Real-Life Examples and Stories (~8% of comments)	Knowledge Assessments (~8% of comments)
Collaborative Learning (~5% of comments)	Lack of Practical Application or Real-World Examples (~8% of comments)

Overall, trainees expressed that they appreciated having informed, prepared, and engaging trainers; informative and engaging content and resources; real-world examples; and a balanced volume of well-paced content. A supportive learning environment was also highly valued. At a unit level staff feel learning content is done well and sufficient for their role.

<u>Post-Training Evaluations for NWT</u>

Trainees' complete surveys at the end of training and 90 and 180 days after completing their training to provide broader feedback about field training and the training program as a whole. These surveys assess factors such as the learning management system, distance learning, in-person training, training resources, field training, and field support. Quarterly surveys are also sent to supervisors with one or more workers in training to gather their perspectives on similar factors. The following results reflect trainee evaluations regarding whether basic knowledge and skills were acquired to perform job

duties. The results are based on data recorded between January 1, 2023, and December 31, 2023.

Post- Training Evaluation Responses- Training Covered the Basic Knowledge and Skills Needed for the Job				
	Total Number of Responses	**Agree or Strongly Agree**	**Neutral**	**Disagree or Strongly Disagree**
End of Training	93 of 272	61% (N=57)	24% (N=22)	15% (N=14)
90 Days After End of Training	78 of 273	42% (N=33)	30% (N=24)	27% (N=21)
180 Days After End of Training	66 of 311	50% (N=33)	27% (N=18)	23% (N=15)

61% of respondents indicated that the training covered the basic knowledge and skills needed for the job. At the next evaluation period 90 days post training, that number declined by 19%. At 90 days post training, trainees are focused on case management, putting the skills and knowledge gained during training to the test. Furthermore, many staff members report feeling overwhelmed by the transition from limited to full case management duties.

Competency Development Tool/Readiness Assessment

The CDT is a performance evaluation used to assess whether a CFS Trainee demonstrates the minimum competency required to perform their duties. Supervisors utilize the CDT between weeks 16 and 20 of training to assess the Trainee's knowledge, skills, and abilities in their work. Successful completion of the CDT is required before a Trainee can advance to a full Case Manager role. 100% of the 151 trainees in 2024 completed their CDT before they were promoted to CFSSs.

Focus Groups

The CARE Team, led by the Learning and Development Team, is an ongoing focus group for new CFS trainees. It meets monthly during the first six months of employment to provide feedback on training and onboarding, ask questions, share experiences, and build connections. Participation is voluntary and is scheduled by training cohort. Based on feedback from the CARE Team, participants like the variety of training modalities which ensures that all learning styles have access to the content. Trainees recognize the value of field opportunities, believing that the most significant learning occurs in these settings. Additionally, feedback suggests that training should be delivered in shorter, more focused increments and tailored as much as possible to reflect local practices and needs. Feedback from these focus groups is utilized in different ways to support the program. CCFL is informed of necessary updates to the content, or the feedback can be used to reach out to individual trainees to help meet their individual needs such as access to a program or office concerns.

Stakeholder Feedback

Various stakeholders were asked for their feedback regarding the type of training and/or support they would recommend providing to CFS case managers to ensure they are highly skilled and effective in their role. Feedback was obtained through collaborative sessions/focus groups attended by various stakeholders including, youth, judges, tribal representatives, providers, etc. Statewide Assessment Collaborative Session details were described at the beginning of the assessment on pages 9 and 10. Below are key recommendations from the stakeholders.

- Prepare CFS for hard conversations with families;
- Provide case managers with assistance during FTMs (i.e. someone to take notes) so CFS can focus on meeting facilitation and discussions;
- Cultural Competency;
- Communication Training; and,
- Engagement with Families.

Summary of State Performance

Nebraska has assessed the state's performance for Item 26: Initial Staff Training to be a Strength in Round 4. CFS has a robust evaluation and assessment component for initial staff training. Overall, trainees report that they are acquiring the information they need to be successful. The training program has effectively utilized feedback and evaluation data to make timely adjustments.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?

Analysis

Background Information:

Ongoing staff training was determined to be a strength for Nebraska in CFSR Round 3. Nebraska believes ongoing staff training is an area needing improvement for CFSR Round 4.

The Professional Development SWI requires all CFS case managers and supervisors to complete 24 hours of annual in-service professional development. This requirement is based on a calendar year (January 1 through December 31), beginning after the successful completion of new worker training. Various training opportunities are offered internally through the CFS program, the Human Resources department, and multiple external agencies for both CFS supervisors and case managers. Training completion data is available in Workday, and CFS supervisors are asked to review transcripts twice per year.

Following the completion of Initial New Worker Training (NWT), CFS staff are provided with ongoing internal training opportunities, including Noontime Knowledge sessions, Learning Labs, SOP Modules, and various self-paced online courses. Additionally, CFS staff may upload any external training or conferences they attend to the Learning Management System (LMS), provided these are approved by the individual's supervisor.

Training needs are determined based on requests from CFS Administrators and staff, policy or process changes, feedback from training evaluations, and recommendations from stakeholders.

Supervisor Training

The DHHS Learning and Development Unit provides training for all DHHS divisions and is committed to enhancing the skills of its leadership team. The DHHS Leadership Academy Course Catalog was created in 2021 and updated regularly to ensure staff is aware of the available training options. Courses include Supervision 101 - Timely Solutions for New Leaders; Supervision 201 - Balancing Leadership and Supervisory

Practices; Supervision 301 - Performance Management and the Discipline Process, Interview Skills for the Hiring Manager, On boarding Process, Expectation and Best Practices, Stay Interviews; and Supervision 401 - Interview Skills for the Hiring Manager Workshop, Stay Interviews Workshop. Also included are other Leadership Academy Trainings that supervisors can take to broaden their skills.

Data Sources/Evidence

Learning Management System – Workday

All data related to ongoing training is collected and tracked through Workday. Training units developed and delivered by CFS are loaded into Workday for monitoring purposes. The completion rate for professional development requirements has declined from 77.6% in 2021 to 58% in 2022 and 56% in 2023. In 2024, there was a slight increase in ongoing training completion of 59%. The chart below outlines the completion rates by job position in 2024.

Job Profile	Employees	>24 Hours	%
Child/Family Services Specialist	494	262	53%
Child/Family Services Specialist Supervisor	107	94	88%
Total	**601**	**356**	**59%**

While the number of training hours is low, this was not due to a lack of available training opportunities. At the end of each year, training data was not all entered in to the system by CFS staff; therefore, the data is not a true reflection of all ongoing trainings competed by staff.

The Training Opportunities chart below shows the range of training opportunities offered through the in-services calendar managed by DHHS. These opportunities include both internal and external training, provided in various formats. The in-services calendar is available to all CFS staff, and trainings are also highlighted in weekly updates from the CFS Program Team, as well as in a monthly newsletter from the L&D Team. Each CFS Specialist and Supervisor also has a paid subscription to LinkedIn Learning, which offers a variety of trainings. LinkedIn Learning allows for employees to search for specific training that may interest them or help them in their line of work.

Training Opportunities in 2023		
Month	**# of Trainings**	**Hours of Training**
January	16	33
February	10	19.5
March	16	30.5
April	9	18.5
May	13	25
June	9	19
July	2	6.5
August	13	58
September	19	35.5
October	11	22
November	10	22
December	4	11.5
Totals	**132 Trainings**	**301 Training Hours**

One contributing factor to staff not meeting the 24-hour training requirement is a lack of documentation. Staff frequently attend local conferences, trainings, and learning opportunities during team meetings that may not be captured in Workday.

Furthermore, the data may be skewed because CFS must include staff who have not been with the agency for a full calendar year. Staff hired after January 1 will naturally show less than 24 hours of ongoing professional development training.

Prioritized case management duties limit the number of training sessions staff can attend, affecting their ability to complete formalized training. DHHS has been focused on hiring and filling vacancies to allow for more time to complete ongoing training requirements. Additional efforts are also underway to make it easier for staff to complete and track ongoing professional development.

Staff Survey/Feedback:

CFS Specialists and Supervisors were asked for their feedback regarding ongoing training. They were specifically given the following statement: “Ongoing training has provided me with knowledge and skills to better perform my job duties.” They were provided a scaling question of Strongly Agree, Agree, Disagree, and Strongly Disagree. Feedback was obtained from 37 supervisors and 123 case managers out of a total 88 supervisors and 473 case managers.

- 86% (32/37) of the CFS Supervisors agreed or strongly agreed that ongoing training has provided them with knowledge and skills to better perform their staff duties.
- 80% (99/123) of the CFSSs agreed or strongly agreed that ongoing training has provided them with knowledge and skills to better perform their staff duties.

CFS Specialists and Supervisors were also asked the following question: “What training would you recommend to better perform your job duties?” This question was open-ended for staff to provide their own feedback. From the responses, several recurring themes and topics related to safety of staff, children, and families emerge:

1. **Field Training & Shadowing**: Many responses emphasized the need for more field training, shadowing opportunities, and hands-on learning. This type of training ensures workers are well-prepared for real-world scenarios, which could contribute to a safer, more effective work environment for both staff and the families they serve.
2. **Trauma-Informed Care and Mental Health**: Many responses recommended training focused on trauma-informed care, understanding the behaviors of traumatized children, and mental health evaluations. This suggests a recognition of the importance of understanding the emotional and psychological states of both children and families to ensure proper interventions, minimize harm, and safeguard both children and workers.
3. **Domestic Violence and Substance Abuse**: There was a strong emphasis on training related to domestic violence and substance abuse. This is crucial for

ensuring the safety of children and families, as well as for protecting staff who may be working in high-risk environments. The training is seen as essential for recognizing signs of abuse, handling volatile situations safely, and effectively intervening to prevent further harm.

4. **Safety Planning and Available Services**: Several responses suggested a focus on safety planning, with specific mention of creative approaches to safety planning in the home. This aligns with the goal of preventing child removal by ensuring that families can stay together while still being supported and protected. Safety planning is critical to ensuring both the child's well-being and staff safety during home visits. Keeping staff up to date on services available to families in their areas is necessary to help with successful safety planning.
5. **Cultural Competence and Working with Diverse Families**: Many responses also pointed to the need for cultural competence and understanding the diverse needs of families, especially those with disabilities or those from different ethnic and religious backgrounds. Training in cultural competence ensures that interventions are respectful, appropriate, and effective, ultimately leading to safer, more supportive environments for children and families.
6. **De-escalation and Confrontation Skills**: There was mention of the need for training on de-escalation techniques and ways to confront difficult situations without escalating tensions. This is particularly important for protecting the safety of both staff and families during high-stress interactions.
7. **Updates on Policies and Procedures**: Training on policy updates, system-wide changes, and legal matters was frequently mentioned. Keeping staff up to date with the latest policies, including safety-related guidelines, helps ensure that children's safety is prioritized, and that staff are prepared for any changes that might impact safety protocols.
8. **Supervisor and Managerial Training**: Several responses emphasized the need for supervisors to be well-trained in supporting their teams, especially in evaluating safety and case management work. Proper supervision can contribute to safer practices and more effective interventions for children and families.

In conclusion, the most commonly suggested training topics are those that focus on ensuring staff safety in potentially dangerous or emotionally charged situations, understanding and addressing trauma, and providing the right support for families to prevent child removal while maintaining safety. Training in cultural competence, mental health, substance abuse, domestic violence, and safety planning are all critical to fostering a safer environment for both families and staff.

Stakeholder Survey/Feedback:

Various stakeholders were asked for their feedback regarding the type of training and/or support they would recommend providing to CFS case managers to ensure they are highly skilled and effective in their role. Feedback was obtained through collaborative sessions/focus groups attended by various stakeholders. Collaborative Session Details were described at the beginning of the assessment on pages 9 and 10. Below are key recommendations from the stakeholders:

- Prepare CFS for hard conversations with families;
- Provide case managers with assistance during FTMs (i.e. someone to take notes) so CFS can focus on meeting facilitation and discussions;
- Cultural Competency;
- Communication Training; and,
- Engagement with Families.

Those same stakeholders were also asked to complete a survey. The following questions were asked, and their responses are listed below. Surveys were completed by 28 out of the 41 participants who attended the collaborative session.

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
CFS case managers have strong critical thinking skills	8.70%	22%	48%	22%	0
CFS case managers know how to positively engage with families	8.30%	12.50%	50%	29.20%	0
CFS case managers use effective communication when working with families	20.80%	12.50%	54.20%	12.50%	0

Summary of State Performance

In Round 3 CFSR, this item was found to be a Strength for Nebraska. Nebraska has assessed the state's performance for Item 27: Ongoing Staff Training to be an Area Needing Improvement in Round 4. While the documented number of training hours is low, CFS believes the actual total number of training hours is higher than reported. The issue lies in the documentation of training hours, particularly for external or smaller, localized training opportunities. DHHS needs to update the tracking process to make it easier to track training. Additionally, now that caseload sizes have become more manageable, a renewed effort for accountability for continued growth will be prioritized for workers and supervisors. When workers do complete their ongoing training, they report that the training that they receive does help them with their job; however, having workers complete and document their ongoing training has been a struggle.

CFS offers a wide range of ongoing training opportunities, ensuring staff have access to the resources they need to succeed in their roles. Overall, evaluation data indicates a positive response regarding how well training addresses staff's knowledge and skills. In response to the evolving dynamics of the child welfare system and workforce, recent efforts have shifted toward a "Learn by Doing" model. This approach prioritizes

experiential learning and enables new team members to gain on-the-job experience starting from day one, supported by individualized coaching and intentional mentoring. CFS anticipates that this model will foster increased employee engagement and better overall preparedness for case management duties.

Additionally, the Learn by Doing model will focus on the individualized needs of each employee through the creation of an Individualized Learning Plan**.** This approach will ensure that the program builds on each employee's strengths while identifying areas for further development. The shift to this model will provide improved flexibility for Tribal Case Managers, who have often struggled with completing training due to the rigidity of the previous program.

Beginning August 1, 2024, CFS established an internal Learning and Development (L&D) Team tasked with creating and implementing the Learn by Doing NWT program by January 1, 2025.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Analysis

Background Information:

Item 28: Foster and Adoptive Parent Training was found to be a Strength for Nebraska in Round 3 and continues to be a strength for the State in CFSR Round 4.

CFS ensures foster parent pre-service training occurs statewide by utilizing Trauma-Informed Partnering for Safety and Permanency (TIPS-MAPP) and Deciding Together; both are DHHS-approved preservice foster care trainings. These trainings are offered virtually or in person, and this flexibility has aided foster parents to complete the pre-service training requirements in a timely manner and to meet 395 NAC 3 Foster Home Licensing Regulation requirements for the completion of 21 hours of training prior to the issuance of a Nebraska foster care license.

Child-placing agencies (CPA) and the Nebraska Foster and Adoptive Parent Association (NFAPA) assist potential foster parents with information about required training and offer options to complete the pre-service training requirements to become licensed. CPAs and NFAPA provide completion certificates to CFS foster care resource development licensing staff for documentation within the state's SACWIS.

Relative foster families have access to an online DHHS relative foster care training to learn about the child welfare system, Reasonable Prudent Parenting Standards (RPPS), self-care, and other important topics related to caring for a family member. Relative training can be waived per 395 NAC 3 Foster Home Licensing Regulation requirements, but relative families are encouraged to complete the online DHHS relative foster care training so they can learn, be prepared, and become knowledgeable about relative foster care and the successes and challenges that may arise from caring for a family member.

All foster parents receive online training for: RPPS, Human Trafficking, Sexual Abuse Prevention, Car Seat Safety, and Suicide Awareness/Prevention. Completion certificates for all required trainings are documented in the states' SACWIS to ensure these required trainings have been completed. QA reviews are completed to ensure

compliance for RPPS and Human Trafficking trainings, as they are required per state statute NRS 43-4707.

Licensed foster parents must complete 12 hours of DHHS-approved training annually to be relicensed every two years. CFS recognizes that foster parents have different learning styles and strive to offer different options to help meet their training needs.

There are different organizations that foster parents can utilize for training purposes. CFS partners with Creating a Family, a national adoption and foster care education and support nonprofit organization that offers foster and adoptive parents convenient online training courses with relevant topics that are expert-based and trauma-informed. NFAPA offers multiple training opportunities for foster and adoptive parents across Nebraska; a training calendar is kept up to date and accessible through their website. The Project Harmony Training Institute delivers both in-person and online learning courses to increase awareness and promote understanding to end the cycle of child abuse and neglect. All organizations are easily accessible to foster parents.

CFS encourages foster parents to also use the DHHS Foster Parent Education Program to provide information about training taken on their own. This learning summary document allows foster parents the opportunity to receive on-going training credits by giving details about their learning experience; this helps foster parents to meet the on-going renewal training requirements.

The CFS CQI team utilizes a foster care licensing review process to determine if all requirements are met. This includes a review of the foster care licensing packets, which include foster parent training information for new foster care parents, as well as foster care and relative foster care licensure renewals.

The review process was completed monthly through August 2024 and involves a random sample of 50 homes across the state each month. If error cases are identified because licensing packets are not complete during the review, the preliminary data is shared with the Foster Care Resource Development licensing team to take necessary steps to correct deficiencies.

The information below reflects data from the monthly reviews for foster care newly licensed homes in 2022, 2023, and 2024. The review results look at trainings provided to each applicable caregiver in the home. The caregivers are identified as mother and father in the review/tables below. In general, the reviews support that required training is provided to the majority of the caregivers (mothers/fathers) in newly licensed homes.

A review of 297 new licensed homes in calendar year 2024 indicated that 97.2% (277/285) of the mothers and 96.4% (186/193) of the fathers in newly licensed homes completed the required Pre-Service Training. The reviews also showed 98.2% (280/285) of the applicable mothers and 97.9% (189/193) of the fathers completed RPPS trainings. The reviews also showed that 97.5% (278/285) of the applicable mothers and 97.9% (189/193) of the fathers completed Human Trafficking training. The

review results in 2024 are consistent with the review results in 2022 and 2023, with more than 95% of the mothers and fathers completing all the necessary trainings for new licenses.

NEW HOMES	2022					
255 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Pre-Service Training	247	240	97.2%	152	145	95.4%
RPPS	247	242	98.0%	152	149	98.0%
Human Trafficking	247	244	98.8%	152	149	98.0%

NEW HOMES	2023					
393 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Pre-Service Training	377	364	96.6%	269	260	96.7%
RPPS	377	360	95.5%	269	257	95.5%
Human Trafficking	377	360	95.5%	269	256	95.2%

NEW HOMES	2024					
297 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Pre-Service Training	285	277	97.2%	193	186	96.4%
RPPS	285	280	98.2%	193	189	97.9%
Human Trafficking	285	278	97.5%	193	189	97.9%

The information below reflects data from the monthly reviews for foster care licensed home renewals in 2022, 2023, and 2024. Review data indicate applicable caregivers (mothers/fathers) are completing the required trainings as part of the license renewal process. A review of 275 renewal licensed homes in calendar year 2024 indicated that 95.5% (267/255) of the mothers and 92.7% (164/177) of the fathers completed the required renewal trainings. The review results in 2024 are consistent with the review results in 2022 and 2023, with more than 90% of the mothers and fathers completing necessary trainings for renewal licenses.

RENEWAL HOMES	2022					
269 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Renewal Training	269	245	91.1%	180	164	91.1%

RENEWAL HOMES	2023					
317 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Renewal Training	310	280	90.3%	210	186	88.6%

RENEWAL HOMES	2024					
275 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Renewal Training	267	255	95.5%	177	164	92.7%

The information below reflects data from the monthly reviews for relative foster care homes in 2022, 2023, and 2024. As previously described above, relative training can be waived per Nebraska 395 NAC Foster Home Licensing Regulation requirements, but relative families are encouraged to complete the online DHHS relative foster care training so they can learn, be prepared, and become knowledgeable about relative foster care and the successes and challenges that may arise from caring for a family member. For this reason, the review information looks specifically at RPSS and Human Trafficking training requirements since the pre-service training is waived for relatives.

In general, the reviews support that required training is provided the majority of relative caregivers (mothers/fathers). A review of 39 relative homes in calendar year 2024 indicated that 97% (38/39) of the mothers and 96.3% (26/27) of the fathers in newly licensed homes completed the required RPPS training. The reviews also showed that 97.3% (38/39) of the applicable mothers and 96.3% (26/27) of the fathers completed Human Trafficking training. The review results in 2024 are consistent with the review results in 2022 and 2023, with more than 95% of the relative caregivers (mothers/fathers) completing all the necessary trainings.

RELATIVE HOMES	2022					
24 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
RPPS	23	23	100.0%	19	19	100.0%
Human Trafficking	23	23	100.0%	19	19	100.0%

RELATIVE HOMES	2023					
57 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
RPPS	56	55	98.2%	33	31	93.9%
Human Trafficking	56	53	94.6%	33	31	93.9%

RELATIVE HOMES	2024					
39 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
RPPS	39	38	97.4%	27	26	96.3%
Human Trafficking	39	38	97.4%	27	26	96.3%

Staff Training for Licensed Facilities

The Division of Public Health (DPH) ensures that every licensed agency receives an annual onsite inspection that involves reviewing a sample of staff files to ensure staff have met the ongoing training requirement of 20 hours per year. The base sample of

staff files reviewed is between 5% and 25% per agency, depending on their staff numbers. If a positive trend is identified after samples are reviewed, the sample is closed noting compliance. If significant concerns are noted across multiple staff files, additional files may be added to the sample. The review percentage is higher for new staff, which is typically up to 100% from the previous review. A sample of files for staff employed for over a year are also reviewed and the size of that sample has no specific determinants.

Upon completion of the compliance review and all requested documentation, the agency is provided a written letter of findings and directive for response. Corrective documentation may be required for issues that can be addressed, and a timeframe for the required response is given. The submitted corrections are reviewed and further correction requested as needed. If any staff under review is found to have not met the training requirement, the agency has 10 working days to submit the remaining training hours or a specific training plan to correct the deficiency. No corrective actions have been issued to any agency specific to staff not meeting the training requirement in the last 24 months; all requirements have been met successfully.

Stakeholder Feedback

CFS held statewide assessment collaborative sessions in October 2024 to discuss and receive feedback regarding foster parent training. Collaborative session details were described at the beginning of the assessment on pages 9 and 10. The following poll questions were asked during the session. 24 out of 44 attendees provided responses to the following poll questions:

- Foster parents in Nebraska receive adequate training. Of the 24 responding, 75% strongly agreed, agreed, or remained neutral.
- Adoptive parents in Nebraska receive adequate training. Of the 24 responding, 70% strongly agreed, agreed, or remained neutral.

Stakeholder participants expressed successes and challenges regarding foster parent training during the collaborative session. Successes included CPAs being experts in providing training resources and access to preservice training options, and the ability to answer training questions and to check in with foster parents on a regular basis. CPAs note that foster parents do appreciate the options they are given to complete the required foster parent training.

Barriers noted from stakeholders include some foster parents have access issues to online trainings due to technology barriers such as not having access to a laptop or a tablet if the training is not accessible on their smartphone. Additional feedback included that additional trainings for relative families would be beneficial; although when asked why relative foster parents have training requirement waived, the reason provided was that relative parents don’t always have time to attend trainings, but training opportunities are available to them and additional support is provided to them when needed.

State Performance

CFS believes Item 28 is a strength for Nebraska in Round 4. Data shows that foster and adoptive parents, as well as staff in licensed child caring agencies, receive trainings on a prescriptive and regular basis to ensure those who provide care and supervision of children and youth receive information and training resources to complete required trainings. Trainings promote safety and well-being of children and youth in their care.

State Performance and Overall Rating for the Staff and Provider Training Systemic Factor

Staff and Provider Training Systemic Factor is an area needing improvement and not in substantial conformity, as Nebraska's assessment indicates a strength in two out of the three items in this systemic factor. Nebraska believes ongoing staff training is actually a strength; however, ongoing training tracking has limitations and data captured in the tracking system cannot be used to provide an accurate picture of ongoing staff training.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

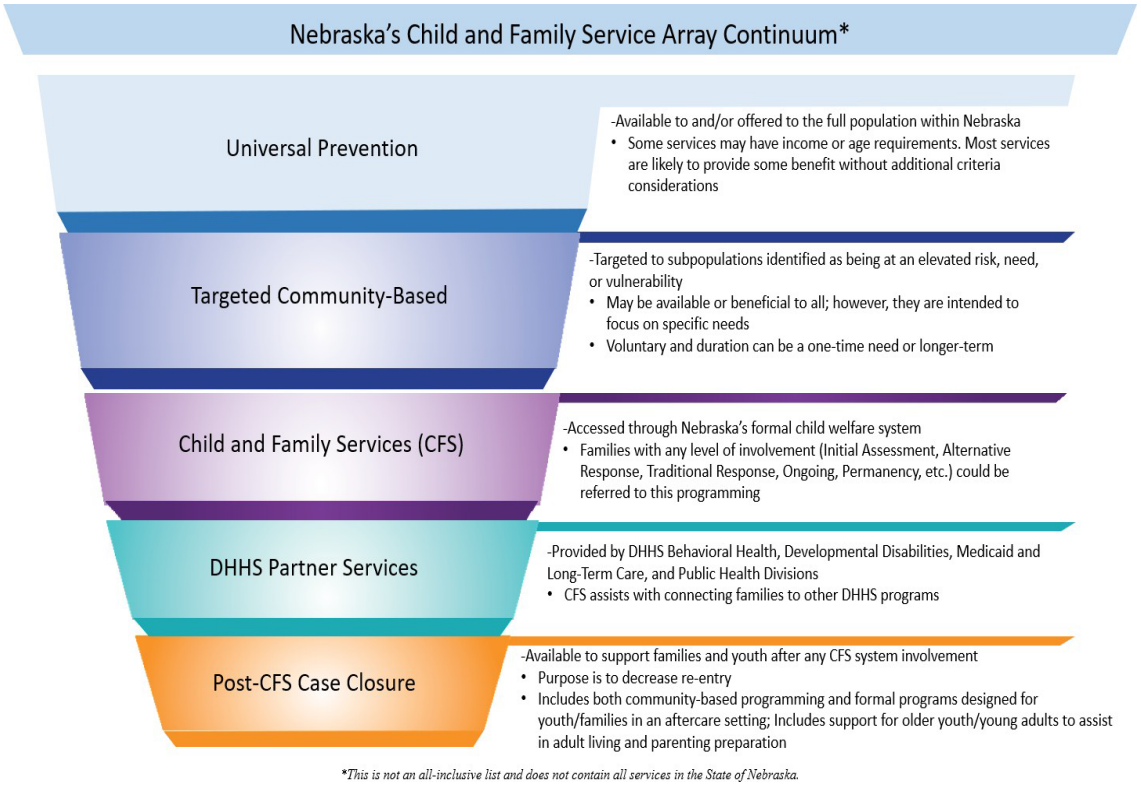
- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Analysis

Background Information

Array of Services was determined to be an area needing improvement for Nebraska in CFSR Round 3. Nebraska believes improvements have been made and array of services is an area of strength for Nebraska in Round 4.

Nebraska offers many services to children and families to help them perform better at home, in school, in the community, as parents/caregivers, and throughout life. Nebraska's Service Array continuum is provided across the state by many different organizations and providers through meaningful partnerships. Service availability and provision do not fall on one organization or provider to shoulder the responsibility. Therefore, everyone plays their part to ensure Nebraska has a service array continuum that meets the overall needs of the children and families within the State of Nebraska. This results in certain levels of crossover where services are available not only within one area of the service array continuum but across many areas, increasing accessibility for more individuals. The diagram below provides an overview of Nebraska's Service Array continuum.



<u>Services that assess the strengths and needs of children and families and determine other service needs.</u>

CFS becomes aware of children and families who might need services through referrals from the Child Abuse and Neglect Hotline. CFS assesses the strengths and needs to include service needs of children and families throughout the life of the case.

The array of services offered to children and families is directly related to the identified reason for involvement in CFS and is based on the SDM® Safety and Risk Assessment or Prevention Assessment, which assess the children and family's strengths and needs. These assessments help CFS to determine interventions and services that can help mitigate safety threats or risk.

CFS offers case staffing consultations for children with complex physical health, mental health, developmental disabilities, and behavioral health needs. The case staffing consultation includes the case management team, the central office, the DHHS Medical Services director, the Managed Care Organization (MCO), and others as deemed appropriate. Through these meetings, suggested services and placements are made to the case management team. In 2023, a new clinical team has been developed to provide these consultative services. Part of the work provided by this team is the completion of the Child and Adolescent Functional Assessment Scale (CAFAS) for these high acuity youth. The information from the CAFAS help to determine other needed services.

Services that address the needs of families in addition to individual children in order to create a safe home environment.

Below is a list of services that are available to address the needs of children and families to create a safe home environment:

Healthy Families America (HFA): Works with pregnant and parenting families of children prenatally up to age 5. The model is grounded in an infant mental health framework and aims to cultivate and strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family well-being by reducing risk and building protective factors.

Family Navigator Program: Available within 24 to 72 hours after a Helpline referral; the Navigator Program assists families in identifying family strengths, setting goals, and identifying existing community-based services. The Family Navigator program provides families with support and an understanding ear.

Nebraska's 988: A national effort organized at the state level to meet the growing need for crisis intervention and save lives. 988 is the national three-digit dialing code for the National Suicide Prevention Lifeline.

Nebraska Family Helpline: Makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week. Trained Helpline operators screen calls to assess immediate safety needs, identify the potential level of a behavioral health crisis, make recommendations or referrals to appropriate resources, and help callers connect to emergency resources or providers. The Helpline is supervised by licensed mental health professionals. Family Helpline operators can also connect eligible families to the Family Navigator Service. This service helps families move through Nebraska's child-and family-care system more efficiently to get the assistance they need. Available within 24 to 72 hours after a Helpline referral, Family Navigator helps families identify existing community-based services and provides support from people who have had personal experience in the system.

Youth Mobile Crisis Response (YMCR): A free resource for families and youth of any age who are experiencing a behavioral health crisis anywhere in the state. YMCR therapists are available 24/7 through the Nebraska Family Helpline, and help is provided in the community, at home, or through video consultation within one hour of the call.

Prenatal Plans of Safe Care (POSC): A plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following their release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver.

Services that enable children to remain safely with their parents when reasonable.

The following is a list of available services to enable children to remain safety with their parents when reasonable:

Alternative Response (AR): A case management approach provided across Nebraska that works with families to safely care for children in their own homes and communities. AR is a different way to respond to allegations of abuse or neglect so children can stay in their homes. AR does the following:

1. Assess child safety, risk of future abuse or neglect, and parents' ability to protect their child;
2. Connects families to services and/or informal supports to improve parents' ability to protect their children;
3. Does not place the parent(s) on the Central Registry; and
4. Eligibility is based on information gathered by the Child Abuse and Neglect Hotline.

Boys Town In-Home Family Services (BT-IHFS): Provides a family-centered, skill-based intervention for families in or near a crisis and at risk of having a child removed from the home. BT-IHFS is an intervention for families who have had their children recently removed and need to build upon their skills, resources, and supports to have their children safely placed back home. Intervention duration ranges from short-term to long-term, and service intensity ranges from highly intensive to less intensive, depending on a family's needs. In-Home Consultants work with families in their homes to help caregivers build on their strengths, improve their parenting skills, and identify community resources and supports.

Family Centered Treatment (FCT): A home-based trauma treatment that is designed for families who are at risk of dissolution or in need of reunification. It is also designed to serve youth who move between the child welfare, behavioral health, and juvenile justice systems. During treatment, FCT practitioners aim to help families identify their core emotional issues, identify functions of behaviors in a family systems context, change the emotional tone and behavioral interaction patterns among family members, and develop secure relationships by strengthening attachment bonds.

In-Home Safety Service: A rapid response, home-based intervention service delivered by trained professionals to manage identified safety threats to safely maintain the child in the family home. Trained professionals shall intervene if the safety of the child is compromised. Trained professionals shall provide training, modeling, and coaching to the parent or caretaker when necessary to facilitate the child remaining safely placed in the family home. Trained staff will also work with the family to identify both informal and formal supports that the family can rely on to support continued safety. The In-Home Safety Staff will also assist the family in organizing a Family Team Meeting within 24 hours of being in the home to develop an appropriate safety plan that does not include the continuation of In-Home Safety Services.

Mommy and Me Programs: Nebraska's residential substance use treatment community. The Mommy and Me programs aim to provide adult women with long-term residential treatment when short-term treatment is inadequate while parenting their children.

Professional Partner Program (PPP): Assist families who have a child with severe emotional disturbance (SED) in accessing services for the family without having to either give up their child as a ward of the state or incur undue debt to cover such services. PPP uses the wraparound philosophy to provide services and supports to families. The wraparound philosophy is needs driven and based on the strengths of the family. PPP believes that parents know their children best and are expected to be equal partners in all levels of decision-making for their child. The team, chosen by the family, meets monthly to develop an individualized service plan based on the strengths and needs of the family. PPP promotes the least restrictive, least intrusive, developmentally appropriate, culturally competent interventions in accordance with the strengths and needs identified by the family and within the most normalized environment.

Services that help children in foster and adoptive placements achieve permanency.

The following are a list of services that are available to help children in foster and adoptive placements achieve permanency:

Agency Supported Foster Care (ASFC) and Pre-Adoption Service: Out-of-home care in a licensed foster, kinship, or adoptive home or in the home of a relative that is supported by a licensed CPA and designed to meet the normal and complex needs of children who have experienced trauma, abuse, neglect, and other serious issues that require an out of home placement.

Agency Supported Respite Care Service: The temporary care and supervision of youth referred by DHHS that is provided in a Licensed Foster Home during an urgent or pre-planned situation and returned to the documented placement.

Chafee Services/Supports: These are used to assist youth/young adults in a wide variety of areas and are designed to support a successful transition to adulthood. Activities and programs include, but are not limited to, help with education, employment, financial management, housing, emotional support, and assured connections to caring adults. Eligibility for the program includes:

- Youth in foster care, ages 14 and older;
- Young people in or formerly in foster care, ages 14 to 23;
- Youth who left foster care through adoption or guardianship at age 16 or older; and
- Youth "likely to age out of foster care" to receive assistance to participate in age appropriate and normative activities.

Child Advocacy Centers (CAC): Offer a comprehensive approach to services for victims and their families. The goal is to ensure that children are not re-victimized by the very system designed to protect them. Services include:

- Medical exams provided by staff specially trained in child abuse pediatrics and trauma-informed care. Exams ensure the health of the child, provide diagnosis and any needed treatment, and offer important reassurance to children and their caregivers.
- A forensic interview that provides children a safe place to disclose what happened to them or what they witnessed. Nationally trained experts interview children using developmentally appropriate techniques. Forensic interviews capture evidence for investigating agencies in a way that minimizes trauma and ensures accuracy.
- A multidisciplinary team consisting of law enforcement, child protective services, medical professionals, prosecution, school personnel, CAC staff, and other key partners meet regularly to review cases, discuss general issues, and share information to ensure coordination and help connect families and children to needed services.
- Family advocates support children and families through the investigation and legal process. Advocates answer questions, provide resources for follow-up medical care and counseling, and offer guidance about what will happen next.
- Specialized, evidenced-based, trauma-focused mental health services are offered to the child and family to assist them with the healing process.

Emergency Shelter Care Service: A short-term, staff-secure residential service designed to meet the basic needs of youth, including personal safety, food, and shelter. The Contractor will make every effort to maintain the youth in their home school, provide age-appropriate education activities in lieu of school, and keep all scheduled appointments, including medical appointments.

Family Finding: A service that includes engagement, searching, preparation, planning, decision-making, lifetime network creation, healing, and permanency to:

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

Family Peer Support: Provided across Nebraska to a caregiver of a child/adolescent living with a severe emotional disturbance substance use disorder who is experiencing urgent behavioral/emotional challenges in the home, school, and/or community or provided to the legal guardian/caregiver of the child/adolescent who is experiencing a behavioral health crisis that is or has potential to limit their capacity to care for the child/adolescent. The service is separate and distinct from other behavioral health services provided to a consumer. It is designed to assist individuals/families in initiating

and maintaining the process of recovery and resiliency to improve quality of life, increase resiliency, and to promote health and wellness.
The core element of the service is the development of a relationship based on shared lived experience and mutuality between the provider and the individual/family. Services are trauma-informed and culturally sensitive and facilitate effective system navigation, empowerment, hope, resiliency, voice and choice, and system of care values. Service is person/family-centered, promotes self-directed recovery, and supports self-advocacy and empowerment through interventions that emphasize safety, self-worth, growth, connection to community, planning, and social supports.

Family Support Service: Face-to-face assistance, coaching, teaching, and role modeling by a trained professional in the family home or community-based setting. When the child remains placed in their home, the purpose of Family Support Service is to assist with the prevention of out-of-home placement of the child by maintaining and strengthening family functioning and alleviating stresses in the home. When the child is placed out of home, the purpose of Family Support Service is to assist with the preparation of the natural family, including the child in out-of-home placement, for the return of the child to the home.

Parenting Time/Supervised Visitation (PTSV): Supervised and monitored visits between parents and their children that are long enough in length to promote parent-child attachment. The safety and best interests of the children involved are the primary considerations. Parenting Time/Supervised Visitation workers engage, coach, and role model nurturing parenting practices during the supervision of Parenting Time. Parenting Time/Supervised Visitation Service is provided in the family home whenever possible or in the least restrictive, most home-like, community-based setting that meets the safety needs and improves the stability of family members and the family unit.

Reporting Center: Structured day and evening programming and supervision, using skilled professionals, for youth who cannot be unattended during the day and/or evening hours. It is designed to provide individualized programming in tutoring, life skills training, independent living skills, job seeking and job retention skill building, mentoring, social skills training, and behavioral management to children/youth referred for services. Also included are recreational activities, substance use education, and facilitation of other community service activities. A structured schedule will be utilized throughout the day. This service should include parent and family involvement focused on enhancing youth accountability and well-being. This is provided in a community-based facility.

Tiered Foster Care: Out-of-home care in a licensed foster, kinship, or adoptive home or in the home of a relative that is supported by a licensed CPA and designed to meet the complex needs of children who have experienced trauma, abuse, neglect and other serious issues that require an out-of-home placement with additional supports to the foster home to meet the complex needs of the youth in care.

Transitional Living and Life Skills Instruction: Delivers indirect and direct life skills instruction, including mentoring, coaching, support, and supervision to youth who reside

in independent housing, or who are in the process of moving into independent housing, that is supervised and supported by the Contractor. Life Skills Instruction supports youth in preparing them for independent living by developing and enhancing the youth's skills to successfully become self-sufficient. Transitional Living includes Life Skills Instruction to address the youth's goals in each of the following areas:

- Education
- Vocation/Employment
- Household Management
- Connections to Formal and Informal Supports
- Knowledge of Accessing Community Resources

Family Centered Treatment (FCT): A home-based trauma treatment that is designed for families who are at risk of dissolution or in need of reunification. It is also designed to serve youth who move between the child welfare, behavioral health, and juvenile justice systems. During treatment, FCT practitioners aim to help families identify their core emotional issues, identify functions of behaviors in a family systems context, change the emotional tone and behavioral interaction patterns among family members, and develop secure relationships by strengthening attachment bonds.

Motivational Interviewing (MI): Can be used in a variety of settings and used by itself or combined with other treatments. MI is used within a range of target populations and for a variety of problem areas; it works to promote behavioral change and improve overall well-being. There are no required qualifications for providers to deliver MI and can be used by many different professionals.

Data Sources/Evidence

To complete the analysis, CFS used and analyzed information from existing information and through focus groups and surveys.

- 2024 Annual CFS Satisfaction Survey
- 2024 FCRO Annual Report
- Quality Assurance Review Reports
- Focus Groups
- CFS Focus Surveys

The **Annual CFS Satisfaction Survey** is conducted with children, parents, foster parents, judges, guardian ad litems, attorneys representing parents, and service providers involved in the child welfare system.

Methodology: The surveys consisted of Likert scale questions to measure each respondent's service satisfaction among specific categories and recipients. Every survey, regardless of recipient, contained the same seven questions. The judges', attorneys', and service providers' survey contained additional questions regarding payment for services to service providers, supportive services to foster families, and

whether foster parents are provided with adequate information regarding the children placed in their care. The number of web-based surveys completed:

- 84 Youth
- 223 Parents
- 403 Foster Parents
- 73 Attorneys
- 11 Judges
- 81 Providers

The 2024 FCRO Annual Report is required to submit to the Nebraska Legislature an annual report providing data about children and youth in out-of-home care and trial home visits in Nebraska pursuant to Neb. Rev. Stat. §43-1303(4).

Methodology: In 2024, FCRO reported about the experiences of 6,731 children who were removed from their homes and placed in state custody or out-of-home care, for at least one day, through the child welfare or juvenile justice systems. Children and youth are typically reviewed at least once every six months for as long as they remain in care.

Quality Assurance Review Reports. The quality team conducts case reads for various programs and processes. CFS utilizes case-read instruments to review a sample of cases across the state to monitor safety, permanency, and well-being and identify the strengths and needs of the service delivery system. The CFS contract monitoring team conducts performance reviews on various provider processes, programs, and services to identify strengths, identify needs, and ensure quality services that meet the outcomes for children and families.

Methodology: The protection and safety CQI team uses the federal CFSR OSRI and the federal OMS to conduct case reviews on an ongoing basis. In 2024, 65 CFSR Onsite Reviews were conducted per quarter. The review process is identical to the one used during the Federal CFSR reviews. The CQI unit PASs complete the initial case reviews. A second QA reviewer reviews 100% of the cases for accuracy. The source of information for the case reviews includes documentation from the case file and data from interviews with case participants (parents, foster parents, youth, and other case participants as needed).

Focus Groups were held with stakeholder partners including families, youth, providers, foster parents, CFS staff, and judges.

Methodology: This opportunity used structured survey questions and focus groups that offered a forum for stakeholders to share their input and feedback regarding the Child Welfare Service Array available for children and families involved in the child welfare system. The collaborative sessions were conducted virtually were approximately 60-90 minutes in length. There were more than 60 participants in the group to discuss Service Array. The statewide assessment collaborative session details were described at the beginning of the assessment on pages 9 and 10.

CFS Focus Surveys were made available to CFSSs, CFS Supervisors, and CFS Administrators to provide feedback for the Statewide Assessment.

Methodology: An online survey was available for two weeks for CFSSs, CFS Supervisors, and CFS Administrators to provide feedback. 634 CFS staff (case managers, supervisors, and administrators) were surveyed, and 173 responses were received.

Analysis of Findings

As evident through Nebraska's service array continuum, one of the state's strengths is that it has the services necessary to meet the overall needs of the children and families. There are certain levels of crossover in which services are available not only within one area of the service array continuum but across many areas, making it highly accessible to more individuals. This is supported by the FCRO review that indicated 72.0% of cases reviewed were receiving the services they needed, and another 24.8% were at least partially receiving needed services, for a total of 96.8%. During the statewide assessment collaborative sessions, it was expressed the service array is not an issue; one provider especially felt they had a very strong array of services. Another strength identified in the during the collaborative session is that CFS does a good job in conducting initial assessments and utilizing the SDM® assessments and completing them regularly to identify the needs for the youth and families. Adequate needs assessment leads to utilization of the right services to meet those needs.

Although Nebraska has well developed service array for children and families, feedback indicated that additional mental health and substance use services were needed in the rural and frontier areas of the state. This was supported through the conversations with the stakeholders during the statewide assessment collaborative sessions who indicated waiting lists of six months or more to get services. Stakeholders also indicated that more education needs to be provided to case managers to understand the objectives and purpose of the available services so that case managers are able to better match services to the needs and refer families to the right services at the right time.

Individuals with lived experience in the child welfare system and stakeholders indicated challenges in the case management and referral process that hindered their ability to engage with services successfully. The primary issues were lack of communication and trust with specific providers and/or their case managers, the individual's lack of involvement in decision-making, and a lack of transparency and or full understanding about CFS processes, needs assessment, referrals, and services. Providers, caregivers, youth, and CFS staff all described economic and concrete needs hindering families' ability to engage in prevention programs and the need for more communication among everyone (providers, CFS, and families) during the referral process was an apparent area for improvement.

Summary of State Performance:

Nebraska's assessment demonstrates this item is an Area Needing Improvement for Nebraska in Round 4.

During Round 3, Item 29 under the Service Array Systemic Factor was an area needing improvement. A lack of resources across Nebraska is a cross-cutting concern that was identified throughout the review. An insufficient array of appropriate services and service providers contributed to the lack of positive safety, permanency, and well-being outcomes for children and families across the three sites. A synthesis of the information from the statewide assessment and stakeholder interviews found significant challenges in accessing needed services in more rural areas, e.g., areas further from Omaha and Lincoln, especially in the western part of the state. While this concern was most often noted in the context of substance abuse inpatient and outpatient assessment and treatment for parents, the need for drug and alcohol services for youth was also identified. Challenges in accessing mental health assessment and treatment services for parents and children was also reported, especially the need for more specialized services to address attachment, trauma, adoption, dual-diagnosis, and sexual abuse-related issues. Stakeholders said that the following resources and services are also difficult to access housing, transportation, residential treatment for youth, prevention services, and adequate placement resources for children, e.g., family foster homes.

While Nebraska implemented services and strategies to address identified as part of the PIP in Round 3, current reviews and stakeholder feedback continue to identify similar barriers and areas for improvement for the state.

Item 30: Individualizing Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

Analysis

Background Information

CFS's framework supports a focus on individualized strengths and needs while ensuring family voice and choice. To support individualizing services for children and families, the case planning process assists families with identifying supports and services to address identified needs, mitigate safety threats, and minimize risk for sustainability after the

case closes. The case planning process uses family-centered practice principles, which include strengths based, individualized, flexible, team developed and supported, and outcome focused. Case planning is an ongoing process that continues throughout the time the child and their family are involved with CFS. The NCR Tool is completed and is based on information gathered for the Risk Assessment and CFSS's knowledge of the child's individualized needs.

CFS uses FTMs at re-occurring times in which individualized services for the child(ren) and family are discussed, evaluated, decided, and referred for the family. A FTM is a gathering of the family (biological or legal) and others who develop and monitor a plan for child safety, permanency, and well-being, as well as work toward sustainable change and support for the family and children. The CFS CQI and QA teams assess FTMs to ensure families are being provided individualized support.

Data Sources/Evidence

To complete the analysis, CFS used and analyzed information from existing information and through focus groups and surveys:

- 2024 FCRO Annual Report
- Quality Assurance Review Reports
- Focus Groups
- CFS Focus Surveys

Analysis of Findings

Nebraska has an array of services available to meet the needs of children and families. During the statewide assessment collaborative sessions, stakeholders indicated that the array of services is not the issue and more that these services are not being used appropriately to meet the needs of the children and families served.

Stakeholders who attended the service array collaborative session were asked to complete the following polling questions. 27 out of more than 40 participants responded to the statements:

- The Nebraska Child Welfare System does a good job assessing the strengths and needs of children and families. 56% indicated this was true most of the time, while 44% responded that this was true only part of the time.
- The Nebraska Child Welfare System Service array is broad enough to be individualized to meet the unique needs of children and families served by the agency. 30% indicated that this was true most of the time, 63% indicated this was true some of the time, and 7% indicated this was never true.

Although children and families were receiving services, caregivers, youth, providers, and CFS staff indicated that there is room for improvement to ensure services are individuals to meet the unique needs of the youth and families. Stakeholders described the lack of bilingual and culturally competent services and the inadequacy of language translation services by phone as sometimes the barrier to timely service provision.

Summary of State Performance

Nebraska's assessment demonstrates this item is an Area Needing Improvement for Nebraska in Round 4.

During Round 3, this item was an area needing improvement for Nebraska. Stakeholders' opinions varied as to whether services are being individualized and tailored to meet the needs of children and families across the state and whether services are routinely individualized for relatives providing care for children in foster care. Stakeholders reported that tailoring services to meet the needs of non-English-speaking families is a significant challenge in some areas of the state. While translation and interpreter services are generally available, stakeholders noted that it is not always clear whether the translation services provided are meeting the needs of non-English-speaking families. Some stakeholders reported that placement resources are not individualized to meet the needs of youth with high needs and that, as a result, youth are placed in homes or facilities because they are available rather than based on the youth's needs.

While Nebraska implemented services and strategies to address identified as part of the PIP in Round 3, current reviews and stakeholder feedback continue to identify similar barriers and areas for improvement for the state

State Performance and Overall Rating for Service Array and Resource Development Systemic Factor

Service Array and Resource Development Systemic Factor is an area needing improvement and not in substantial conformity as Nebraska indicates that both items in this systemic factor are Areas Needing Improvement. Nebraska intends to continue to identify root causes and barriers to improvement and continue to implement strategies to improve performance in this systemic factor.

F. Agency Responsiveness to the Community

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

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Analysis

Background Information

During Round 3, Nebraska received an overall rating of Area Needing Improvement for Item 31 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during interviews with stakeholders showed that although the state actively seeks input from an array of groups in the development of CFSP goals, objectives, and annual updates, no process exists for soliciting input from parents, and therefore, the development of CFSP goals, objectives and annual updates do not incorporate the perspectives of parents. Nebraska believes this item is rated a Strength for Nebraska in CFSR Round 4.

CFS's collaborative foundation is built on a culture of intentional engagement across all DHHS divisions and the inclusion of communities, stakeholders, and those with lived experience. Nebraska is committed to aligning the CFSP goals with programmatic strategic planning, stakeholder goals, lived experience input, PIP initiatives, and engagement with the courts, Tribes, and providers. Additionally, Nebraska regularly hosts and participates in prevention-centered work that engages stakeholders and families to help design an improved family experience and supports needed to prevent system involvement.

In 2022, the Nebraska Legislature passed Legislative Bill 1173, which tasked the three branches of government to work together to transform child and family well-being. During 2023, statewide community forums and listening sessions were held. Information and input gathered during these sessions have created a broader network of partners to collaborate with in a manner that promotes shared ownership and outcomes. During the community sessions, themes emerged that support continued collaboration and methods for CFS to receive input and seek partnership. Prevention, diversity in funding, co-creation with lived expertise, quality staff training, equity in service delivery, partner collaboration, and shared outcome measures all rose as repeating themes that will be focus areas during the 2025-2029 period.

Data Sources/Evidence

CFS's responsiveness to the community is best demonstrated through the extensive partner/stakeholder engagement committees and workgroups that CFS participates in or leads. The volume of partner contact, meetings, workgroups, and shared projects speaks to the intentional commitment of CFS to engage with stakeholders, children, families, and the communities that are served.

Below is a description of the valuable engagement and collaborative efforts CFS has with stakeholders/partners:

Stakeholder / Partner	Description of Collaborative Efforts
Alternative Response (AR) Advisory Committee	CFS participates in the quarterly AR Advisory Committee meetings. The committee is tasked with examining the CFS AR reports of child abuse or neglect and making recommendations to the Legislature, DHHS, and the Nebraska Children's Commission regarding the receipt and screening of reports of child abuse or neglect by the department, the ongoing use of AR, the ongoing use of traditional response, and the provision of services within AR and non-court-involved cases to ensure child safety, to reduce the risk of child abuse or neglect, and to engage families.
Association of Administrators of the Interstate Compact for the Placement of Children (AAICPC)	CFS works closely with the AAICPC. CFS holds virtual monthly meetings and meets in person annually to work collaboratively to ensure children who are placed across state lines are safe, as well as ensure compliance with the Safe and Timely Act.
Balance of State Continuum of Care (CoC) and Lincoln CoC	Monthly meetings with statewide and Lincoln CoC Homeless Entry Portal housing stakeholders to discuss program updates and funding opportunities through Housing and Urban Development (HUD).
Bridge to Independence Advisory Committee	An Advisory Committee through the Nebraska Children's Commission, which is comprised of stakeholders across the state who have investment in young adult programming to develop recommendation for the Bridge to Independence Program.
Casey Families: Family First Prevention Services Act (FFPSA) Learning Collaborative Meetings	CFS attends the monthly FFPSA Learning Collaborative meetings hosted by Case Family Programs. These meetings bring together jurisdictions to elevate ideas to support FFPSA implementation and support the child well-being system.

Stakeholder / Partner	Description of Collaborative Efforts
CCFL Youth Homeless Demonstration Project	Meet weekly to staff homeless young adults who have entered the All Doors Lead Home - Care Coordination entry portal due to homelessness. This collaboration has allowed housing partners and DHHS to become aware of housing opportunities and provide supportive services and connections for young people.
Cedars Youth Services	Collaborate and partner for transitional housing and services in the Omaha Metro area.
Central Plains Supportive Services	A statewide Community Provider for independent living coaching for young people ages 14-23, housing support (ages 18-25), and Education and Training Vouchers (up to age 26).
Citizen Review Panels (CRP)	The Nebraska Commission for the Protection of Children manages the CRP for the Protection of Children. This CRP reviews cases in which a child has suffered a serious injury or near fatality. The reviews allow the panel to discern current investigative, administrative, and judicial handling of child abuse and neglect cases. CRP members make recommendations that could enhance children's and families' involvement with the child welfare system. CFS collaborates with NCFF to directly engage with youth and family voices. Within this framework, the Young Adult CRP comprises individuals aged 14-26 with firsthand experience with Nebraska's child welfare, juvenile justice, and homeless systems. These CRP members actively participate in local youth leadership and youth-serving programs, leveraging their expertise and insights to provide annual recommendations aimed at enhancing the agency's policies and procedures. DHHS addresses ways for improvement and provides a written response. Members serve year-long terms and are involved in selecting new members twice a year. The Parent/Caregiver CRP involves parents, caregivers, service providers, and community partners. These members share their experiences and discuss issues affecting families involved with CFS. The panel provides recommendations to DHHS annually. DHHS utilizes these recommendations to identify areas of improvement and responds with actions taken. The current membership spans the entire state, whereas, in previous years, membership was based on the communities engaged during that period. Parent/Caregiver CRP members are invited to attend six monthly meetings, including a follow-up meeting that includes CFS leadership.

Stakeholder / Partner	Description of Collaborative Efforts
Community Collaboratives	CFS is actively engaged with the 23 community collaboratives across the state of Nebraska. CFS attends several of the collaboratives community engagement meetings to provide input and suggestions to tackle top priority needs within the collaborative's respective coverage areas. CFS attends the monthly Statewide Partner's Call with the 23 community collaboratives. CFS entered into contracts with the 23 community collaboratives in 2024. This contract requires the collaboratives to provide central navigation, coaching, and/or concrete supports to families to prevent entry into a formalized CFS system. CFS actively engaged the community collaboratives to provide input for the updated FFPSA plan. Co-led trainings have been provided that include the CFS prevention unit, NCFF, and the community collaboratives. Examples are the 2024 County Attorney Conference, the Northeast 1184 team, and the Juvenile Justice Conference. CFS actively connects and encourages the community collaboratives to participate in community events throughout the state to connect the collaboratives with families that may be in need as well as presentations to the CFS staff of services and resources available through the collaborative.
Connect the Dots	CFS participates in this monthly meeting with stakeholders/partners from various disciplines to share updates and identify collaboration opportunities.
Connected Youth Initiative	CFS believes it is vital to continue strengthening its efforts to listen to youth and young adults served by CFS and the Connected Youth Initiative (CYI) continuum of support. Coordinated and robust efforts through partnerships among CFS, NCFF, youth, and young adults are critically important in strengthening Nebraska's Chafee services.
Family Advocacy Unit	Family Advocacy Unit (FAU) efforts enhance communication and elevate the voices of those with lived experience in various aspects of CFS. The FAU's goal is to improve outreach efforts, enhance the client experience, and strengthen service delivery for families by: • Partnering with community organizations to organize the CRPs specifically focused on family caregivers and responding to recommendations brought forth.

Stakeholder / Partner	Description of Collaborative Efforts
	• Following recommendations from the Family-Run Organizations of Nebraska, the FAU acts as an impartial mediator, ensuring adherence to established policies. • Openly sharing their lived experiences in internal and external meetings, the family advocate amplifies the voices of families, allowing parents served by CFS to relate to their perspectives and increase family and youth engagement. • Supporting individuals with lived experiences as community leaders, representing them in CFS-led projects, and recruiting experienced individuals statewide
Families Forever	CFS collaborates and partners for post-adoption and guardianship services for youth adopted or youth entering into a guardianship statewide to ensure youth don't re-enter into care.
Family Centered Treatment Foundation (FCTF)	CFS meets with FCTF on a weekly basis to better understand the requirements of a program, associated training, implementation requirements, and cost to implement and sustain the programs. This is to help CFS and stakeholders to understand its own capacity to bring up such programs and to provide information of the requirements and fidelity of the programs.
Family-Centered Treatment (FCT) Providers	CFS meets with FCT providers monthly to discuss implementation of the program, barriers to implementation, and capacity.
Foster Family Treatment Association (FFTA)	CFS meets monthly with FFTA for the purpose of sharing foster care concerns, information sharing, and work collaboratively to resolve concerns as they arise.
Healthy Families America (HFA) Local Implementing Agencies (LIA)	CFS has partnered with the DPH's N-MIECHV program to expand HFA in Nebraska. CFS, N-MIECHV and each LIA meet monthly to share information and data, explore strategies for higher engagement within the local communities, increase of referrals from the local communities and child welfare, and provide support. Monthly data is reported to and shared by DPH including demographic and benchmark information for the families served. The LIAs are also engaged in local community events to share information about the HFA program to a variety of stakeholders in the local communities.

Stakeholder / Partner	Description of Collaborative Efforts
Housing Authorities	CFS currently has MOUs for the foster youth toward Independence Housing Vouchers with the following housing authorities/agencies: Bellevue, Douglas County, Norfolk, Golden Rod, Columbus, Kearney, Fremont, and Western Nebraska Joint Housing. MOUs are currently pending with Hall County (Grand Island) and Hastings.
HUB	Collaboration and partnership with this agency as they provide support to young people as they transition into adulthood in the Lincoln area.
Human Trafficking Prevention and Response	CFS partners with the Nebraska Human Trafficking Task Force (NHTTF) through the Nebraska Attorney General's office to provide community awareness about human trafficking. NHTTF has planned an eight-city tour in 2024 to offer in-person training for law enforcement and county attorneys to identify, investigate, and prosecute crimes of human trafficking. CFS partners with HTI Labs, Inc., and developed the Providing Avenues for Victim Empowerment (PAVE) system, an innovative web-based platform that facilitates a single screening, assessment, and referral process to identify potential human trafficking victims and connect them to services. The PAVE screening helps to identify youth and adults who may be at risk of being trafficked and can be used to help obtain the services they need. The Child Abuse and Neglect Hotline will screen for potential trafficking victims with the option to refer them for case management continuation within the community. CFS, in partnership with NCFF, received a $1.5 million, three-year grant in 2020. The Improving Outcomes for Child and Youth Victims of Human Trafficking grant is from the Office of Victims of Crime (OVC). Nebraska is currently in an extension year for the OVC grant to finalize Statewide Best Practice Trafficking Protocols developed by a multi-disciplinary team that includes partners from Central Plains Center for Services, Nebraska Alliance of Child Advocacy Centers, Nebraska Indian Welfare Coalition, Nebraska Attorney General's office, the Nebraska Coalition to End Sexual and Domestic Violence, Probation, CFS, and lived experience voices. The protocols will be distributed, and training will be developed and offered to foster a statewide trauma-informed response to victims and survivors of human trafficking.

Stakeholder / Partner	Description of Collaborative Efforts
Interstate Compact for Juvenile (ICJ) State Council	CFS ICPC Program Specialist is a member of the ICJ State Council to continue to develop shared goals of ensuring youth are safe and to identify barriers and strengths with ICJ.
Juvenile Probation	The collaboration between the Administrative Office of Probation and CFS was developed to effectively address needs and improve outcomes for youth who experience both the child welfare and juvenile justice systems, commonly referred to as cross-over youth. The statewide crossover implementation team's role is to provide oversight and implementation assistance of the collaborative crossover policy between CFS and the Office of Probation. Crossover youth are perceived as higher risk, tend to move deeper into the juvenile justice system, experience high-end services, and have a disproportionate minority representation. When requested, CFS engages in case staffing for crossover youth to discuss the specific needs, an appropriate placement level, and a collaborative plan for success. CFS aims to improve cross-system practice, utilize strength-based family engagement, align resources, seek opportunities to divert youth from dual-system involvement, reduce out-of-home placements, and reduce disproportionate minority representation. CFS uses evidence-based practices infused in all phases of case management built upon the Crossover Youth Practice Model (CYPM).
Lutheran Family Services	Lutheran Family Services has 60 units of transitional housing in Blair, which provide educational and employment support.
Maternal Treatment Programming	CFS partners with four statewide Mommy and Me programs. The Mommy and Me programs are residential substance use treatment programs that provide adult women with long-term residential treatment when short-term treatment is inadequate, all while allowing the adult women to parent her children.
NCFF Lived Expertise Workgroup	CFS has assisted in the development of a statewide lived expertise group to ensure that those with lived expertise are able to provide input as needed throughout the state on different initiatives and developments.
Nebraska Children and Families Foundation	CFS provides a subaward for John H. Chafee Services for youth and young adults ages 14-23 to include supportive funding, drivers' education, coaching, leadership opportunities, and central navigation. CFS collaborates with NCFF to manage CRPs in Nebraska. The CRP for the Protection of Children, the

Stakeholder / Partner	Description of Collaborative Efforts
	Parent/Caregiver CRP, and the Young Adult CRP all provide recommendations to DHHS annually to make improvements within CFS.
Nebraska Child and Family Well-Being Transformation Steering Committee	The Nebraska Child and Family Well-Being Transformation Steering Committee is facilitated through the Capacity Building Center for States. The steering committee leverages the experiences, expertise, and insight of key individuals and organizations committed to creating a child and family well-being system oriented around preventing maltreatment and promoting child and family well-being. This steering committee includes representation from CFS leadership, providers, tribal members, legal and judicial, youth and families with lived experience, foster parents, the Office of Inspector General, FCRO, the Children's Bureau regional office, Casey Family Programs, DHHS Divisions of Behavioral Health, Public Health, Medicaid and Long-Term Care, and Developmental Disabilities.
Nebraska Coalition to End Sexual and Domestic Violence	CFS collaborates with the Nebraska Coalition in the planning, administration, and monitoring of the distribution of the Family Violence Prevention and Services Act (FVPSA) and state funds sub-awarded to Nebraska's domestic violence programs.
Nebraska Department of Education (NDE)	CFS collaborates with NDE in alignment with the Fostering Connections Act to support school stability and improve academic outcomes for systems-involved students throughout Nebraska.
Nebraska Family First Prevention (NFFP) Statewide Advisory Committee	CFS facilitates NFFP meetings. The purpose of the NFFP Advisory Committee is to review the current Nebraska prevention and community-based support infrastructures and resources to identify gaps, needs, and where expanded capacity is needed. The NFFP Advisory Committee will provide input on statewide FFPSA and Community Pathway development, expansion, and sustainability. The NFFP Advisory Committee focuses on two tracks: the IV-E agency FFPSA planning and the Community-Based Pathways and Warmline. These two tracks cross over and interact with one another, requiring thought into the road maps for each and coordination.
Nebraska Foster and Adoptive Parent Association (NFAPA)	CFS meets quarterly with the Director of NFAPA to ensure foster parents have pre-service and on-going training available to them. CFS also assesses the continued need for foster parent support groups and ensuring availability.

Stakeholder / Partner	Description of Collaborative Efforts
Nebraska Resource Project for Vulnerable Young Children (NRPVYC)	CFS meets quarterly with NRPVYC to strategize outreach to CFS staff about infant and early childhood mental health services in Nebraska. NRPVYC also shares information about upcoming trainings and resources available.
Nebraska State Probation /Cross Over	Collaborate and partner with Nebraska state probation to address needs of youth involved in both child welfare and juvenile justice system.
Office of Probation Administration	Collaboration was developed to improve outcomes for youth experiencing both child welfare and the juvenile justice systems. Most recently, this partnership has been working to ensure youth who age out of Probation in out of home care know about their ability to enter the CFS Bridge to Independence Program.
Omaha Home for Boys	Collaborate and partner for transitional housing and services in the Omaha metro area.
Parents As Teachers (PAT) Providers	PAT has recently been implemented within the FFPSA Service Array in Nebraska. CFS's intention is to meet monthly with individual providers to share information and data, explore strategies for higher engagement within the local communities, increase of referrals from child welfare, and provide support.
Plans of Safe Care (POSC)	CFS attends monthly meetings with POSC implementation sites. These monthly meetings provide updates regarding the disbursement of POSC binders, brainstorming strategies for community outreach, including integration of services, training opportunities in the community and within CFS, and updates from CFS.
Prenatal Plans of Safe Care and Binders	CFS actively participates in the pilot program providing expectant mothers with necessary and pertinent information related to pregnancy, childbirth, and child rearing. This effort is in a select number of communities within Nebraska. These efforts are to engage the expectant mother prior to the birth of the baby to address any needs/issues prior to the birth with the intended outcome of reducing the potential of abuse/neglect and/or a call to the statewide hotline. This group actively involves individuals with lived expertise.

Stakeholder / Partner	Description of Collaborative Efforts
SquareOne	SquareOne is an initiative in Lancaster County that will respond to crisis mental health needs and provide assessment prior to the family needing to go to an ER for a youth to be assessed. Various private providers of community and professional resources are a part of the development of SquareOne. The location will also house a variety of agencies that will provide needed resources and assistance to the community prior to a call to the DHHS hotline. CFS is involved in the development of the community resource section of SquareOne.
Tribal Partners	CFS meets monthly with each of the Nebraska headquartered tribes individually and quarterly with the four tribes together. CFS has actively engaged with Nebraska tribes and tribes in neighboring states in developing a plan for the next five years through the Tribal State Partnership for best practices in Indian Child Welfare grant – Together for Indigenous Families (TFIF). CFS held both virtual and in-person meetings with CIP, the Winnebago Tribe, the Ponca Tribe, the Omaha Tribe, and the Santee Sioux Nation to develop the goals, objectives, and activities that were included in the TFIF five-year plan. The goals identified through this process guide Nebraska's CFSP goals for collaboration and coordination with Tribes.
Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY).	In 2024, Nebraska entered its third year of a five-year cooperative agreement with the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY). The QIC-EY is led by Spaulding for Children in partnership with the North American Council on Adoptable Children (NACAC), the New England Association of Child Welfare Commissioners and Directors (NEACWCD), the University of Nebraska-Lincoln (UNL) and the University of Washington (UW). The QIC-EY comprises five major components: Child Welfare Training, Child Welfare Coaching, Child and Youth Engagement Model, Child Welfare Systems Assessment, and Capacity Building and Court Training. Nebraska selected the Southeast Service Area as the Intervention site, with the Eastern Service Area and Central Service Area as Comparison sites.
CFSR Advisory Committee & Collaborative Sessions for the Statewide Assessment	In 2024, Nebraska formed a CFSR Advisory Committee that includes youth and family representatives with lived experience as well as other stakeholders involved in the child welfare system (judges, providers, legal, and agency representatives). The CFSR advisory committee members actively provide input on the development and implementation of the Nebraska CFSR, Statewide

Stakeholder / Partner	Description of Collaborative Efforts
	Assessment, and PIP. The committee ensures that CFS receives input and collaborates with youth and families with lived expertise and stakeholders/partners effected by and with vested interest in child welfare outcomes. In 2024, Nebraska engaged youth, families, and other stakeholders with lived experience to obtain feedback and input regarding system strengths and areas needing improvement. Stakeholders also had the opportunity to indicate if they are willing to continue to be involved in the CFSR process and serve on committees or workgroups to continue to evaluate system strengths and barriers and develop strategies for improvement as part of the PIP.

Summary of State Performance

Nebraska's assessment demonstrates this item is a strength for Round 4. Nebraska continually seeks partnerships and engagement opportunities within our state to enhance our quality, service array, and outcomes for families. Collaboration with stakeholders, parents, families, youth, Tribes, courts, and others is critical to serving families and building cohesive systems. Nebraska continues to implement strategies to improve collaborations and engagement with youth and parents with lived experienced.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Analysis

Background Information

During Round 3, Nebraska received an overall rating of Strength for Item 32 based on information from the statewide assessment. In the statewide assessment, Nebraska provided numerous examples of how the state coordinates services or benefits with other federal or federally assisted programs serving the same population. These included coordination and partnership with federal and federally funded programs related to early childhood development, education, developmental disability, behavioral and mental health, independent living and adult transition initiatives for older youth, family violence prevention, community partnership, prevention of human trafficking, and federal self-sufficiency initiatives.

CFS ensures the state services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population. Many of the federally coordinated services are located within DHHS. DHHS is the state agency which has the authority in administering services regarding behavioral health, children and families, development disabilities, Medicaid, economic assistance, and public health.

CFS collaborates with all other internal DHHS divisions on several ongoing projects and initiatives to streamline programming and services available to the children and families of Nebraska.

Data Sources/Evidence

CFS's coordination with other federal programs is demonstrated through the extensive partner/stakeholder engagement committees and workgroups that CFS participates in or leads.

Below is a description of the valuable engagement and collaborative and coordinated efforts CFS has with services or benefits of other federal or federally assisted programs serving the same population.

Federal Programs	Description
Division of Behavioral Health (DBH)	DBH is the designated single state mental health and substance use authority. The division administers, provides funding and oversight for a community-based prevention, treatment, and recovery support system. Other services include the 988 Suicide and Crisis Lifeline, NE Family Helpline, psychiatric hospitals, and therapy. Mental Health Substance Abuse Treatment Centers provide shelter, food, counseling, supervision, diagnosis and treatment, and other assistance for individuals living at the facility for more than 24 consecutive hours. Individuals admitted to the facility have a mental illness and/or a substance use disorder, and Outpatient Services. The DBH system of care administrator participates as a member of the CFS Health Care Oversight Committee. The CFS well-being administrator participates in DBH's State Advisory Committee on Mental Health Services. Children and families involved in the child welfare system often utilize local and regional behavioral services and supports to meet families' needs. Services include assessments, therapeutic interventions, and peer support, among others. DBH funds three statewide Family-Run Organizations (FRO) critical to CFS's work. Nebraska's three FROs are staffed by family members with lived experience who provide a unique service to youth and their families and a valuable voice across the two divisions. The FROs bring value to

Federal Programs	Description
	our families by having dual knowledge and connections that meet the whole family's needs within the care system. Caseworkers send referrals to the FROs for peer support services for parents with mental health diagnoses and substance abuse. Trained peer support providers engage with parents by using their lived experience, providing emotional peer support, identifying other services parents can utilize, and continuing working with parents post-CFS involvement. Peer support advocates help parents navigate the care of their children and provide transportation to court, family team meetings, and substance abuse meetings. In addition to providing direct family/youth support, the FROs work with the CFS Family Advocacy Unit to enhance and expand opportunities for connecting to other stakeholders, youth, and families.
Division of Developmental Disabilities (DDD)	DDD provides funding and oversight for Medicaid Home and Community-Based Services (HCBS) Waivers. HCBS includes DDD Waiver, Traumatic Brain Injury Waiver, Medically Handicapped Children's Program, Social Services for Aged and Disabled. CFS and DDD work together to support the transition of DD-eligible youth exiting the foster care system, including eligibility, placement, funding options, medical/mental health, and education needs of young adults to ensure continuity of care and support. When CFS reviews specific youth with MLTC, the MCOs, the DHHS executive medical director, and the well-being team at the central office, discussions occur on how youth may benefit from DD services. If the youth has an active DD case, the assigned DD worker is invited to participate in these discussions. CFS may request a courtesy DD service coordinator to assist with navigating and leveraging system resources when a youth has been determined eligible for DD services. CFS, DD, and MLTC program staff meet monthly to discuss systemic matters that affect each Division. When a state ward is identified as potentially having an intellectual disability (ID) or developmental disability (DD), an application for services should be completed. CFS maintains an SWI outlining the process for applying for DD services for state wards for case managers.
Division of Medicaid and Long-Term-Care (MLTC)	MLTC oversees the Nebraska Medicaid program and HCBS, including the State Unit on Aging, Children's Health Insurance (CHIP), and Managed Care – Heritage Health. CFS partners with MLTC to support CFS involved youth through frequent case staffing. When CFS reviews specific youth, MLTC is invited to attend and actively participate by providing guidance and suggestions. CFS and MLTC engage in a monthly meeting to ensure a cadence of communication on any systemic identified issues and discuss the difficulty in finding placements for high-

Federal Programs	Description
	needs youth. CFS continues to partner with MLTC to maintain a website for Former Foster Youth. The website includes information about the health coverage available to former foster care youth that meets specific requirements. It also provides information about how to keep contact information current and when to let MLTC know if anything changes, such as pregnancy. MLTC leaders are sitting steering committee members for the Prenatal Plans of Safe Care and have assisted in coordination with the statewide MCOs. Nebraska implemented Therapeutic Family Care (TFC) in January 2024. This implementation is a partnership with CFS and MLTC, starting with a target population of those in Tier 4 and 5 foster care. The intended outcome of TFC is to serve youth with high behavioral health needs to prevent restrictive facility placements. CFS is providing the care coordination team for youth eligible for TFC. Medicaid has submitted a State Plan Amendment to create two new crisis behavioral intervention services accessible to the TFC youth. Depending on the need, this includes a 24/7 response, either virtually or in person. The funding for this program is shared funding between MLTC and CFS.
Office of Economic Assistance (EA)	OEA programs provide support to achieve self-sufficiency, which includes Food Assistance, Child Care, Temporary Assistance for Families, Aid to Dependent Children, Assistance for the Aged, Blind and Disabled, and the Low-Income Home Energy Assistance Program. CFS collaborates with OEA, which launched a TANF workgroup to assess low-income families' needs, provide a transparent TANF funding process, and evaluate the current TANF-funded program's performance effectiveness. In addition, the workgroup provides program funding recommendations to the director of CFS. The workgroup has multiple internal and external stakeholders, which bring diverse views and allow the workgroup to assess families' needs comprehensively. Several of the external stakeholders are individuals with lived experience, ensuring that those who are current or past recipients of these benefits are involved in the co-creation of recommendations.
Division of Public Health (DPH)	DPH is responsible for preventive and community health programs and services. It is also responsible for the regulation and licensure of health-related professions and occupations, as well as the regulation and licensure of health care facilities and services. Examples include the Home Visiting Program, Vital Records, Environmental Health, Health Promotion, and Emergency Preparedness.

Federal Programs	Description
	To help achieve goals and objectives within the 2020-2024 CFSP, Nebraska collaborated with the DPH on several projects, including implementing the child welfare protocol for Healthy Families America (HFA) across Nebraska. Due to extensive collaboration between 2022 and 2023 with other statewide home visiting programs, the DPH-Maternal Infant Early Childhood Visiting (N-MIECHV) program established an additional seven Local Implementing Agencies within central and western Nebraska. This collaboration and implementation have resulted in the expansion of HFA availability for child welfare-involved families within CFS. CFS collaborates with DPH on Title V programs to support public health prevention and maternal child programming. DPH is also co-leads in the Prenatal Plans of Safe Care project. Within the DPH is the State Child Death Review Team. This team submits a records request to CFS when a child fatality/near fatality involves an active CPS case and/or suspected abuse or neglect contributed to the fatality/near fatality. CFS is an advisory team member of the Nebraska Partnership for Mental Health Care Access in Pediatrics (NEP-MAP) NEP-MAP is a collaboration of many stakeholders working together to improve access to mental and behavioral health care for children and families in Nebraska, led by a maternal and child health team in the DPH.
Nebraska Department of Education (NDE)	Nebraska's Fostering Connections in Education Initiative includes representatives from CFS and NDE, which collaborates with the Nebraska Supreme Court and the Nebraska Administrative Office of the Courts and Probation. These entities collaborate to address the education of children and youth served by these systems to support school stability and improve academic outcomes for systems-involved students through crossover system communication and coordination. CFS and NDE meet quarterly to address the ongoing challenges and roadblocks that impede the success of state wards in the educational arenas throughout Nebraska. CFS serves on the Special Education Advisory Council and the Council on Student Attendance. Since 2016, superintendents of public school districts began receiving the DHHS School District Notice, also known as the Superintendent Letter, electronically via the NDE Portal. The notice provides updates to school districts when a child becomes a state ward, when there is a change in the child's circumstances (e.g., has moved to another foster home or school district), or a

Federal Programs	Description
	new case manager has been assigned, and when DHHS custody ends. This automated process has been updated several times in collaboration with NDE to ensure the timely, secure, and accurate delivery of the District Notice to school superintendents. CFS served on a committee organized by the NDE and CIP, which collaborated for a groundbreaking event at the Educational Planning for Systems-Involved Youth Conference. The conferences in La Vista and Bridgeport invited attendees to discover strategies to support educational success of young people in the youth justice and child welfare systems. By fostering better alignment, enhancing knowledge, and improving communication, CFS and NDE can create a common vision and improve educational outcomes for systems-involved youth. In Nebraska, students under the jurisdiction of the juvenile court are educated in diverse settings such as public schools, interim-program schools, special purpose schools, and non-public schools. Historically, these students have underperformed academically compared to their non-juvenile-court-involved peers and are disproportionately students of color, students with disabilities, and students from low-income families. A key condition for positive educational outcomes for youth under the jurisdiction of the juvenile court is the efficient transfer of education records between placements. Currently, Nebraska faces significant challenges in this area, as identified through extensive interviews, focus groups, and stakeholder meetings. The obstacles to effective data sharing include delays, mistrust, lack of system integration, reliance on low-tech solutions, privacy concerns, and inadequate knowledge. These inefficiencies contribute to negative outcomes for youth, causing them to miss crucial instructional time or be subjected to redundant coursework. This often results in disengagement, frustration, and drop-outs. To address these issues, Bellwether, a non-profit organization working to enhance education systems, in collaboration with a team of state leaders, has developed a comprehensive set of recommendations that propose establishing a centralized records service under NDE. This system aims to centralize education data collection and distribution using highly trained registrars to ensure data accuracy, resolve discrepancies, and create comprehensive student records. This centralized service would streamline the data-sharing process and ensure compliance with privacy regulations. Beyond the centralization of records, the recommendations also advocate for improvements in governance design to enhance efficiency, consistency, and accountability. Additionally, the introduction of a statewide basic high school diploma aims to increase graduation rates for youth under the jurisdiction of the juvenile court.

Federal Programs	Description
	CFS serves as a voting member on the Special Education Advisory Committee (SEAC), which is an advisory panel that provides policy guidance regarding special education and related services for children with disabilities. SEAC membership includes parents, educators, administrators, and representatives from various state agencies who serve differently abled children from birth through age 21.
Early Development Network (EDN) and Early Childhood	CFS makes referrals to EDN per Child Abuse Prevention and Treatment Act (CAPTA) requirements to help prevent or minimize negative effects of exposure to risk factors such as abuse and neglect. CFS and EDN meet as necessary to address any concerns. CFS serves as a voting member on the Early Childhood Interagency Coordinating Council (ECICC). ECICC offers a framework for aligning early childhood efforts and information related to public policy, state agency initiatives, funding, data resources, and barriers in service systems. The council serves as a statewide networking platform for early childhood stakeholders from public and private sector interests. Its membership represents the Nebraska Legislature, state agencies, social service organizations, direct service providers, higher education, business interests, and parents, among other stakeholders. Membership is determined by state and federal statutes.
Federal Family Violence Prevention and Services Program (FVPSA)	FVPSA provides the primary federal funding stream dedicated to the support of emergency shelter and supportive services for victims of domestic violence and their dependents. CFS is the state agency responsible for the administration of FVPSA and works closely with the Nebraska Coalition to End Sexual and Domestic Violence and 20 local domestic violence/sexual assault programs to provide core domestic violence services across Nebraska. CFS meets quarterly or more often as necessary with the Executive Director of the Nebraska Coalition to End Sexual and Domestic Violence and the 20 local programs. CFS also participates in the annual FVPSA administrator's conference to receive training and technical assistance on emerging issues, engage in peer-to-peer learning, and network with other states.
Title IV-E Inter-Governmental Agreements	CFS has Title IV-E contracts with three of the four federally recognized Tribes in Nebraska that authorizes Title IV-E administrative and allowable maintenance funding for tribal wards. The IV-E contracts allow the tribes the ability to have Title IV-E-eligible tribal ward maintenance expenses paid through CFS. CFS provides the general fund match for Title IV-E maintenance reimbursement for a Title IV-E-eligible tribal ward. Eligibility for Title IV-E is established by having required CFS program information entered in N-FOCUS by the tribal CFS case manager. The tribal case managers are also responsible for providing

Federal Programs	Description
	required documentation for a tribal ward's Title IV-E eligibility determination to be made by DHHS staff. Licensing information is entered in N-FOCUS to ensure Title IV-E requirements are met for the placement provider. Payment is processed through N-FOCUS, which then allows for Title IV-E claiming by CFS for any eligible Title IV-E services for the eligible tribal wards. Monthly expense reports are sent to tribes listing CFS payments made on behalf of their specific tribal wards. The information entered in N-FOCUS allows for AFCARS data to be transmitted to the Children's Bureau for Title IV-E eligible youth twice a year. Department training is open for participation by tribal workers and technical assistance is provided on a regular basis during monthly operations meetings, and when specifically requested. The one Tribe that has not entered into an IV-E Contract with DHHS does not have a land-based reservation in Nebraska. The tribe has chosen not to have an IV-E Contract, therefore when there is a need, their tribal youth are covered through the regular Nebraska state ward system.
Court Improvement Project (CIP)/ Courts	CFS meets with juvenile court partners and CIP virtually every four to six weeks. This meeting is a forum to report on initiatives and issue spots. Projects regularly discussed are the CIP-CFS joint project, ICWA Education, and a review of Title IV-E funding and data points. Monthly CFS leadership, judicial leads for the county and juvenile court judges, and CIP meet to allow for updates from CFS and an opportunity for the judges to bring items for discussion. Discussions have focused on updates to the case plan and court report, education topics, and policy updates. CFS partners with CIP to provide identified education to juvenile court judges and various stakeholders in the child welfare system through the Court Improvement Project Lecture Series, the annual regional conferences, and webinars. CIP has participated in Title IV-E Review training and preparation and planning meetings for the most recent Title IV-E audit in 2024. CIP continues to be an active participant in the state IV-E review team that meets quarterly to review court orders for IV-E-required language. In partnership with CFS, CIP will contact judges if the court order language is incorrect to provide education to the judges for future cases. CIP is a member of the CFSR Round 4 leadership team and has been an integral part of Statewide Assessment and other planning and preparation activities.

Summary of State Performance

Nebraska's assessment demonstrates this item continues to be a strength for the State. Nebraska continually seeks partnerships and engagement to ensure the state's services under CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population. This coordination is demonstrated through the collaboration with these partners as described above.

State Performance and Overall Rating for Agency Responsiveness to the Community

Nebraska's assessment demonstrates Items 31 and 32 are rated as strengths and that the state is in substantial conformity with the Agency Responsiveness to the Community Systemic Factor in CFSR Round 4.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Analysis

Background Information

Item 33: Standards Applied Equally was determined to be a strength for Nebraska in CFSR Round 3. Nebraska believes this item continues to be a strength for the State in CFSR Round 4.

Individuals who are interested in becoming a licensed foster and/or an adoptive family are required to meet 395 NAC 3 Foster Care Licensure and Approval, Placement, and Home Studies Regulation requirements.

Child Placing Agencies (CPA), Foster Care Resource Development (FCRD) licensing staff, and the Nebraska Foster and Adoptive Parent Association (NFAPA) are all able to explain foster home licensure requirements to ensure potential foster families understand the time commitment involved.

To ensure consistent foster home licensing standards for all families, CFS follows 395 NAC 3 Foster Care Licensure and Approval, Placement, and Home Studies Regulation requirements. All individuals must first complete and submit a foster care application; this begins the process to foster care licensure. An initial licensing packet includes an application, health information form, home study, background checks, compliance checklist, and preservice training completion verification. The applicant must provide references, including the names and contact information, of at least three individuals. One reference must be from a relative of the applicant, while two must be from a non-relative.

CFS ensures foster care licensing standards are applied equally and consistently for all foster care applicants by using an approved DHHS Compliance Checklist. Nebraska consistently monitors the licensing and relicensing process for foster/adoptive homes through monthly staffing between FCRD licensing staff and their Supervisors for DHHS-supported foster and ICPC homes.

Foster homes supported by CPAs also use the approved DHHS Compliance Checklist, and CFS monitors to ensures standards are met and applied equally for all families by reviewing foster home licensing packets submitted by the CPA for compliance with 395 NAC 3 Foster Care Licensure and Approval, Placement, and Home Studies Regulation requirements. CFS Contract Monitor Resource Development (CMRD) staff are available

to assist the CPA throughout the licensing process, as needed, to ensure the foster home completes the requirements of licensure and will identify supports necessary to meet the requirements.

The only exception licensed foster parent homes are allowed is exceptions to exceed the established maximum number of persons for whom care can be provided, known as placement limits. A foster parent may provide care for adults and children, including foster children and children related by blood, marriage or adoption, and apply to all children and adults in the home for whom the foster parents provide 24-hour care and supervision. CFS does not consider foster care youth residing in a foster home as household members for purposes of foster care licensing.

Foster homes with two licensed foster parents can care for no more than six children residing in their home, and no more than four children under age 6. Foster homes with one licensed foster parent can care for no more than four children residing in their home, and no more than two children under age 6.

CFS, in its discretion, may allow a licensed foster home to exceed the established maximum placement limits when doing so is in the best interest of each child in the home. This exception may only be used to allow:

(1) A parenting youth in foster care to remain in placement with a son or daughter of the parenting youth;
(2) Siblings to remain together;
(3) A child with an established meaningful relationship with the family to remain with the family; or,
(4) A family with special training or skills to provide care to a child who has a severe disability.

CFS tracks and routinely reviews reasons in which CFS allows a licensed foster home to exceed the established minimum placement limits. The table below contains the reasons and circumstances that existed, allowing CFS to grant approval to exceed the maximum placement limits. In 2024, 44% (164/375) were due to the need to place a sibling group together in foster care, another 18% (68/375) were due to child needing to be placed with a sibling who was already in foster care, 25% (92/164) were due to the foster home being able to meet the unique needs of the child, and the remaining were due to the child needing to be placed with their parent who is a current ward of the state or due to the child having previously been placed in the same foster home. Data shows similar reasons were utilized in 2022 and 2023.

Count of Overfill Reasons by Placement Date			
Overfill Reasons	2022	2023	2024
Child(ren) of a ward in placement or a ward to be placed.	8	8	13
Foster home is able to meet the unique needs of the child(ren) as determined and agreed upon by the CFSS, foster parent(s) and the foster parent(s) supporting child placing agency.	89	116	92
Placement of a child(ren) who are siblings to children currently placed in the foster home.	55	60	68
Placement of a child(ren) who had previously been placed in the foster home.	36	36	38
Placement of a sibling group into the foster home, allowing the sibling group to stay together.	162	122	164
Grand Total	**350**	**342**	**375**

Once the licensing packet has been submitted, a review is completed, and all standards of compliance are verified, CFS approves the licensing packet, and a Nebraska Foster Home License will be issued.

CFS uses a state SACWIS monthly report, a specialized foster home relicensing report, and spreadsheets to help with monitoring relicensing due dates for all licensed foster homes to ensure standards are applied equally.

A relative foster family must go through an approval process within 60 days of the child's placement. The approval process follows the 395 NAC 3 Foster Care Licensure and Approval, Placement, and Home Studies Regulation requirements, which includes a signed placement agreement, a walk-through of the family home to ensure safety criteria is met, completion of required background checks for all household members 18 years and older, a completed home study, and relative caregivers will complete Reasonable and Prudent Parenting Standard (RPPS) training. CFS, in its discretion, may waive one or more of the following licensing requirements for an applicant who is related by blood, marriage, or adoption to the child requiring placement:

(1) The requirement that at least two references must be from a non-relative;
(2) The maximum number of persons for whom care can be provided;
(3) The requirement that a home have at least two exits on grade level; or,
(4) Training.

New Licensed Homes

The tables below provide the number of newly licensed foster homes in 2022, 2023, and 2024.

New Foster Case Licensed by Calendar Year.

Year	Central	Eastern	Northern	Southeast	Western	Grand Total
2022	33	144	31	39	37	284
2023	59	225	64	84	79	511
2024	34	207	44	63	22	370
Grand Total	**298**	**1166**	**364**	**488**	**317**	**2633**

In addition to the initial review of the licensing packets by CFS foster care RD staff, the CFS CQI team also conducts ongoing quality assurance reviews to ensure compliance with requirements. The CFS CQI team uses a foster care licensing analysis and review process to determine if licensing expectations are met. This process includes a review of the foster care licensing packets to ensure licensing standards are consistently applied statewide.

The review process was completed monthly through August 2024. The review includes a random sample of 50 homes statewide. If error cases are identified because licensing packets are not complete, the preliminary data is shared with the FCRD licensing team to take action to address deficiencies.

The tables below contain data from quality assurance reviews of newly licensed homes in 2022, 2023, and 2024. Reviews completed in 2024 shows all requirements for the licensing process were met. In 2024, 97% (288/297) of homes reviewed had a fully complete application, 98% (290/297) had a compliance checklist completed, 97% (287/297) had the necessary references completed, and 98% (292/297) included the required home study. Review information shows an improvement in all areas since 2022. For example, in 2022, only 86% (218/255) new homes that reviewed included a fully complete application compared to 97% in 2024.

NEW HOMES	2022		
255 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	255	218	85.5%
Compliance Checklist	255	244	95.7%
References	255	224	87.8%
Home Study	255	250	98.0%

NEW HOMES	2023		
393 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	393	373	94.9%
Compliance Checklist	393	376	95.7%
References	393	363	92.4%
Home Study	393	378	96.2%

NEW HOMES	2024		
297 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	297	288	97.0%
Compliance Checklist	297	290	97.6%
References	297	287	96.6%
Home Study	297	292	98.3%

In addition to the Application, Compliance Checklist, References, and Home Study requirements, CFS also reviews the new home licenses to determine compliance with Health Information Report. The data in the below tables reflect Health Information Report information from reviews completed in 2022, 2023, and 2024.

Reviews completed in 2024 shows more than 98% compliance/completion of Health Information Report for the applicable caregivers (mother/father) for all new licensed homes. In 2024, Health Information Report requirements were met for 98.6% (281/285) of the applicable mothers and (190/193) 98.4% of the fathers. These numbers are an increase from 92% compliance in 2022 and 96.7% compliance in 2023.

NEW HOMES	2022					
255 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Health Information Report	247	236	95.5%	152	141	92.8%

NEW HOMES	2023					
393 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Health Information Report	377	363	96.3%	269	260	96.7%

NEW HOMES	2024					
297 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Health Information Report	285	281	98.6%	193	190	98.4%

Renewal Licenses

The information below reflects data for foster care license renewals in 2022, 2023, and 2024.

Renewed Foster Care Licenses by Calendar Year

Year	Central	Eastern	Northern	Southeast	Western	Grand Total
2022	38	182	49	70	17	356
2023	51	227	64	71	47	460
2024	41	222	41	58	21	383
Grand Total	**373**	**1412**	**449**	**657**	**250**	**3141**

The tables below contain data from quality assurance reviews of renewal licenses in 2022, 2023, and 2024. Reviews completed in 2024 shows all requirements for the renewal licenses were for the majority of the homes. In 2024, 96% (265/275) of renewal licenses reviewed had a fully complete application, 97.8% (269/275) had a compliance checklist completed, and 99% (273/275) included the required home study. Review information shows an improvement in all areas since 2022.

RENEWAL HOMES	2022		
269 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	269	218	81.0%
Compliance Checklist	269	258	95.9%
Home Study	269	263	97.8%

RENEWAL HOMES	2023		
317 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	317	298	94.0%
Compliance Checklist	317	300	94.6%
Home Study	317	298	94.0%

RENEWAL HOMES	2024		
275 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	275	265	96.4%
Compliance Checklist	275	269	97.8%
Home Study	275	273	99.3%

Quality assurance reviews completed in 2024 shows more than 92% compliance/completion of Health Information Report for the applicable caregivers (mother/father) for all renewal licenses. In 2024, Health Information Report requirements were met for 95.5% (255/267) of the applicable mothers and 92.7% (164/177) of the fathers. These numbers are an increase from 91% compliance in 2022 and 88.6% compliance in 2023.

RENEWAL HOMES	2022					
269 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Renewal Training	269	245	91.1%	180	164	91.1%

RENEWAL HOMES	2023					
317 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Renewal Training	310	280	90.3%	210	186	88.6%

RENEWAL HOMES	2024					
275 Reviewed	# Applicable Mothers	Mothers In Compliance	% Mothers In Compliance	# Applicable Fathers	Fathers In Compliance	% Fathers In Compliance
Renewal Training	267	255	95.5%	177	164	92.7%

Licensed Relative Homes

The information below reflects data for relative licensed homes in 2022, 2023, and 2024.

Relative License Issued by Calendar Year

Year	Central	Eastern	Northern	Southeast	Western	Grand Total
2022	23	82	22	28	34	189
2023	23	93	38	35	62	251
2024	11	35	16	11	9	82
Grand Total	**170**	**577**	**212**	**262**	**263**	**1484**

The tables below contain data from quality assurance reviews of relative licensed homes in 2022, 2023, and 2024. Reviews completed in 2024 shows all requirements for the licensing process were met for the majority of the relative homes reviewed. In 2024, 95% (37/39) of homes reviewed had a fully complete application, 95% (94.9%) had a compliance checklist completed, 92.3% (36/39) had the necessary references

completed, and 100% (39/39) included the required home study. Review information shows improvement in some areas since 2022. For example, in 2022, only 66% (16/24) relative homes reviewed included a completed Home Study, whereas this number increased to 97% in 2024.

RELATIVE HOMES	2022		
24 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	24	23	95.8%
Compliance Checklist	24	23	95.8%
References	24	16	66.7%
Home Study	24	23	95.8%

RELATIVE HOMES	2023		
57 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	57	54	94.7%
Compliance Checklist	57	54	94.7%
References	57	49	86.0%
Home Study	57	57	100.0%

RELATIVE HOMES	2024		
39 Reviewed	# Reviewed	# In Compliance	% In Compliance
Application	39	37	94.9%
Compliance Checklist	39	37	94.9%
References	39	36	92.3%
Home Study	39	39	100.0%

Approved Relative/Kinship Homes:

CFS QA team also conducts reviews of approved or non-licensed foster homes. The Approved Homes Review is a review of relative and kinship approved homes to ensure that all the requirements for relative approval are met. A random sample of 50 approved homes are pulled from approvals issued statewide. An error case is identified if an emergency approval is not amended to a full approval within 60 days. Preliminary results are sent to the field for corrections.

The information below reflects data for relative approved and kinship approved homes throughout the state in 2022, 2023, and 2024.

Relative Approved

Year	Central	Eastern	Northern	Southeast	Western	Grand Total
2022	128	403	154	168	148	1001
2023	99	336	138	135	139	847
2024	120	351	164	171	139	945
Grand Total	**950**	**3187**	**1163**	**1318**	**1156**	**7774**

Kinship Approved

Year	Central	Eastern	Northern	Southeast	Western	Grand Total
2022	71	251	79	100	75	576
2023	68	232	86	85	45	516
2024	60	244	94	90	86	574
Grand Total	**509**	**1952**	**600**	**681**	**532**	**4274**

Child Caring Licensure

All licensure activities for Residential Child Caring Agency (RCCA) group homes and shelters, also known as child care centers, follow 391 NAC 3, Children's Services Licensing Regulations and are conducted by the Division of Public Health (DPH). Regulations provide statewide licensure standards for persons providing child care programs and to provide DPH with authority to coordinate the enforcement of standards on licensees. The standards ensure that a program is providing proper care for, and treatment of the children served, and that the care and treatment are consistent with the children's physical well-being, safety, and protection.

Any person intending to establish, operate, or maintain a child care center must first submit an application to obtain a license from the DPH. The application requirements for an applicant for an operating child care center license must submit:

1. A complete, accurate, written and signed application and disclosure of ownership on a form provided by the Department, which contains all information required and authorized by the Child Care Licensing Act;
2. For the purpose of complying with Neb. Rev. Stat. §§ 4-108 to 4-114, if an individual or an individual in a partnership, an attestation that s/he is a U.S. citizen or a qualified alien lawfully present in the U.S. The applicant must provide his/her immigration status and alien number, and agree to provide a copy of his/her USCIS documentation upon request;
3. A Report of Law Enforcement Contact for the applicant, all staff and volunteers aged 19 or older, and all household members ages 19 or older if the center is located in a private residence (see 3-006.03B);
4. Verification of director qualifications; (see 3-006.14A); and,
5. The required licensure fee (see 3-004.08).

An applicant must show that the child care program meets all licensing requirements contained in 391 NAC 3 regulations.

DPH issues provisional licenses to all newly licensed child care center programs and they are effective for one year. Operating licenses are standard, non-expiring licenses issued to child care center programs that have been licensed for more than one year and are in full compliance with all regulations. Licensees must have completed one full year with a provisional license with satisfactory compliance with all regulations before qualifying for an operating license.

DPH Initial Licensure Inspection will include:

1. Schedule the date and time for the inspection visit with the applicant and/or the applicant's designee;
2. Conduct an on-site inspection to determine compliance with these regulations within 30 days of receipt of a completed application for a provisional license; and
3. Provide a preliminary copy of the compliance report to the applicant and/or the applicant's designee at the conclusion of the inspection.

Provisional-to-Operating License Inspection includes:

1. Conduct an unannounced on-site inspection to determine compliance with these regulations;
2. Conduct the inspection within 30 days of receipt of a completed application for an operating license;
3. Provide a preliminary copy of the compliance report to the applicant and/or designee at the conclusion of the inspection; and,
4. Document any violations of these regulations determined at the inspection.

Annual and Semi-Annual License Inspections that determine compliance with licensing regulations, DPH will conduct unannounced inspections:

1. A minimum of once each year of child care centers licensed for 29 or fewer children; and,
2. A minimum of twice each year to child care centers licensed for 30 or more children.

Follow-Up Inspections by DPH to determine if the licensee has corrected all violations and to determine full compliance with regulations following any type of inspection. If conducted, the follow-up inspection will:

1. Occur no later than 60 days after the original inspection, or sooner if the licensee requests or the violation needs to be corrected immediately; and,
2. Be unannounced unless the program is closed.

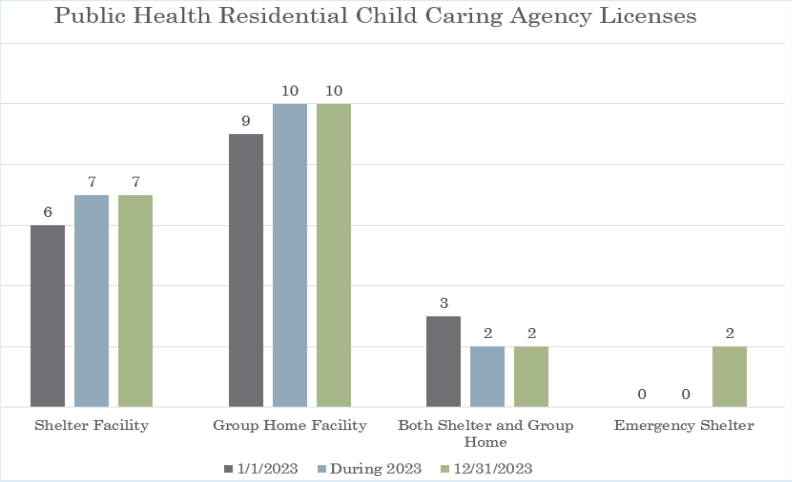
Monitoring Inspections by DPH can be unannounced to determine compliance with regulations and the conditions of any negative action or discipline.

DPH keeps significant data regarding monitoring of group home and shelter standards in the Licensing Information System. All group home and shelter programs are visited on an ongoing basis to monitor continued compliance, and any potential violations of regulatory compliance are investigated. For significant issues which may involve CPS or law enforcement (LE) assessment, a licensing investigation is initiated after the CPS or LE investigation is complete. All issues and complaints are tracked and monitored on an ongoing basis.

On January 1, 2023, total RCCA licensees included nine shelter facilities and 12 group home facilities, of which three facilities were licensed for both group home and shelter services. Throughout 2023, two new RCCA licensees were added, one for group home and one for shelter. One licensee that provided both shelter and group home care ceased operations.

On December 31, 2023, total RCCA licensees included nine shelter facilities and 12 group home facilities, two of which also provide emergency shelter services. All RCCA licensees were inspected during the 2023 calendar year for RCCA licensing compliance. The one facility that ceased operations had been put on disciplinary probation during 2023 based on inspection deficiencies that remained uncorrected.

The following data chart represents the number of RCCA shelter and group home licenses during January 1, 2023, activity throughout 2023, final licenses on December 31, 2023.



Stakeholder Feedback:

CFS attends Foster Family Treatment Association (FFTA) meetings. This association represents 19 contracted CPAs of which are members of FFTA, and meetings are held every other month. CFS attends FFTA meetings to collaborate and to provide information and updates for agency providers. CFS does seek feedback for foster home licensing requirements and the home study process. Successes and barriers are discussed regarding the recruitment and retention of foster families, assessment tools such as NCR to determine foster care maintenance payments, traditional and relative foster family training, and out-of-home placement needs and referrals for foster youth. CFS received feedback and suggestions for the Relative approval process during initial placement, such as:

- Extending the timeframe for relative/kinship approval packet completion to 90 days and standardize the approval packet process;
- Updating and revising the home study template to be used for approval home studies;
- Allowing CPAs to submit draft relative/kinship home studies;
- Establishing financial incentives for approval and licensure of relative/kinship caregivers when requirements are met timely; and,
- CFS should communicate the criteria for selecting relative/kinship caregivers so CPAs can better understand the process.

Summary of State Performance

Nebraska assessed the licensing and approval of foster and adoptive foster homes in Item 33 as a strength. Quantitative data and a quality assurance process is in place to monitor the consistency of both licensure and approval practices for foster and adoptive

homes. CFS has consistent data that ensures that the practice for requiring the same streamlined foster care licensing and approval processes statewide to be consistent.

DPH licensure activities for RCCAs, also known as child care centers, child caring shelters, and group home licensure shows conformity due to their Regulations and Licensing Information System that documents significant data showing licensing standards are applied equally, as well as DPH's ability to perform ongoing monitoring of child caring agencies, group homes, and shelters to ensure safety.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Analysis

Background Information

Item 34: Requirements for Criminal Background Checks was determined to be a strength for Nebraska in CFSR Round 3. Nebraska believes this item continues to be a strength for the State in CFSR Round 4.

The central office background check team processes national criminal history background checks meeting the federal requirement for all foster and adoptive parents to complete a national criminal history background check. CFS determines foster care licensing eligibility, based on the following criteria outlined in 395 NAC 3 Regulations:

A prospective foster parent is ineligible to receive a Foster Care license if background checks results indicate either of the following:

(a) The prospective foster parent has been convicted of a felony involving abuse or neglect of a child, spousal abuse, a crime against a child or children, including child pornography, or a crime of violence, including rape, sexual assault, or homicide, but not including other physical assault or battery; or,
(b) The prospective foster parent is identified as a perpetrator on a Central Registry or equivalent in any state.
(c) A prospective foster parent convicted of a felony involving physical assault, battery, or a drug-related offense is ineligible to provide Foster Care for five years after the date of conviction.

CFS does not grant any type of waivers for documented national criminal history background check results that show dispositions or convictions for ineligibility as outlined above.

When CFS is notified that there is a change in individuals residing in the foster home, CFS will require any individual age 18 or older to submit to the national criminal history background checks. If any individual age 18 or older is ineligible to receive a foster care license pursuant to this section, CFS may initiate a licensing action.

Results of the national criminal history background check are shown with an official result sheet showing approval or denial for foster care licensure in relation to the national criminal history check results. A national criminal history check is a Record of Arrest and Prosecution (RAP) received from individually rolled fingerprint cards and processed by the Nebraska State Patrol (NSP). NSP works closely with the CFS Central Office, where they send the RAP sheet results, which are stored in locked file cabinets to provide verification of national criminal history check completion of all foster and adoptive parents. This helps to ensure the safety of children in out-of-home placements.

The CFS CQI team conducts ongoing quality assurance review of the foster care licensing requirements. The reviews include a review of the licensing packets and the national criminal history background checks of new foster care licensees. Reviews are conducted monthly, and error cases are identified when background checks are missing.

The following table contains the number of homes that were reviewed each year in 2022, 2023, and 2024 and the percent of background checks that were not in compliance with the FBI Background check requirements. In 2024, all homes reviewed met this requirement. This is an improvement from having one home not meeting the requirement in 2022 and two homes not meeting this requirement in 2023.

NEW HOMES FBI Background Check Compliance	# New Homes Reviewed	# Not In Compliance	% In Compliance
2022	290	1	0.3%
2023	381	2	0.5%
2024	241	0	0.0%

The following tables contain review information for other background check requirements including CPS/APS Checks and Sex Offender Registry Checks. Like the FBI background checks above, the data shows these background checks are completed as expected in most cases reviewed.

	2022		
Type of Background Check Error	# New Homes Reviewed	# Out of Compliance	% Out of Compliance
CPS/APS NFOCUS	290	11	3.8%
CPS/APS Legacy	290	6	2.1%
Sex Offender Registry	290	8	2.8%

	2023		
Type of Background Check Error	# New Homes Reviewed	# Out of Compliance	% Out of Compliance
CPS/APS NFOCUS	381	27	7.1%
CPS/APS Legacy	381	36	9.4%
Sex Offender Registry	381	32	8.4%

	2024		
Type of Background Check Error	# New Homes Reviewed	# Out of Compliance	% Out of Compliance
CPS/APS NFOCUS	241	28	11.6%
CPS/APS Legacy	241	13	5.4%
Sex Offender Registry	241	17	7.1%

To ensure safety in the foster home, the Resource Development (RD) Administrator reviews the QA results with RD supervisors, who work with foster care licensing RD staff to correct any background check errors.

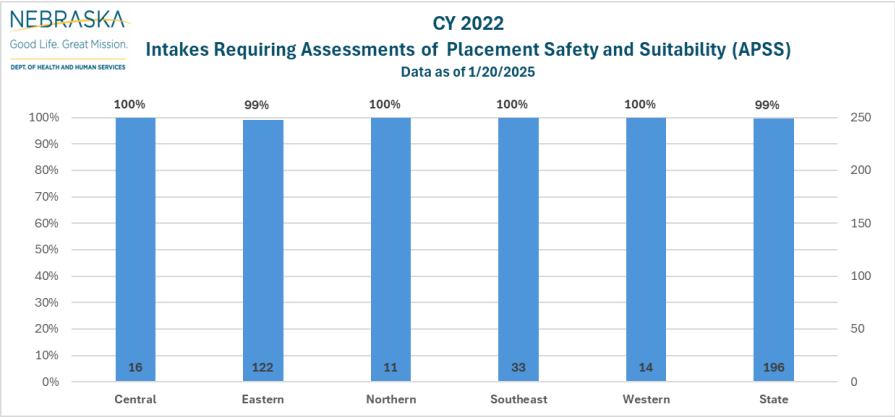
QA reporting shows that the CPS/APS N-FOCUS and CPS/APS Legacy checks are the lead cause of background check errors due to missing results for an alias name, not searching dual hyphenated names correctly or missing date/time stamps on the screen shots from systems. Once corrected, these checks are scanned into N-FOCUS.

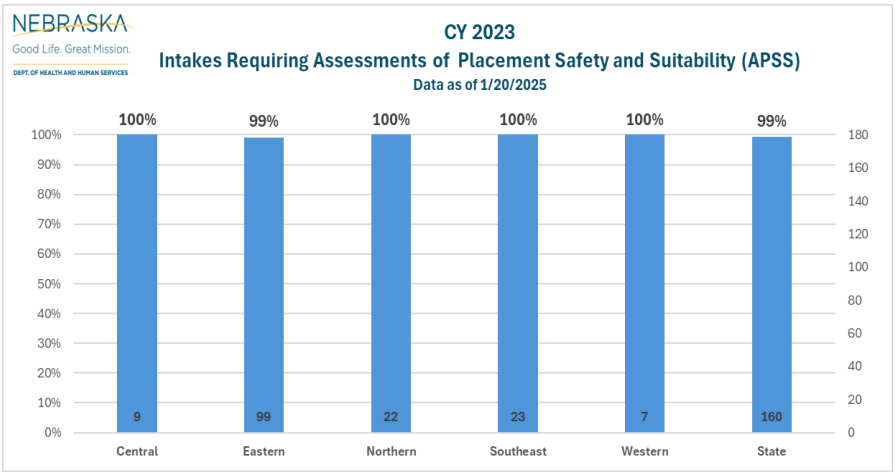
Case Planning Process to Address Safety:

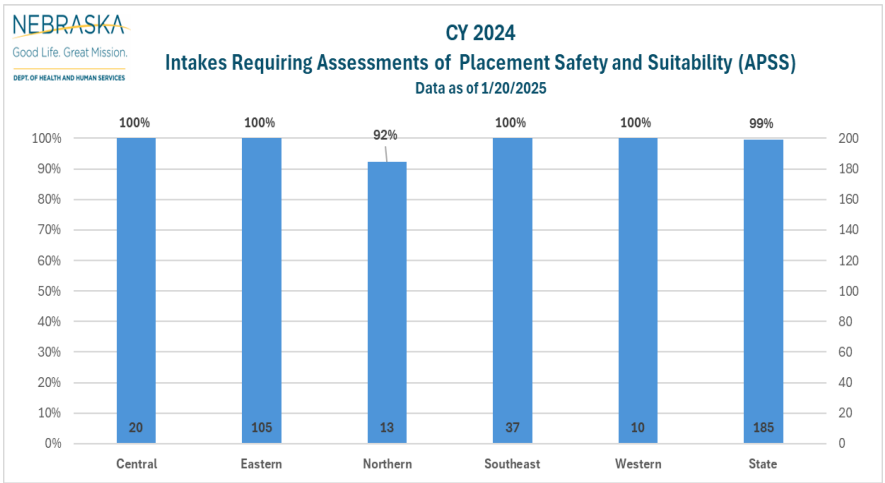
CFS utilizes an SOP to address Foster Home Placement concerns. When the Nebraska Child Abuse Neglect hotline receives a report of a foster home concern, hotline staff notifies the FCRD team. FCRD will review collateral information to determine if the foster home will be placed on hold and will also coordinate with the assigned CFSS to the foster child placed in the foster home. A meeting is coordinated with the foster home to address the placement concern that was reported to the hotline. When the foster home is supported by a CPA, they will provide a summary of information gathered and concerns identified from the placement concern meeting with the foster family as part of their monthly report to CMRD. When foster family concerns are confirmed and a corrective action plan (CAP) is needed, FCRD will develop the plan and ensure the concerns are corrected. The placement hold will be removed by FCRD once all concerns in the foster home are fully addressed.
CFS does not track data on CAPs for foster homes with placement concerns.

CFS also continues to utilize the SDM® APSS to assess safety and care concerns for children in foster care. The following three charts illustrate the count of assessments performed, and more importantly the proportion of intakes where the APSS was necessary and completed to assess child safety in a timely manner. When an intake on a foster home is accepted for investigation, the APSS is completed by an Initial Assessment CFSS in a timely manner 99% or greater of the time, with just one

exception in 2024. With this performance, youth that have an allegation of abuse or neglect while in foster care are being promptly and properly reviewed through the completion of the APSS. This is a critical factor to ensure safety concerns are identified and resolved expediently and thoroughly, and an area CFS demonstrably excels at.







Summary of State Performance

Nebraska has assessed the state's performance for Item 34: Requirements for Criminal Background Checks as a strength because of the data available through the quality assurance review process to monitor the consistency and accuracy of national criminal history background checks for foster and adoptive homes and has in place a planning process that includes provisions for addressing safety of foster care and adoptive placements for children.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Analysis

Background Information

Item 35: Diligent Recruitment of Foster and Adoptive Homes was determined to be an Area Needing Improvement for Nebraska in CFSR Round 3. Information in the statewide assessment showed that although the state collects data on the race and ethnicity of children in foster care and of the foster and adoptive parents, the information is not used to inform diligent recruitment efforts, and diligent recruitment efforts are not adequately occurring across the state. Nebraska believes this item is a strength for the State in CFSR Round 4.

Recruitment of agency-supported foster and pre-adoptive families is defined as active and ongoing efforts to solicit families who are invested in meeting the unique, individualized, and special needs of the children and youth served by DHHS. Recruitment includes undertaking targeted and diligent efforts to locate foster and pre-adoptive families for specific children. Agencies will also recruit by engaging communities across the state through outreach and education activities to increase awareness of the need for foster and pre-adoptive parents who reflect the ethnic and racial diversity of the children served by DHHS.

Recruitment activities may include but are not limited to:

- Organizing special events and networking;
- Providing lunch-and-learns;
- Speaking engagements;
- Advertising;
- Website recruitment activities;
- Utilizing family team meetings to engage the family support network; and,

- Attending community events to advocate for family homes for the placement of current youth in care.

Analysis of Findings

CPAs submit their foster care and adoption recruitment and retention information on a DHHS-approved Statewide Recruitment and Retention Plan template to CMRD, reflecting their efforts to recruit families that can help meet the needs of children and youth, as well as the ethnic and racial diversity of children and youth served in each CFS Service Area.

The plan also identifies specific strategies and their effectiveness used to support and improve recruitment of foster and pre-adoptive families. The plan also demonstrates diligent recruitment activities of foster homes willing and able to take placement and meet the needs of children in the care and custody of DHHS.

Retention is defined as keeping both prospective and current foster and pre-adoptive families who are interested and invested in accepting placement of foster children by working as a team. CPAs provide individualized and unique supports to encourage the family to continue providing placement and care to children and youth in their home by assisting families with pre-service training, supporting through post-placement services, and other associated needs. Retention of all foster homes are reviewed by CMRD, which also receives the number of foster care licenses renewed and information on barriers experienced to retain current foster parents.

The CMRD team reviews recruitment and retention plans submitted by CPAs every quarter. The recruitment and retention plans reflect the types of foster and adoptive parents needed to meet the normal, basic, unique, individualized, and special needs of children referred to the child-placing agency providers by CFS and are reflective of the ethnic and racial diversity of children served in Nebraska. Every quarter, CMRD shares data with CPAs that shows the ethnic and racial diversity of the youth served in Nebraska. CMRD reviews and discusses this information with providers to ensures that recruitment and retention plans focus on foster parents that align with the demographic, ethnic, and cultural needs of youth in foster care. CMRD staff, in conjunction with the Case Manager in the local service areas, communicate with CPAs to ensure the agencies understand the types of foster homes needed in the specific area.

Upon receipt of the recruitment and retention plans from the CPAs, CMRD reviews and approves the plans. If corrections or revisions are needed due to deficiencies in the plan, CMRD works with the CPA to ensure corrections and revisions are made. The recruitment and retention plans are stored on the CFS SharePoint site and accessible to CFS policy/program staff, field administration, resource development, and CQI staff.

In additional to quarterly recruitment and retention reviews and discussions, CMRD meets with CPAs weekly to discuss youth in the care and custody of DHHS. The youth's demographics, which includes their race and ethnicity, to help find the best placement

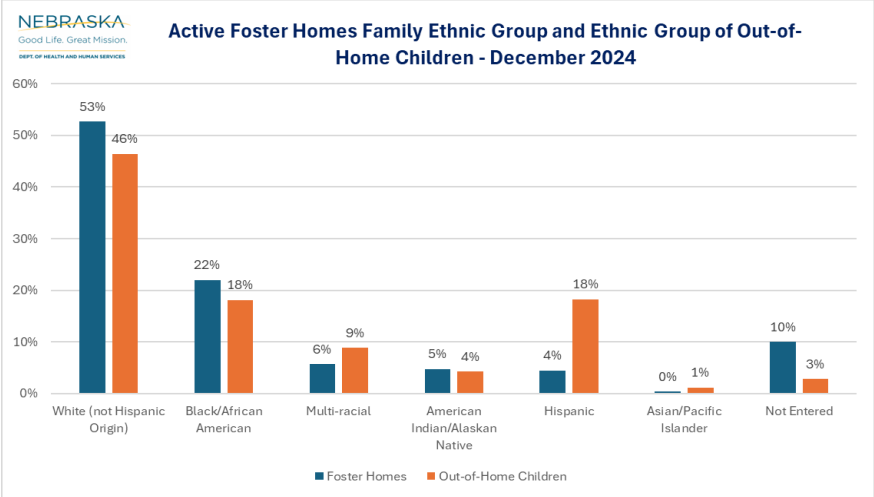
for each specific youth in care. The purpose of the meeting is to provide the CPAs with a good understanding of the youth's history, strengths, and needs. The goal is to be transparent with the CPA and provide an emphasis on the youth's strengths.

During the meeting topics that are discussed include:

- The reasons for the CPA referral;
- Case details;
- The youth's strengths;
- The youth's service needs;
- Current resources utilized by the youth;
- The youth's current school;
- Current visitation;
- Any associated risks to placement;
- The youth's supervision needs;
- The youth's sense of safety and belonging;
- The youth's current NCR rate;
- Any miscellaneous information, and,
- CPA responses to possible foster home placements to meet the needs of the youth.

CFS continues to use demographic characteristic data from N-FOCUS that reflects the children and youth in care, and reviews information on Nebraska's licensed foster homes to assess whether recruitment and retention of foster homes meet the unique needs of the children or youth in foster care.

Below is an example of demographic data that is regularly reviewed and utilized by CFS to assess diligent recruitment efforts statewide. The chart below shows the ethnicity of newly licensed foster homes in 2023.



Data regarding foster and adoptive parents' race/ethnicity is collected by CFS to show how foster homes match the race/ethnicity of children in foster care. The data above

indicates that that Nebraska needs to increase efforts to recruit and retain Hispanic foster parents. Data reflects that the percentage of licensed Hispanic foster homes has increased to 4% in 2024, up from 2% in 2016, but the percentage of Hispanic children in out-of-home care is currently at 18% for 2024, up 1% from 2016. There are no licensed foster homes for Asian/Pacific Islander children who reflect 1% population in the system. The current data also indicates that American Indian/Alaskan Native licensed foster homes has increased in 2024 to 5%, with 4% of American Indian/Alaskan Native children being in out-of-home care.

The data does not indicate whether youth are placed in homes that match their race or ethnicity; it merely reflects the percentage of licensed foster homes that reflect the same ethnic and racial diversity as the percentage of youth in out-of-home care. Some of these children and youth could be placed with relative homes that do reflect their race and ethnicity.

Stakeholder Feedback:

A standardized Recruitment Retention template has been used by CPAs for many years to report their recruitment and retention efforts. This template was created, collaborated on, and approved by CFS and stakeholders in 2016 and has been discussed each year after. Discussion about the importance of using the information and data provided by CMRD to CPAs weekly has been used to boost ideas and efforts of their diligent recruitment efforts. CPAs report on their activities to support positive interactions with the public statewide to educate about the need for foster families as well as retaining foster family homes. CPAs also appreciate the youth demographic data, and all other information shared specific to each youth in care. CPAs also stated that they continue to publicize the need for all types of foster homes to reflect all cultures, race and ethnicity. Many CPAs recruit homes specific to where the youth are needing placement and many times specific homes reflecting the youth's race or ethnicity are not available.

Summary of State Performance for Item 35

Nebraska has assessed the state's performance for diligent recruitment and retention of foster and adoptive homes as a strength. Mechanisms are in place to capture data on race and ethnicity, and CFS has regular communication processes in place with CPAs to inform their recruitment and retention efforts which reflects in the activities used to successfully recruit and retain foster homes.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements
How well is the foster and adoptive licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Analysis

Background Information

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements was rated as an Area Needing Improvement in CFSR Round 3. Nebraska believes this item is a Strength for CFSR Round 4.

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

Through the Interstate Compact on Placement of Children (ICPC), Nebraska sends requests for home study completion to all 50 states. Nebraska also receives requests from all 50 states to complete home studies. ICPC home study requests include parent, relative, kinship/ non-relative, licensed foster care, and adoption.

Nebraska adheres to the Safe and Timely Act of 2006. Nebraska requires that contractors as well as RD staff have 45 days to complete a home study. If there are barriers to completion within the given timeframe, a preliminary report will be provided to the sending state outlining the barriers to completion. 38 states currently use the National Electronic Interstate Compact Enterprise (NEICE) to transmit and correspond on ICPC cases. NEICE can produce specific reports regarding timely home studies, violation statistics and observed trends.

Analysis of Findings:

During the months of January 2024 through October 2024, Nebraska sent 243 ICPC home study requests to other states. Nebraska received 408 home study requests from other states. Nebraska contracts with three CPAs as well as CFS RD teams throughout Nebraska to complete ICPC home studies. The table below details the total amount of home studies that were initiated during the above-mentioned timeframe. This includes foster care, relative/kinship, parent, and adoption home study requests.

AAICPC Data Report

The report results are based on the following:
Date From : 1/1/2024
Date To : 10/31/2024
State : Nebraska

	NE
Home Studies Request In**	408
Home Studies Request Out**	243
Placements In*	218
Placements Out*	216
Private Adoptions In	16
Private Adoptions Out	19
Residential Request In	46
Residential Request Out	102

* - Number of children placed during reporting month.
** - Parent/Foster/Relative/Public Adoption

Nebraska collects data and meets with staff and contractors to review barriers to completing timely home studies. There are several factors that come in to play that can delay a home study. CFS works to ensure barriers to completion are not due to contractors or Foster Care RD staff not completing the home study timely. The most common barriers are out of state background checks, FBI fingerprint results, and individuals not returning needed items timely. Through NEICE, Nebraska can view overdue ICPC home studies as well view home studies that were completed timely. Nebraska ICPC staff also meet quarterly with all 50 states and discuss the Safe and Timely Act and how states can improve quality home studies as well as timliness.

Data in the following table shows the number and percentage of requests meeting Safe and Timely Act requirements. Data indicates room for improvement with timely completion of home study requests for both Nebraska as a receiving state and as a sending state. Data from January to October 2024 indicates that of the 408 home study requests for Nebraska as a receiving state, 61% (248/408) met Safe and Timely Act requirements. During this same period, the Safe and Timely Act standards were met in 54% (131/243) of home study requests with Nebraska as a sending state.

	Reporting Period	# of Home Study Requests	# of Requests Meeting Safe & Timely Act	% of Requests Meeting Safe & Timely Act	# of Home Studies Not Meeting Safe & Timely Act	% Not Meeting Safe & Timely Act
Nebraska as Receiving State	January 1st, 2024 to October 31st, 2024	408	248	61%	160	39%
Nebraska as Sending State	January 1st, 2024 to October 31st, 2024	243	131	54%	112	46%

Nebraska utilizes the CFS Foster Care RD and Placement teams to locate foster and adoptive placements for children statewide. This team gathers information on each child and a placement referral is sent to all statewide CPAs, as well as DHHS licensed foster

homes to locate a match for each child. This team can also be tasked with Family Finding for each child.

Once a child is free for adoption and an adoptive home has been identified, a dedicated adoption team receives the child's case and will work with that child, adoptive home, courts, GALs, and attorneys to ensure permanency is achieved timely.

Stakeholder Feedback:

Nebraska joined NEICE on November 30, 2015. The NEICE system allows information to be sent more quickly and to be tracked in real time, and allows an expedited ICPC process.

CFS continues to work with CPAs to recruit foster and adoptive homes in each service area but out of home placements can be utilized statewide. CFS also has contracts for child specific recruitment efforts through the Heart Gallery and Wendy's Wonderful Kids.

Summary of State Performance

Nebraska has assessed the state's performance for State Use of Cross-Jurisdictional Resources for Permanent Placements as an Area Needing Improvement for CFSR Round 4. Data shows Nebraska is increasing in timeliness to facilitate permanent foster and adoptive placements for other states; however, there is room for continued improvement. Nebraska will continue to monitor progress in this area to ensure effective use of cross jurisdictional resources to facilitate timely permanent placements for children.

State Performance and Overall Rating for the Foster and Adoptive Parent Licensing, Recruitment, and Retention Systemic Factor

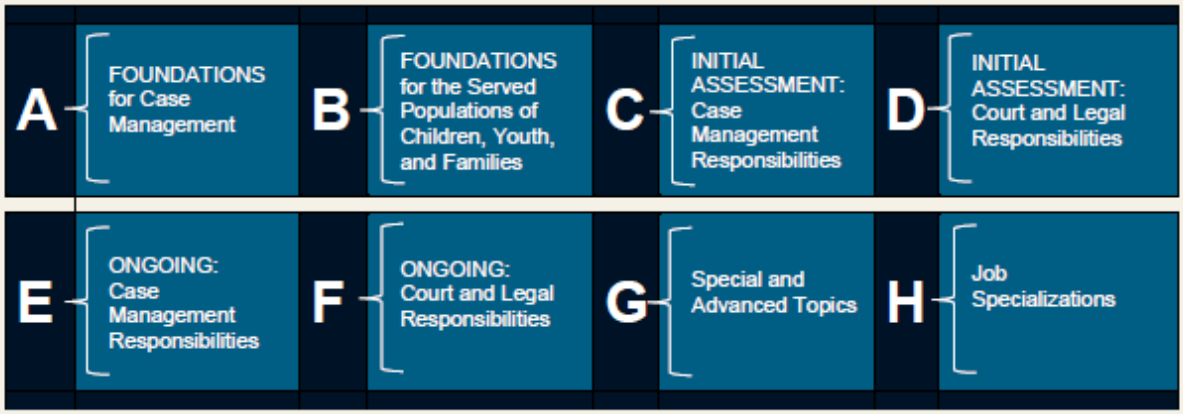
The Foster and Adoptive Parent Licensing, Recruitment and Retention Systemic Factor is an area needing improvement and not in substantial conformity for Nebraska. Nebraska's assessment indicates one of the four items in this systemic factor is not a strength.

Statewide Assessment Appendix A:

Child Protection and Safety New Worker Training Outline

DCFS | Child Protection and Safety New Worker Training Outline

CP&S New Worker Training was developed with a focus on eight key content areas with twenty-three course sequences. All courses are built upon each other with instructional approaches that best train the content.



CORE TRAINING

	Course Title	Code	Synchronous Hours | Method		Asynchronous Hours | Method	
1	Child Protection and Safety: Introduction	APST1			4	Self-Paced Online
2	Maltreatment 1: Introduction	BMLT1			1	Self-Paced Online
3	Maltreatment 2: Identification	BMLT2	3	Webinar		
4	Trauma 1: Introduction	BTRM1			2	Self-Paced Online
5	Trauma 2: Secondary Trauma *(Prerequisite: BTRM1)*	ATRM2			2	Self-Paced Online
6	Interviewing 1: Introduction	AINV1			3	Self-Paced Online
7	Interviewing 2: Application *(Prerequisite: AINV1)*	AINV2	6	Webinar & Experiential		
8	Worker Safety 1: Introduction	AWKS1			1	Self-Paced Online
9	Initial Assessment 1: Introduction	AINA1			4	Webinar
10	Alternative Response 1: Introduction	AALT1			2	Self-Paced Online
11	Ongoing 1: Introduction	AONG1			3	Self-Paced Online
12	SOP 1: Introduction to Safety Organized Practice	ASOPH			1.5	Workday
13	Substance Use 1: Introduction	BSUB1			1.5	Self-Paced Online
14	Domestic Violence 1: Introduction	BDMV1	2	Webinar		
15	Juvenile Court Process 1: Introduction	AJCP1	1	Webinar		
16	ICWA 1: Case Management for Indigenous Children	AICW1	3	Webinar		
Core Training Total Hours: 40			**15**		**25**	

INITIAL TRAINING						
	Course Title	**Code**	**Synchronous Hours | Method**		**Asynchronous Hours | Method**	
17	Gathering and Documenting Information	AGDI1			5	Self-Paced Online
18	Trauma 3: Application *(Prereq: BTRM1)*	CTRM3	4	In-Person & Experiential		
19	Worker Safety 2: Initial Family Contact *(Prereq: AWKS1 and AINA1)*	CWKS2	4.5	In-Person & Experiential		
20	Interviewing 3: Advanced Application *(Prereq: AWKS1, AGDI1, AINV1, AINV2, and CWKS2)*	CINV3	7	In-Person & Experiential		
21	IA 2: Safety Assessment *(Prereq: AINA1, AINV2, CWKS2, CINV3)*	CINA2	9 13.5	In-Person & Experiential Documentation		
22	Juvenile Court Process 2: Protective Custody *(Prereq: AJCP1, CWKS2, CINV3, CINA2)*	DJCP2	3	Webinar		
23	IA 3: Risk Assessment *(Prereq: CWKS2, CINV3, CINA2, DJCP2)*	CINA3	3.5	Webinar & Documentation		
24	IA 4: Daily Care Decisions	CINA4			3	Self-Paced Online
25	Trauma 4: Review *(Prereq: AJCP1, CTRM3)*	CTRM4			2	Self-Paced Online
26	Juvenile Court Process 3: Initial Hearings *(Prereq: AJCP1, DJCP2)*	DJCP3	3	Webinar		
27	Juvenile Court Process 4: Application – Writing an Affidavit *(Prereq: AJCP1, CINA2, CINA3, DJCP2, DJCP3)*	DJCP4	1	Webinar	2	Self-Paced Online
28	Testifying 1: Introduction - Techniques	DTFY1	3	Webinar		
29	Testifying 2: Application - Protective Custody Hearing Preparation *(Prereq: AJCP1, CINA2, CINA3, DJCP2, DJCP3, DJCP4, DTFY1)*	DTFY2	3	Webinar		
30	Testifying 3: Advanced Application - Protective Custody Hearing *(Prereq: DJCP3, DJCP4, DTFY1, DTFY2)*	DTFY3	7	Webinar & Experiential		
31	Child Safety: Car Seats	GCSF1	3	In-Person in SA		
32	Engaging Families 1: Introduction for IA	CENF1			1.5	Self-Paced Online
33	Maltreatment 3: Critical Thinking *(Prereq: BMLT1, BMLT2)*	CMLT3	2	Webinar		
34	Engaging Families 2: Application for IA *(Prereq: CEFI1)*	CENF2	4	In-Person & Experiential		
35	Engaging Families 3: Documentation for IA *(Prereq: CENF1, CENF2, CINA3)*	CENF3			5	Self-Paced Online
36	IA 5: Out of Home Assessment *(Prereq: CINA2, CINA3)*	CINA5	3	Webinar & Documentation		
37	SOP 2: Application *(Prereq: ASOPH)*	CSOP2	7	Webinar		
38	Alternative Response 2: Case Management *(Prereq: AALT1)*	CALT2	7	Webinar		
39	Intake 1: Introduction – Hotline	CINT1			1	Self-Paced Online
40	Services 1: DHHS CP&S FFPSA [Family First Prevention and Services Act Overview]	CSRVH			.5	Workday
41	Time Management: Application	GTMG1			3	Self-Paced Online
Initial Training Total Hours: 110.5			**87.5**		**23**	

ONGOING TRAINING

	Course Title	Code	Synchronous Hours	Synchronous Method	Asynchronous Hours	Asynchronous Method
42	Services 2: Foundations of Medicaid and Behavioral Health	ESRV2			1	Self-Paced Online
43	Services 3: Identifying and Referring *(Prereq: ESRV2)*	ESRV3	7	Webinar & Documentation		
44	Ongoing 2: Application - Writing a Case Narrative *(Prereq: AONG1)*	EONG2			1	Self-Paced Online
45	Ongoing 3: Engaging, Assessing, and Planning *(Prereq: AONG1, EONG2)*	EONG3	10 7	In-Person & Experiential Webinar & Documentation		
46	Ongoing 4: Informed Consent - Psychotropic Medications	EONG4			3	Self-Paced Online
47	Ongoing 5: Introduction - Court Report *(Prereq: EONG4)*	EONG5	4.5	Webinar		
48	Ongoing 6: Application – Court Report *(Prereq: EONG5)*	EONG6			8	Self-Paced Online
49	Juvenile Court Process 5: Disposition and Review Hearings *(Prereq: AJCP1, CINA3, CINA4, DJCP2, DJCP3, DJCP4, DTFY1, DTFY2, DTFY3)*	FJCP5	3	Webinar		
50	Testifying 4: Application - Disposition Hearing Preparation *(Prereq: AJCP1, CINA3, CINA4, DJCP2, DJCP3, DJCP4, DTFY1, DTFY2, DTFY3)*	FTFY4	2.5	Webinar		
51	Testifying 5: Advanced Application-Disposition Hearing *(Prereq: AJCP1, CINA3, CINA4, DJCP2, DJCP3, DJCP4, DTFY1, DTFY2, DTFY3, FJCP5, FTFY4)*	FTFY5	7	Webinar & Experiential		
52	Ongoing 7: Application - Case Closure	EONG7	4	Webinar & Documentation		
53	Engaging Families 4: Application for ONG *(Prereq: CENF1)*	EENF4	3	In-Person & Experiential		
54	Engaging Families 5: Documentation for ONG *(Prereq: CENF1, EENF4)*	EENF5			2	Self-Paced Online
55	Domestic Violence 2: Application *(Prereq: BDMV1)*	GDMV2			1.5	Self-Paced Online
56	Domestic Violence 3: Advanced Application *(Prereq: BDMV1, GDMV2)*	GDMV3	10	In-Person & Experiential		
57	Substance Use 2: Application *(Prereq: BSUB1)*	GSUB2	10	In-Person & Experiential		
58	Juvenile Court Process 6: Termination of Parental Rights	FJCP6	3	Webinar		
59	Juvenile Court Process 7: Adoption and Guardianship	FJCP7	3	Webinar		
60	Ongoing 8: Records Management at Case Closure *(Prereq: completion of Series C & Series E)*	EONG8			2	Self-Paced Online
61	ICWA 2: Application *(Prerequisite: AICW1)*	FICW2	4	Webinar & Documentation		
62	Independent Living 1: Introduction	HIDL1			2	Self-Paced Online
63	Services 4: Disability Services	GSRV4			2	Self-Paced Online

64	Educational Involvement: Schools and Special Education	GEDI1			2	Self-Paced Online
65	Independent Living 2: Missing and Trafficked Youth	HIDL2	3.5	Webinar		
66	Independent Living 3: DHHS CP&S PAVE (Providing Avenues for Victim Empowerment)	HIDLH			1	Workday
67	Independent Living 4: Transitioning Youth *(Prereq: HIDL1)*	HIDL4	8	Webinar, Experiential, & Documentation		
Ongoing Training Total Hours: 115			**89.5**		**25.5**	

SPECIALIZATIONS

	Course Title	Code	Synchronous Hours | Method		Asynchronous Hours | Method	
68	Intake 2: Specialization	HINT2	9	In-Person		
69	Adoption: Specialization	HADP1	6	Webinar		
Specializations Training Total Hours: 15			**15**			
TOTAL TRAINING HOURS: 280.5			**207**		**73.5**	

Statewide Assessment Appendix B:

CFSR State Data Profile – August 2024

The state data profile and other appendices can be requested from the state or the Children's Bureau.