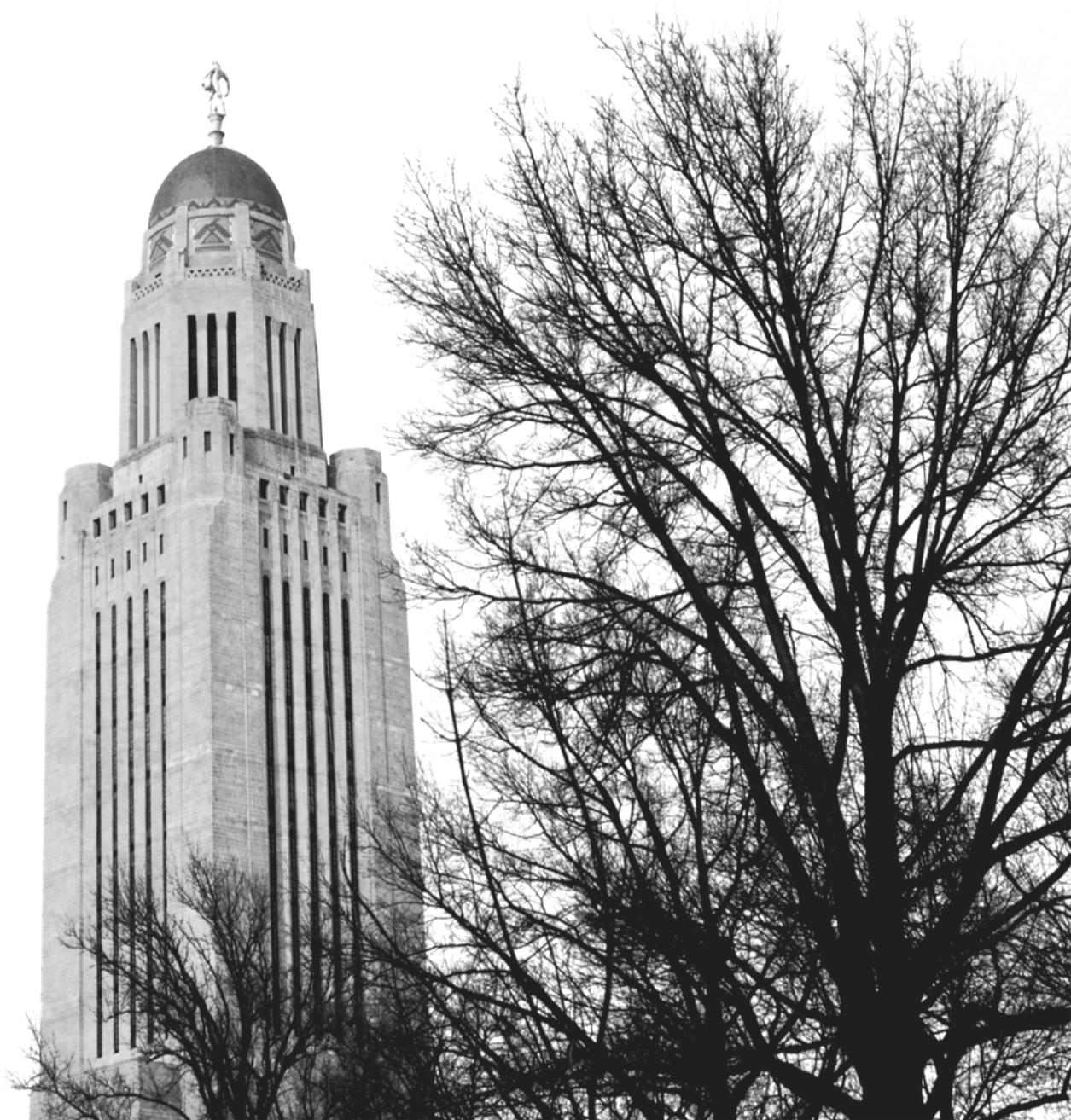


# Nebraska's Children and Family Services 5 Year Plan (2009-2014)



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## **SECTION A: STATE AGENCY ORGANIZATION, MISSION, VISION, GOALS AND OBJECTIVES**

### ***State Agency Administering Programs***

The Nebraska Department of Health and Human Services (DHHS) is a multiservice agency that applies 'system of care' principles in its service delivery and advocacy for Nebraska's children and families. DHHS is led by a Chief Executive Officer (CEO), appointed by the Governor. The CEO leads six Divisions: the Division of Children and Family Services; the Division of Behavioral Health; the Division of Developmental Disabilities; the Division of Medicaid and Long-Term Care; the Division of Public Health; and the Division of Veterans' Homes. These Divisions are supported by Operations. The Director of each Division reports directly to the CEO.

The Division of Medicaid and Long-Term Care (MLTC) and the Division of Behavioral Health (BH) offer an array of services to address mental health and substance abuse issues of children and adults. The MLTC purchases the authorization of mental health and substance abuse services through an Administrative Service Organization (ASO) contract with Magellan Behavioral Health Services. Magellan is the designated ASO vendor referenced throughout this report. The Division of BH provides funding, oversight, and technical assistance to the local mental health regions to provide community-based mental health and substance abuse programs.

The Division of Children and Family Services (CFS) consists of one Policy Section and five service areas. The Policy Section includes the Child Welfare Unit (CWU), the Office of Juvenile Services (OJS), the Economic Assistance and Child Support Enforcement Unit (EA/CSEU) and the Comprehensive Quality Improvement/Operations area (CQI/O). The section coordinates the administrative supports to facilitate efficient operation of its programs, policies, and service offering. The CWU and OJS specifically develop policy and provide technical assistance in the areas of child abuse and neglect and juvenile services to service area staff, other division staff, and community partners. The CQI/OU is responsible for monitoring the quality of DCFS service provision via case reviews, audits, federal and state compliance reviews, contract monitoring, utilization and capacity management, and other data analysis and reporting. The Service Areas provide direct case management services to the children and families involved with child welfare and juvenile services. OJS also operates two secure-care facilities for the detention and rehabilitation of serious youth offenders: the Youth Rehabilitation and Treatment Center in Kearney (YRTC-K) for boys, and the Youth Rehabilitation and Treatment Center in Geneva (YRTC-G) for girls.

The CWU and OJS serve almost 11,000 children placed in state custody each year. At any point in time, Nebraska averages approximately 6,791 youth in state custody. The CWU serves about 5,181 youth and OJS serves about 1,601 youth. This does not include families being assessed for safety, non-court involved cases, or youth in the process of obtaining an OJS evaluation.

### ***Mission Statement***

The Department of Health and Human Services' mission is "to help people live better lives".

The Division of Children and Family Services' mission is 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,

resulting in healthier families and safer, more prosperous communities.

### ***Division of Children and Family Services' Vision***

In April, 2006, the State of Nebraska reached its all-time high of 7,803 children in the custody of DHHS as state wards. Approximately 70% of those children were in out-of-home care. At the direction of the Governor, DHHS began a systematic review of the children who had been in state care for long periods of time, to determine how to move those children to permanency. As a result of those efforts, the number of state wards had dropped to 6,379 children as of June 1, 2009, However, approximately 68% of those children were also in out-of-home care. The belief of DHHS is that too many children remain in the custody of the state, for too long a period of time, and that too many of those children are placed outside of their family home. This belief has led CFS to focus its efforts on timely, safe permanency for children, with their family whenever possible. It is also reflected in the mission of DHHS-CFS.

The vision of DHHS-CFS is to ensure the safety of children, reduce the percentage of children and youth in out-of-home care, reduce the length of time children and youth remain in out-of-home care, provide safe permanency for children in a timely manner and provide for community safety. CFS' philosophy is to utilize Family Centered and evidence based/promising practices while utilizing trauma informed care principles. CFS seeks to increase the family/community involvement in safety and/or case plans by utilizing both informal and formal supports and services as needed to provide for child/community safety while maintaining the family structure whenever possible and to provide for the permanency and well being of children served.

### ***Child and Family Services Goals and Objectives***

The 2<sup>nd</sup> Nebraska CFSR was conducted the week of July 14, 2008. The 2008 CFSR identified several areas of high performance in Nebraska with regard to achieving desired outcomes for children. Although Nebraska did not achieve substantial conformity with any of the seven CFSR outcomes, the State did achieve an overall rating of "Strength" for the individual indicators pertaining to repeat maltreatment, foster care reentry, placing children in close proximity to their parents, and placement with siblings.

Nebraska meets the national standard for the data indicator pertaining to achieving permanency for children in foster care for extended periods of time and since the on-site review Nebraska is currently meeting the timeliness of adoptions. Nebraska also achieved substantial conformity with 5 of the 7 systemic factors. The State does not meet the national standard for the safety data indicators pertaining to the absence of maltreatment recurrence and the absence of maltreatment in foster care. The State also does not meet the national

standards for the permanency data indicators pertaining to the timeliness and permanency of reunification, and placement stability.

The goals and objectives for the CFSP incorporate the Division of Children and Family Services' strategic plan goals (long-term) and related Program Improvement Plan measures (short-term) to be accomplished during the next 5 years to strengthen Nebraska's overall child welfare system. Nebraska's Program Improvement Plan (PIP) was submitted to the federal Regional Office on June 11, 2009. Currently, the Regional Office in consultation with their Central Office will review the plan and either approve the plan or will negotiate with Nebraska any amendments needed. Once we have received approval for our PIP, we will submit an amendment, if necessary, to the CFSP that will incorporate any changed PIP measures into the CFSP goals and objectives.

Goal: Strengthen the Nebraska Safety Intervention System

- Objective: Improve Absence of Maltreatment Recurrence (Standard 94.6)
  - Baseline: 93.3
    - 93.9 in 2011
    - 94.5 in 2014
- Objective: Improve Absence of Maltreatment in Foster Care (Standard 99.68)
  - Baseline: 99.56
    - 99.66 in 2011
    - 99.68 in 2014

Goal: Permanency for children and youth will be established by serving them safely in their own homes

- Objective: Decrease total number of state wards
  - Baseline: 6379
    - 6379 to 6250 by 12/31/10
    - 6250 to 6000 by 12/31/11
    - 6000 to 5750 by 12/31/12
    - 5750 to 5400 by 12/31/13
    - 5400 to 5000 by 12/31/14
- Objective: Serve 50% of state wards in-home in 2014

Goal: Provide safe permanency for children in a timely manner and provide for community safety

- Objective: Achieve and Maintain Timeliness and Permanency of Reunification (Standard 122.6)
  - Baseline: 108.6
    - 111.7 in 2011
    - 114.9 in 2014
- Objective: Achieve and Maintain Timeliness of Adoption (Standard 106.4)
  - Baseline: 102.6
    - 106.4 in 2011
- Objective: Maintain Permanency of Children in Foster Care (Standard 121.7)
  - Baseline: 149.9

- Objective: Achieve or Exceed and Maintain Placement Stability (Standard 101.5)
  - Baseline: 89.9
    - 92.6 in 2011
    - 95.4 in 2014

Goal: Strengthen the service array and supports for children and families

- Objective: To implement Nebraska's Child Welfare and Juvenile Services Reform
  - Implementation Contracts signed 7/15/09
  - 5 year Contracts signed 10/1/09
  - Monitor Contracts 10/1/09 to 10/1/14

***Consultation and Coordination***

DHHS will continue to engage 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 and objectives of the CFSP. DHHS develops, in consultation with these representatives, annual progress and services reports pursuant to the CFSP. The state's services under the CFSP are coordinated with services or benefits of other federally assisted programs serving the same population.

Over the past 5 years there is a tremendous effort, energy, and enthusiasm in all branches of Nebraska's government (e.g., Executive, Judicial, and Legislative branches), partner organizations, and the community at large to improve the child welfare and juvenile services system and outcomes for abused and neglected children and juvenile offenders. DHHS has collaborated with these bodies and organizations to improve child welfare and juvenile services outcomes, and has made internal efforts to ensure continued collaborations in this area as well. Some of the highlights of these collaborations and initiatives are included in this segment and in corresponding sections of this report. Stakeholders reported increased collaborations with courts and community providers. It was expressed that overall there has been better communication and more timely responsiveness on the part of upper and middle management since the restructuring of DHHS in 2007.

Nebraska continually reviews and adjusts its efforts in improving the child welfare system. In November 2007, over 140 people met to identify strengths, areas needing improvement, develop goals and objectives in preparation for the 2<sup>nd</sup> round of the Child and Family Services Review (CFSR) and the 5 year Child and Family Services Plan (CFSP). Stakeholders included Governor Dave Heineman, Chief Justice Michael Heavican, state Senators, DHHS staff and representatives from Child Advocacy Centers, Tribes, family organizations, CASA, the Foster Care Review Board, community providers, advocacy groups, the federal Administration for Children and Families, Child Welfare League of America, and National Resource Centers for Organizational Improvement and Child Welfare and Data Technology.

Stakeholders participated in on-line surveys, interviews, served as CFSR reviewers, participated in the development of the PIP and the CFSP and will continue to monitor our progress for both plans. Also, in 2007 the Director of Children and Family Services

established the Partners Council consisting of key stakeholders in Nebraska's child welfare and juvenile services system. Members include representatives of provider organizations, advocacy organizations, judicial representatives and others with an interest in children and family services. Our newly appointed Director, Todd Reckling, has continued the Partners Council.

The Council has been meeting quarterly to monitor outcomes and improvements, and to provide input to the Director on how to improve federal outcomes. Council members have reviewed and provided feedback on the statewide assessment, participated as CFSR reviewers, assisted in the development of the PIP and CFSP and will monitor the State's progress. Nebraska has been fortunate to have such interest and continued commitment from stakeholders and the Partners Council in improving the child welfare system.

*Highlights of Collaborations over the past 5 years:*

The Nebraska Supreme Court has led a number of recent initiatives including a statewide Children's Summit, the Nebraska Supreme Court Commission on Children in the Courts, and the "Through the Eyes of the Child" Initiative. DHHS has responded to these initiatives with considerable staff time and energy. DHHS financially supported the attendance of staff and administrators at the Children's Summit, the Director of DCFS serves on the Supreme Court Commission on Children in the Courts, and various DHHS representatives serve on a variety of subcommittees of the Commission. For example, the DHHS staff has worked on subcommittees that have made proposals to the Supreme Court on guidelines and training requirements for guardians ad litem representing children in abuse and neglect cases, guidelines and training for parents in these cases, and the development of a "Caregiver Information Form" for foster parents. DHHS staff serves as integral partners in the 25 "Through the Eyes of a Child" Initiative collaborative teams that are working on improving their local court systems. DHHS administrators meet regularly with court personnel at all levels from these local teams, to a middle management workgroup, to meetings between DHHS top administrators, and the Nebraska Chief Justice and State Court Administrator. A number of DHHS staff members serve as team secretaries for these teams and provide considerable support to the functioning of the teams. These meetings offer an opportunity for the courts and DHHS to communicate openly about shared concerns from different perspectives.

DHHS has also worked with the courts in their efforts to establish pre-hearing conferences, a standardized court model identified as a promising practice in improving child welfare outcomes for children in court. Pre-hearing conferences are used by some courts and anecdotal evidence from judges, attorneys, caseworkers, and others suggest that these conferences have been successful in acquiring more information at the commencement of the case, providing services to the child and family at the earliest opportunity, and moving the case to permanency faster. For further detail refer to Section C.

In 2005, the Nebraska State Patrol, the Attorney General's Office, the Nebraska Crime Commission, Midwest High Intensity Drug Trafficking Areas, and DHHS collaborated to form the Drug Endangered Children's (DEC) Committee to address methamphetamine laboratories and other substance abuse to which children could potentially be exposed. This is a big issue in the state that is a factor in many child abuse and neglect cases. Thus, DHHS has taken an active involvement on this committee. A statewide conference

and training was provided by the DEC Committee in September 2006 to DHHS staff, law enforcement, and the medical community on drug endangered children's issues and how to minimize the impact and trauma on caring for children found in clandestine laboratory situations. The DEC Committee continues to work to enhance the Nebraska's Children Exposed to Methamphetamine Labs protocol in order to define "best practice" in dealing with children who have been exposed to methamphetamine, with DHHS playing an active role in these efforts.

DHHS participates on NDE's Ad Hoc Committee on the Education of Children and Youth in Out-of-Home Placements, along with representatives from public schools, group homes, and detention facilities. The mission of the Committee is to provide guidance and direction to policymakers and stakeholders in the development and implementation of educational opportunities for children in out-of-home placements, and to promote the successful transition of these youth from out-of-home placements into the public school system or other education programs. The Committee took an active role in the development of statewide standards for interim program schools and in providing training and technical assistance to schools on the standards. The Committee also developed and implemented an evaluation process to monitor the impact of the standards and schools' compliance with the standards. Annual conferences have been sponsored by the Committee. Todd Reckling also just met with the New Commissioner of Education, Dr. Roger Bred, to discuss way to further collaboration between NDE and CFS.

As per the federal Individuals with Disabilities Education Act (IDEA), NDE established a Special Education Advisory Council to provide advice and policy guidance with respect to special education and related services for children with disabilities in Nebraska. DHHS participates on this committee and brings to the table special education issues pertinent to state wards. The Council is currently in the process of identifying their committee priorities for the next two years. Past efforts have focused on improving learning for children with disabilities throughout the state, assessing special educational needs, assisting youth in transitioning into or out of school, and interim program schools.

In April of 2003, DHHS partnered with and funded family organizations in each of the Service Areas to provide one-on-one mentoring and support services to families involved with child welfare or juvenile services. The Nebraska Federation of Families and local family organizations continue to serve as members of the DCFS Partners Council and the SAMHSA SIG Steering Committee.

Another statewide initiative is the "Nebraska's Promise Alliance" (based on the America's Promise Alliance). Nebraska's Promise is an alliance of agencies, organizations, and individuals dedicated to ensure that Nebraska children grow up with the benefit of supportive relationships with caring adults, safe places to learn and grow, a healthy start in life, effective education for marketable skills, and opportunities to give back to their communities. The alliance has developed statewide benchmarks for each of the five promises, communication tools for communities, and materials for an awareness campaign. These activities have complemented the work occurring in DHHS and vice versa, creating a more unified community response to issues of child abuse and neglect in the state. It should be noted that in 2008, three Nebraska communities (Boys Town, Grand Island, and Lincoln) were recognized in the 100 Best Communities for Young

People Contest sponsored by America's Promise Alliance. DHHS staff participate in this initiative and were a part of the May 2008 Call to Action Summit to assist local communities in development of plans to implement Nebraska's Promise.

DHHS has also worked with the Nebraska Children and Families Foundation (NCFF), the Sherwood Foundation, and the William and Ruth Scott Foundation, and over 100 stakeholders from other various community organizations, to develop an Independent Living Plan for Youth in Omaha. The plan focuses on some of the same areas as the Nebraska's Promise alliance, such as community engagement and education. The plan includes specific action steps to take in the next four years to achieve outcomes in the following areas: personal and community engagement; education; employment; daily living and housing; physical and mental health; and training and policies. Detailed work plans and budgets were developed in March 2008 and agreements with each of the funders regarding their financial commitment to the plan are being finalized.

Nebraska has established other programs and initiatives directly involving youth in recent years. Youth involvement is critical in ensuring that the system is responsive to youth and that programs and services provided to youth meets their needs. Nebraska's Foster Youth Council (FYC) is a statewide council for current and former foster care youth, ages 14 to 24 years. FYC's mission is to help youth transition into independent living while recognizing and taking full advantage of their strengths, to create opportunities for youth in care to connect with each other, and to provide input on program and policy issues. In 2008, FYC began developing regional councils in each of the Service Areas for foster youth. The FYC is planning a summit for 2009 that will bring together stakeholders in the child welfare system to learn best practices for achieving permanency for youth in care, hear real stories from youth with foster care experience, and create strategies to implement permanency practices into Nebraska's systems of care.

Permanency priorities of the FYC:

- Describe what permanency means from the youth's perspective,
- Identify barriers in achieving permanency for youth in their area,
- Identify current services and resources for achieving permanence in their area,
- Identify gaps in services and resources for achieving permanence in their area,
- Include information on Permanence at all presentations and events.

The Circle of Courage program, developed with support from the ACF's Family Youth Service Bureau, targets Native American youth who reside in Box Butte, Scottsbluff, Sheridan, and Dawes counties in Nebraska. Program efforts are directed at maintaining safe and secure homes for the youth, education supports, community recreational activities, community leadership opportunities, the ability to give back to the community, and a cultural connection (through the Sons and Daughters of Tradition curriculum).

Another youth development program for Native American youth in Nebraska's four federally recognized Tribes is the Circle of Nations. In July 2008, the group sponsored the 7<sup>th</sup> Annual Circle of Nations Youth Conference. Through participation in this event youth have the opportunity to gather information and influence change in their community youth councils, while developing pivotal leadership skills.

In 2006, the former Offices of Child Support Enforcement and Protection and Safety (now CFS) received a federal grant to implement the BSEP pilot program in the Southeast Service Area. BSEP is a three-year project designed to refine protocols and procedures for child support collections and to establish best practices for improving communication and information sharing between the child support enforcement, child welfare and juvenile services, district courts, county/juvenile courts, and other entities. The approach incorporates the creation of two new multidisciplinary caseworkers, knowledgeable in child support enforcement, child welfare, and juvenile services. Case processes, procedures, and training to improve outcomes for dual-program cases have been initiated. The evaluation of this grant will guide future steps to improve this collaboration.

## SECTION B: SYSTEMIC INITIATIVES

During the past 5 years, Nebraska has instituted several initiatives to promote systemic change which are referenced throughout this report. These initiatives provide the foundation necessary to serve children and families. Although these initiatives have been introduced at varying times in the past 5 years, we continue to believe in these principles and continually strive to improve and advance each one.

***Child Welfare and Juvenile Services Reform:*** On July 1, 2008, the Department of Health and Human Services, Division of Children and Family Services (CFS), began the process of improving the manner in which the State of Nebraska purchases services for Child Welfare and Office of Juvenile Services clients. The Department implemented contracts with five lead agencies to provide safety and in-home services to CFS clients. This reduction in the number of contracts from over 100 allows for better oversight. The new contracts include the implementation of evidence based and promising practices and contain incentives to encourage exceptional contractor performance. Performance is tied directly to outcomes that have been shown to provide safety, permanency, and well-being for children, youth, and the community. Provider performance regarding in-home and safety service measures can be viewed at: <http://www.dhhs.ne.gov/performancegauges.htm>

On September 5, 2008, CFS announced the next steps in its ongoing efforts to improve services to children, youth, and their families by releasing the Out-of-Home Care Reform framework. The high-level plan outlined CFS' intentions to expand lead agencies, to take a performance-based approach to contracting for all safety, permanency and well-being services and to require lead agencies that are responsible for that care to also provide coordination of the services CFS clients receive.

CFS solicited stakeholder feedback for this initiative by publicizing an email address to seek public comment, scheduled fourteen public forums at ten different locations around the state, and held a meeting with all CFS staff to gather information and suggestions about the framework recommendations. A great deal of information was received, reviewed, and considered as CFS moved forward with the reform plan. On November 7, 2008, CFS released a summary of the input in and incorporated the input into the Framework Recommendations for Out-of-Home Care Reform and revised the Out-of-Home Care Reform.

In December 2008, CFS released the Out-of-Home Care Reform: Request for Qualifications (RFQ) and asked interested organizations to respond by January 15, 2009. Nine agencies responded to the RFQ. Two agencies were disqualified because their applications did not meet submission requirements. The remaining seven applicants were reviewed by Service Area Administrators and a review team, whose members were designated by the Service Area Administrators. The team used the Out-of-Home Care Reform: Scoring Tool, a standard review tool, to rank the applicants. Because of the number of qualified applicants in several Service Areas, not all successful applicants were asked to continue to the negotiation process. Of the seven applicants, six were selected to continue on to the negotiation process.

These six providers were then asked to provide, by March 23, 2009, a "Program Description" showing how they would carry out Service Coordination and the continuum of safety, in-home and out-of-home services in their selected Service Area and to present an implementation plan. Program Descriptions presented for each Service Area were scored by that Service Area's negotiation team led by the Service Area Administrator based on a standard review tool developed specifically for this process. The negotiation team also conducted interviews with each potential contractor for the Service Area and those interviews were also scored based on a standard review tool for each Service Area specifically for this process.

Full implementation is anticipated in January 2010. To read more about Nebraska's Child Welfare and Juvenile Services Reform efforts please go to the following website: [http://www.dhhs.ne.gov/Children\\_Family\\_Services/OHReform/](http://www.dhhs.ne.gov/Children_Family_Services/OHReform/)

***Family Centered Practice:*** DHHS implemented Family Centered Practice (FCP) in 2004-2005. FCP principles are incorporated into DHHS policy and procedure, and DHHS staff members (including YRTC staff) have been trained in the practice. DHHS' training activities also included building internal capacity among staff to provide continued training on FCP to other workers. There are now over 38 trainers in the local areas.

Policy states that DHHS will provide family centered services to protect children from abuse and neglect, to improve conditions in families who place children in danger, and to assist youth in being productive and law-abiding citizens. These services should be:

- based on the assessed needs of the family and child;
- mindful of the safety of the child and the community;
- child focused and family centered;
- provided in the family home when appropriate;
- community and neighborhood based;
- founded on community responsibility; and
- delivered in a competent, professional manner by a staff that respects cultural diversity, and as close in proximity to the family as possible.

At the very foundation of FCP is the expectation that all individuals involved with DHHS are treated with respect and dignity, and are empowered at every level of their interaction within the system. When individuals feel empowered, they accept responsibility; recognize their strengths; and develop an ability to make choices. To facilitate that empowerment, we must offer opportunities for individuals to fulfill their roles and responsibility and assist them in gaining access to services and resources necessary to meet their needs.

FCP begins with a collaborative team planning process that involves workers, children, families, and the appropriate informal (e.g., the non-custodial parent, aunt/uncle, grandparents, family friends, etc.) and formal supports. Through the case planning process, plans are built to reflect the families' unique strengths and values, and to address each person's needs. Services and supports are delivered to help families and individuals meet their particular outcomes and goals, solutions are cooperatively sought with the input of the individual, and decisions are made collectively as a team. Child and community

safety, however, is never compromised and remains the primary focus of all efforts and actions.

Nebraska plans to enhance Family Centered Practice through required training refresher courses. This training will be delivered to workers and supervisors. The initial FCP training was delivered to some of our stakeholders and this refresher course will be required of the Child Welfare and Juvenile Services Reform contractors.

**Nebraska Safety Intervention System:** The Nebraska Safety Intervention System (NSIS) was developed with the assistance of the National Resource Center for Child Protective Services to improve our safety interventions with children and families throughout the State. Nebraska has been working with the Center since 2005 to review models used by other states, to select the model Nebraska would use, and to develop Nebraska specific materials. The model is research based model that provides workers the tools to better assess safety for children and families throughout their involvement with DHHS. More specifically, the NSIS:

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

It is important to note that the model is applied to cases involving child abuse and neglect only. The NSIS is not used in cases involving youth who are committed to state custody by the juvenile justice system, unless the Youth Level of Service/Case Management Inventory (detailed on the following page) indicates a safety concern in a youth's family.

NSIS implementation began in April 2007 in the Western Service Area and continued throughout the state with full implementation by the Spring of 2008. Service Areas were asked to begin NSIS implementation as soon as they completed training. Under this implementation plan, all new child abuse and neglect reports were assessed using NSIS. Each Service Area was also asked to develop and implement a transition plan to ensure that all current cases were evaluated using NSIS by October 2008.

The first step in the model is to complete a safety assessment on all accepted child abuse and neglect reports to determine if the children involved are safe. If a child is determined to be safe, the family may be referred to community services but the case will be closed. If a child is determined to be unsafe, a safety plan is implemented and workers proceed with evaluating parents' protective capacities.

The Protective Capacity Assessment (PCA) is completed with families to determine enhanced and diminished parental protective capacities related to the safety threats identified in the safety assessment. Diminished parental protective capacities must be addressed in order to enhance those capacities and reduce identified safety threats. The PCA replaces what was previously referred to as a family assessment. It is formally

reviewed at least every six months to coincide with any court actions, and it is reviewed each time the safety of the child is assessed.

NSIS policy and procedures (formally issued in March 2008) require an ongoing assessment of child safety and monitoring of safety plans. There are mandatory 'events' for which a formal re-evaluation of safety must occur on every active child abuse and neglect case. These are: 1) at initial contact with the child and family as a result of an accepted child abuse and neglect referral; 2) at any time during the case when a new child abuse and neglect report is received; 3) when there is any change that may result in new safety threats, (for example, a new person in the home); 4) when considering reunification of children removed from the parental home; 5) when unsupervised visitation is being considered; 6) at the time of case plan evaluation and progress report; 7) prior to case closure; 8) at transfer to ongoing services; and 9) when the Youth Level of Service/Case Management Inventory (detailed below) or other information indicates a possible safety threat for an OJS or status offending youth in his or her home. A minimum weekly review of safety plans must occur while cases are undergoing the safety assessment process and a minimum monthly review is required for ongoing cases.

There are many benefits to implementing the NSIS. Staff receive increased guidance and clarification on how to identify parental needs based on diminished parental protective capacities. Workers can then focus on why a child is unsafe and specifically address the diminished parental protective capacities which, when strengthened, will enhance the protective capacities and reduce safety threats.

NSIS also increases the level of supervisory approval and oversight. Supervisors are required to approve every safety plan, including decisions around removing children from home due to existing safety threats. Supervisors ultimately approve workers' decisions as to whether or not the child is safe. Supervisors also verify practices and protocols, such as who is interviewed in the case, the order of interviews, and whether information on relatives and cultural backgrounds are gathered.

Through quality assurance activities we know that the NSIS is not being used to its fullest potential across the state. One of our approaches to improve the quality of the system is to implement a proficiency development process during the next two years. Competency based testing will be for trainers, QA staff, Administrators, Supervisors and Workers.

**Youth Level of Service/Case Management Inventory:** DHHS collaborated with the State Probation Administration to implement the Youth Level of Service/Case Management Inventory (YLS/CMI), a unified assessment tool for juvenile delinquents and status offenders. Statewide implementation of this tool occurred in March 2006. The YLS/CMI is a dynamic, comprehensive, and research-based risk and needs assessment that can help identify risk, need, and responsivity factors that are important for the rehabilitation of a particular juvenile offender or status offender (e.g., family/parenting, education/employment, substance abuse, etc.). It also aids in developing case plans and determining the level of intervention needed. In other words, the YLS/CMI provides concise information for staff regarding what issues the youth and family need to work on most, and it drives case planning and resource allocation for that youth.

The YLS/CMI compliments the NSIS system in that the YLS/CMI interview may reveal the need for a safety assessment. If a potential safety concern is identified with a juvenile or status offender, a safety assessment will be conducted to determine if the juvenile is safe or unsafe in their home. If the juvenile is unsafe, the worker will work with the family to address the safety issues, as well as the issues related to the juvenile delinquent activity and community safety.

In June of 2009, an Administrative Memo was issued clarifying procedures and requirements for the completion of the YLS/CMI assessment tool.

**Performance Accountability Plan:** Nebraska implemented a new Performance Accountability Plan in July 2004. Measures, goals, and expectations for all staff were generated and included in the plan to improve work performance related to child and community safety, permanency, and well-being. Part of the plan includes monthly progress reports on measures related to response times, documentation, and other items (discussed throughout this document). These reports are used by supervisors and administrators to measure progress, to inform and discuss at monthly meetings between workers and their supervisors, and to make any individual staff or system improvements necessary. Additionally, supervisors must review every case managed by the individual workers they supervise at least once every 60 days. All progress reports rise to the next level of supervisory responsibility so that everyone, up to each Service Area Administrator, is held accountable for performance in these measures.

In 2007, administrators from across the state met and discussed the current performance measures and their value to monitor and evaluate employee performance related to the provision of case management services, as well as how these measures fit with NSIS. Administrators will re-evaluate the current performance measures once the Child Welfare and Juvenile Services Reform Initiative is up and running and make any necessary revisions to the measures.

**Children's Outcomes Measured in Protection and Safety Statistics:** The Children's Outcomes Measured in Protection and Safety Statistics (COMPASS) was introduced in July 2007. COMPASS is a web-based program that houses "rolling year" data pertaining to federal and state data measurements for the child welfare and juvenile services system. The program displays data in a clear and user-friendly format. It is interactive, so that high-level data may be broken down into more specific units (e.g., state, service area, judicial district, city, and county level data) as dictated by the user. The data is available to anyone with Internet access. COMPASS can be viewed at: <http://www.dhhs.ne.gov/compass/>

**Quality Improvement:** The state developed a more comprehensive quality assurance system that is now carried out on a statewide level. There are currently seven quality assurance staff across the state, housed in CQI/Operations, and supervised by the Central Office. The CQI/Operations Team is responsible for conducting quality assurance activities, audits, case reviews and consultations; monitoring contracts, utilization management, and compliance with federal and state standards; and analyzing data and writing reports. We now conduct a variety of quality assurance activities, the findings of

which are shared with all staff. The following provides an overview of activity over the past 5 years:

- DHHS implemented the Performance Accountability Plan in 2004
- DHHS conducted two rounds of the NE-CFSR in 2005 and 2006
- DHHS implemented intake and initial assessment reads, home study reviews, background checks, and ongoing case file reviews, including monthly reviews of cases in ICCU.
- DHHS hired an ICWA specialist to review cases involving Native American or Alaska Native children, to ensure ICWA compliance and to work with Tribes to develop their own quality assurance process.
- DHHS conducts quarterly consumer satisfaction surveys with caregivers and foster parents, and surveys with youth released from the YRTC.
- Local DHHS offices have conducted “mini” CFSRs, reviews of out-of-home care assessments, and visitation service contract monitoring.
- All areas of the state have active child abuse and neglect investigative and treatment teams to review investigative and treatment issues.
- Quality assurance staff members are applying a tiered review of cases processed using the NSIS to monitor adherence to the model: an initial review of 15 safety assessments from each supervisor; a second review of five assessments from each supervisor; and ongoing case reviews thereafter.

DHHS collaborated with its partners to expand the quality assurance of system efforts outside of the agency itself. For example, we have worked with 24 judges throughout the state to review court orders and compliance with Title IV-E of SSA. An in-person or phone conference meeting was held with these judges to discuss what was being done well and where there were shortfalls in this area. Child and Family Services staff and/or income maintenance staff (IV-E eligibility workers) participated in all meetings, and other court staff persons and county attorneys participated in some of them.

During 2008, CFS and the Foster Care Review Board collaborated on a joint study of a group of 230 children who had a plan of reunification with a parent and who had been in foster care for two years or longer. CFS caseworkers and supervisors partnered with FCRB staff on this special study. The joint initiative identified several positive factors such as:

- Services were provided within 60 days of removal for 83% of the children;
- Over half (50.9%) of the children had three or fewer caseworkers over the lifetime of the case;
- Children’s court hearings are occurring every six months for 82.2% of the children; and
- An additional 111 children’s plans were changed to promote permanency as a result of the study.

DHHS has also partnered with the Nebraska Association of Homes and Services for Children to look at ways to move towards performance-based contracting. Work with the contracted group home providers led to the revision of the performance measures that we initially required from the providers to data more specific to group home performance. Data collection began in July 2007 and meetings are held regularly to review the process and any barriers to the collection of this information.

Some of the agencies DHHS contracts with are already monitoring their performance, and have been doing so for some time. Family organizations from each of the Behavioral Health Regions collect and report data on the outcomes of wards served in the Integrated Care Coordination Units (ICCU) using the Wrap Around Fidelity Index (WFI). The WFI is a set of brief, confidential phone or face-to-face interviews conducted with caregivers, youth (eleven years of age or older), wraparound care coordinators, and team members. The WFI interviews are intended to assess adherence to the principles of wraparound in service delivery as well as assess conformance to the FCP model. Gaining the unique perspectives of all of these informants allows us to understand how fully FCP is being implemented and to improve adherence to the model within ICCUs based on the information obtained.

DHHS-CFS believes in transparency to the public regarding its performance and the performance of its contractors. To that end, the performance of contractors will be publicly maintained on the DHHS-CFS website on an ongoing basis during the term of the contracts. The Contractors and the Department will work collaboratively and as a team in implementing all QA activities. To view contractor performance go to: <http://www.dhhs.ne.gov/performancegauges.htm>

As stated previously, Nebraska is moving towards a continuum of care for non-treatment Service Delivery and Service Coordination Model (refer to Section B: Child Welfare and Juvenile Services Reform). DHHS-CFS is working collaboratively with the Contractors to develop and implement Quality Assurance and Contract Monitoring Activities as a partnership. There is a workgroup that is comprised of DHHS staff and Contractors that are addressing the following tasks.

- Explore what is to be monitored and the methods by which to monitor.
- Explore the method by which DHHS staff and Contract Staff will be trained in the tools used to monitor quality assurance.
- Explore how to maintain consistent monitoring and tools in coordination with contractors adopting various models.
- Evaluate need for subcommittee, their duration, outcomes and resource need.
- Identify additional supports and training to be offered to DHHS staff and Contractor staff to enable them to perform their roles and responsibilities.

The QA activities will start in January of 2010 with Mini CFSR reviews in each Service Area. We are also planning to launch our new Case Review System that will hold all of our QA tools in January of 2010. This case review system will be web-based and also have the ability to create reports. It is the hope that this review system will allow us quicker access to reports which will in turn allow us to make necessary changes for timely improvements.

## **SECTION C: CHILD AND FAMILY SERVICES CONTINUUM**

The state has in place an array of services to serve children and families. These services include those provided through both public and private funds, including private foundations, providers, and organizations. The services are accessible to families and children in all political jurisdictions. Examples of these services and how they are linked and coordinated are described throughout the CFSP.

### ***Service Description***

Family Preservation and Family Support: DHHS has taken a number of steps over the past 5 years related to preserving and supporting families. The following paragraphs highlight some of these activities.

The Department provided funds, beginning in 2005, to Douglas County Court for purposes of holding pre-hearing conferences. The pre-hearing conferences are held within a few days of the child's removal from home to determine the immediate plan for the child and family. Pre-hearing conferences are designed to facilitate early information sharing and problem solving among parties to increase the provision of early services to parents and children, and to speed the process of resolving cases and ultimately achieving safe, timely permanency.

In 2006, the pre-hearing conferences held in Douglas County were evaluated by Dr. Wiener from the University of Nebraska, Lincoln Law and Psychology Program, to determine if the desired outcomes were being achieved. More specifically, the study objectively measured the events that transpire during pre-hearing conferences, the impact of the conferences on the timing of later proceedings, and the outcome of the proceedings. As a result of this evaluation and collaboration with the Nebraska Supreme Court and other key stakeholders involved in the "Through the Eyes of the Child" Initiative, use of pre-hearing conferences was expanded across the state, via contracts with mediation centers.

Policy has been strengthened to mandate worker visits with children in the child's residence and parents (in-home) at a minimum of once/month, or more frequently based on the children's and families' needs. The purpose of these visits is to assure continuous monitoring of child and community safety and assess needed services. This data is also collected through N-FOCUS and reviewed by supervisors through the Performance Accountability Plan (refer to Section B).

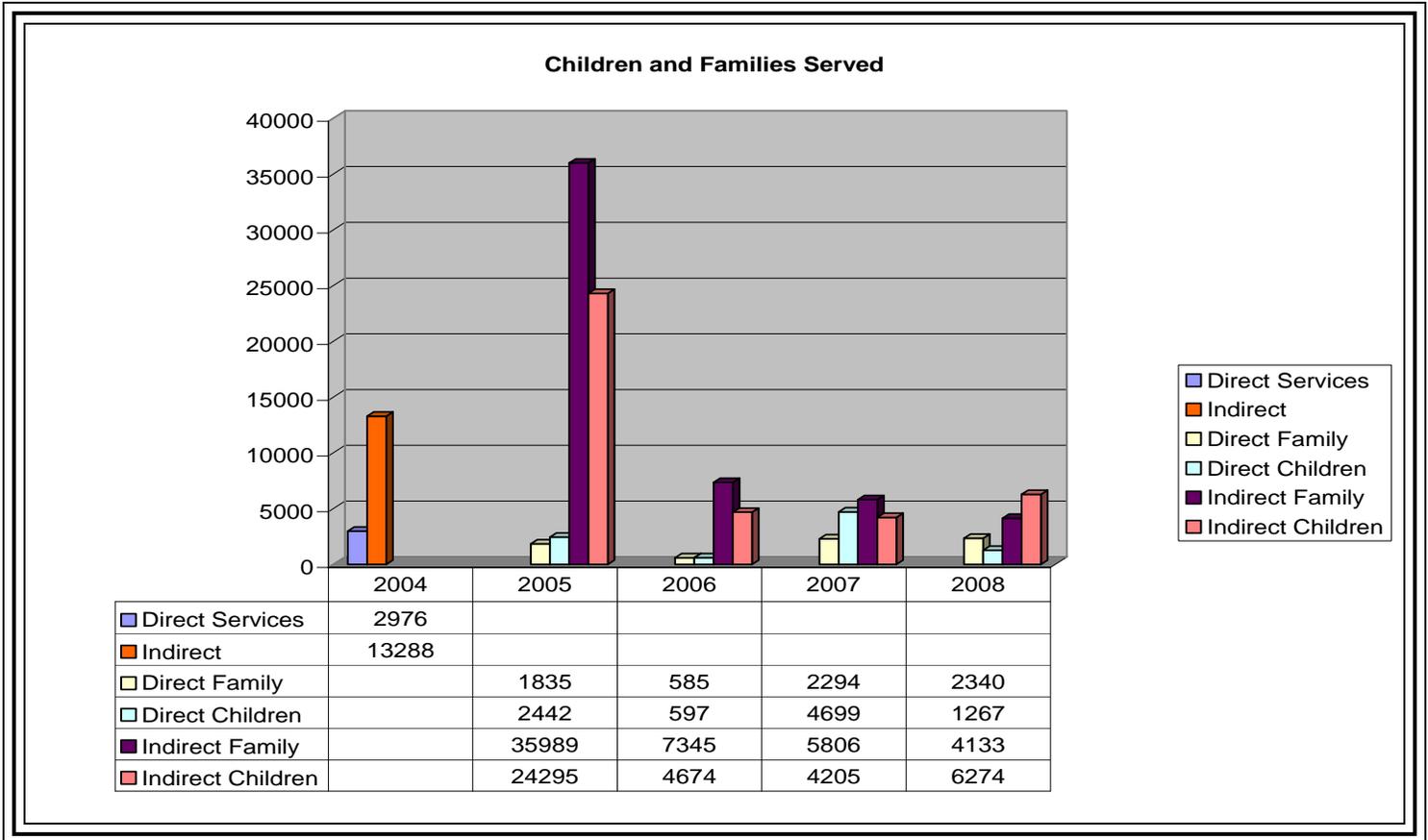
DHHS has contracted with the Nebraska Children and Families Foundation (NCFF) in the past 5 years to administer the family preservation and support components of the Promoting Safe and Stable Families Program. NCFF's focus is to develop evidence-based programs and services.

Priorities that have been funded are:

- programs for families at risk of entering the state's child welfare system;
- home visitation programs for new parents;
- early childhood initiatives;

- prevention of substance abuse in adolescents; and
- child abuse prevention.

See chart below for the numbers of children and families who have been served over the past five years.



\*In 2004 the data available was only parsed by Direct and Indirect Services.

In 2006, the Nebraska Department of Health and Human Services, the Nebraska Prevention Fund Board and Nebraska Children and Families Foundation developed a Statewide Prevention Plan for Nebraska. The goal of the Prevention Partnership is to pull public and private resources together to provide funding and technical assistance to Nebraska communities and professionals and increase their capacity to prevent child abuse and to prevent placement of children into foster care.

Recognizing that the state continues to struggle with establishing permanency for children involved in DHHS in a safe and timely manner, Nebraska Governor Dave Heineman announced new initiatives aimed to strengthen these efforts in June 2006. One of the priority populations cited was children who were never removed from home, and those who had been living safely at home for six months or more but had not yet been released from state custody. In May 2006 there were 618 children who fit into this category. An additional 3,526 children fit into this category from June 2006 through May 2009. Of the total 4,144 children never removed from home or living safely at home for seven or more months, 3,199 (77.2%) have been safely discharged from state care. We continue to

document and monitor these particular groups of children as defined in the Governor's initiatives through statistical reports generated in N-FOCUS. These reports are provided to supervisors in the field for their review.

DHHS developed and implemented the Nebraska Safety Intervention System, dramatically changing the concepts of the Department's involvement with families in which there has been a report of abuse or neglect and the Department's way of providing services to families and children. (Refer to Section B).

In 2004, DHHS and community stakeholders conducted a service array assessment in two pilot sites in the state to assess which services are lacking. The purpose of the assessment was to identify service needs, gaps, and necessary improvements to address timely initiation of services; assure the ability to offer the services needed; develop in-home services; and reduce service waiting lists in these two sites. The assessment utilized the Service Array in Child Welfare tool, provided by the National Child Welfare Resource Center for Family Centered Practice. The tool addresses community/neighborhood prevention and early intervention services, investigative assessment functions, home-based interventions and services, out-of-home interventions and services, and child welfare and juvenile services system exits, and was later expanded to also assess basic needs, healthcare access and health promotion, child and youth safety and development, family development, and prevention systems.

In 2005, the project was expanded to other areas of the state. The project was designed to: decrease duplicative assessments and planning, particularly in greater Nebraska communities; support the assessment of community capacity to develop and implement prevention systems of care; identify policies and procedures that impact the development and sustainability of community prevention systems; assess community decision points for juvenile offender cases; and further assess the DHHS child welfare and juvenile services system's service delivery structure.

To date, 28 counties have completed the service array process. From this assessment communities developed a systemic logic model for prevention and early intervention priority areas to develop and/or enhance. These priority areas include: an internal understanding of collaborations, communities, and inter-relationships; the creation of rurally competent policies; the access of data to analyze service impact and trends; and the development of a core level of services and a single planning and evaluation process. Counties are now eligible to participate in an ongoing learning community to further build their capacity to identify, implement, and sustain needed services for children and families, and to work systemically to improve access to and availability of services.

Stakeholders commented that this plan should provide for the creation, availability, and accessibility of an array of services for children and families. It would also address stakeholder concerns about Nebraska being a "bed-based" system that relies heavily on out-of-home group home or facility care and does not offer early up front services in the home. Family organizations expressed concern though that the plan is geared toward services for children but not for parents. They believe that more substance abuse and mental health services are needed for parents of state wards since there are waiting lists for the services that are currently provided.

The service array assessment project revealed advocacy and service barriers; non-existing and duplicative services; lack of education and diversity; and the need for law and policy change. Specific themes pertaining to these barriers included:

- Dwindling resources and cutbacks in state programs;
- Disparity of funding to rural communities;
- Multiple collaborations and coalitions;
- High investment of time and resources and extreme competition for limited funds;
- Sustainability requirements of grants;
- Silo funding restrictions;
- Flawed evaluations of program effectiveness;
- Lack of data and process to assess impacts of change and programs;
- Lack of training and education to work with high-risk youth and families;
- Families receiving services from multiple agencies and schools, and inability to identify these families; and
- Lack of a single, coordinated process due to multiple case coordinators, plans, and home visitors.

In 2007, three communities were provided funding and technical assistance in a Learning Collaborative to develop collaborative leadership, blend community resources, overcome local economic conditions, and implement a prevention and early intervention “system” (including assessment, planning, implementation and sustainability). Each community represented a unique view of how knowledge of the Service Array process can impact the development or enhancement of local services.

In remotely rural **Cherry County (Valentine)** the Service Array highlighted a fundamental issue. The community had little to no knowledge of the basic services that should be available through larger organizations which were funded to provide the services including: community action, public health, mental and behavioral health, domestic violence, continuum of care for housing and homelessness, and state funded programs such as Minority Health and Juvenile Justice. In fact the community did not know which agencies provided what services. The geographic location of the county (north central NE bordering South Dakota) and the small population (6148) was a factor. Agencies receiving population based funds could not afford to designate staff to travel to the county. By and large citizens were required to drive more than 100 miles in numerous directions to get the services required.

Therefore, in addition to developing local leadership and collaboration, the first goal for Valentine was to become aware of, and linked to the various agencies to begin to advocate for improved service delivery in the community. The second goal was to become linked to the various funding sources and develop programs and services through grant applications. A number of outcomes have occurred as a result of this work. Highlighted are:

- The Community Coordinator who was hired through the NCFE funding mapped the agencies and resources and was able to make personal connections. This resulted in a position on the Board of the Community Action Agency that serves the area. The result has been increased partnership and planning for the enhancement of the Head Start

- Previously un-accessed Minority Health funds have been obtained and a part time Native Women's Health coordinator has been hired. Public education and health screening events within the non reservation based population are held. Information, referral and advocacy also occur.
- Respite funds have been obtained for the community. The lack of qualified respite providers led to the use of funds to send local persons to Certified Nurses Aide courses. The local nursing home hired many of these people and repaid the training costs, creating a sustainable pool of training resources to continuum to enhance the respite system. Having a resource pool of certified people throughout the large geographic area reduces time and travel costs. As Respite workers are contracted and do not always have full time work, this models also provides more than one revenue source for retaining these trained workers in the community.

As a resort and interstate based community, **Keith County** in west central NE has a slightly larger population and more local resources. However, the Service Array highlighted numerous collaborations and working groups. A large number of the same people attended meetings for each of these groups. Despite the opportunity for identification of gaps in services or the prevention system, the organizations and groups were not working together in this manner. In addition, agency persons not only duplicated their time going to numerous committee and coalition meetings, there was also extensive duplication of time at case conferences at various agencies for the same families or individuals.

Service Array identified the need for the development of a family centered practice early intervention system for persons who used numerous services or resources. Especially those who were seen to be at high risk of entering higher end systems. A process for identification of these individuals/families then leads to a family centered process with all agencies involved rather than many case conferences.

In addition to this developmental work the following highlights in service or system development have occurred.

- Development of a large regional coalition for youth which blended the work of three coalitions reducing duplicative time and effort.
- Creation of a sustainable fund to loan money to low income people in need of traveling out of the county for medical or mental health appointments for services not available in the county. Repayment rates are high resulting in the sustainability of the fund.
- Partnership with Public Health and the Alternative School to enhance services for children and youth through access to a wellness center which includes: online assessments of educational and training needs, counseling, fitness facilities and increased access to services through the Community Coordinator. These resources are also available to parents.

**Grand Island** in central Hall County is the largest (44,460) of the Service Array communities. The initial Service Array assessment indicated a higher number of services and resources than other communities. However, knowledge of these services and work on a prevention system was limited due to extreme silo towers developed by agencies and

individuals. This affected the ability to identify and address gaps and plan for sustainability. An atmosphere of blame, shame and territorialism coupled with the lack of proactive collaborative leadership kept the community from addressing what has been identified as the “real problems” of power and control. Therefore Grand Island chose to focus on Leadership Development toward enhancing a prevention system for children and youth.

The Leadership Team has made marked progress in skill development, leadership intent, common vision, and conflict resolution. It has also made inroads in barriers between cultures and in the anti HHS attitudes which prevailed through Service Array. This work has had direct impact on enhancing or sustaining services through braiding of funds and resources. Of note are:

- A community wide culturally relevant workshop with Roberto Dansie PHD on developing reclaiming environments for youth. The Leadership Team and Minority Health co-sponsored the event which was attended by 60 people including 20 youth for an open dialogue to impact schools and services.
- Formation of a Boys and Girls Club to partner with a middle school after school program in order to sustain the program. At the Service Array assessment the possibility of a Boys and Girls Club raised a heated debate from organizations that saw this as competition even though none served the population.
- Braided resources and sub-grants between agencies to address budget cutbacks in agencies.
- Increased functionality of the Continuum of Care for Housing and Homelessness through enhanced leadership skills. The level of trust has increased to the point that issues about disparity in inclusion of agencies in the planning and funding process are being raised with the confidence that the situation will be addressed.

Time-limited reunification: DHHS makes all reasonable efforts to prevent the removal of children from home if the child can remain safely in the home. However, if family preservation is not a viable option and a child is removed from home, the next permanency goal considered is family reunification.

Previously, Nebraska was not meeting the national standard in achieving timely and permanent reunification. In FFY 08, the Exit Cohort Reunification Measure was at 63.3%. That figure currently is 63.9%. The Exit Cohort Reunification Median of 8.5 months has not changed from FFY 08 to present. The percent of children entering foster care for the first time and reunified in 12 months or less is improving. It currently is at 48.8%, compared to 41.8% in FFY 08. Our current percentage is better than the national 75th percentile, which is 48.4%. The Permanency Composite 3 continues to be a strength. Currently we are at 157.3, compared to 150.0 in FFY 08.

Adoption and Safe Families Act (ASFA) dollars over the past year have been used to fund contracts with mediation centers to provide pre-hearing conferences, and with the Project Harmony Triage Center. The pre-hearing conferences are described in more detail above, under Family Preservation and Support. The Triage Center provides a secure, child-friendly environment for children who are being assessed for possible abuse. This setting allows for timely assessment of needs and creation of plans so that children can be returned home quickly, if possible, and so that relative placements can be maximized.

Some changes that have occurred over the past 5 years that are related to timely reunifications include policy requiring workers to assess and maintain current case plans and permanency goals, supervisor review of all cases assigned to workers every 60 days to identify with the worker any potential barriers to permanency, and the early identification and involvement of non-custodial parents and relatives (particularly as it relates to legal guardianship and relative placements). Again, these efforts will enhance the appropriateness and timeliness of permanency for wards.

In an effort to receive feedback from biological parents and to provide further support to biological parents in March 2005, DHHS began conducting quarterly surveys with a random selection of 350 parents of youth in state care (i.e., the biological parents, caregivers, or legal guardians who were legally responsible for the children at the time they entered care). Survey results are reviewed quarterly and improvements are made based on findings. Parent handbooks were also developed for parents whose children are in the child welfare and juvenile services system to assure that parents understand the system, their rights and responsibilities within the system, and the supports that are available to them. Workers have been distributing these books to parents at the local service area level since August 2005. We have received positive feedback on the material via word-of-mouth from parents and other stakeholders.

The courts play a prominent role in expediting and establishing permanency for wards in care as well. DHHS has recently increased collaboration with judges, attorneys, and other court representatives to identify legal barriers to achieving permanency for children in care and strategies that DHHS and the courts can collaboratively pursue to overcome these barriers. More detail on DHHS collaboration with the courts is provided Section A.

Adoption Promotion and Support: Over the past 5 years, assuring permanency through adoption has been a major focus for the Department. Evidence of the success of the resulting efforts is the fact that the number of adoptions finalized for children who were in CFS custody increased from 313 in Calendar Year 2004 to 572 in Calendar Year 2008.

During the past year, Adoption Promotion and Support Funds have been used to purchase services from the Nebraska Foster and Adoptive Parent Association and from Answers4Families. Both of these entities provide support to families who are potential adoptive families and/or have adopted.

The paragraphs below provide other highlights of the Department's methods of increasing a child's chances for permanency through adoption, and supporting adoptions once they are completed.

Use of contracts with agencies and individuals enhanced the Department's ability to complete home studies in a timely manner for families, including home studies for relatives. These contracts also were used to complete home study updates that are required for adoption finalization, thereby making it possible to finalize adoptions more quickly. Due to an increase in placements of children out of state for adoption, funding was made available to purchase home studies and post-placement, pre-adoptive supervision and support from private agencies in the placement state.

Early in the five-year period, DHHS contracted with two organizations to assist in the completion of adoption exchange referrals on children legally free for adoption, with referrals coming from individual workers. DHHS developed policy and guidebook material on listing children who are free for adoption on adoption exchanges, requiring all children free for adoption with a plan of adoption and not yet in an adoptive home to be placed on the appropriate adoption exchanges. Any exceptions had to be approved by the assigned worker's supervisor and the Service Area Administrator. Even with these requirements in place, data in December 2007 indicated improvement was necessary. In December 2007, only 29.2% of children for whom registration was required had actually been placed on the exchanges.

In March, 2008, the Department entered into contracts with the three agencies within the Adoption Partnership. The Partnership is a collaborative project between three licensed child placing agencies in the Eastern Service Area (Adoption Links Worldwide, Child Saving Institute, and Lutheran Family Services). DHHS had contracted with the Partnership since May 1999 to provide a variety of adoption-related services for children in the Omaha area. Based on an analysis of services that would have the greatest impact on achieving permanency for children, the 2008 contract modified the services these agencies had been providing and expanded the geographical area from Omaha to the entire state. These services include: registration of all children who are DHHS wards, free for adoption, and not yet in an adoptive placement, on the state and national adoption exchanges and the Heart Gallery, and keeping registrations current; maintaining a list of these children for tracking purposes and use by DHHS staff with waiting families; responding to families who inquire about these children, and performing an initial screening to determine if a family might be appropriate for a specific child; reviewing children's files to locate potential placement resources, and contacting the potential resources identified to determine interest in adoptive placement for follow-up by the child's caseworker; reviewing children's files to prepare social and medical summaries for use with adoptive families; preparing adoption finalization packets; and recruiting potential adoptive families.

The Department has provided training for staff who work with adoption. In February, 2006, a two-day Adoption Conference was held. Topics included "Adopting Adolescents" (presented by staff of the National Resource Center for Adoption), "Preparing Children to Move, Farewell Visits, and Life Books", and "Negotiating Subsidies". Information booths included a demonstration on the National Adoption Exchange and the opportunity for interchange with representatives of the Nebraska Foster and Adoptive Parent Association and Answers4Families Web Site. A luncheon presentation was given by youth who had been wards of the Department, some of whom had been adopted and others who had not. Participants came from across the state and reported having gained valuable information that would be used in their everyday work. In addition, ongoing training has been available. A curriculum dealing with the dynamics of adoption and dealing with adoption subsidies and finalizations has been presented a number of times by a staff of the Department's Training Unit and/or by the Department's Adoption Specialist.

Because of increased use of the adoption exchanges, particularly AdoptUsKids, CFS has seen more placements of wards into other states for the purpose of adoption. Tools to assist children, families, and workers to assure the success of these placements have been developed and continue to be refined. One of the most useful tools has proven to be

conference calls between ICPC, the DHHS worker, the courtesy supervision worker, the family, and a variety of others, sometimes prior to placement and sometimes after placement. These calls have served to clarify roles and responsibilities, answer questions, assure that resources are available to families, and in some cases, helped to avoid a placement disruption.

Throughout the last five years, the Nebraska Foster and Adoptive Parent Association (NFAPA) has assisted the Department and families by enhancing its work with adoption. NFAPA has mentors to assist families interested in adopting and those requesting assistance during the adoptive placement or post-adoption.

During the 2009 Legislative Session, the Nebraska Unicameral passed legislation (LB 603) that authorizes DHHS to contract for post-adoption and post-guardianship services. The new statute, which requires services to be in place on 1/1/2010, specifies that services will be provided on a voluntary basis (meaning self-referral on the part of the family) and that one of the services will be case management. DHHS is in the process of letting an RFP for these services.

### **Child and Family Services Continuum Five Year Plan (FY2010 through 2014)**

As stated in the Section B, Nebraska is in the process of improving the manner in which the State of Nebraska purchases services for Child Welfare and Office of Juvenile Services children and families with the implementation of five contracts to provide for Service Coordination and the continuum of safety, in-home and out-of-home services. One of the requirements of the Child Welfare and Juvenile Services Reform is for contractors to provide necessary services for 12 months following case closure. Providing necessary service and support will enhance stability and prevent the child and family from re-entry into the system.

In addition to these contracts, the Department will finalize the contract for post-adoption and post-guardianship services. These services will be provided through a contract and will include case management; assessment of need, particularly as it relates to adoption and guardianship dynamics, location of community resources, and some direct services such as education, support groups, mentoring, and counseling. The services will be available to any family that has in place a valid subsidized adoption or subsidized guardianship agreement and has adopted or taken guardianship of a child who was a ward of DHHS. Participation by families will be voluntary.

The Department will implement the Federal Subsidized Guardianship Program as a part of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (HR 6893).

The PIP includes several action steps that are based on collaboration between CFS and the Division of Behavioral Health (DBH) for the purpose of enhancing needed services in mental health and substance abuse, to support children and families. Collaboration will include implementation of LB 603, passed by the Nebraska Legislature in May, 2009. The Bill includes the following:

- Support for and increasing the number and availability of behavioral health services in the rural areas of Nebraska, through such means as funds for residencies, establishment of training sites, and use of tools to include telehealth;
- Creation of a Children and Family Support Helpline that is a single point of access for children's behavioral health triage through the operation of a 24 hour seven-day-per-week telephone lines to support families whose child is in need of behavioral health services; and
- Establishment of a Family Navigator Program to respond to children's behavioral health needs by providing peer support and connections to existing services, including the identification of community-based services.

The PIP includes several action steps where CFS collaborates with the Division of Behavioral Health (BH) to assist in the realization of these needed services in mental health and substance abuse to support children and families.

CFS also will collaborate with the Division of Medicaid and Long-Term Care and Nebraska's Administrative Services Organization (ASO) to address children's needs for treatment, continuing to seek new ways to ensure that needed mental health and substance abuse services are available and accessible. We will work to review and revise the utilization criteria for residential care and other mental health and substance abuse services, streamline the application process for out-of-home treatment, and implement strategies to expand and enhance community based services for children and youth. We will continue to monitor the ASO contractor to ensure that appropriate mental health services are available and accessible for youth who have failed in a Residential Treatment Center and are currently residing in detention, and that intensive case management is provided for youth on waiting lists for higher levels of mental health service; pregnant youth with substance abuse; or youth having over \$6,000 in monthly expenditures.

Nebraska will be partnering with the Court Improvement Project (CIP), the Through the Eyes of a Child Initiative and the Foster Youth Initiative to establish a framework to identify barriers in order to enhance case management to support timely permanency for children. This will include a review of the Three Judge Panel assessment being conducted by the Court Improvement Project to assess any delays to permanency. Appreciating the work the court does and the work by the Department is essential to achieving timely permanency for children and families; therefore, several action steps and benchmarks are delineated in the PIP to address the issues outlined in the final report.

We plan to evaluate and pilot the use of Pre-hearing Conferences (PHC) prior to the permanency hearing. The purpose of the PHC is to bring the parties together to gather information and determine what information is still needed prior to the Permanency Hearing to avoid unnecessary continuances and assure that the Court has sufficient detailed information to make a permanency decision that is in the child's best interests regarding the child's safety, well being, and timely permanency. Another strategy is to develop agreements with courts to allow for the increase or decrease of some delivery of services. We believe that this practice will allow parenting time to progress without delay to meet the needs of the children and families leading to more timely permanency.

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

Findings from federal Child and Family Service Reviews indicate that relative placement is strongly associated with placement stability and achieving reunification or transfer of permanent legal and physical custody to a relative (Administration of Children and Families, 2004). Nebraska has outlined PIP action steps across several theme areas regarding engagement of non-custodial parents and relatives throughout the life of the case. Consistently identifying non-custodial parents, relatives and informal supports will be required at the time of initial safety assessment or commitment to OJS custody and every six months thereafter. Notification of relatives regarding the potential for placement of children removed from home also will be required. Local Service Area QA teams will evaluate and analyze data, develop and monitor improvement plans to ensure we are identifying these supports initially and often during the life of the case.

Through our contract with the Nebraska Children and Families Foundation (NCFE) the Prevention Partnership will use indicators of child well-being including rates of poverty, infant mortality and morbidity, child abuse and neglect, teen pregnancies, state wards and high school graduation to identify target communities for which to invest. Readiness factors such as federally funded early childhood programs, Sixpence Endowment sites, Child Abuse Prevention Councils and Community Learning Collaboratives will also be examined to determine the target communities.

NCFE plans to have leaders from the selected target communities be engaged in a readiness and assessment phase to identify Evidence-Based Prevention practices (e.g. Home Visitation and/or Parent Child Interaction) based on needs and landscape of collaborative services. In March of 2010, each community will develop an action plan for implementation and will apply for a \$50,000 grant to implement an Evidence Based Program. By targeting areas of the state with the highest needs and building their capacity to develop and implement Evidence-Based approaches to child abuse prevention, we believe we can have the greatest impact and the best chance of achieving our outcomes related to safety, permanency and well being of children.

### ***Estimated Expenditures for Above Services***

Federal funds provided to the State of Nebraska under Title IV-B, subpart 2, will not be used to supplant Federal or non-Federal funds for existing family preservation and support services.

Nebraska plans to utilize IV-B Part II funds in the following percentages:

- 25% for Family Preservation
- 25% for Family Support
- 20% for Time-Limited Reunification
- 20% for Adoption Promotion and Support
- 10% for Administration, Training, and Consultation

***Decision Making Process***

Services provided with Nebraska's Safe and Stable Families Funds, for Family Preservation and Family Support, are distributed under a contract with the Nebraska Children and Families Foundation (NCFF). This non-profit organization invests public and private dollars in services that help children and families in the communities where they live. The Foundation works in partnership with communities, making funds available to serve as a catalyst to help communities find innovative, collaborative ways to deliver services that promote healthy families and keep children safe.

## **SECTION D: COORDINATION WITH TRIBES**

a) Provide an update, developed after consultation with Tribal organizations, of the specific measures taken by the state in the past five years to improve or maintain compliance with each of the five major components of the Indian Child Welfare Act (ICWA). States should assess the level of compliance and progress achieved and provide an update to the goals and activities that have been undertaken to improve or maintain compliance with ICWA. Include laws, policies, and/or trainings implemented to increase compliance with ICWA.

During this past five years, the CWU and OJS have continued to work closely with the four Tribes whose governmental headquarters are based in Nebraska (Omaha Tribe, Ponca Tribe of Nebraska, Winnebago Tribe, and the Santee Sioux Nation) in a number of areas. In addition, consultation with the Rosebud Sioux Tribe and the Oglala Sioux Tribe has occurred.

The Tribal-State Contracts exist with the Omaha Tribe, Santee Sioux Nation and the Winnebago Tribe. One aspect addressed in the contracts is compliance with the Federal and Nebraska Indian Child Welfare Acts (ICWAs).

In addition to the Tribal-State Contracts for child welfare, CFS has IV-E contracts with the Omaha and Winnebago Tribes and Santee Sioux Nation. These tribes are at varying stages in contemplating direct title IV-E plans.

In October 2006, CFS hired a full-time Indian Child Welfare Program Specialist. The ICWA Program Specialist has conducted a number of reviews and trainings, has implemented steps to improve compliance with the ICWAs, has participated in family team meetings and family group conferences.

*ICWA Notices:* The formal ICWA notice developed by the ICWA Program Specialist was implemented in 2007 and is now available for use by all staff on N-FOCUS. The draft of this notice was made available to tribal representatives for comment prior and discussion with the Indian Child Welfare Program Specialist. Tribal representatives have responded favorably to the new notice form, stating that the form allows the enrollment offices and tribal ICWA Specialists more information, delivered more timely, to identify Indian children.

*ICWA Training and Consultation:* ICWA training continues on a large scale in collaboration with many others. An ICWA training provided on March 13, 2009, in Omaha, Nebraska, had an attendance of approximately 200, including Juvenile, County and Tribal Court judges, Child and Family Services staff, private attorneys who serve as counsel for parents and as guardians ad litem, Court Appointed Special Advocates and others. This training was a collaborative effort with the Omaha, Ponca, Santee Sioux and Winnebago Tribes' ICWA Specialists and Child Protective Services staff, the National Council of Family and Juvenile Court Judges, Project Harmony, Legal Aid of Nebraska's Native American Program, Douglas County CASA and others. Additional trainings on a smaller scale with local collaboration have been provided throughout Nebraska. In addition, consultation and training on a case-by-case basis is provided to CFS staff as requested.

ICWA trainings cover the following information: the basis for application of ICWA (i.e., political status of the child as a member or eligible for membership in a federally recognized Tribe, not race), demographics of Tribes and Native Americans, history of Indian child welfare, definitions, notice, jurisdiction, placement preferences, burdens of proof, active efforts, removal standards and procedures, intervention, transfer, full faith and credit, appointment of counsel, examination of documents, consent and withdrawal of consent, removal from foster care home, collateral attack, invalidation for noncompliance, return of custody after adoption, records of placement, higher standards apply, recordkeeping, and access to information. Written materials, such as copies of the federal ICWA (with parallel citation to the Nebraska ICWA), an ICWA checklist in long form with explanations and a smaller bookmark, the ICWA notice form, an ICWA resource list, a list of Tribal names and groupings, an active efforts handout, a cultural plan form, and the PowerPoint presentation themselves are provided.

The ICWA Program Specialist has also provided consultation to over 200 Protection and Safety Workers and 50 Tribal members and representatives. The ICW Program Specialist has participated in family team meetings, family group conferences, identifying and locating family members for placement of Indian children, identifying culturally appropriate services for children and families, identifying expert witnesses, and facilitating communication between CFS staff and Tribal staff.

The ICWA Program Specialist has also worked with tribal representatives to address the action steps identified in the draft ICWA Program Improvement Plan. A standardized case file format that includes an ICWA section is utilized by CFS, revised ICWA policy has been drafted and is in current discussion with tribal representatives, collaborative efforts in providing ICWA training and other areas has occurred, changes to N-FOCUS have been implemented with more planned, and collaboration toward a specialized ICWA unit is in discussion.

*Other ICWA Efforts:* In February 2008, DHHS facilitated, and the Nebraska Commission on Indian Affairs co-sponsored, a meeting of Tribal ICWA specialists and Urban Indian Center staff. The purpose of the meeting was to discuss communication issues between the Tribes, the Urban Indian Center, and DHHS. A past collaboration on Indian child welfare that occurred in the 1980s was discussed at the meeting. This initial meeting led to the creation of the Nebraska ICWA Coalition, an informal group comprised of tribal representatives, urban Indian Center staff, CFS, Legal Aid of Nebraska and Nebraska Appleseed, and participation by tribal representatives has expanded to include the Oglala Sioux Tribe's ONTRAC office and the Rosebud Sioux Tribe's ICWA office. This group meets monthly to discuss changes in ICWA case law and has identified categories for ongoing discussion, such as services, data, foster care recruitment, etc. There has also been some discussion of forming a non-profit organization.

The ICWA Program Specialist continues to participate in the State ICWA Managers' Association facilitated by the Child Welfare League of America. In addition to participating on bi-monthly conference calls, she is serving on two workgroups: the Website Development Workgroup and the Qualified Expert Witnesses Workgroup. Three members of this workgroup and John George, CWLA facilitator for this group, presented the draft of the State ICW Managers' Qualified Expert Witness toolkit at the CWLA annual conference

in February, 2009. In addition, the ICWA Specialist continues to participate in the Community Initiatives for Native Children and Families, a grassroots group that includes Woodbury County (Sioux City) Iowa Department of Human Services representatives.

During the past year, meetings have been held between the Department and Tribes for discussion of topics including:

- When Tribal courts will place their children into DHHS custody vs. maintaining custody with the Tribe;
- Appropriate funding sources for services to children and families that are under Tribal Court jurisdiction;
- Streamlining the application process for children for DHHS funding and assurance that appropriate documentation is provided; and
- Tribal licensure of foster homes.

These meetings have been attended by representatives of the Winnebago, Santee, and Omaha Tribes; CFS Service Area staff, including Protection and Safety and Income Maintenance-Foster Care, and Central Office staff. The meetings have enhanced communication and resulted in greater understanding of issues and development of strategies to remove barriers.

As a result of these meetings, the Tribal/State Child Welfare Agreements with the Omaha, Santee Sioux and Winnebago Tribes were modified. Modifications included direct funding for a "Services" budget to allow tribes to obtain services from providers of their choice. Tribes voiced a number of positive results from this change, including support for tribal sovereignty, the ability to access services more quickly since there is no need to process services through two governmental agencies and more culturally appropriate services for children and families since tribes can now obtain services from providers in addition to those utilized by CFS.

*1) Identification of Indian children by the State Child Welfare services agency:*

DHHS ICWA training for staff includes the importance of identifying every Indian child and N-FOCUS changes have occurred. Every child included on the N-FOCUS system has an identified racial demographic, and N-FOCUS also includes an area to identify tribal affiliations. The demographic area of N-FOCUS has been modified to include whether a child is a member or eligible for membership in a tribe, whether a parent of the child is a member, and whether the case is identified as an ICWA case. In addition, collaborative efforts with tribal representatives include sharing familial information and working within tribal agencies for a more expedient determination of a child's eligibility for membership.

*2) Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene:*

ICWA training provided to staff, attorneys and other external partners has emphasized providing notice that contains all of the elements required by 25 C.F.R. 23.11 to parents, Indian custodians and tribes.

A comparison of Nebraska's ICWA to the Federal ICWA reveals that the only substantive difference is that Nebraska's ICWA allows for service of notice by certified mail, rather than

the more restrictive registered mail required by the Federal ICWA. ICWA training has emphasized the need to comply with the more restrictive registered mail standard.

*3) Special placement preferences for Indian children:*

CFS has worked toward the recruitment and retention of Native American foster and adoptive homes. As of February, 2009, there were 19 DHHS licensed Native American foster and adoptive homes, with additional child specific and relative homes. The Omaha and Winnebago Tribes and Santee Sioux Nation use N-FOCUS to license their own homes as well. As of February, 2009, there were 131 tribally licensed or approved homes with a capacity for placement for 348 children.

CFS staff are instructed on locating appropriate foster care placement in compliance with the preferences of ICWA. CFS staff first looks to extended family, then contacts the child's tribal ICWA Specialist for assistance in locating family or a home that is licensed, approved or specified by the child's tribe. If these efforts fail, staff contacts D CFS Resource Development for the availability of Native American foster homes. Finally, CFS staff are made aware that the Omaha, Winnebago and Oglala Sioux Tribes have emergency shelters for placement of Indian children who are affiliated with any federally recognized tribe.

CFS staff seeking adoptive placement for Indian children are instructed to look first to extended family. If family members are not available, staff then asks the child's tribe's ICWA Specialist if there are any tribal homes available. Finally, contact is made with other local tribes, the Cherokee Nation's national listing, and Indian children listed on the adoption exchange include narratives that DHHS is seeking a Native home for the child.

*4) Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption:*

In 2008, the Nebraska Court of Appeals stated that active efforts are more than reasonable efforts, are culturally relevant, and include some consideration of services to the children. This has been incorporated into ICWA trainings along with discussions of the definitions of the terms "breakup" (temporary as in foster care or permanent as in termination of parental rights) and "Indian family" (a more comprehensive term than just parents and children) and the concept that Indian children's mental health often is severely impacted by the removal from a Native culture and placement into a non-Native culture.

*5) Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe:*

These rights have been incorporated into ICWA trainings. Trainings include a statement that tribes, parents and Indian custodians have the absolute right to intervene in ICWA cases at any point in the proceeding. In many cases, CFS and tribes agree that cases should be transferred to the tribal court of the child's tribe, but opposition is found from the county attorney or guardian ad litem. CFS has issued a policy memo that instructs CFS staff to contact the ICWA Program Specialist and the assigned DHHS attorney as soon as a party has requested transfer of a case to a tribal court.

b) Provide a description of the understanding, gathered from State consultation with Tribes, as to who is responsible for providing the protections for Tribal children, whether in State or Tribal custody, delineated at section 422(b)(8) of the Act.

The State of Nebraska is responsible for providing protections for Tribal children who are in state custody. Tribes are contacted at the earliest opportunity and provided with notice of proceedings as required by ICWA. For cases that are not transferred to Tribal courts, Tribes who choose to do so are involved in the proceedings and all aspects of planning for the future of their children. For cases that are transferred to Tribal courts, responsibility for providing protections is transferred along with the case to the Tribe.

The State of Nebraska has reached agreements with three of the four Tribes that have reservation land and government headquarters in the state (e.g., the Omaha Tribe, the Winnebago Tribe, and the Santee Sioux Nation) to provide funding for Tribal child protective services programs. Jurisdiction granted to the State of Nebraska under Public Law 280 has been retroceded for these three Tribes and the Tribes are now responsible for providing protections, case management, and services to children in their care.

The fourth Tribe, the Ponca Tribe of Nebraska, does not have reservation land. Jurisdiction and responsibility depends upon whether the child is in state or Tribal custody. If the child is in state custody, the State of Nebraska is responsible for providing protections. If the child is in Tribal custody, the Ponca Tribe of Nebraska is responsible for providing protections. The Ponca Tribe of Nebraska has few children who are in Tribal custody. More children who are members of the Ponca Tribe are in state custody. While the State of Nebraska remains responsible for the Ponca children in its custody, the Ponca Tribe of Nebraska is an active party in the planning concerning these children.

c) Provide information regarding consultations with Indian Tribes, specifically as they relate to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care under the Chaffee Foster Care Independence Act.

Each of the Tribes is allotted federal Chafee funds based on a formula that takes into account the Tribal population, membership, the reservation census, and other factors. With this formula, Tribes are allotted a specific amount of funds for each eligible Tribal youth, which matches the individual amount allotted for non-tribal youth.

### **COORDINATION WITH TRIBES Five Year Plan (FY2010 through 2014)**

In addition to the Tribal-State Contracts with the Omaha and Winnebago Tribes and the Santee Sioux Nation, a Tribal-State Contract with the Ponca Tribe of Nebraska is under consideration. This additional contract will also address compliance with the Federal and Nebraska ICWAs.

The CFS ICWA Program Specialist will continue to review ICWA compliance in cases as requested and will complete a comprehensive review of all ICWA cases. The Program Specialist will also continue to provide training, consult on cases and attend family team meetings and family group conferences as requested.

Exploration of a specialized Native unit will continue. The ICWA Program Specialist will continue discussions with the Iowa Department of Human Services' Woodbury County Native Unit and with CFS staff in the development of this pilot project.

New functionality will be added to N-FOCUS to more easily identify ICWA cases and ensure documentation in a centralized location of information relevant to ICWA cases, such as the date on which parents or Indian custodians were asked about their tribal affiliations, date on which ICWA notice was mailed, responses to notices, dates of requests for intervention and transfer, attempts to comply with placement preferences and active efforts provided.

The CFS ICWA Program Specialist will work to gather a listing of all Native culturally competent services statewide. This will assist in identifying gaps in services and areas in which services are underutilized.

The CFS ICWA Program Specialist will continue to collaborate with tribes, tribal representatives, the Nebraska Commission on Indian Affairs, urban Indian centers and the Nebraska ICWA Coalition for all issues related to ICWA.

All four tribes in Nebraska have been exploring their options regarding administration of their own IV-E program. Should any tribe decide to administer all or part of the IV-E program, the State will negotiate in good faith with any Nebraska Tribe in development of their IV-E program. Currently, the State has IV-E agreements with three of the tribes (Omaha, Santee and Winnebago) to make maintenance payments on behalf of IV-E eligible children. The state has made arrangements with the Nebraska State Patrol to allow the Tribes to conduct national fingerprint based criminal history checks.

## **SECTION E: HEALTH CARE SERVICES**

Addressing physical and behavioral health problems is a critical issue in the child welfare population. Socially Necessary Services, while a vital component of the service array, do not address all the treatment needs of families and children.

Research indicates that as many as two-thirds of children entering foster care have behavioral or emotional problems. Most children who enter the child welfare system have experienced significant trauma. For those who are placed out of their homes, the trauma of separation from their families and moves within the foster care system itself often led to additional trauma. These vulnerable and at-risk children have a high prevalence of mental health needs.

Policy states that for the duration of the court-ordered custody of a child, DHHS is authorized to make all decisions about psychological treatment for that child. As is the case in general medical treatment, this authorization maybe modified through court orders. Again, regulations include instructions for involvement and consultation when certain special issues arise and policy mandates worker consent to any necessary emergency psychological or psychiatric treatment for a child.

Needs assessments may include a diagnostic and evaluation service and a therapy service, when appropriate. Referral to therapy services will be made if a family assessment indicates undue stress and severe social, emotional, or behavioral problems that threaten or negatively affect the family's structure and stability, and if the family is not yet receiving therapy services.

The ultimate responsibility for providing or arranging psychological or psychiatric services when needed lies with the worker. In out-of-home settings it is also the responsibility of the temporary caregivers to secure psychological or psychiatric care for the children in their care.

In 2004, an additional change that has helped CFS better meet the mental and behavioral health needs of wards receiving services through Office of Juvenile Services was the development and implementation of a standardized pre-treatment assessment of children's mental health needs (the Comprehensive Child and Adolescent Assessment). All children entering the system through the Office of Juvenile Services receive this thorough assessment. This assessment helps workers identify the needs of children as well as the necessary treatment for those needs, such as substance abuse, eating disorders, etc.

The Division of Medicaid and Long Term care implemented a Comprehensive Family Assessment (CFA) in July 2008 that is designed to address the broader needs of the child and family so that the focus is not only on the symptoms but on the ongoing issues that are affecting a child's safety, permanency and well-being. The CFA is a voluntary, comprehensive assessment of the family system and the adult caregivers in the family. This assessment is reserved for families newly entering the system with suspected mental health, domestic violence or substance abuse problems. The purpose is to provide a comprehensive, family system assessment to determine if mental health/substance abuse treatment needs exist, particularly for the adult caregivers in the family home. The results

and recommendations of the CFA are used in conjunction with other measures to determine if the children can remain safely in the family home. Recommendations for treatment resulting from this assessment will be used by treatment professionals to develop a comprehensive plan for treatment including coordinated effort to reduce the numbers of out-home placements and improve outcomes for Nebraska's families.

In 2004, DHHS received a Substance Abuse Mental Health Services Administration's (SAMHSA) Systems Integration Grant (SIG) to develop a statewide mental health and substance abuse service delivery system for children and youth with co-occurring disorders and substance abuse issues, and youth who are transitioning out of the system. A statewide committee was developed to oversee the work of this grant, which would focus on best practices and outcomes, early intervention and prevention services, and coordinated service plans. The goals of this system are to develop the following elements on the state, regional, and local levels:

- Coordination across agencies;
- Family centered approaches across systems;
- Coordinated service plans;
- A single point of accountability;
- Outcome information;
- Standard assessment;
- Best practices;
- Clear policies regulating similar services; and
- Preventative and early intervention services.

The SAMHSA SIG Steering Committee was developed to oversee the work of this grant. The statewide committee includes three smaller subcommittees: the Early Childhood Subcommittee; the Youth Subcommittee; and the Evaluation/Academic Subcommittee. In 2006, the Early Childhood and Youth subcommittees completed and submitted their recommendations to the statewide steering committee. The Evaluation/Academic Subcommittee continues to meet.

In January 2008, a Children's Behavioral Task Force (LB 542 Task Force) was created to address the behavioral health needs of children, adolescents, and their families. Stakeholders from different systems (e.g., behavioral health, child welfare, and juvenile services) will collaboratively develop a balanced array of accessible services, including specific facilities and services for some of the state's most challenging children and adolescents. DHHS presented its plan to the Task Force in January 2008. It is anticipated that this plan will address multiple mental health service barriers identified by stakeholders. It will increase collaborations between behavioral health, child welfare, and juvenile services (whereas stakeholders currently describe the system as being in "silos"). The current focus is on providing consistency in DHHS referral practices and participation for the "Transition Age Youth Teams" in each Behavioral Health Region. These Transition Age Youth Teams assist in developing plans and assisting state ward youth with behavioral health needs transition into adult services.

In early February 2008, The Division of Medicaid and Long-Term Care, the Division of Behavioral Health and the Division of Children and Family Services jointly released a RFP for an Administrative Services Organization to automate, manage, and coordinate mental

health and substance abuse treatment, gambling addiction services, and services for children in the child welfare and juvenile services system. On July 1, 2008, the Nebraska Department of Health and Human Services, Division of Children and Family Services (CFS), Division of Behavioral Health and the Division of Medicaid and Long-Term Care entered into three separate, yet similar contracts with Magellan Behavioral Health Services as an Administrative Services Organization (ASO). This effort was made to ensure consistency in the authorization of mental health and substance abuse services and to prevent duplication and overlap of service provision and funding sources. The three Divisions work collaboratively to ensure adherence to the contracts and to ensure that decisions made regarding mental health and substance abuse services do not adversely impact a sister Division. The Child Welfare section of the ASO contract requires the registration of non-treatment services; the authorization of mental health and substance abuse services not otherwise eligible for Medicaid reimbursement; the utilization management for mental health, substance abuse and non-treatment services provided to children and families served by CFS. The ASO is responsible for the coordination of Medicaid and Long-Term Care, Behavioral Health and Child Welfare/Juvenile Justice services to children and families. The ASO also provides case consultation to CFS specialists in regards to high utilizing participants of services to identify evidenced based/promising practice interventions that have been shown to be effective in addressing a particular circumstance. The ASO collects the data from CFS providers across the State of Nebraska in regards to the CFSR performance measures outlined in the provider contracts and provides that information to CFS to post publically on the DHHS website. We plan to continue to collaborate with the Division of Medicaid and Long-Term Care, the Division of Behavioral Health and Nebraska's Administrative Services Organization (ASO) to address children's needs for treatment. Nebraska continues to seek ways to ensure children with mental health and substance abuse issues are receiving the necessary services and supports. We will work to review and revise the utilization criteria for residential care and all other mental health and substance abuse services, streamline the application process for out of home treatment and implement strategies to expand and enhance community based services for children and youth.

On July 1, 2008 an Administrative Memo (#10-2008) was issued to Service Area Administrators, Protection and Safety Administrators, Supervisors and Staff on the implementation of the ASO for the Division of Children and Family Services. An additional Program Memo was issued May 8, 2009 clarifying the use of regulations related to consultation for specific cases and provides additional direction for responding to non-medically indicated court-ordered treatment services.

The ASO provides a dedicated Child and Family Intensive Care management unit staffed with care managers having in-depth child welfare and behavioral health experience. The care managers focus on coordinating services for youth across the division of Children and Family Services, Medicaid and Long-Term Care and the Division of Behavioral Health.

Magellan provides the case conference and care coordination process for all consumers showing unresolved difficulty with treatment planning or progress, discharge planning or care coordination. The ASO for Children and Family Services assists and educates the caseworker/supervisor or providers in determining what an appropriate evidenced based or promising practice intervention might be the most appropriate.

The ASO also provides access to a service array/service provider network that includes providers who are skilled in treating the special issues presented by children and youth who have experienced trauma associated with abuse, neglect, sexual abuse, out-of-home placement, parental substance abuse and/or domestic violence is essential to meeting mental health needs of children. Services are also authorized with respect for the unique cultural and ethnic influences of each child's family and community.

Also, in conjunction with the Division of Medicaid and Long-Term Care with the ASO, Magellan Behavioral Health has expanded Intensive Care Management Services Based on fundamental core values and a strength-based approach to service provision, child welfare, substance abuse, and mental health agencies work together across systems in an effort to provide comprehensive services and supports to children and families. This initiative is aimed at systems change; therefore, it is a time-limited infusion of resources designed to assist a child and family. We will also monitor the ASO contractor to ensure that intensive case management services are being provided by the ASO for select populations of youth:

- Any youth in an out- of-home treatment level of care and discharging to a community setting
- Pregnant youth with substance abuse
- Youth in Detention for 30 days that have failed in treatment
- Youth age 12 and younger who are or have been hospitalized
- Children and youth under "letter of agreement" placed in a treatment service that is not authorized for managed care services
- Any youth who is living in the community (not treatment facility or detention) and is authorized for RTC but on a wait list

Despite the recognized importance of mental health concerns among youth in the child welfare population, data suggests a significant gap between children who need services and children who receive services. Among the areas of concern has been the lack of comprehensive mental health screening of all children entering out-of-home care, the need for more thorough identification of youth with emotional and behavioral disorders, and insufficient youth access to high-quality mental health services. Preferred child welfare standards of practice indicate that the use of evidence-based screening and assessment instruments will improve the identification of children needing mental health services and offer the opportunity to provide appropriate care to children who are currently being overlooked.

Mental health screening is the first step in identifying children who have, or are at risk of, developing mental, emotional, or behavioral problems. Screening can assist in the identification of children that may need a comprehensive Pre-Treatment Assessment or further psychological evaluation. Children enter the child welfare system for many reasons unrelated to their own mental health. The requirement for completing mental health screenings for targeted populations of children is critical to moving beyond the initial reason for agency involvement and identifying underlying mental health needs that might otherwise be overlooked. Assessment and evaluation is available through our current service array, but mechanisms to determine which youth might most need these services is an area for development in Nebraska.

Medical services are available to all state wards and to those parents or families of wards who meet eligibility requirements for other state-sponsored programs. Nebraska policy authorizes DHHS to make all decisions around medical treatment for children in state care, although this authorization may be modified by a court order. Any medical services provided to children must be based on a comprehensive assessment of the child's needs. The worker is responsible for developing a plan that reflects the needs identified in the assessment and ensuring that all necessary services are implemented. Although policy authorizes workers to make all medical treatment decisions for children in care, regulations include instructions for involvement and consultation when specific issues arise and encourage workers to involve parents in the medical decision-making process whenever possible. Additionally, policy mandates worker consent to any necessary emergency medical treatment for a child, except as restricted by court. Ultimately, workers are responsible for providing or arranging medical services when needed and parents are responsible to the extent possible for payment of the medical services provided.

For children who remain in their home, parents and workers work together to make ongoing medical care decisions regarding the child. An initial examination is not required, but workers can request a physical examination if health concerns exist. All children receive ongoing medical care as necessary throughout the time they are committed to DHHS, and parents are responsible for scheduling and maintaining all routine, recommended, or follow-up medical appointments for children who live in the home. It should be noted that in an effort to attain continuity in medical care, if a child has a primary physician when entering care, DHHS will attempt to use this provider whenever possible. Stakeholders noted that this is not always successful.

For children in out-of-home care, an initial physical examination is required within 14 days of placement, and at least annually thereafter. Additionally, children receive ongoing medical care outside of annual examinations as necessary. Children in out-of-home placement are also provided with dental care with exams scheduled annually. In these out-of-home situations, it is the responsibility of the temporary caregivers to secure medical care and treatment for the child in their care. It is recommended that the parent from which the child was removed be present at all medical appointments, unless the parent's presence would not be in the best interest of the child.

It should be noted that the Comprehensive Child and Adolescent Assessment that is conducted with youth receiving services through OJS can include both physical and mental health evaluations. However, if youth have received a physical evaluation in the last 12 months that continues to reflect their current physical health, a physical exam does not have to be conducted.

Youth who are placed in YRTC's also undergo an initial state-funded medical, dental, and eye exam within seven to fourteen days of admission. At YRTC-G, any additional medical care or exams beyond the initial exam are provided on grounds. At YRTC-K, wards are provided with additional medical care and are transported to the provider's office to receive the care.

Efforts have been made to improve the maintenance of medical records. In March 2004, a Guide for Nebraska Foster Families was developed in collaboration with NFAPA. This

guide provides expectations to foster families regarding the health care of foster children and what records must be obtained and given to the DHHS worker.

In February 2005, a Resource Guide to Record Keeping was developed and contains information regarding records for medical, dental, eye, and mental health. This booklet provides the forms needed for documentation of a child's examinations along with a medical history during placement form, medication log, and a form to maintain the foster child's appointments and activities.

Also in 2005, DHHS updated policy requiring workers to enter the dates of dental, vision, and psychological evaluation for children as they occur. As the supervisor reviews cases he or she must discuss with workers the importance of children receiving regular health, vision, and mental care, and the importance of documenting these examinations in N-FOCUS. Supervisors must also ensure that workers have a plan for obtaining any care that is overdue.

As a result of these efforts, stakeholders have noted increased collaborations between workers, foster parents, and other partners around documenting children's health care issues and report that foster parents are now using medical record books to document the health services received by children in their care. Stakeholders also indicate that more attention is focused on documenting and paying attention to which and how many medications children receive. However, stakeholders also report that adequate dental records are still not maintained.

Additional clarification on requirements included in the Child Abuse Prevention and Treatment Act (CAPTA) were shared with workers as well. CAPTA requires child welfare departments to refer children under the age of three who are involved in a substantiated case of child abuse or neglect to the Early Development Network (EDN) to receive early intervention services (e.g., services coordination, special instruction, speech or language therapy, etc.) under Part C of IDEA. The law also requires states to develop procedures for responding to reports of medical neglect, including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions. Memos providing steps to meeting these requirements were shared with staff.

The Division of Public Health has developed a secure web-based Immunization Information System that tracks an individual's, (from birth to death) history and recommendations of the vaccinations they have received. Public immunization clinics have been trained and given access to this information. The Division of Public Health is currently rolling out the Immunization Information System training and access to private providers (schools, doctors, hospitals, etc.) This system will allow individual immunization records to be tracked from one area of the state to another. CFS workers will be allowed access and this will be helpful when a child's parents cannot be located or children transfer from one school system to another without their school records. The child's information in the system is based on SSN, therefore; if a child goes by several different last names (in the case of a parent remarrying) his/her immunization records can be located.

**HEALTH CARE SERVICES**  
**Five Year Plan (FY2010 through 2014)**

1. Collaborate with the Division of Behavioral Health, Medicaid and other agencies regarding youth with persistent mental health, substance abuse and specialized issues such as developmental disabilities and their families to identify barriers and implement practices that will lead to the achievement of permanency.
  - Focus on consistency in CFS referral practices and participation for the “Transition Age Youth Teams” in each Behavioral Health Region;
  - In collaboration with Children’s Behavioral Health Services, search and apply, as appropriate, for Youth Active Community Treatment (ACT) grants to develop and make available innovative therapeutic interventions for high risk youth and their families in their own homes and community;
  - Provide the Division of Behavioral Health (BH) support for review and scoring of the RFPs for the development of the Helpline and the Family Navigator Program that will provide supports to parents in crisis by providing CFS staff to assist with RFP process;
  - Assist BH in the promotion the 800 number that will be established for the Helpline call center;
  - Assist BH in evaluating the effectiveness of the Helpline call center.
  
2. Collaborate with the Division of Behavioral Health regarding access and availability to mental health services for parents and children involved with the Child Welfare System or Office of Juvenile Services.
  - CFS will participate on Behavioral Health Regional teams in the development of Systems of Care Teams to enhance the systems of care environment to strengthen the delivery and coordination of the Children’s Behavioral Health system;
  - Provide BH with any support requested regarding the expansion of the Professional Partners Program for children at risk for entering the Child Welfare System;
  - The Nebraska Legislature provided funds for two additional medical residents in a Nebraska-based psychiatry program each year starting in 2010 until a total of eight additional psychiatry residents are added in 2013 to serve rural Nebraska and other underserved areas (LB603).
  
3. Child Welfare and Juvenile Services Reform contracts will require individualized recruitment of homes that will be supported by a continuum of services to support children, families and foster families to meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs).
  
4. Services and supports will be individualized and based on the family’s assessment of needs.
  - Contractors will use the Protective Capacity Assessment or the Youth Level of Service Inventory assessments that drive case planning and promote family outcomes.

5. Collaborate with the Division of Medicaid and Long-Term Care and Nebraska's Administrative Services Organization to address family and children's needs for treatment
  - Review and revision of utilization criteria and definitions for out-of-home treatment and other mental health and substance abuse services;
  - Streamline the application process for out-of-home treatment;
  - Implement strategies to expand and enhance community-based services;
  - Monitor the ASO contractor to ensure that intensive case management is provided to youth on waiting lists for higher levels of mental health services, and pregnant youth with substance abuse.

## **SECTION F: PROGRAM SUPPORT**

### ***Training***

Over the past 5 years, training was provided to DHHS staff primarily through a contract with the Center on Children, Families, and the Law at the University of Nebraska-Lincoln (CCFL). DHHS Human Resources and Development (HRD), Children and Family Services Training staff, CCFL staff and Field Training Specialists (FTSs), along with internal CFS staff, and external presenters, collaborated to provide continuous training throughout the state. Protection and Safety Trainees are currently titled Child and Family Specialist Trainees.

New Worker Training: From September, 2004 to August, 2008, all Protection and Safety Trainees (currently titled Child and Family Specialist Trainees) and Integrated Care Coordination Unit staff who were new to the work were required to complete the Child and Family Services Specialist (CFS) New Worker Employment Practicum Curriculum over a six month period. Upon completion of the curriculum and by demonstrating satisfactory performance, CFS Specialist Trainees were promoted to CFS Specialist. CFSs then continued employment in probationary status for an additional six months, during which they continued skill building and training under the direction and guidance of their CFS Supervisors. Probationary workers were required to demonstrate minimum competency levels on all identified performance dimensions to be promoted to permanent status. It should be noted that while CFS Supervisors who were new to the work were not automatically required to complete the Protection and Safety New Worker Employment Practicum Curriculum (currently titled, Child Welfare and Juvenile Services New Worker Training, most were recommended to do so based on their prior professional experience.

The six month training model included three components: classroom lecture and discussion; lab training and experiences facilitated by a FTS; and on-the-job field learning experiences in which trainees apply the knowledge gained in the classroom and lab settings. Upon completion of the first phase of training, trainees are assigned limited case management functions and responsibilities as a part of a formal structured learning experience. During this second phase, trainees are assigned up to four cases to process under the oversight and direction of a CFS Supervisor. The trainee does not make any independent case decisions during this time.

Nebraska continued to utilize the Competency Development Tool (CDT) to assess trainee's knowledge, skills, and abilities during the training period, to provide feedback to the employee on their performance, and to determine whether the employee is to be promoted from trainee to a worker under probationary status, and then later from probationary to permanent status. If employees do not meet minimum competency in each required performance dimension, they may be directed to attend additional training and development, or their employment may be terminated.

In September 2007, CCFL provided a comparison of the current new working training model compared to the model used prior to 2004 based on CDT results. Initial findings indicate that the shorter model used prior to 2004 may have prepared workers better than the model used today.

For additional analysis on the effectiveness of new worker training, a post-training survey was implemented to gather training perceptions from recent trainee and their supervisors. The survey was designed to supplement individual unit evaluations by assessing broader perceptions of training both at the end of training and six months after training. The survey tool included questions related to a number of items, including training content, delivery methods, the overall training quality, and the extent to which trainees are prepared for the job upon completion of the training. The data was analyzed in September 2007. Initial findings indicated that the shorter model used prior to 2004 may have prepared workers better than the 6-month model.

In December 2007, DHHS implemented a pilot for a revised new worker training in the Eastern and Southeast service areas of the state. This pilot consisted of a pre-service training period ranging from 23.5 to 54 days of classroom training, followed by an additional 10.5 days of classroom training completed as an in-service component. The pre-service phase includes core and specialized training based on new workers' casework assignments (e.g. intake, initial assessment, ongoing case management, adoption specialists, or juvenile service officers). Trainees completed the core training and are then promoted to probationary status and carry a limited caseload. Probationary workers completed the new worker training curriculum via in-service trainings occurring over the course of their first year of employment. During this time, probationary workers are closely monitored by a FTS and a CFS Supervisor.

In-service Training and Professional Development: All CFS Specialists and Supervisors were required to receive 24 hours in-service training annually. The majority of the in-service training over the past couple of years focused on the new Nebraska Safety Intervention System. Additionally, new and existing staff received extensive training on FCP since its implementation in 2004. DHHS built internal capacity to train on the Family Centered Practice (FCP) philosophy and developed 38 Service Area trainers.

FCP manuals, family team meeting tools, and a variety of other tools to assist workers in their work with families were posted on DHHS' Intranet as well. The DHHS Intranet is an internal document repository containing various program guidance documents, policy and procedure manuals, service guidebooks, administrative memos, and similar materials. All staff can access this repository. New workers received a brief introduction on how to use the repository and the resources it provides during new worker training. CFS supervisors ensured existing staff used and understood the materials posted on the DHHS Intranet thereafter.

Financial support for DHHS staff to attain a Bachelor of Science in Social Work degree or Master in Social Work degree was available through DHHS' tuition assistance program. In addition DHHS service area offices collaborated with local colleges and universities to provide opportunities for students to participate in internship projects. In a few instances the new worker training curriculum was approved to serve as a component to undergraduate or graduate study, although payment was made by the student at that institution's tuition rate.

Employees' competency, knowledge, and ability to transfer knowledge were evaluated annually through employee performance evaluations. Information related to deficiencies in

knowledge, skills, or abilities were shared with training staff to ensure that those needs were addressed in training.

Foster and Adoptive Parent Training: DHHS contracted with NFAPA the last 5 years to conduct ongoing training sessions for licensed and approved foster and adoptive parents. Most recently training was offered to foster parents throughout the state on FCP and the NSIS (refer to Section B); the revised foster parent conflict resolution process; a foster parent disaster plan; and the service area emergency contacts for foster parents. In 2008, a new training titled “Roles and Responsibilities: What Happened in Court? Making a Difference for Foster Children in the Courtroom” will be available for foster and pre-adoptive parents. This in-service addresses ways in which foster and pre-adoptive parents can participate in court decisions regarding the foster children in their care. DHHS and NFAPA also cosponsor annual Resource Parent Summer Conferences designed to provide foster parents with ongoing education and training in the field of fostering children.

Provider Training: Licensing approval of out-of-home care providers requires that each staff member, including direct care volunteers, obtain between 21 to 24 hours of DHHS-approved pre-service training prior to assuming his/her duties. In addition, providers must complete at least 12 to 15 hours of approved in-service training annually within the effective dates of the provider’s license. Personnel in group home settings must achieve the lesser number of training hours (21 and 12 respectively), while personnel in child caring and child placing agencies must obtain the greater number (24 and 15 respectively).

### **Training Five Year Plan (FY2010 through 2014)**

DHHS operates a staff development and training program that supports the goals and objectives in the Child and Family Services Plan (CFSP), addresses services provided under IV-B and IV-E, and provides initial training for all staff who deliver these services; provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP; and provides training for current or prospective foster parents, adoptive parents, and facility staff that care for children receiving foster care or adoption assistance under IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. Nebraska was found to be in substantial conformity for the Systemic Factor of training during both rounds of the Children and Family Services Reviews.

1. Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)

The complete description of the New Worker Training is included in the Training Overview for 2008 is provided in Attachments A and B. Depending on the area of specialization a trainee is in full-time training for seven to sixteen weeks prior to any assignment of case management responsibilities. Upon completion of the required core or specialty the trainee is promoted to probationary worker status and continues training on a part time basis through the remainder of their first year of employment.

*Child Welfare and Juvenile Services New Worker Training (previously titled New Worker Employment Practicum)*

The New Worker Training Curriculum has continuously and currently covered the following general content areas: child abuse and neglect issues, such as the impact of child abuse and neglect on the child, and general overview of the issues involved in child abuse and neglect investigations, not related to how to conduct an investigation of child abuse and neglect; case management and supervision; conducting assessments to determine whether a situation requires a child's removal from the home, not related to conducting a child abuse and neglect investigation; development of the case plan; referral to services; placement of the child; preparing for and conducting case reviews; preparation for and participation in judicial determinations; data collection and reporting related to IV-E; determination and re-determination of eligibility, adoption assistance agreements; home studies; post-placement management of subsidies; use of adoption exchanges. In addition, trainees and probationary workers also receive, as relevant to their ultimate assignment, specific training in recognizing and intervening in child abuse and neglect and information specific to work with juvenile offenders.

Additional training content areas include: family centered practice and social work methods including interviewing and assessment; cultural competency related to children and families; title IV-E policies and procedure; impact of child abuse on a child and general overviews of issues involved in child abuse investigations; permanency planning including kinship care; general substance abuse, domestic violence, and mental health issues related to children and families (not related to providing treatment/services); effects of separation, grief and loss, child development, and visitation; communication skills required to work with children and families; preservation, strengthening and reunifying families (not related to treatment/services); ongoing safety assessments to determine whether a child's removal from the home is required (not directly related to child abuse and neglect investigations); N-FOCUS training (SACWIS); independent living and issues confronting adolescents preparing for independent living; foster care determinations and placement activities directed toward reasonable efforts, not related to providing a service.

The training pilot implemented in December 2007 was adopted and is currently the specialized training model and implementation statewide began in August, 2008. The model consists of a pre-service training period ranging from 25 to 52 days of classroom, lab and field training, followed by an additional 6.5 days of classroom training completed as a required in-service phase. The pre-service phase includes core and specialized training based on new workers' casework assignments (e.g. intake, initial safety intervention, ongoing safety intervention, adoption, or juvenile service officers).

Upon completion of the Core curriculum and required specialty training the CFS Trainee is promoted to CFS Specialist. The CFS Specialists continue employment in probationary status for the remainder of their first year of employment, during which they will continue skills building and required in-service training under the direction and guidance of the CFS Supervisor and their assigned Field Training Specialist (FTS). Probationary workers must demonstrate minimum competency levels on all identified performance dimensions to be promoted to permanent status. It should be noted that while CFS Supervisors who are

new to the work are not automatically required to complete the Child Welfare and Juvenile Service New Worker Training, most are recommended to do so based on their prior professional experience. The report of the number of staff trained through New Worker Training is in Attachment C.

*Evaluation of New Workers and Training:*

Nebraska will continue to utilize the Competency Development Tool (CDT) to assess trainee's knowledge, skills, and abilities during the training period, to provide feedback to the employee on their performance, and to determine whether the employee is to be promoted from trainee to a worker under probationary status, and then later from probationary to permanent status. If employees do not meet minimum competency in each required performance dimension, they may be directed to attend additional training and development, or their employment may be terminated.

Recent trainees and their supervisors completed a post training survey designed to analyze the effectiveness of training. This is to supplement the evaluation trainees complete after training session. Its purpose is to assess broader perceptions both at the end of training and six months after training. The survey tool included questions related to the training content, delivery methods, the overall training quality, and the extent to which trainees are prepared for the job upon completion of the training. As of June 16, 2009, a total of 257 surveys have been completed for the specialized model: 126 mid-training surveys from trainees; 66 post-training surveys from trainees; 36 mid-training surveys from supervisors; 18 post-training surveys from supervisors; and 11 six month surveys from workers. An analysis of the survey data is in progress.

*On-going Staff Training:*

All Child Welfare Unit (CWU) and Office of Juvenile Services (OJS) staff are required to have a minimum of 24 hours of ongoing, supervisor-approved training annually (i.e., in-service training). The number of training hours and the training content provided fluctuates annually based on job performance needs identified by administrators, supervisors, and staff.

The list of in-service training sessions offered through the HRD training unit, CCFL training unit, the service area staff, or local and regional trainers is included in Attachment D.

In CY 2008 329 hours of in-service training were provided to staff. The delivery of those in-service hours involved 300 participants across all sessions, who received a total of 3,504.25 hours of training. 180 individuals received 3,007.50 hours of training on the Nebraska Safety Intervention System (NSIS) and 120 individuals received 496.75 hours of various other in-service topics.

We will continue to use the training venue through the DHHS Intranet for staff. New workers receive a brief introduction on how to use the repository and the resources it provides during new worker training. It is the responsibility of supervisors to ensure existing staff use and understand the materials posted on the DHHS Intranet thereafter.

*Evaluation:* Employees' competency, knowledge, and ability to transfer knowledge will continue to be evaluated annually through employee performance evaluations. Information related to deficiencies in knowledge, skills, or abilities are shared with training staff to ensure that those needs are addressed in training. Training is also developed based on Quality Assurance reports and recommendations, from both the statewide assessments and CFSR.

*Supervisory Training:*

Training on the administrative skills required for any supervisor in the Department of Health and Human Service is provided by the Human Resources and Development unit in the Operations of DHHS. A 3-day "Succeeding as a New Supervisor" course is mandatory for individuals newly hired into a supervisory position. An advanced supervisor certificate program and customized training (tailored to specific need) is offered for experienced supervisors. The training topics available for supervisors are reflected in Attachment D: "In-Service Training Plan".

CFS s in the process of applying for grant assistance through the Midwest Child Welfare Implementation Center to assist with activities that will build upon promising practices in recruitment and retention by utilizing evidence-based designs, innovative implementation techniques, and rigorous evaluation strategies. One part of the grant proposes a competency-based training program that will be required for CFS Supervisors.

If the grant is awarded, all new supervisors will be required to participate in a series of training units to develop their skills in educational, administrative and supportive supervision. All current (existing) supervisors and managers (their immediate supervisors) will participate in these units during the pilot stage of implementation. The content of the training units will include: values and principles of family centered practice, personnel practices, case worker supervision, and enhancing supervisors' understanding of agency data systems and how to use them on a daily basis to achieve child and family outcomes. In addition, all supervisors will participate in a series of training units designed to enhance critical thinking and case consultation skills specific to Nebraska's new safety assessment and case management model (NSIS).

Also a needs assessment will be conducted to develop a clear description of desired supervisory behaviors and specify the knowledge, skills and abilities (KSAs) needed to produce these target behaviors. Supervisors will access the training units through a variety of innovative strategies for delivery of the curricula to best reach supervisors in rural and urban areas methods, as appropriate: videoconferencing, interactive online modules, peer mentoring and coaching, and traditional classroom learning.

*BSW and MSW Programs:* Financial support continues to be provided for DHHS staff to attain a Bachelor of Science in Social Work degree or Master in Social Work degree is available through DHHS' tuition assistance program. DHHS offices in individual service areas collaborate with local colleges and universities to provide opportunities for staff to participate in internship projects. There have been instances in which the new worker training curriculum has been approved to serve as a component to undergraduate or graduate study, although payment must be made at that institution's tuition rate.

Planning is underway to create a stipend program for bachelor's and master's level students enrolled in university and college social work programs in Nebraska. The contract for this partnership between DHHS and University of Nebraska at Kearney (UNK) is currently in negotiation. UNK will serve as the lead for participation from other social work programs e.g. Chadron State College, Creighton University. It is anticipated that this program will begin in January 2010. Students who complete the coursework and internship will be prepared to begin work as a CFS Specialist without attending pre-service training after hire.

*Foster and Adoptive Parent Training:* Foster and pre-adoptive families are required to participate in 21 hours of DHHS-approved pre-service PRIDE training prior to being licensed as a foster or adoptive home. Licensed parents are also required to obtain 12 hours of in-service training annually, within the effective dates of the license. The one exception to the required training applies only to relatives. If it is determined that training can be waived without endangering safety for the specific child to be placed, the training requirement can be waived. DHHS has specific criteria that serve as the basis for making this decision.

Training is available through various forums and may include DHHS-sponsored training and workshops, training sponsored by professional organizations or educational institutions, DHHS-approved self-study and/or videotape materials, and college courses. DHHS also cosponsors an annual Foster and Adoptive Parent Summer Conference with NFAPA, which provides caregivers with 12 hours of in-service training. This Conference has been offered in three sites, allowing greater participation from foster and adoptive parents statewide. In addition, DHHS has co-sponsored an annual conference geared specifically to adoptive parents. This conference is offered in one site but is open to adoptive parents statewide.

Under the new contracts for Child Welfare and Juvenile Services Reform (refer to Section B), the contractors will be responsible for assuring that appropriate training, meeting the number required number of hours, is available for each foster and pre-adoptive parent.

*Provider Training:* Licensing approval of out-of-home care providers requires that each staff member, including direct care providers, obtain between 21 to 24 hours of DHHS-approved pre-service training prior to assuming his/her duties. In addition, providers must complete at least 12 to 15 hours of approved in-service training annually within the effective dates of the provider's license. Personnel in group home settings must achieve the lesser number of training hours (21 and 12 respectively), while personnel in child caring and child placing agencies must obtain the greater number (24 and 15 respectively).

A chartered training team has been established to work on the development of training for the contracted Service Coordinators as Nebraska reforms the Child Welfare and Juvenile Services delivery model, as described previously in Section B. DHHS-CFS, Human Resource Development training unit and CCFL are working collaboratively with the Contractors to develop and implement a training plan. The workgroup is comprised of representative DHHS staff and Contractors and is addressing the following tasks:

- Evaluate what training the Contractor and the Division of Children and Family Services staff will need to be offered in order to perform their roles and responsibilities as defined by the Roles and Responsibility Team.
- Evaluate the Pros and Cons of the alternatives proposed.
- Analysis of training needs, how training should operate, what should it look like.
- Identify additional supports and training to be offered to Service Coordinators, Child and Family Service Specialists, Child and Family Specialist Supervisors and Resource Development Workers to enable them to perform their roles and responsibilities.
- Identify issues related to other teams.
- Evaluate the training needs of the Youth and Rehabilitation staff in relation to the Out of Home reform.

The agreement is that DHHS CFS staff, HRD and CCFL trainers will provide initial training for contracted service coordinators upon signing of the contracts through December 31, 2010. A training plan consisting of 20-days of pre-service training has been developed. This training will include information related to such topics as: case management and supervision; conducting assessments to determine whether a situation requires a child's removal from the home, not related to conducting a child abuse and neglect investigation; development of the case plan; referral to services; placement of the child; preparing for and conducting case reviews; preparation for and participation in judicial determinations; data collection and reporting related to IV-E; determination and re-determination of eligibility, adoption assistance agreements; home studies; post-placement management of subsidies; use of adoption exchanges. In addition, service coordinators will also receive, as relevant to their ultimate assignment, information specific to work with juvenile offenders. (Refer to Attachment E)

DHHS plans to utilize IV-E training funds to the greatest extent possible for training of staff members of State-licensed child welfare agencies providing services to children receiving title IV-E assistance; staff members of child abuse and neglect courts personnel; agency attorneys, attorneys representing children or parent; guardians ad litem, or other court-appointed special advocates representing children in proceedings of such courts, in ways that increase the ability of such current or prospective parents, guardians, staff members, institutions, attorneys, and advocates to provide support and assistance to foster and adopted children and children living with relative guardians, whether incurred directly by the State or by contract. One way in which DHHS plans utilize these funds is to enter into agreements with CASA and the Court Administrator's Office. DHHS will be submitting revisions to the IV-E State Plan and cost allocation plan.

2. Indication of the specifically allowable Title IV-E administrative functions the training activity addresses: Refer to Attachments B and D.

3. Indication of the setting/venue for the training activity: Training sessions are conducted at various locations throughout the state to make the most effective use of staff time and program dollars. Refer to Attachments B and D.

4. Indication of the proposed provider of the training activity:

Training will continue to be provided to DHHS staff through a contract with the Center on Children, Families, and the Law at the University of Nebraska-Lincoln (CCFL). CCFL staff and Field Training Specialists (FTSs), along with internal Child and Family Services staff, DHHS HRD staff, and external presenters, will continue to collaborate providing continuous training throughout the state. Training is designed to support the cross-system coordination and consultation needed to effectively meet CFSR outcomes. Since courses are based on policy and programs, development and redevelopment of training content is an ongoing process. The list of in-service training sessions offered through the HRD training unit, CCFL training unit, the service area staff, or local and regional trainers is included in Attachment D.

5. Specification of the approximate number of days/hours of the training activity:

Refer to Attachments B and D

6. Indication of the audience to receive the training:

Refer to Attachments A and D

7. Description of estimated total cost:

The estimated total cost for the IV-E share of the training program is \$1,619,500.

8. Cost allocation methodology:

The Children and Family Services section of the Public Assistance Cost Allocation plan includes the proposed cost allocation methodology of the training costs; refer to Attachment F, which was submitted to the federal Department of Health and Human Services with an effective date of January 1, 2009.

***Evaluation and Technical Assistance***

The State of Nebraska received assistance from the National Resource Center for Child Protective Services in the development and continued support of our Nebraska Safety Intervention System (refer to Section B). The National Resource Center for Organizational Improvement also provided assistance to Nebraska throughout the CFSR process. Nebraska may request assistance for our Program Improvement Plan from the following centers:

- National Child Welfare Resource Center for Family-Centered Practice
- National Resource Center for Foster Care and Permanency Planning
- National Child Welfare Resource Center on Legal and Judicial Issues
- National Resource Center on Child Maltreatment
- National Resource Center for Organizational Improvement
- National Resource Center for Child Protective Services

***Management of Information System***

DHHS operates a Statewide Automated Child Welfare Information System (SACWIS) called the Nebraska Family Online Client User System (N-FOCUS). N-FOCUS is utilized by workers and supervisors to 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.

Over the past 5 years the state has developed and implemented various policies and procedures to ensure that data is entered into N-FOCUS timely and accurately. N-FOCUS was built and is continually enhanced to support the implementation of the state's policies and procedures and to offer numerous data and reports for workers, supervisors, and administrators to use in their day-to-day work. Staff across the state has access to N-FOCUS and reports generated in N-FOCUS either at their desks or via a secure website.

DHHS upgrades N-FOCUS on a quarterly basis with interim updates in urgent situations, such as to support an immediate implementation of new legislation. Numerous changes were made to N-FOCUS as a result of new and revised policies emerging from the implementation of our PIP during round one of the CFSR. The following highlight some of the upgrades that have been incorporated into N-FOCUS since round one of the CFSR:

- All tools and documents related to the NSIS (most if not all information collected during the NSIS process is required to be entered in N-FOCUS; refer to B: Systemic Issues);
- Reviews of cases included under the Governor's initiatives (wards residing with parents for six or more months and wards ages zero through ten years of age who have spent 15 of the last 22 months in out-of-home care; refer to Item 8); and
- Documentation of worker contacts with children, specifically where these contacts occur.

Additionally, data from the Foster Care Review Board (FCRB) was incorporated into N-FOCUS in March 2006 and FCRB is now using the system to document data. The FCRB is a state agency with statutory oversight related to children in out-of-home care. The mission of the FCRB is to ensure the best interests of children in out-of-home care are being met through external citizen review, monitoring facilities that house children and youth, maintaining up-to-date data on a statewide tracking system, and disseminating data and recommendations.

Nebraska introduced Children's Outcomes Measured in Protection and Safety Statistics (COMPASS) in July 2007 (refer to Section B). This is the first time Nebraska has been able to offer such accessibility to its performance in all of federal and state measures and outcomes.

DHHS has collaborated with the several organizations over the past 5 years that have a part in shaping the Nebraska Criminal Justice Information System (NCJIS). NCJIS is a data portal maintained and supported by the Nebraska Crime Commission. It allows member agencies to display data other agencies require to complete their work effectively, efficiently, and safely. Each agency maintains ownership of their respective data and determines which of their data items, if any, other organizations or individuals within organizations can access. This year DHHS intends to share data regarding the YLS/CMI (refer to Section B) and safety plans on the NCJIS portal.

DHHS collaborated with the Fostering Court Improvement (FCI) project to include NCANDS and AFCARS data on the FCI website as well ([http://fosteringcourtimprovement.org/state\\_websites.php](http://fosteringcourtimprovement.org/state_websites.php)). Nebraska is one of five states that have allowed their data to be accessed by the public and is one of nine states to provide data to this valuable resource for the courts.

## SECTION G: CHILD ABUSE PREVENTION AND TREATMENT ACT STATE PLAN

CAPTA grant funds have been used to support a number of initiatives over the past 5 years.

Commission for the Protection of Children: The Commission meets regularly to review activities of member organizations, review and offer recommendations on pending or needed legislation, and to hear presentations from community organizations working to further well being for Nebraska children.

Governor's Task Force on Children: The Governor's Task Force on Children was initiated in 2003 following a series of child deaths resulting from abuse or neglect. The Task Force made a number of recommendations which were monitored over the last 5 years. These recommendations are no longer a focus for the Commission. Final status is as follows:

- *Recommendation 1.1: Implement voluntary universal home visitation services for new parents on a statewide basis. Home visitation programs have been established in the Central, Eastern, Southeast, and Northern Service areas. Efforts continue to develop a program in the less populated Western Service Area.*
- *Recommendation 1.2: Conduct drug screening of newborns and services for follow-up, including treatment programs for mother. Based on information provided by an expert in this field the Commission members voted not to recommend universal drug screening of newborns.*
- *Recommendation 1.3: Encourage the State Department of Education to require child abuse prevention education to be integrated into public and private school curricula. We are not aware of any activity underway to implement this recommendation.*
- *Recommendation 1.4: Conduct public service announcements on various topics (e.g., shaken baby syndrome, co-dependency, the dangers of leaving children with a substance abusing adult, etc.) Public education efforts involved television and radio spots, newspaper ads, posters and brochures. A partnership between DHHS, The Nebraska Child Abuse Prevention Fund Board, Prevent Child Abuse Nebraska, and a contract with the Nebraska Broadcasters Association sponsored these efforts. We recently learned that some of the materials developed are being used in other states.*
- *Recommendation 1.5: Oversight of the State Child Death Review Team's review of child maltreatment related deaths should be assigned to an agency that does not have a potential conflict of interest in the outcome of the review. The Nebraska CDRT is currently discussing potential changes to the review process, based on information about how other state teams are functioning. Efforts are being made to complete reviews more timely. There has also been discussion about the possibility of the CDRT becoming a Citizen Review Panel.*
- *Recommendation 1.6: Mandatory training on child maltreatment for professionals who work with children and who are licensed to practice in the state of Nebraska. Training*

- *Recommendation 1.7: Expand mental health treatment for children and youth to ensure early identification and treatment of problems.* In 2008, the Divisions of Medicaid and Long-Term Care, Behavioral Health and Children and Family Services entered into an Administrative Service Organization (ASO) contract to ensure the early identification of mental health/substance abuse problems and provide coordination of mental health/substance abuse treatment to individuals served by their agencies. The legislature passed a law this session requiring that a Hotline be established by the Division of Behavioral Health for parents who need guidance and direction in locating appropriate services for their children with mental health issues. The Hotline is to be operational by July 2009.
- *Recommendation 1.8: Drug courts which incorporate treatment in their program should be established locally and be funded by a combination of federal, state, and local funds.* The use of family drug courts to mandate treatment of all household members should be explored and the development of pilot programs encouraged. Two years ago, the Nebraska Supreme Court began “Through the Eyes of the Child” project. This project has provided statewide training, developed model court programs, and considered court impact on children who are involved in the judicial system. Drug courts are operating in four out of five service areas (Eastern, Southeast, Central and Western).
- *Recommendation 2.1: Child maltreatment reports involving children under the age of six years are given priority for a response.* DHHS has decided, in conjunction with our technical assistance advisor from the National Resource Center for Child Protective Services, that it is not appropriate to set response times based strictly on age. Rather, staff is trained to analyze the child’s vulnerability in relationship to the circumstances in the family that are being reported. Vulnerability involves more than age, and may include developmental level, any medical or special conditions, maturity, physical size, etc. These factors will often result in more prompt response for younger children, but we believe that the concept encompasses more than age.
- *Recommendation 2.2: State law should be amended to require child protective services and law enforcement to investigate reports alleging children are in a home where they witness domestic violence or children are in a home where drugs are used, manufactured, or available to children.* Nebraska currently has a protocol for community response to situations involving children in homes where drugs are manufactured. Known as the CHEM-L protocol, this describes the expected response of law enforcement, DHHS staff, medical personnel and others. Training and collaboration between DHHS and the Domestic Violence Coalition is occurring with the goal of developing a mutual agreed upon protocol to address victim safety of the entire family (non offending parent and children).

- *Recommendation 3.1: Clarify the respective roles of child protective services and law enforcement in the investigation of child maltreatment reports with well delineated mechanisms for accountability and follow through on investigations.* Child Advocacy Center coordinators, funded in part with CAPTA money, continue to work to improve the working relationship between law enforcement and CFS staff. Each multi-disciplinary team has or is in the process of developing working protocols.
- *Recommendation 3.2: Expand the availability and utilization of child advocacy centers.* Child advocacy centers are available to serve all 93 Nebraska counties. Seven of the eight centers are accredited by the National Children's Alliance of Child Advocacy Centers. The centers continue to see an increasing number of children for both forensic interviews and medical exams.
- *Recommendation 3.3: Require coordinated investigations by child protective services and law enforcement.* The protocols developed by the multi-disciplinary teams address this issue.
- *Recommendation 3.4: Facilitate and enhance the exchange of information between law enforcement and child protective services through a shared data base that can be accessed by both parties, and through clearer statutory provisions for the mandated sharing of information relevant to child abuse and neglect investigations.* This information is available to both CPS and law enforcement staff through the Nebraska Criminal Justice Information System (NCJIS). Additionally, our CAN Hotline is staffed 24 hours a day 7 days a week so that law enforcement can receive after hours information and assistance.
- *Recommendation 3.5: Require a multi-disciplinary approach to the investigation of child maltreatment reports by strengthening the LB 1184 teams through funding for coordination, training, and operating expenses for teams.* CAPTA funds are currently used to support coordinator positions for the multi-disciplinary teams. Additional funding goes to the Nebraska Alliance of Child Advocacy Centers to fund trainings across the state.
- *Recommendation 3.6: Facilitate communications and coordination between child protective services and law enforcement agencies through co-location in urban areas and to the extent possible, in the rural areas of the state.* The Omaha and Grand Island CACs are currently co-located with law enforcement. The Lincoln center is in the process of fund raising for a new facility. Plans are to co-locate with law enforcement when the new facility is completed. The Scottsbluff CAC is moving to a new facility soon which is adjacent to law enforcement and DHHS offices.
- *Recommendation 3.7: Increase the capacity of law enforcement professionals to investigate child maltreatment reports through increased training.* The Nebraska Alliance of Child Advocacy Centers has supported or provided training to over 2,000 individuals each quarter, many of whom were law enforcement officers.

- *Recommendation 4.1: The legislature must restore the Crimes Against Children Fund as quickly as possible.* This has been done.
- *Recommendation 4.2: The office of the Attorney General should be given the responsibility for handling all juvenile court cases for abuse, neglect, and termination of parental rights cases in all jurisdictions where there is no established separate juvenile court. In jurisdictions having a separate juvenile court, such responsibility should be retained by the elected county attorney.* This issue was considered in the 2004 legislative session, but did not pass. It has not been raised again.
- *Recommendation 4.3: Guardians ad Litem should be trained, accredited, and required to certify to the court they have visited children they represent.* This recommendation has been addressed through the Supreme Court Commission on Children in the Court. Former Chief Justice Hendry identified this issue as one of the priority focus areas when he formed the Commission in January of 2005 by creating a subcommittee on guardians ad litem. Based on the recommendation of the subcommittee, the Supreme Court adopted a rule on June 28, 2006 (effective April 1, 2007), requiring an attorney appointed as a guardian ad litem for a juvenile proceeding to have completed six hours of specialized training and three hours of specialized training per year thereafter. Information about the rule can be reviewed on the Supreme Court website <http://supremecourt.ne.gov/supreme-court>
- *Recommendation 4.4: Court Appointed Special Advocate (CASA) programs should be coordinated by state funded coordinators.* In 2007, DHHS awarded \$37,623 of the Children's Justice Act fund to Nebraska Court Appointed Special Advocates (CASA) to support training and technical assistance.
- *Recommendation 4.5: The Supreme Court should undertake a study in conjunction with the Nebraska Bar Association to determine 1) to what extent the current judicial system is insensitive to children and 2) whether the establishment of a Family Court system is in the best interest of children of the state and its citizens.* The Supreme Court Commission on Children in the Court is addressing this issue.
- *Recommendation 5.1: Increase the number of Protection and Safety Staff to bring caseloads within state standards.* In 2004, the Nebraska Legislature passed LB 1089, which appropriated funding for an additional 120 Protection and Safety staff. After the allocation of the additional positions, caseloads decreased to 119% per the Nebraska standards in 2004. Caseloads continued to decline to 114% in 2005 and to 96% in 2006, but remained steady at 97% per Nebraska standards and 103% per CWLA standards in 2007. In 2008, caseloads continued to decline once again to 90% per state standards and 85% per national standards.
- *Recommendation 5.2: The Department of Health and Human Services should expand the hours child protective services staff is available.* Each service area has on call staff available 24/7.

- *Recommendation 5.3: Take appropriate steps to hire and retain competent Protection and Safety (CFS) workers and supervisors.* The Department continues to work with Center for Children Families and the Law to develop interviewing protocols that will help in the selection of employees best suited for child and family services work. Retention strategies have been developed that include employee recognition activities, mentoring opportunities, career ladder, etc.
- *Recommendation 5.4: DHHS should move toward accreditation through the Council on Accreditation for Agencies serving Children and Families (COA).* This recommendation was made by proposed legislation in 2009 but did not receive committee approval.
- *Recommendation 6.1: Establish the Child Safety Fund.* This has been accomplished.
- *Recommendation 6.2: Ensure the Attorney General's Office has the necessary resources to assume the new responsibilities they will be given through implementation of the recommendations in this report.* The responsibilities of the Attorney General's Office have not been expanded as recommended by the Children's Task Force, so this recommendation is not applicable at this time.

#### Citizen Review Panel

The Commission for Child Protection currently serves as the state's citizen review panel. Focus of this year's activities has continued to be on intake screening decisions and the relationship between the CFS staff and law enforcement in sharing reports and conducting joint investigations. Refer to Attachment G for recommendations and Department response.

#### Child Advocacy Centers

Nebraska has eight Child Advocacy Centers which are distributed statewide to serve all 93 Nebraska counties. Seven of the eight are accredited by the National Children's Alliance; the remaining center plans to apply for accreditation in 2010. The number of children and families served, forensic interviews conducted and medical exams completed continues to increase over time. In 2006, the statewide centers averaged 180 forensic interviews a month. That number increased to 779 interviews per month in early 2009. Medical exams have also increased significantly. In 2006, the monthly average was 79 exams. This has increased to 443 per month in 2009. The seven accredited centers have formed the Nebraska Alliance of Child Advocacy Centers. The state has contracted with the Alliance to provide training in child abuse and neglect issues across the state. In 2008, over eight thousand individuals from numerous disciplines received training. Refer to Attachment H.

Nebraska's multi-disciplinary teams are supported by coordinators at each child advocacy center. Although all counties do not participate in team meetings, most counties have found the meetings very helpful. In 2006, multi-disciplinary teams were held on average 42 times a month. This number has increased to 188 meetings per month for early 2009.

#### CAPTA referrals to Early Development Network

In December 2004, Nebraska began implementation of CAPTA referrals made by Children and Family Services staff to the Early Development Network. A number of cross-training

sessions between CFS staff and the local Early Development staff have taken place. Last year, enhanced N-FOCUS functionality was added to automate notification related to children that meet CAPTA criteria. Data from the last three years indicate that further training may be necessary to increase the referrals from DHHS to the Early Development Network, and to help workers be more effective in encouraging family participation. In 2008, 24% of the children screened were verified eligible for services. Refer to Attachment I for additional information.

Nebraska Child Abuse Prevention Fund Board

CAPTA funds were also used in part to provide staff support for the Nebraska Child Abuse Prevention Fund Board. The board awarded \$166,608 to ten local agencies in fiscal year 2007 to 2008.

Nebraska Statewide Prevention Partnership: In 2006, the Nebraska Child Abuse Prevention Fund Board joined forces with Nebraska Children and Families Foundation to create the Nebraska Statewide Prevention Partnership. Public education efforts involved television and radio spots, newspaper ads, posters and brochures. A partnership between DHHS, The Nebraska Child Abuse Prevention Fund Board, Prevent Child Abuse Nebraska, and a contract with the Nebraska Broadcasters Association sponsored these efforts. We recently learned that some of the materials developed are being used in other states.

Annual Statewide Child Abuse Prevention Conference

The annual prevention conference was held September 23 and 24, 2008 in Kearney, Nebraska. Titled “Children Need Everyday Heroes, Rethinking our Reaction to Stress, Trauma, and Violence in the Home, Classroom, Clinic, and Community”, the conference featured five national speakers and more than 20 Nebraska experts. Over 250 professionals from various disciplines participated in the conference.

**Child Abuse Prevention and Treatment Act State Plan  
Five Year Plan (FY2010 through 2014)**

The Child Abuse Prevention and Treatment Act (CAPTA) was amended by Public Law 108-36, Keeping Children and Families Safe Act of 2003, requires States to develop a five year plan for improvement of their child protective services systems and consolidate that plan with their Child and Family Services Plan (CFSP).

Program areas selected for improvement from the 14 areas delineated in section 106(a)(1) through (14) of CAPTA

The areas Nebraska has selected for improvement from the areas delineated under CAPTA are marked.

1		Improve the intake, assessment, screening, and investigation of reports of abuse and neglect	X
2	A	Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations	X

	B	improving legal preparation and representation, including -	
		(i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect	
		(ii) provisions for the appointment of an individual to represent a child in judicial proceedings	
b		case management and delivery of services provided to children and their families	
c		enhancing the general child protective system by improving risk and safety assessment tools and protocols, automation systems that support the program and track reports of child abuse and neglect from intake through final disposition and information referral systems	X
d		developing, strengthening, and facilitating training opportunities and requirements for individuals overseeing and providing services to children and their families through the child protection system	
e		developing and facilitating training protocols for individuals mandated to report child abuse or neglect	X
f		developing, strengthening, and supporting child abuse and neglect prevention, treatment, and research programs in the public and private sectors	
g		developing, implementing, or operating--	
	A	information and education programs or training programs designed to improve the provision of services to disabled infants with life-threatening conditions for--	
		(i) professional and paraprofessional personnel concerned with the welfare of disabled infants with life-threatening conditions, including personnel employed in child protective services programs and health-care facilities; and	
		(ii) the parents of such infants; and	
	B	programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including--	
		(i) existing social and health services;	
		(ii) financial assistance; and	
		(iii) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; or	
h		developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.	X

Outline of activities that the State intends to carry out with its State Grant funds, including a statement of how these may differ from the activities described in the previous State plan and a description of the services and training to be provided under the State Grant as required by section 106(b)(2)(C) of CAPTA

Refer to the following corresponding number or letter delineated in the table above indicating the program areas selected for improvement and the outline of associated activities.

*1. Improve the intake, assessment, screening, and investigation of reports of abuse and neglect.*

Nebraska's primary program area selected is the improvement of the agency's ability to provide an effective and immediate response from the Division of Children and Family Services for children and families who are engaged in the child welfare system. One targeted objective is to conduct a systematic analysis of the present intake process with Emily Hutchinson from the National Resource Center for Child Protective Services. The systematic analysis will identify the strengths and weakness of the present intake system. Once the analysis has been completed, we will work with the National Resource Center for Child Protective Services to develop a detailed structured comprehensive intake system that ensures compliance with Nebraska statutes and regulations, and compliments the Nebraska Safety Intervention System (NSIS) model. We will research evidence-based or promising practice principles available to obtain comprehensive, observable and specific information from persons who contact the Nebraska Child Abuse and Neglect Hotline to report allegations of abuse and neglect, and document the allegations in a manner that allows for the appropriate screening, priority determination and responsiveness based on the severity of the allegations.

We plan to implement an improved structured decision making tool to increase consistency and accuracy in both the intake and screening processes. We will continue to check historical information screening will occur for prior reports of abuse/neglect on the child and/or family and provide notification to the licensing unit when the allegation involves a licensed individual or facility. We will develop a process to ensure reports classified as "not accepted for a safety assessment" have adequate documentation indicating why the criteria to accept for assessment are not met.

Additionally, we will revise screening criteria and definitions for referrals to the new Behavioral Health Triage and Family Navigator System to ensure the best interest of children is served when the concerns relate to mental health/substance abuse issues of the child, rather than involve child abuse and neglect allegations. We will develop a protocol which provides a verbal response to mandated reporter on the disposition of every call and the reasons for action or inaction by the Division of Children and Family Services. We will develop and implement a hotline quality control system to ensure skill acquisition of the staff and fidelity to the selected intake screening model; reconcile the acceptance of a report to the completion of a safety assessment; establish a self review process for hotline staff to listen to and critique hotline calls that they have handled; and establish a peer review quality control system at the hotline to ensure compliance and adherence to statutes, regulations and protocols developed by the Division of Children and Family

Services. We will develop protocols for the retention of tape recordings of hotline calls in instances of death and/or serious physical injury for possible use in future criminal prosecutions.

#### *2A. Multi-disciplinary Teams*

Multi-disciplinary teams are well established in many Nebraska counties. Efforts will continue to involve those counties not currently participating. Policy now reflects that teams are to be used in situations involving child death from abuse or neglect. With increased emphasis on use of the child advocacy centers for situations involving serious physical injury, domestic violence and child death, it is anticipated that the multi-disciplinary teams will also be involved to discuss cases to a greater degree.

#### *Court Appointed Special Advocates*

CAPTA funding will be used to support the development of Court Appointed Special Advocates programs. The Nebraska Department of Health and Human Services contracts with the Nebraska Children and Families Foundation for a variety of services. The Nebraska Children and Families Foundation works with the Nebraska CASA Association to provide services to children and families. The Nebraska CASA Association works with the National CASA Association to support the development, growth, and continuation of local CASA programs which recruit and train CASA volunteers who speak in court for the best interests of abused and neglected children. CASA stands for Court Appointed Special Advocates - trained volunteers from the community who are appointed by a judge to advocate on a one-to-one basis for a child who has been a victim of abuse or neglect. 19 local CASA programs are currently serving 32 counties in Nebraska. As of December 2007, 425 CASA volunteers were advocating for 800 of Nebraska's abused and neglected children. Children represented by a CASA advocate generally had more services ordered and provided. Children with CASA support tended to have slightly fewer foster home placements. Children with CASA support appear to be less likely to reenter the foster-care system once their cases are dismissed. Children who had been assigned to CASA volunteers were approximately 50 percent less likely to reenter the dependency system.

#### *c. Proficiency Development Project*

In addition to planned improvements to the Intake process, the Department will facilitate the implementation of the Nebraska Safety Intervention System (NSIS) through a process to improve proficiency of CFS administrators, supervisors, specialists, trainers, and QA staff. This process, called the Proficiency Development Project, will enhance and verify staff skills in understanding and applying the NSIS model to actual cases. A variety of activities, including reading of articles, completion of exercises, and structured case review, will be used to improve and demonstrate mastery of the model. The project is designed to create local office experts who can continue to guide and mentor other staff as those staff develops their assessment skills. Additional assistance will be available for staff that does not initially achieve a mastery level of adequate or superior. Developed with the assistance of the NRC on Child Protective Services, this project will be a continuation of improvement the Department made to our child abuse and neglect assessment process with the establishment of NSIS during the last five year plan.

Training - Focus for Children and Family Specialist, Supervisors and Administrators skill acquisition, improvement and development training will be contained in the Proficiency Development Project. CAPTA funding may be used for additional training on specialized topics on a limited basis for selected staff.

*c. Child Advocacy Centers*

CAPTA funding will be used to assist the child advocacy centers. The child advocacy centers in Nebraska are well established. All but one center have satisfied requirements for accreditation with the National Children's Alliance. The accredited centers are part of the Nebraska Alliance of Child Advocacy Centers. DHHS has contracted with the Nebraska Alliance to provide training across the state in child abuse and neglect issues. In the last quarter of 2008, over 2,000 people received training in child abuse and neglect issues. The child advocacy centers have been utilized in most child sexual assault cases over the last five years, but have been used less often in situations of serious physical injury, domestic violence and child death situations. One focus of this five year plan will be to mandate that DHHS assessment staff involve the advocacy centers in serious injury, domestic violence and child death cases. Adjustments have been made to N-FOCUS, and Intake Specialists will identify when involvement of the advocacy center is necessary. This alert will remind the assessment specialist to access the expertise available at the centers.

*c. Citizen Review Panel*

CAPTA funding will continue to support the Nebraska Citizen Review Panel. Four representatives of the Citizen Review Panel attended the National Citizen Review Panel Conference this year. These representatives were inspired by the presentations to discuss with the larger group the need to refocus objectives for the panel. A meeting is planned in the near future to discuss expanded membership, perhaps to include adult consumers of protective services and former state wards that, it is believed, will bring a larger perspective to the Panel. The Panel devoted some time during the last year to issues around screening of reports of child abuse and neglect. Although useful information was obtained, the Panel would like to more clearly define future goals, and to identify activities to gather information that will be more helpful to DHHS. The DHHS liaison will be actively involved in these discussions.

In addition, Nebraska will add two additional Citizen Review Panels during this five (5) year plan. The first additional Citizen Review Panel would be the Child Death Review Team. The Child Death Review Team (CDRT) was created by the Nebraska Legislature in 1993. At that time, about 300 Nebraska children were dying each year but there was no process to understand why and how the deaths happened. The CDRT reviews the numbers and causes of deaths of children ages 0 to 17. CDRT members also try to identify cases where a person or community could reasonably have done something to prevent the death. All child deaths are reviewed, not just "suspicious" or violent ones. The goals of these reviews are to: identify patterns of preventable child death; recommend changes in health care and social services systems' responses to child deaths; refer any previously unsuspected cases of abuse, malpractice, or homicide to law enforcement; and, report to the public and state policy makers about child deaths. These reports include recommendations on changes that might prevent future deaths.

The second proposed Child Review Panel is the Nebraska Foster Youth Council. The Foster Youth Council is made up of current and/or former foster youth between the ages of 14 and 24. It provides current and former foster youth the opportunity to meet other youth and work together to change key issues in the child welfare system. FYC gives these youth access to stages that ensures their voices are heard. Examples of these opportunities include meeting with the Governor, foster parents, other state and national policy makers. The Foster Youth Council (FYC) is an entire network of people who know exactly what growing up in the foster system is all about. The FYC meets monthly and also attend national conferences.

*e. Mandatory Reporter Training*

We will focus on education of the public by developing and providing training modules for licensed professionals regarding abuse and neglect reporting statutes and regulations. We will work with our licensing unit to provide Continuing Educational Units (CEU) for completion of abuse and neglect reporting modules. We will improve the understanding of the child abuse and neglect system by all mandated reporters by improving the quality and quantity of detailed information easily available. We will develop public communications and presentations to increase efforts to explain what a person can expect when they contact the hotline. We will ensure that CFS Specialists located at the hotline unit tell mandated reporters what action can be expected based on the information provided.

*h. Domestic Violence Collaboration*

Nebraska will also place greater emphasis on appropriate responses to cases that involve domestic violence. Policy staff will continue to meet with members of the Nebraska Domestic Violence Coalition to improve collaboration, enhance understanding of each others roles and legal responsibilities, and share concerns. Joint training will be provided using trainers from both disciplines. Representatives from multiple agencies attended the National Summit on the Intersection of Domestic Violence and Child Maltreatment in early June. The group plans to continue to meet to address identified issues, explore conflicting views on the concept of "failure to protect", and propose necessary legislative changes. Determining appropriate intervention criteria will be an important part of the Intake improvement process.

Assurances form (Attachment E) that has been completed and signed by the Chief Executive Officer of the State. Note: Unless otherwise noted, States are expected to be in compliance with these requirements by June 25, 2004 (one year after the enactment of Public Law 108-36). If there is a specific reason why the State cannot be in compliance by June 25, 2004, the State should contact the ACF Regional Office –

Refer to Attachment J

Notification regarding substantive changes, if any, in State law that could affect eligibility, including an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility; and -

There were no substantive changes in Nebraska State law during the 2009 101st Legislature, First Session that would affect CAPTA eligibility.

Any changes to the State's provisions and procedures for criminal background checks identified in the State's CFSP for prospective foster and adoption parents and other adult relatives and non-relative residing in the household (Section 106(b)(2)(A)(xxii) of CAPTA)

There have been no changes in the State's provisions for criminal background checks for prospective foster and adoptive parents or other adult relatives and non-relatives residing in the household. Although there have been no changes in those provisions, during the 2009 101st Legislature, First Session a law was passed requiring commercial transportation providers and private transportation providers transporting state wards to have the same criminal background checks completed as prospective foster and adoptive parents or other adult relatives and non-relatives residing in the household.

Request for FY 2004 funds in the CFS-101, Part I and an estimate of expenditures in the CFS-101, Part II.

Refer to Attachment K

## **SECTION H: CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS**

CFS has worked to inform staff about the different types of services offered to wards who fall into this particular category in an effort to increase service utilization and referrals. A memo was distributed to all staff outlining the responsibilities of independent living contractors and describing the differences in the programs and services offered to youth with a permanency goal of independent living. The Independent Living Guidebook was updated to provide more current information on the services as well, and the guidebook was distributed to staff in July 2005. Stakeholder comments on the impact of these efforts are mixed. Some stakeholders say that there has been an increase in the knowledge around independent living services, while others (both internal and external stakeholders) report that confusion on these services still exists.

The general consensus among stakeholders is that additional funding is needed to maintain existing independent living services and establish new services. DHHS has worked to develop new services to prepare youth for emancipation, especially in regard to educational attainment. Listed below are some of these service developments:

Educational Training Vouchers Program: In January 2004, DHHS received its first grant from the ACF to administer the Educational Training Vouchers (ETV) Program to provide monetary assistance to current and former foster care youth to help with post secondary expenses. In SFY2008, the following developments were made in the ETV Program statewide:

- Ongoing program staff visits to colleges throughout the state to identify contacts within each school with whom they could work to coordinate educational services for wards;
- The hiring of an additional staff member to serve as an education mentor to Omaha youth and assist them in registering for classes, applying for financial aid, problem solving around barriers concerning transportation, jobs, daycare, or study habits;
- The implementation of a structured contact and support process in which staff make monthly contact with each participating youth to check in on the youth's progress and provide any needed support;
- The development of an ETV database that captures all identifying information of each youth, contacts to youth, case updates, etc.;
- The sponsoring of ETV "celebrations" or gatherings for youth to connect with one another, celebrate their academic accomplishments, and receive additional support and information on the program;
- The development of an ETV brochure, complete with quotes, graphics, and design provided by ETV Program participants; and
- The distribution of orientation packets to all new ETV applicants, which include a welcome letter, staff contact information, calling cards, and other educational resource materials.

In addition to these developments, the agency with which DHHS contracts to administer the ETV Program (Central Plains Center for Services) has been working with Nebraska's Coordinating Commission for Postsecondary Education to outline how they can best assist youth in pursuing and succeeding in postsecondary education. Central Plains' staff has

also networked and collaborated with EducationQuest, a Nebraska nonprofit organization with a mission to improve access to higher education in Nebraska. In June 2007, EducationQuest hosted five college access trainings throughout the state with attendees including representatives from Vocational Rehabilitation, DHHS staff, personnel from public schools and postsecondary institutions, and General Education Development (GED) coordinators. Central Plains' staff was invited to present information on the programs they offer to wards at this event.

As a result of these efforts, Central Plains established a working relationship with all Nebraska colleges, universities, and specialized schools. There has also been a significant increase in youth seeking additional educational funding. All participating youth have applied to receive federal Pell Grants and any scholarships for which they may be eligible. Other sources of funding for which staff assist participants in applying include the federal Supplemental Education Opportunity Grant, the Nebraska State Education Grant, and the Tuition Assistance Program offered through the University of Nebraska.

Central Plains is now measuring, monitoring, and evaluating the ETV Program using the newly developed ETV database. Staff members assess participants' educational needs, program of studies, and retention rates to inform their efforts in assisting program participants. Central Plains has seen a gradual increase in program retention rates, particularly in the Omaha area with their newly hired education mentor. The number of youth who were awarded ETVs has increased from 215 youth in FFY2006 to 311 youth in FFY2007. The retention rate of youth participating in the ETV Program was 77% in FFY2007, a gradual increase from prior years. Since the inception of this program, 515 youth have participated with an overall retention rate of 46%.

Preparation for Adult Living Services Program: Additional educational services and supports are provided to wards via the PALS Program. The PALS Program is designed to provide support and guidance for youth who are transitioning to independent living. One unique aspect in the PALS Program is the provision of monetary incentives for youth to use in their efforts towards meeting their identified program goals. The program allocated a total of \$20,000 per year for youth incentives. Incentives are most commonly used to secure one-on-one mentoring with PALS Specialists, often to include elements of education planning.

In SFY2007, the following developments were made in the PALS Program:

- The use of the Chaffee Assessment to assess the needs of youth, including educational needs;
- The distribution of the "Preparing to Move On" curriculum for foster and adoptive parents, designed to assist parents and providers in learning how to incorporate independent living assessments, education, planning, and practice into their everyday lives with the children in their home;
- The distribution of the "Making It on Your Own" curriculum, a basic core self-sufficiency skills manual designed for caretakers of youth who are maturing in care; and
- The Nebraska Independent Living Conference for youth, parents, and providers, with sessions addressing financial self-sufficiency, educational attainment, positive connections with adults and peers, reduced homelessness, high-risk behaviors, and gaining access to health insurance.

In FFY2005, 521 youth participated in the PALS Program. This increased to 566 youth in FFY2006 and 590 youth in FFY2007.

To gauge client satisfaction with the program, three wards from across the state who recently participated in the program are selected each month and invited to complete a PALS Program survey. Feedback from youth, caregivers, families, and workers is collected in each selected case. The questions on the surveys differ according to the intended respondent (youth versus some other respondent). All survey responses are based on a five point Likert Scale (with a rating of 1 being poor and a rating of 5 indicating excellence). From October 2006 through March 2007, surveys were completed by 33 youth and 36 caregivers, family members, and workers.

In 2007, over 70% of youth rated as excellent the assistance they received through the program in dealing more effectively with their situation, establishing a good working relationship with a PALS Specialist, and identifying realistic and achievable goals. Only 52% of youth rated their own involvement in the planning process as excellent, although 30% rated their involvement as falling between good and excellent (4). When asked how the PALS Program was most helpful to them, youth reported that the program was “good with help for college and scholarships,” “helped get back into school and will now graduate, I would not have done this without PALS help,” “helped me get into GED and went to orientation with me,” “they were there to talk to, helped setup with school, helped getting an apartment, and making sure I pay my bills.”

The majority of caregivers, family members, and workers also rated as excellent the achievability of the goals established in the youths’ plans, the ability of the PALS Specialist to help the youth deal with their situations more effectively, in addition to the open communication between the respondent and the PALS Specialist, and the information provided to the respondent on the youth’s progress. This group of respondents also identified educational assistance as one of the areas in which the PALS Program was most helpful, reporting that the program “helped with college, budgeting, and makes the youth feel comfortable,” “benefits include college help, also with follow up,” and the program was “very helpful in finding employment, registering for school, and helping caseworkers.” Overall, 89% of caregivers, family members, and workers felt that without the PALS Program the youths’ situations would have become worse. Just over three-fourths (76%) of youth reported the same.

In an effort to increase the development of independent living plans (a common barrier identified by internal and external stakeholders), DHHS worked with the Nebraska Foster and Adoptive Parent Association (NFAPA) in writing an article to include in the NFAPA newsletter on the expectations of foster parents to help in assessing and developing these plans. To support the assessment and development of independent living plans specifically for Tribal youth, DHHS developed a contract with Central Plains Center for Services through which Tribes began receiving funds to provide services to Tribal youth age 16 years and older. In 2004, DHHS contracted with Nebraska Children and Families Foundation (NCFF) to sponsor an Annual Tribal Youth Counsel Conference using funds from the Positive Youth Development State and Local Collaboration Demonstration Project Grant, awarded to the state by the ACF’s Family and Youth Services Bureau in 2003.

In June 2005, a memo was sent to all staff to remind them that a plan for independent living must be included in case plans for wards age 16 and older per state law and policy. Reports on the number of eligible youth without independent living plans are generated monthly and shared with supervisors, who are then expected to take appropriate actions as outlined in the Performance Accountability Plan (refer to Section B). However, according to N-FOCUS data, the percent of youth age 16 years and older who have a written independent living plan was only 48.8% for the twelve month period ending March 31, 2007. There was not one service area that was performing particularly well in this area. The percent of youth with plans ranged from 37.9% in the Eastern Service Area and 66.3% in the Northern Service Area.

Recent stakeholder comments suggest that there may not be enough PALS Specialists to work with youth one-on-one in developing independent living plans. Workers have also reported that they are not receiving independent living plans from the Central Plains Center for Services, the agency with which DHHS contracts to provide services to youth involved in the PALS Program. Stakeholders reported that the way in which independent services are provided vary from among different areas of the state and that there is an overall lack of documentation on the actual provision of these services.

Another change that has occurred in this area since round one of the CFSR is that DHHS issued contracts with residential providers that contain specific service requirements in July 2006. Per contract, all residential providers must administer on an annual basis the Ansell Casey Life Skills Assessment on any youth in care who is 16 years of age and older, and ensure that all youth in care who are 18 years of age take the online Chafee Assessment. Providers must also develop a written plan for each youth and provide age-appropriate adult living preparation and life skills training utilizing online curricula or other life skill curricula. It should be noted that workers report that they do not always receive assessment and plans from providers to include a case files. As mentioned in Item 5, providers report that DHHS contracts are not structured in a way that allows them to truly support the transition of youth to living independently.

The Nebraska Foster Youth Initiative continued to focus efforts on youth transitioning out of the foster care system by empowering youth to lead efforts in improving the system. The Initiative focused on expanding the Nebraska Foster Youth Council from one Statewide Council to one state council plus multiple Local Foster Youth Councils. The Local councils continue the great work of the NFYC but are imbedded in and focused on communities. The Nebraska Foster Youth Councils have reached out to the new out of home contractors and have begun creating partnerships to increase sustainability, youth voice and inclusion in out-of- home programming.

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

Development of the Omaha Independent Living Plan occurred over 10 months and has been informed by Omaha area Youth working with over 100 individuals from numerous community organizations.

In August of 2008, as a result of the above mentioned planning process, Nebraska Children and Families Foundation entered co-investment partnership with the Jim Casey Youth Opportunities Initiative. Nebraska is now one of only two States that were invited to join the Initiative's 9 other sites in the nation to gain insights and access to resources/tools from the national leader in helping youth successfully transition into adulthood. Specifically, this Omaha IL Plan will now have access to the Initiatives' tools, resources and TA, a dedicated consultant, connections to other Initiative sites, involvement in a Peer Learning Network and two Convening conferences per year.

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

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

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

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

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

#### Help youth transition to self-sufficiency:

Currently youth are supported in a variety of ways in their transition to self-sufficiency. Through a statewide contract youth 17 up to age 21 (or 16 and older with Administrative approval) can be assigned a Preparation for Adult Living Specialist (PALS Specialist) to work one-on-one with them as they prepare and transition to independence. This work includes:

- *Life Skills Assessment:* Staff continues to use the computer based Ansell-Casey Life Skills Assessment with youth involved in PALS program. Staff were trained on the many advantages of this assessment including using it as a basis for a plan for transition. The PALS staff and the youth they work with also participated in testing Ansell-Casey's pilot versions of their assessments.
- *Transition Plan:* The PALS Specialists continue to have the flexibility of choosing a transition plan format that best suits the youth with whom they are working. The choices include an agency generated transition plan which is designed to assist the youth and the PALS Specialist in developing a roadmap that prioritizes the goals that are determined to be most important to the youth's transition to independence at this time in the youth's life. The categories reflect those in the Ansell-Casey assessment. The plan includes priority areas to be addressed, steps to be taken for achievement, target dates, accomplishments, as well as obstacles & possible solutions. The other option is a plan generated by the Ansell-Casey Assessment. This plan offers a plan of action that includes practical experiences to assist the youth in becoming more self sufficient in the areas of the greatest need.
- *Services & Activities:* Each of the PALS Specialists provides education and guidance to the youth they serve in the youth's areas of need. They are continuing to use the curriculum, "The New Making It On Your Own" which has units that include most of the skills that youth need to be successfully independent. In addition, an agency guidebook entitled "Stepping to Independence" is sometimes useful in helping the PALS Specialists with those youth that find it difficult to envision a future. As before, PALS work has included guiding youth to pursue educational goals, vocational goals, and appropriate, relationship, as well as housing options.
- *Chafee Assessment:* The PALS program is using the Chafee Assessment developed by the Casey Family Programs. This assessment captures all the Chafee data outcomes identified by the National Youth in Transition Database data elements and Administration for Children and Families. We complete the assessment twice per year in November and May on all PALS cases that have been open 6 months or more. Aggregate summary data and raw data for youth and reporters is now available. Goals they are striving to gather through the assessment include:

1. To know which youth stay in foster care until their 18<sup>th</sup> birthday;
  2. To provide youth with tools that could help them develop better education, vocation and life skills;
  3. To prepare these youth for education after high school;
  4. To support their personal and emotional needs;
  5. To support former foster youth ages 18-21 with a variety of supports; and
  6. To help youth access funds for education and training.
- *Support and Encouragement:* The youth have stated over and over that the support they receive from the PALS staff is one of the most beneficial aspects of the PALS program. They have also stated that the encouragement that the staff provides really helps them stay focused and committed to being successful. Being able to problem solve with someone with experience on the many issues they face is what helps them stay focused.
  - *Incentives:* The PALS program continues to include financial or other incentives to the youth as they demonstrate competencies in life skills and progress toward self-sufficiency. Incentive spending is very flexible. PALS Specialists sometimes focus on practical items, such as cooking utensils, bedding, etc., to enhance the youth's "life on their own". They have also used the money to help a youth pay a bill or buy a part for a car.

Besides the PALS program the state also utilizes 4 Transitional Living Programs located throughout the State (Omaha, Lincoln, Kearney and North Platte). Each of the programs offers life skills training, housing, educational assistance, social development, parenting, medical, transportation as needed and vocational training and support. All of the contractors are using the Ansell Casey Life Skills assessment, followed by the development of an Individual Transitional Living Plan. All five of the TLP programs are now using the Chafee Assessment developed by the Casey Family Programs. This assessment captures all the Chafee data outcomes identified by the National Youth in Transition Database and Administration for Children and Families. The TLP programs complete the assessment based on their own program structure.

Youth not in the PALS or TLP programs may receive transition assistance from their care providers. Care providers have several services/resources available to them to assist the youth. **Independent Living Foster Parent Curriculum** - Even though we are not offering the *Preparing to Move On* training classes on a regular schedule we continue to mail this curriculum to foster and adoptive parents across the state. The curriculum is focused on the skills and activities that youth age 17 – 19 need to be addressing for successful transition. They can use this curriculum on a one-on-one basis with their youth.

Help youth receive the education, training and services necessary to obtain employment:

Central Plains Center for Services PALS program dedicated \$30,000.00 of the PALS budget to vocational needs. Partnerships with Workforce Development have been secured throughout the State guaranteeing youth attendance at vocational classes and in job placement programs. This funding is also used to pay for job shadowing; job mentors, incentive to employers as well as any activity that will enhance a youth's opportunity to secure and maintain employment.

The Omaha Home for Boys TLP has an intense vocational component of their TLP program. The first 12 weeks of this program is dedicated to vocational training. The vocational trainer facilitates 6 weeks of life skills classes ranging from time management, resume writing, how to interview, to understanding community agencies, and money management to name a few. The individuals must also complete a minimum of 30 hours of community service to understand how to help others in need and giving to the community. Each participant has a case manager who assists them in learning to overcome other obstacles they may have. The second 6 weeks of the program begins seeking employment. The Job Developer works with the youth and potential employers, providing necessary support to both. In this program extensive work is done to see that employment provides a living wage with potential for growth. In their last group of participants 11 out of 12 youth gained fulltime employment of \$8.00 per hour or more. This program is committed to making sure youth are able to transition to independence being financially self-sufficient.

CEDARS Youth Services TLP also offers a structured vocational program. They have incorporated a structured job-hunting group that meets twice a week. Participants have the opportunity to learn job hunting and maintenance skills, as well as meet with staff to develop a job search plan. TLP hosts in-service training for all TLP participants twice a month. Turning Points TLP also has a part-time vocational instructor working with the youth and employers similar to the CEDARS and OHB programs. Turning Point Family Services also provides a part-time vocational staff member to work exclusively on education, training and support of employment.

To further ensure that services are available for this population, the Director of Central Plains Center for Services, Nancy Ferguson, serves on the Greater Nebraska Workforce Investment Board through the Nebraska Department of Labor. As well she is a member of the Greater Nebraska Workforce Investment Board Youth Council. The Greater Nebraska Workforce Investment Board provides oversight of the Workforce Investment Act (WIA). The Youth Council acts as a special subcommittee to the Board. It has been extremely valuable to have the connection between Central Plains Center for Services and the youth and programs they serve and the Workforce Investment Board.

Help youth prepare for and enter postsecondary training and educational institutions:

Both staff in the TLP and PALS programs work one-on-one with the youth in their programs to assist them in their pursuits of postsecondary education. Tremendous effort went into the development of this ETV program. Stakeholder meetings were held with attendance by foster and former foster youth, care providers, post-secondary educational personnel, Nebraska Department of Health and Human Services staff, Department of Education staff, Central Plains Center for Services staff, and group home and transitional living program providers. All of their input was extremely valuable in interpreting federal guidelines, developing Nebraska's ETV process and designing the necessary forms. Upon the finalization of these steps significant outreach of the program was initiated. Mass mailings, group presentations and one-on-one contacts were made. A web site was also developed allowing ETV information and applications to be made on-line. This outreach and education of the program to all parties is ongoing. Since the program was implemented we have put into place a variety of supports and services to assist the youth in achieving their educational goals. We have educated and informed many in the state on

the importance of preparing youth for postsecondary education and training and the benefits it can provide to the youth of Nebraska. Following are some of the many additional connections we have made.

1. In Omaha, training has been provided to the Goodwill Partnership Program staff. This training included information on the ETV program, as well as general independent living topics.
2. In Omaha, training has also been provided to youth and staff at the Nova Therapeutic Community.
3. Across the state staff have provided training to the Department of Health and Human Services staff and have attended many "all staff" meetings, as well as numerous protection & safety and ICCU staff meetings.
4. There have also been presentations at the Annual Nebraska Investment and Finance Authority (NIFA) conference-"housing unique populations".
5. Staff in two locations in the state (Omaha and Columbus) serves as ad hoc community members for the Nebraska Homeless Assistance committees. These committees provide recommendations for on-going improvement of State's policy regarding homeless individuals.
6. In Omaha, staff participates as a team member of the Integrated Care Coordination Unit's Try Team. This team, which includes representatives from several Omaha service providers, provides suggestions on difficulty youth cases and provides needed services when appropriate. Cases staffed involve youth at/near discharge from the State's custody.
7. ETV staff serves on the Omaha Independent Living steering committee which created and presented strategic goals for youth aging out of the foster care system.
8. ETV staff attended and presented ETV information at the Teen Parent Conference hosted by Metro Community College.
9. ETV staff attended the "Challenges and Innovations in Mental Health for the College Student" conference hosted by the University of Nebr. Medical Center.
10. ETV staff coordinated and facilitated panel of youth discussion on independent living and ETV for the NDHSS supervisors and administrators conference in Grand Island.
11. Staff served on the steering committee and presented ETV sessions for the Nebraska Independent Living conferences in Norfolk, Scottsbluff and North Platte
12. Staff continues to work with the Nebraska Commission for Post-Secondary Education on data collection, retention rates, graduation rates, etc.
13. Staff also continues to serve on the youth committee of the Greater Nebraska Workforce Development Board.
14. In June 2008, ETV staff in Scottsbluff met with the Transitional/Independent Living Team (TILT) to help establish the goals and direction the TILT team will take in Western Nebraska.
15. In July 2008, Central Plains Center for Services trained staff at the Alliance Boys Ranch on preparation and transitional services as well as the ETV program
16. In July 2008, the Director of Central Plains Center for Services and Supervisor Jane Kasik met with the federal staff conducting the federal Children and Family Services Review.
17. In June 2008, ETV staff presented to the Region III ICCU staff in Kearney.
18. In June 2008, ETV staff attended the Partnering for the Education of Students in Out-of-Home Placement.

19. In Omaha, staff recently provided an educational training for staff at Boys Town. This training assisted staff working with Juniors and Seniors plan for college.
20. PALS/ETV supervisor presented to foster parents, youth and Independent College personnel at the Nebraska Children and Family Foundation's Unlocking Your Potential for Success conference.
21. PALS/ETV supervisor presented a session to the Douglas County Juvenile Court Judges, attorney, CASA, and Protection and Safety staff. This event was sponsored by Douglas County Court and Project Harmony.
22. Collaboration also occurred with the following State and private agencies.
  - Youth Build Omaha – an academic job readiness program operated by Goodwill Industries, Inc.
  - EducationQuest – is a Nebraska nonprofit organization with a mission to improve access to higher education in Nebraska. In 2007, EducationQuest hosted 5 college access trainings throughout Nebraska for community agencies. Representatives attending the sessions included Vocational Rehabilitation, Health and Human Services, public school personnel, postsecondary institutions, GED coordinators, to name a few. Education Quest asked Central Plains Center for Services staff to present at each session on the programs they administer and how working together we can strengthen the opportunities for the youth we serve.
  - Education Service Units/Local Schools- staff work with many of their local school and ESUs in helping youth complete their education and transition from school to work/college.
  - Vocational Rehabilitation Services –staff continue to work with the Vocational Rehabilitation services to guarantee that youth receive the support services they provide.
  - ETV staff coordinate services for youth with the Transitional Living programs in Nebraska which include Omaha Home for Boys; Cedars Youth Services, Christian Heritage and Turning Point Family Services.
  - Staff has also collaborated with Alliance Boys Ranch, NDHHS ICCU Teams, Goodwill Partnership Program, NOVA Therapeutic Community, Nebraska Investment and Finance Authority, Omaha Independent Living Steering Committee, and Greater Nebraska Workforce Board.

Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults.

Through PALS, no youth is dismissed from the program until he or she has an adequate identified support system. Workers assist youth in identifying an adequate support system and guarantee that the youth has met with the individuals identified to discuss with them possible supports needed. All of the information provided in the first 3 sections also applies here.

Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and them making the transition into adulthood.

Of the 615 PALS youth served last year and the 113 TLP youth and the 387 ETV youth served last year approximately 65% are between 18 and 21. All of the services and programs listed above in the previous sections are available to them.

PALS has identified several funded areas that directly impacted and assisted youth 18-21 in making the transition from foster care to self-sufficiency. They included staff one-on-one time, mileage dollars, incentive payments and indirectly training costs. In their reports to the State, they list the number of youth that were 18-21 at the time of referral, however it is important to note that many of the youth that they worked with entered this age during the time in which they were working with them.

The most important and obvious use of funds assisting the 18-21 populations is the direct staff support. Each of the PALS staff work one-on-one with the youth in the following areas: life skills training; locating and securing affordable housing; education planning; securing employment; development of a support system; securing transportation; and crisis planning. The intensity of their work is dictated by the needs of each individual youth. To assist them in this work, the PALS staff use *the Ansell Casey Life Skills Assessment* as well as "*The New Making It On Your Own*" workbook. In addition, mileage dollars also support the 18-21 year olds in their transition. Often, until transportation can be secured, staff provides transportation for youth to look for employment or housing, to get back and forth to work, to keep medical or case manager appointments and to meet their independent living needs.

The use of incentive dollars is also an important funded area that assists this population. As we all know incentives play a part in all of our lives- in our work, our family and our community. Wherever we are in life and whatever our goal, we know from our experience that with encouragement we are more likely to reach that goal. Receiving incentives along the way makes the travel toward a goal more rewarding and more attainable. Because of this belief, \$20,000.00 per year of funding is allocated for youth incentives. The youth, with the help of the PALS worker, identifies their most needed and/or wanted goal and then determines the nature of the attending incentive. This can be done at the time of the PALS plan or at a later date. The youth and worker monitor the goal achievement and when it has been met the incentive is provided. Like all youth those involved in the PALS program have a wide range of interests and are at different stages of their transition to independence. Because of this we have seen a variety of incentives such as car parts, cash, household items such as dishes, furniture, college fees, and many more.

A final area of funding that impacts the 18-21 population's transition to independence is the training allocation. We have two separate curriculums our Agency has developed. The first, a *Basic Core Self Sufficiency Skills* manual is designed for caretakers of youth maturing in care and can be used as a "self study" experience. This curriculum was distributed to foster parents at the 3 statewide conferences held last summer. A supply of the curriculums has also been provided to each of the resource staff in each service areas.

The second curriculum is titled *Preparing to Move On* and is designed to help those providers working with youth who are very near moving to independent living. These young people need more focused and intensive work on specific skills.

Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care and provide service to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

ETV Program funding is available for youth to use to attend private or public four-year colleges or universities, two-year community colleges, vocational-technical schools or specialized non-profit trade schools as defined in the Higher Education Services Act of 1965. The ETV funds can be used for tuition, books and supplies, as well as, college application fees, tutoring expenses and medical insurance through the college. The ETV voucher provided for an individual shall not exceed the lesser of \$5000 per year or the total cost of attendance.

Those eligible include:

- State of Tribal wards who are age 17 or older;
- Youth who were in the State or Tribe's custody on their 17<sup>th</sup> birthday and are now between the ages of 17 and 21;
- Youth who were in the State or Tribe's custody and received guardianship status at the age of 16 or older and have yet to reach age 21;
- Youth who were in the State or Tribe's custody and were adopted at age 16 or older and have yet to reach age 21;

Youth participating in the ETV Program on their 21<sup>st</sup> birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion go that program.

The Education and Training Voucher (ETV) Program contract was first awarded to Central Plains Center for Services in January 2004.

Tremendous effort went into the development of this unique program. Stakeholder meetings were held with attendance by foster and former foster youth, care providers, post-secondary educational personnel, Nebraska Department of Health and Human Services staff, Department of Education staff, Central Plains Center for Services staff, and group home and transitional living program providers. All of their input was extremely valuable in interpreting federal guidelines, developing Nebraska's ETV process and designing the necessary forms. Upon the finalization of these steps significant outreach of the program was initiated. Mass mailings, group presentations and one-on-one contacts were made. A web site was also developed allowing ETV information and applications to be made on-line. This outreach and education of the program to all parties is ongoing.

The youth have stated over and over that the support they receive from the ETV staff is one of the most beneficial aspects of the ETV program. They have also stated that the encouragement that the staff provides really helps them stay focused and committed to school. Being able to problem solve with someone with experience on the many issues they face, both personally and within the education system they are attending, is what helps them stay in school. It has helped tremendously by having an Education Mentor on

campus at the Metro Community College campuses in Omaha. Even though this is a very part-time (2/5 position), it has increased retention rates with Omaha youth tremendously. Nebraska's ETV program is linked to all of the college's campus support services and work hard to make sure all of the ETV youth have a support system in place through the college they are attending. Many of the youth referred to the ETV program have never thought about going to college. Nebraska's ETV program has worked closely with the youth encouraging them to create a vision for their future. Once they start believing they can create a future for themselves they really start progressing. They become more involved with campus activities, broaden their connections and engage in planning their life course.

Central Plains Center for Services Board of Directors made the decision to invest in the ETV program and authorized the hiring of a contractor to work developing corporate partnerships. This commitment is funded by Central Plains Center for Services, not ETV funds. This partnership could be in the form of internships for youth, college mentors, financial tuition payments, care packages, etc. The goal of this endeavor is to partner with those corporations that believe in the value of the youth and their desire for an education. This is not a fundraising effort but a partnership where corporations can define their level of involvement. Currently, Wells Fargo has indicated an interest and Central Plains is in the process of working with their corporate giving division.

Central Plains' use of other funds for the ETV youth college expenses has significantly increased. Examples of this include:

1. Pell Grant – Since the program started every youth has applied for this federal needs based grant. For a fulltime youth the payment is \$4730.00 per year. This amount is prorated based on the number of hours being taken. Starting 9/1/2009 the pell amount increases to \$5350.00.
2. SEOG – This Supplemental Education Opportunity Grant is also a federally funded needs based grant and is on a first come first served basis. As the year progresses available funds become less and the later a youth applies the less money may be available.
3. Nebraska State Grant – This is a state funded needs based grant. This is available through all colleges.
4. TAP – The Tuition Assistance Program is University funded and is needs based. This program is available through the Nebraska Universities. If a youth is Pell Grant eligible and has applied for their Pell Grant and applied to the University of their choice before March of the current academic year their tuition and fees, above the Pell Grant amount, are paid through this program.
5. Scholarships – We work with all the youth on applying for as many identified scholarships are possible. More and more of the ETV youth are receiving scholarships for their academic success.

Central Plains continues to have annual ETV celebrations in Omaha, Lincoln, Kearney, Norfolk, North Platte and Scottsbluff. The purpose of these gatherings is to meet the ETV youth, celebrate their academic accomplishments, provide additional support to the youth and to share additional information regarding the *Education and Training Voucher Program* with the participating youth. It has been extremely pleasing to see the connections between youth that occurred at the celebrations. Everyone attending commented how they enjoyed meeting and sharing with the other youth in the ETV program.

## ETV GRADUATES

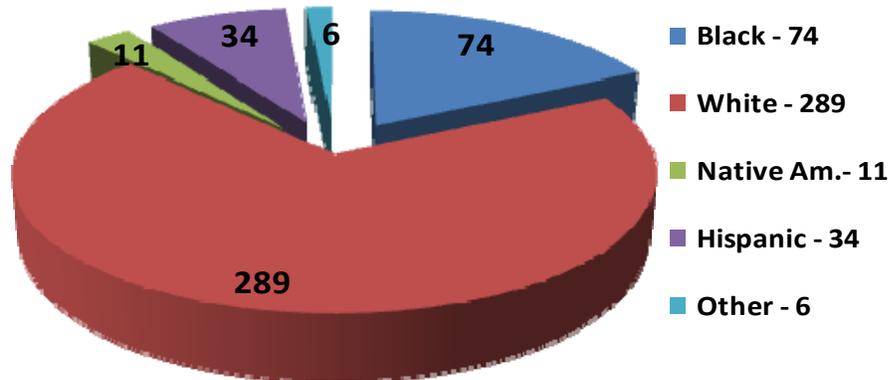
There have been 57 youth that have completed their program of study from 10-1-07 to 3-31-09. The breakdown by program is as follows:

- 11 completed a 4 year program
- 25 completed a 2 year program
- 18 completed a specialized program (normally 12 months)
- 3 completed an 18 month program

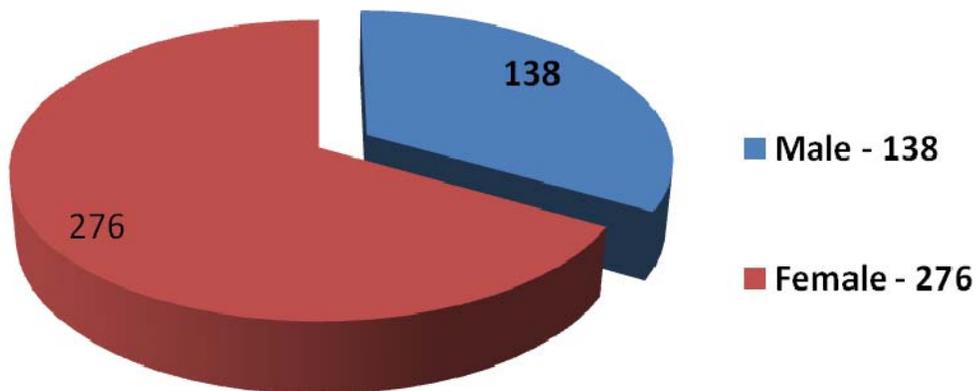
## ETV DATA FOR 18 MONTH PERIOD 10/1/2007 through 3/31/2009

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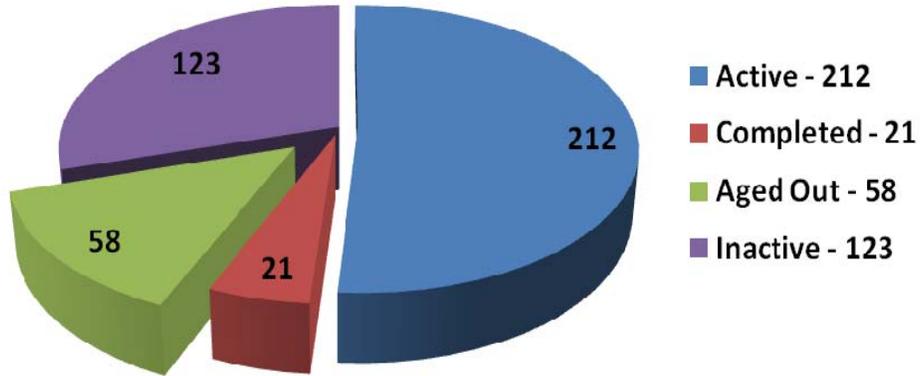
**ETV Ethnic Data for 10/1/07 to 3/31/09**  
**Number of Youth - 414**



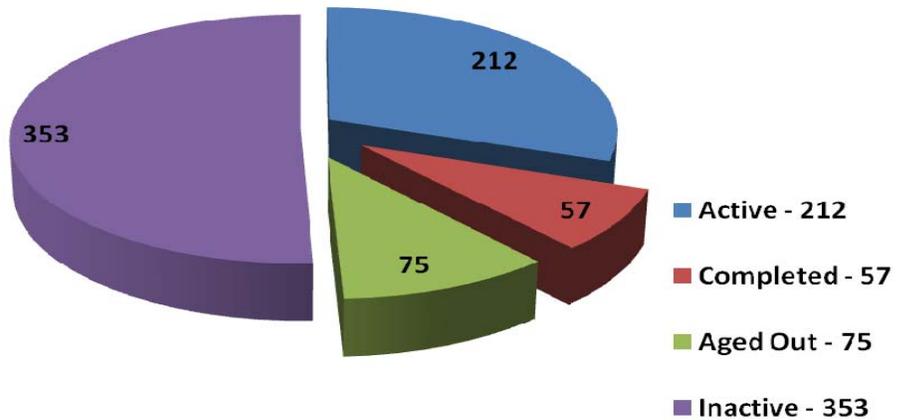
**ETV Data for 10/1/07 to 3/31/09**  
**Number of Youth - 414**



**ETV Status of Youth - 10/1/07 to 3/31/09  
Number of Youth - 414**



**ETV Status of Youth Since Inception of Program  
1/20/2004 through 3/31/2009  
Number of Youth - 697**



## CURRENT AND CUMULATIVE STATISTICS

Reporting Period 10/1/07-9/30/2008

	<i>Active Cases as Of 10/1/07</i>	<i>New 10/07--3/08</i>	<i>New 4/08-09/08</i>	<i>TOTAL</i>
<b>Cumulative Total</b>	238	49	87	<b>374</b>
<b>Gender</b>				
<b>Male</b>	73	14	26	<b>113</b>
<b>Female</b>	165	35	61	<b>261</b>
			<b>Total</b>	<b>374</b>
<b>Race</b>				
<b>African American</b>	39	5	21	<b>65</b>
<b>Caucasian</b>	170	36	57	<b>263</b>
<b>Native American</b>	6	2	2	<b>10</b>
<b>Hispanic</b>	17	6	7	<b>30</b>
<b>Other</b>	6	0	0	<b>6</b>
			<b>Total</b>	<b>374</b>
<b>Program of Study</b>				
<b>2 Yr College</b>	160	39	60	<b>259</b>
<b>4 Yr College</b>	56	3	19	<b>78</b>
<b>18 Months</b>	14	0	0	<b>14</b>
<b>Specialized Programs</b>	8	7	8	<b>23</b>
			<b>Total</b>	<b>374</b>

## ETV PROGRAM STATUS STATISTICS

<i>Status</i>	<i>Active</i>	<i>Completed Program of Study</i>	<i>Aged Out During Reporting Period</i>	<i>Inactive During Reporting Period</i>	<i>Total</i>	<i>Retention Rate</i>
<b>Current Youth*</b>	230	14	26	104	<b>374</b>	<b>72%</b>
<b>Overall Youth**</b>	230	50	43	334	<b>657</b>	<b>49%</b>

\*Current Youth Status is for the reporting period of 10/1/07 to 9/30/07

\*\*Overall Youth accounts for all youth participants since the beginning of the ETV in January 2004

## Consultation and Collaboration

Central Plains Center for Services has been working with the Nebraska's Coordinating Commission for Postsecondary Education. The CCPE is a state agency created in 1990 and has a responsibility for collaborating with the State's public colleges and universities to implement a plan that will guide Nebraska's higher education system. The commission and Central Plains Center for Services have met and have continued meeting individually with commission members to outline how working together can assist youth in pursuing and succeeding in postsecondary education. The Commission has been extremely supportive of the efforts put forth by the ETV program in Nebraska.

Involvement of youth: Youth are actively involved throughout the development, implementation and delivery of the PALS, TLP and ETV programs. As well in the PALS and ETV work youth are given the opportunity to provide input through anonymous surveys. A sample of the survey and results is attached. We have daily contact with the youth for input and partnership.

Below are a couple of youth's stories that give a "glimpse" into the lives of the youth in the ETV program.

### **James' Story**

James entered the Education and Training Voucher Program in the fall of 2007 when he began his freshman year at Chadron State College. He has just completed his sophomore year at Chadron and maintains a 3.0 GPA. In addition to himself, James has twin siblings that also attend Chadron State College and are very actively involved with the Education and Training Voucher Program. The siblings were also involved with the PALS program. They have just completed their freshman year. James is majoring in education and the twins are still deciding on a career path, but expressing interest in art, business, and education. Each of them works off campus and maintains excellent grades.

The road to college hasn't been an easy one for James and his siblings. They lived in many different foster homes before moving to their own apartments while still in high school. James drove his siblings to and from high school each day. They balanced high school, work, and all the details of living independently. It was clear that education was always important to them, but the logistics of how to get there was not so clear. However, with the help of the PALS Program and the ETV Program they were able to successfully transition to college. They are the first in their family to attend college!

James and his siblings have contact with their mother, but understand she is not in a position to provide guidance and support. They see her struggle with drugs and alcohol and have chosen to go down a different path. They are taking on college as a team, sticking together, and providing support and encouragement to each other along the way.

James and his siblings all live in the dorms at Chadron. This provides them with stable housing and the chance to focus on school. All three are taking summer classes, with one studying abroad in London this summer. Both he and his siblings are committed to their education and are well on their way to earning their degrees and overcoming the difficulties of their past.

### **Ashley's Story**

Ashley became a participant in the *Education and Training Voucher Program* in September of 2007 at the age of 18. Throughout the two years in the program she has maintained approximately a 3.0 GPA at Southeast Community College in Lincoln, NE. When Ashley first entered the *ETV Program* she was a meek, intimidated youth who was unsure about her abilities to pursue college successfully. However, to date she has gained tremendous confidence in her academic abilities, as well as, in her communication and social skills. Ashley has overcome many obstacles while pursuing her educational goals at SECC. Early in her academic career Ashley gave birth to a daughter who she passionately cares for. The father of the child has been on again off again and less than supportive of her goals and future plans. Thus Ashley made the choice to raise her daughter on her own all while maintaining full-time employment and full-time academic status at SECC.

After a recent conversation with Ashley she has chosen to move back in with her biological mother to care for her as she has a terminal disease. Her mother is no longer able to get out of a chair or bed by herself, cook for herself, bath herself etc. Thus Ashley and her daughter moved in with her to care for her. Therefore, Ashley now is a full-time care provider to her mother, daughter, as well as, maintaining employment and full-time status at SECC. Ashley made the choice to take on-line classes her last two quarters at SECC in order to be available more to her daughter and mother.

Amongst all of Ashley's hurdles she will graduate from Southeast Community College in October of 2009 and will transfer to Bellevue University to obtain her Bachelor's Degree in Social Work.

**CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING  
VOUCHERS PROGRAMS  
Five Year Plan (FY2010 through 2014)**

The Nebraska Department of Health and Human Services-Division of Children and Family Services administers the Chafee and ETV Programs and will cooperate in national evaluations of the effects of the programs in achieving the purposes of CFCIP.

**Description of Program Design and Delivery:**

1. States should discuss how they will design, conduct and/or strengthen their programs to achieve the purposes of section 477(b)(2)(A) and section 477(a)(1-6) of the Act to:\

- a. Help youth transition to self-sufficiency

Through a collaborative planning process, Nebraska has identified three key phases of transitioning youth toward self-sufficiency. Those phases including the approximate ages of youth served are:

1. Preparation: concentrating on enhanced preparation activities primarily focusing on youth ages 16-18;
2. Transition: working on transitioning activities primarily focusing on youth ages 17-18; and
3. Independence: practicing actual independence focusing on youth primarily ages 18-21.

*The following are general definitions for the stages or service components:*

Preparation: a process to assess and assist the youth in preparing for self-sufficient adulthood. This is obtainable through formal and informal modeling and teaching of skills, recognizing values and establishing achievable goals.

Transitional: the process to assess, support, practice and monitor the youth's ability to successfully apply learned skills in a semi-supervised scattered site or congregate living arrangement.

Independence: the act of applying learned skills and demonstrating self-sufficiency living within the community and having connection to a natural support network.

Stakeholders involved in the development of the Statewide Assessment identified that in any transitional living service one needs an adequate assessment and community involvement in solutions. Nebraska intends to assist youths in making this transition to self-sufficiency through the following strategies:

1. Nebraska will review the outcomes and the feasibility of expanding the Omaha Independent Living Program which is designed to provide additional opportunities for the development of independent living skills in other Service Areas.
2. Nebraska will ensure that youth participate in the Youth Development Initiative Focus Groups regarding permanency priorities of which they will:  
Define permanency as local councils by:
  - Identifying barriers in achieving permanency for youth in their area,
  - Identifying current services and resources for achieving permanence in their area,

- Identifying gaps in services and resources for achieving permanence in their area,
  - Include information on Permanence at all presentations and events.
3. Nebraska will require all Out of Home contractors to provide the PALS program components to all youth in their care 16 and older. Such services will include:
    - life skills assessments
    - transitional living plan for youths
    - life skills training
    - referral to other resources or on-going supportive services
  4. Collaboration between Medicaid/Medicaid Managed Care service providers and Child Welfare will continue to ensure that assessments and plan regarding the youths transitioning from Residential Treatment, Treatment Group Homes, and Treatment Foster Homes are completed.
  5. Collaboration with the Youth Residential Treatment Centers for Juvenile Offenders, who also must include components of preparing a youth for independent living, will continue.
  6. Collaboration with the Youth Development Initiative, the Youth Rehabilitation Treatment Centers will provide opportunities for youth to become members on the Youth Council.
  7. Nebraska will collaborate with the American Bar Association's Legal Center for Foster Care and Education and the Nebraska Department of Education to implement selected benchmarks in the "BLUEPRINT FOR CHANGE: EDUCATION SUCCESS FOR CHILDREN IN FOSTER CARE". The target audience for the *Blueprint for Change* is anyone who touches the life a child in out-of-home care, and anyone who can help with the child's education goals and pursuits. This includes judges, attorneys and GALs, biological and foster parents, youth, child welfare and juvenile service administrators and caseworkers, educators, and legislators. The Blueprint provides information for direct case advocates enhancing educational opportunity and achievement for children in out-of-home care. The Blueprint is also designed to guide system reform efforts by agency and court administrators or other community leaders. The Ad Hoc Committee on the Education of Children and Youth in Out-of-Home Placements includes Nebraska's Child Welfare Unit Administrator, Department of Education representatives and others. This group adopted the *Blueprint for Change* goals and they will implement selected benchmarks to better serve children involved with both systems.
  8. Nebraska has identified several approaches to address educational issues beginning with collaboration with the Casey Family's Program and the Nebraska Foster Youth Initiative to implement the Endless Dreams Training Curriculum. This curriculum is designed to improve educational outcomes for youth in care. The curriculum includes practice-oriented tools designed to support education advocates, specialists, liaisons, CASA volunteers, child welfare and juvenile service professionals, and others to assist youth in care with their educational needs. The curriculum provides solid, practical advice for educators on implementing policies and procedures to improve outcomes related to child welfare and juvenile service, educational, judicial and mental health. Optimally,

9. Nebraska will continue to involve youth in the planning, development, implementation, and evaluation of youth services on an on-going basis. Youth will continue to be involved in youth development opportunities through various and ongoing state and community partnerships. Some examples of this include: three Foster Youth Councils, one in each geographic area of the State and participation in stakeholders planning meetings. The Department will continue to support the Governor's Youth Advisory Council that has foster youth in its membership. The Council advises the Governor and the Legislature on potential legislation affecting youth.
  10. Nebraska will collaborate with the Division of Behavioral Health, Medicaid and other agencies regarding youth with persistent mental health, substance abuse and specialized issues such as developmental disabilities and their families to identify barriers and implement practices that will lead to the achievement of permanency.
  11. Engage youth in their concurrent planning through training and assistance of the Nebraska Youth Council
  12. Ongoing collaboration with Nebraska's four recognized tribes has begun and will continue so that we may better reach the needs of our Native American youth who are being served by their respective tribe or through our state programming. A two-day Tribal Independent Living was recently conducted with members from each of the four Tribes present. Nebraska plans to continue meeting on a regular basis with the Tribes collectively for training and policy revision purposes.
- b. Help youth receive the education, training and services necessary to obtain employment
1. Key agencies or initiatives which Nebraska will continue to connect with include: the local housing authorities, workforce development, economic development, Job Corps, Community Actions, School-to-Work, Juvenile Probation Services, and Vocational Rehabilitation. We will also partner with grantees of the Comprehensive Community Mental Health Services for Children and their Families (2 in our state), grantees and service providers for Transitional Living, Homeless Youth Coalitions, Americorps, youth development initiatives, and programs focusing on reduction of risk behaviors in youth, etc.
  2. Nebraska will also continue to support the Employment Opportunities for Youth in\_Care in Nebraska with the Nebraska Children and Families Foundation, Annie E Casey Foundation, Casey Family Programs and the Jim Casey Youth Opportunities Initiative.
  3. Nebraska will continue to emphasize job attainment and career planning and establishment as essentials to living successfully independently.
  4. All Out of Home contractors will be responsible for ensuring that the youth receives vocational services. These services will include, but are not limited to job preparation, job readiness, job coaching and monitoring.

- c. Help youth prepare for and enter postsecondary training and educational institutions
1. The Department will continue to work within the framework of the program developed by Central Plains Center for Services.
  2. Central Plains will continue to assist youth enrolled in post secondary education by providing one on one support.
  3. Nebraska will continue to offer room and board payments for youth enrolled and successfully completing post secondary coursework. Youth must attend at least one class and maintain a passing grade point average in order to receive benefits. Benefits include a monthly stipend based need (maximum of \$352.00/mo. room and board), and Medicaid until the age of 21. Nebraska will explore the possibilities of expanding eligibility for this program.
- d. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults  
Nebraska will include mentoring or connecting as a major part of the youths Discharge Planning.
- e. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age

Nebraska will continue to support youth that have aged out of the system through the Former Ward Program. This program is designed to provide assistance, including maintenance payments and medical assistance to former wards of the Department who are age 18 through 20 and are regularly attending a school, college, or a course of vocational or technical training designed to prepare the youth for gainful employment.

- f. Make available vouchers for education and training, including postsecondary education, to youth who have aged out of foster care

Nebraska will continue to reach this specific population through newsletters, direct mailings and training of Department staff.

- g. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

*Serving Youth across the State:*

Nebraska will continue to provide support through the Education Training Voucher Program to youth who:

1. Have received guardianship status after the age of 16;
2. Were adopted at age 16 or older;
3. Are now 17 to 23 years of age.

## *Serving Youth of Various Ages and Stages Achieving Independence*

### Youth under age 16:

1. Nebraska will continue to encourage youth under the age of 16 to access age appropriate services and youth development opportunities offered in their communities. These include school-based learning and extra curricular activities; community based 4-H, county extension youth programs, scouts, faith-based groups, etc. Additionally, some communities in Nebraska also offer scholarships to attend camps to our youth.
2. Nebraska will pursue identification of other resources available to families, foster families, and other out of home service providers. Some such resources include fosterclub.com and the Ansell-Casey Life Skills Assessment (ACLSA) and Guidebook, which is created for youth ages 14 to young adults. This will take further research, planning, and exploration on the implementation of such resources.
3. Nebraska will continue to explore what is happening in communities and regions throughout the state and methods of communicating what those resources are so that others benefit. This will include utilizing networks already established in the state such as: Nebraska Association of Homes and Services for Children, Nebraska Association for Family Based Services, Nebraska Foster Family Treatment Association, Tribal Contacts, community-based service centers, HHS newsletters and e-mail lists, etc.

### Youth ages 16-18

1. Nebraska will continue provide Preparation for Adult Living Services to this age group by ensuring that contractor provide one-to-one, individualized services to youth. Nebraska will continue to explore how preparation for adult living through assessment and training strategies can extend beyond what has been traditionally provided.
2. Nebraska plans to ensure independent living skills are addressed for youth in Youth Treatment and Rehabilitation Centers

### Youth 18-20

1. Nebraska will continue to provide support through the Nebraska's Former Ward Program and the Education and Training Vouchers Program.

### Youth who, after attaining 16 years of age, have left foster care for kinship, guardianship or adoption

Nebraska will continue to provide support through the Education Training Voucher Program to youth who:

1. Have received guardianship status after the age of 16;
2. Were adopted at age 16 or older;
3. Are now 17 to 23 years of age.

Room and Board: Room and board funds will provide assistance to youth who are/were emancipated from the system, 18 and older, and up to their 21st birthday. Funds for room and board may be spent on the following: rent, utilities and food. Qualified youth include those who: lack a support system, are struggling financially, are underemployed or unemployed but actively searching for employment, and have exhausted all other resources. Independent Living services could include money for room and board expenses with our guidelines of not more than 30% of our total funds allocated.

Room and Board funds are also provided through the Former Ward Program. Through the Former Ward Program, the youth may receive a monthly payment to assist in meeting living expenses up to a maximum of \$352.00 per month. If the youth is living in a dormitory, the CFS pays the dorm fees except for the single room fee, including a deposit directly to the institution. The youth may receive a grant of \$100.00 for other expenses, as well as medical assistance. The program is open to former wards of the Department who are age 18 through 20 and are regularly attending a school, college, or a course of vocational or technical training designed to prepare the youth for gainful employment. In order to be eligible for the program, the youth must attend at least one class and maintain a passing grade point average in order to receive benefits. The youth must also:

1. Be Single,
2. Be a former court ward of the Department or ward through relinquishment who is in out of home care,
3. Attend and successfully participate in a secondary education program, university, vocational school or technical training program,
4. Provide verification of successful participation in an educational program,
5. Agree to and comply with a written plan,
6. Provide current information regarding address, income, resources and health benefits and
7. Be within resource limits.

Medicaid Coverage: Nebraska provides Medicaid services to youth that are in the system through age 19. Services are further provided to youth up until age 21 for the youth that participates in the Former Ward Program.

### **Consultation and Coordination**

Discuss how the State involves the public and private sectors in helping adolescents in foster care achieve self-sufficient independence.

Nebraska intends to continue its collaboration with the public and private sectors to co-sponsor events and programs, such as the Omaha Independent Living Plan. This plan is supported by the Nebraska Children and Families Foundation, the Sherwood Foundation, the Ruth and William Scott Foundation and the Department. Each member of the partnership has contributed financially to the Plan. There is also some in-kind support. The Department, Nebraska Children and Families Foundation, Jim Casey Foundation, the Out-of-Home Contractors and Private donors will work together to expand the Omaha Independent Living Plan into other regions of the State. This work will begin with the development of community supported Foster Youth Councils. In October of 2009, NCF staff will work with each of the Out-of-Home Contractors to determine the structure and partners for the successful development of community Foster Youth Councils. Once local

Foster Youth Councils are in place, the community partners along with the Council members will begin the Independent Living Plan process.

States should describe in detail how public and private organizations representing a wide range of stakeholders and consumers, in particular Indian Tribes, were consulted, and are involved in, the development of this part of the CFSP.

Stakeholder assessment team members included: service providers; court and legal community representatives; Tribal leaders; legislators and legislative staff; child advocates; and DHHS workers, supervisors, and administrators. Members met for three non-consecutive days to provide input and feedback to include in the statewide assessment, and then provided additional feedback on assessment drafts via subsequent emails. Regional focus groups were conducted with: 51 youth in five locations throughout the state; 80 biological family members in each of the five service areas; 66 adoptive and foster parents from seven locations across the state; and stakeholders from the child welfare and juvenile justice court systems in all 12 judicial districts. A focus group was conducted with seven Tribal representatives from across the state as well (with invitations extended to 45 representatives). Additionally, online surveys were conducted with a total of 480 internal and external stakeholders, and 17 current or former foster care youth.

States should discuss their efforts: (1) to coordinate with "other Federal and State programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs...", and; (2) to consult with and coordinate with "each Indian tribe in the State" and ensure "that benefits and services under the program will be available to Indian children in the State on the same basis as to other children in the State" (certifications F and G, section 477(b)(3)). Also, States are encouraged to coordinate services with other relevant programs, including, but not limited to, the Court Improvement Program, Community Action Agencies, and Medicaid.

Nebraska will continue efforts of collaboration with local housing programs and school-to-work programs, such as HUD, Job Corps, and Youth Build and Cedars Youth Services, who has a transitional living program funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974. Nebraska will also continue to participate in the Statewide Individual Development Account (IDA) meetings.

### *Determining eligibility for benefits and services*

#### Independent Living

Youth eligible for the program include youth who:

1. Are in the custody of DHHS;
2. Are a minimum age of 16: Youth may participate up to the age 21;
3. Are within six months of transitioning to an independent living arrangement;
4. Are not actively involved in working on their independent living or transition plan with a family support worker or foster parents;
5. Are living in a group care facility or agency based foster home;
6. Are within 60 calendar days of moving to an independent living arrangement; or

7. Were dismissed from custody after their 18th birthday (includes pregnant and/or parenting youth).

#### Education and Training Vouchers Program (ETV)

Youth in all 93 Nebraska counties and 4 recognized Tribes may apply for assistance through the ETV program. Eligibility for the ETV Program includes youth who:

- Are aging out of foster care,
- Received guardianship or adoptive status after the age of 16,
- Were adopted at age 16 or older,
- Are in out-of-home placement,
- Were formerly in out-of-home care and are now 18 to 23 years of age.

All youth will be required to submit an application directly to Central Plains Center for Services. Central Plains will coordinate efforts with the youth to maximize all potential funding resources available to support the youth's educational plan while at the same time avoiding duplication of benefits under this program and any other Federal assistance program.

#### Discuss how the State ensures fair and equitable treatment of benefit recipients.

To ensure benefits and services are distributed on an equal basis to Tribal and non-tribal youth, we continued to use a formula which has been in place for the past seven years. Each of the Tribes is allotted Chafee funds based on a formula that takes into account the Tribal population, membership, the reservation census, and other factors. The result of the formula is a per eligible youth amount allotted for each Tribal youth which is the same as the individual amount allotted for non-tribal youth. The formula was developed in consultation with the Tribes.

#### Preparation to Implement National Youth in Transition Database

Nebraska has taken the following steps to prepare to implement National Youth in Transition Database (NYTD), including efforts to inform, engage and prepare youth to participate in the outcome survey portion of NYTD.

Nebraska sent a Program Analyst to attend the NYTD Technical Assistance Meeting in July 23-25, 2008 conference. After the conference the Nebraska people got together as a team and developed the following goals:

#### *Capturing Services provided by Contracted Providers:*

- The state will develop a more comprehensive Independent Living Plan in N-FOCUS
- The Independent Living Plan to be built in N-FOCUS will support the reporting requirements for NYTD
- Screen Prints have been developed; detailed discussion with the technical team is pending
- Working with Out of Home Providers and integrating them into N-FOCUS as users to enter data/information

*Identify Base Population and administer Survey:*

- Met with the N-FOCUS and Web Team on April 14, 2009 to discuss using the same process as we do in identifying children in the Child Review Process
- Batch Team will create reports based upon data to determine status of surveys completed versus not completed
- Reports will be built off line using the data entered in N-FOCUS
- Users will be able to see on line youth that need to be surveyed or who have not completed the survey

*Follow-up Population administering the Survey:*

- Conference call with Central Plains identified some methods and a possible source
- Meeting was held with Nebraska Children and Families Foundation on 5/28/2009 to discuss their role
- Policy is being updated with the responsibilities of the PALS Specialist and tracking responsibilities
- Met with Web Team to discuss the requirements and making the Survey Public and accessible through links from External Partners Web Sites.

*Identify Actions the Department can take to make follow-up contact*

No action taken to date still needs to submit a request to the Legal Department for guidance

*Recruiting Stakeholder Organizations and other contract providers*

- Contact has been made with Central Plains and the Nebraska Children and Families Foundation
- Coordination continues

*Identify incentives for Follow-up Population*

No discussion has occurred

Nebraska has accomplished several milestones since last year's NYTD Technical Assistance Meeting including the recruitment of stakeholder and organizations to help develop methods in completing NYTD requirements; we have determined how the base population will be identified; we have also identified and continue to enhance some base methods on how the survey will or can be administered and identified information currently captured in the States SACWIS System and developed how the additional reporting requirements will be integrated into the SACWIS System.

While Nebraska has achieved several milestones, we have also encountered barriers in implementing each of these goals such as: determining how the data is to be transmitted and the definitions of the fields are still in draft making it difficult to plan or finalize proposed plans; methods of collecting surveys on the web and associating the person completing the survey and the youth identified in the SACWIS System; the legal authority the state has to contact youth that have aged out; the limitation of not being able to use other Department program cases to track youth that have aged out and keeping the youth engaged for the duration of the Survey follow up period.

Nebraska is considering requesting the National Resource Center for Child Welfare Data and Technology to assist in the following areas:

- Review of Services and method of determining what services to be included for reporting
- To gather ideas on how to follow-up with youth after they exit the state's custody
- Discussion of method's to link a survey completed on the web to a youth identified in the SACWIS System as truly the same person
- Is there a National Database or a consideration of a National collection point for surveys that the State's can use?

A Program Analyst, the Program Specialist and an IT person from Nebraska attended the NYTD Technical Assistance Meeting in Bethesda, Maryland in June 2009.

## **SECTION I: DISASTER PLAN**

In response to the requirements in the Child and Family Services Improvement Act of 2006, which requires states to have disaster procedures and plans in place to address ongoing services to children who are displaced or adversely affected by a disaster, the CFS developed a Child Welfare Disaster/ COOP Plan (Refer to Attachment L for the entire plan) and:

- Met with Service Area Administration staff at quarterly director meetings to inform them of the child welfare disaster planning requirements;
- Child and Family Service Operations staff participated in a Department of Health and Human Services Continuity of Operations Table Top Exercise on March 6, 2009; and
- Will participate in the Nebraska Disaster Behavioral Health conference, July 17, 2009, as sponsored by the Nebraska Department of Health and Human Services and the University of Nebraska.

### **DISASTER PLAN Five Year Plan (FY2010 through 2014)**

CFS plans on continuing to define and update the Disaster Plan, particularly with the new Child Welfare and Juvenile Services Reform Initiative. The responsibility for responding in the event of a Disaster Plan will be shared with Contracted entities. The following outlines the continued improvements designed to address ongoing services to children who are displaced or adversely affected by a disaster

1. Improve mechanisms for emergency communication in the event of a disaster.
  - a. Identify essential personnel and establish NFUSE/CITRIX access to allow these individuals to work at home or an alternative location in the event of a disaster or pandemic event;
  - b. Set up an automated notification (telephone/cell phone/e-mail) system for the division such as MIR3; and
  - c. Place the Disaster/ COOP Plan on the internet.
2. Finalize and approve Human Resources Policies and Procedures.
  - a. Work with Human Resources to establish policies on infection control, payroll, leave policies and temporary staff issues.
3. Establish a Quality Assurance Protocol to annually assess Contractor compliance with Disaster/ COOP protocols.
  - a. Establish and implement protocols to test emergency communication systems;
  - b. Establish a procedure annually re-evaluate Service Area and Child Welfare Contractor Disaster / COOP Plans.
4. Review and Update CFS Disaster / COOP Plan to delineate Disaster Response Activities between the Department and Contracted entities.
  - a. CFS contracts with Service Providers for the Out-of-Home Initiative will define expectations and responsibilities for responding to Section 422(b)(16) of the Act.

## **SECTION J: STATISTICAL AND SUPPORTING INFORMATION**

### ***Inter County Adoptions***

Identify the number of children who were adopted from other countries and entered into State custody in FY 2008 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

There were no children who were adopted from other countries that entered into State custody in FY 2008.

Explain the permanency plans and the reasons for disruption or dissolution

Not applicable.

Identify the agencies who handled the placement or adoption and the reasons for the disruption or dissolution.

Not applicable.

Describe the activities the State has undertaken for children adopted from other countries, including the provision of adoption and post adoption services.

Not applicable.

### ***Juvenile Justice Transfers***

Report the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

Not applicable.

Discuss contextual information, such as how States define the reporting population.

Child Welfare provides care for child abuse and neglect populations, as well the OJS population. The OJS population consists of youth who are adjudicated by a court of competent jurisdiction as having committed a crime.

### ***Monthly Caseworker Visit data and State Plan Requirements***

Nebraska policy requires workers to conduct monthly in-person visits with children. Initially, visits were to occur where the child resided at that time at least every other month. However, in February 2008, updated policy and procedure relating to worker visits with child were issued to comply with IV-B requirements. Monthly visits must now take place at the child's residence. A "child's residence" is defined as the home in which the child is residing, whether in or out of state, and can include a foster home, a child care institution, or the home from which the child was removed if the child is on a trial home visit. Additional visits can take place in an alternative setting such as court, school, a parent's home, etc., but such visits do not meet the monthly in-home visit requirement. Some portion of the visit must allow for the worker and child to meet and discuss issues privately. Visits must be documented in N-FOCUS and include in the narrative the following information: date and location of visit; who was present during the visit; worker

observations; issues addressed or discussed during the visit; and any actions needed as follow-up to the visit.

To capture DHHS compliance with the federal requirement of visits needing to occur in the child's residence, a quality assurance review of a random sample of both traditional and ICCU cases was conducted. The review revealed that approximately 58% of the youth had monthly contact in the residence of the child. The review confirmed that approximately 70% of the youth are being seen monthly by their worker and that the quality of the visits that are occurring falls in the 80% range. We need to continue to emphasize that visits need to be private and in the child's residence. Worker and supervisor stakeholders report that private visits are taking place and that if the documentation were improved or interviews with the youth and/or their family would be conducted, that percentage would increase. The more challenging issue is monthly visits with youth in their residence. Particularly when school is in session, it can be difficult to find a time to visit the youth in their home. Workers are given the flexibility to adjust their schedules in order to work evenings and weekends to try to address this issue.

Effective July 1, 2008 N-FOCUS is able to produce reports regarding the IV-B plan requirement that reflects our entire state ward population both youth placed at home and out-of-home. Refer to the Visitation Plan Attachment M for FY 2008 data. Nebraska will provide the FY 2009 Casework Visit Data by December 15, 2009.

The Child Welfare and Juvenile Justice Service Reform Contractors will have the responsibility for ensuring visitation is occurring when fully implemented.

### ***Licensing Waivers***

P.L. 110-351 amended section 471(a)(10) of the Act to explicitly permit the title IV/B- IV-E agency to waive on a case-by-case basis a non-safety licensing standard for a relative foster family home. It also requires the Department of Health and Human Services to submit a Report to Congress, two years after enactment, on children placed in relative foster family homes and the use of licensing waivers.

To enable the Department to prepare this report, States must provide to the extent practicable the following information for FY 2009 by **December 15, 2009**.

Nebraska will submit the available FY2009 data by December 15, 2009.

*The following information is for CY 2008:*

#### The number and percentage of children in foster care placed in licensed relative foster family homes

There were 52 children placed in licensed relative foster family homes. That is 1.2% of children in out of home care.

#### The number and percentage of children in foster care placed in unlicensed relative foster family homes

There were 831 children placed in unlicensed relative foster family homes. That is 19% of children in out of home care.

The frequency of case-by-case waivers of non-safety licensing standards for relative foster family homes

There were 54 waivers of non-safety licensing standards for relative foster family homes.

The types of non-safety licensing standards waived

Nebraska waives pre-license and ongoing training.

An assessment of how such case-by-case waivers of non-safety licensing standards have affected children in foster care, including their safety, permanency and well-being

DHHS has been able to place children with relatives as a result of the non-safety licensing standards which have been positive for those children. There is no evidence that there has been a negative impact on the permanency or well-being of those children in out of home care.

Reasons why relative foster family homes may not be licensed despite authority to grant such case-by-case waivers of non-safety licensing standards

1. Foster parents may not be licensed because they do not intend to foster parent any other child(ren);
2. Foster parents may not be licensed because they only intend to foster parent very short term due to reunification;
3. Foster parents may not be licensed because they do not understand the advantage of licensure;
4. Foster parents may not be licensed because no one has approached them about licensure;

Actions the State plans to take or is considering taking in order to increase the percentage of relative foster family homes that are licensed while ensuring the safety of children in foster care and improving their permanency and well-being

CFS's plan with the Child Welfare and Juvenile Services Reform is to require the contractors to increase the number of licensed foster care homes and to actively seek out relatives for children who may be entering out of home care.

Suggestions the State has for administrative and or legislative actions to increase licensed relative care. (See 45 CFR 1355.20 for definitions)

One suggestion would be to offer incentives to become licensed.

***Timely Home Studies Reporting and Data***

The federal Department of Health and Human Services is required to submit a report to Congress on how frequently States used the extended 75-day period. To enable the federal Department of Health and Human Services to complete this report, Nebraska is providing with their CFSP submission the following information for FYs 2007 and 2008:

The frequency with which the State needed the extended 75-day period for an interstate home study begun on or before September 30, 2008 (Section 471(a)(26)(A)(ii) of the Act);

During the FY's of 2007 and 2008 an extension beyond the 75 day time frame was needed approximately 35% of the time.

The reasons why the extended compliance period was needed; The reasons for the extensions were 60% National Criminal History checks were not returned in a timely manner. 35% was due to lack of timely compliance in completing finger prints, paper work, meetings, etc, on the part of the proposed placement resource. 5% was due to staffing issues.

The extent to which the extended compliance period resulted in the resolution of the circumstances that necessitated the extension. 95% of the time the situation was resolved. The other 5% of the time the requesting state chose to withdraw the request.

The actions taken by the State and any relevant Federal agency to resolve the need for an extended compliance period. Efforts have been made by CFS to process the request for a home study as quickly as possible. These efforts include immediate contact with the proposed placement resource in an attempt to facilitate timely completion of the National Criminal History Checks, necessary paper work, and face to face meetings. CFS continues to work with the NE State Patrol in an effort to obtain timely turnaround on finger print results.

***Child Welfare Waiver Demonstration Activities***

This section is not applicable to the State of Nebraska as we do not conduct child welfare waiver demonstration activities.

***Assurances***

Please refer to Attachment J.

## **SECTION K: FINANCIAL INFORMATION**

### ***Adoption Incentive Payments***

The plan at this time is to continue to use any Adoption Incentive funds for the purposes of supporting families considering adoption or who already have adopted. Services provided will continue to include provision of national fingerprint checks, funding for adoption month, payment of the Association of Interstate Compact on Adoption and Medical Assistance dues, and funding of adoption services by the Child Welfare and Juvenile Services Reform Contractors.

***CFS-101, Parts I and II for FY 2009, CFS-101, Parts I and II for FY 2010; CFS-101 Part III for FY 2007***

Refer to Attachment K



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Working Together to Prepare Child & Family Services Specialists

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**Nebraska Department of Health & Human Services  
Division of Children & Family Services  
Child Welfare & Juvenile Services New Worker Training**

**Training overview**  
July 1, 2009 to June 30, 2010

Developed By:  
UNL-Center on Children, Families, and the Law  
for  
Nebraska Department of Health and Human Services  
Division of Children & Family Services

Input was gathered from:  
DHHS Human Resources & Development (HRD) Staff & Trainers  
CCFL Staff, Trainers, & Field Training Specialists

6/19/09

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## CHILD WELFARE & JUVENILE SERVICES TRAINING

Child Welfare and Juvenile Services Training for all Child and Family Services (CFS) Specialists in Nebraska is now provided via a specialized model that includes two phases, pre-service and required in-services. The training is administered as a joint project between the Human Resources and Development unit of the Nebraska Department of Health and Human Services and the University of Nebraska-Lincoln, Center on Children, Families, and the Law.

### The Goal and Focus of the Training

The goal of Child Welfare and Juvenile Services (CW & JS) Training is to prepare Nebraska's Child and Family Services (CFS) Specialists to intervene as authorized to provide safety for Nebraska's children, families, and communities and to consistently move the children in the state's care toward permanency and well-being.

This model for training newly hired CFS Specialists places a strong focus on:

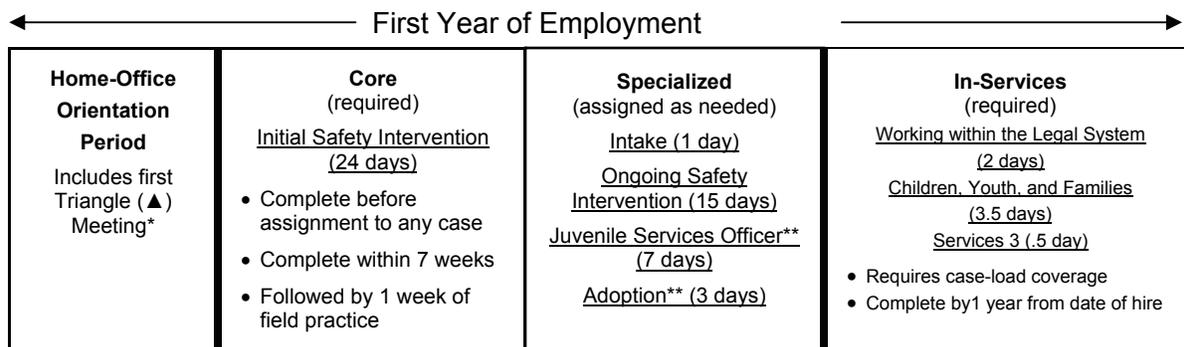
- adherence to the principles and procedures of the Nebraska Safety Intervention System (NSIS) for keeping children and families safe
- implementation of Family Centered Practice (FCP) principles to ensure the inclusion of children and families in the decision-making processes that impact their lives
- achieving the key outcomes of safety, permanency and well-being for every child and family
- helping each CFS Specialist develop the knowledge, skills, and abilities that are needed to successfully carry out his/her job

Key features of the training include:

- a close collaboration between DHHS and CCFL
- utilization of adult learning principles and an emphasis on active learning
- a training curriculum built on three logical and interconnected courses of study (children, youth, and families; case management foundations and process; and working within the legal system)
- a positive learning environment supported by regular communication among trainers, trainees, supervisors, and Field Training Specialists (FTSs)
- delivery of on-site training at a variety of locations throughout the state on a regular basis, making the training more family-friendly for the trainees
- quality field-training experiences supported by a Field Training Specialist (FTS)
- timely provision of accurate feedback to the assigned supervisor
- maintenance of a university-sponsored website that holds the training curriculum and that supports training delivery (e.g., intra-group e-mail)

# CHILD WELFARE & JUVENILE SERVICES TRAINING

## The Design of the Training Model



\*▲ meeting indicates a planning session that involves the trainee, the trainee's supervisor, and the Field Training Specialist (FTS)  
 \*\*Specialized Ongoing Safety Intervention Training is a prerequisite for these trainings

### Main Components

The training model can be depicted as follows:

#### Home-Office Orientation Period

Occurring just prior to the formal classroom training, the Home-Office Orientation Period provides new trainees with an opportunity to become familiar with their local offices. Activities that may occur during this period of time include: becoming acquainted with local office personnel and protocol, completing assignments required by Human Resources, scheduling/attending the first Triangle Meeting\*, shadowing and observing CFS Specialists, and completing initial field activities outlined in the Field Training Resource book. The supervisor determines the exact number of days in this period for any new trainee. Experience suggests there are substantial benefits to new workers who are afforded at least one week to orient themselves to their work environment prior to beginning training.

#### PHASE ONE: Pre-Service (Core Plus Specialized) Training

Structured training follows the Home-Office Orientation Period and the first Triangle Meeting. The Pre-service Training includes Core training and can include various specialized training tracks depending upon the trainee's anticipated job assignment.

**Core** training prepares a trainee to become a CFS Specialist who can take responsibility for initial safety intervention cases. Included in this training is the initial safety intervention portion of the Nebraska Safety Intervention System (NSIS) curriculum. Core includes 19 units that are covered in 24 training days. Trainees learn through classroom, lab, and field experiences. Core is scheduled for completion within approximately seven weeks and is followed by one week of supervised shadowing, observation, and practice working with families. This portion of training is required for all trainees regardless of anticipated specialization. Trainees who will be assigned to initial safety intervention job duties can be promoted to CFS Specialist on probation after completing Core training plus one week of field experiences.

**Specialized Intake** training prepares a trainee to become a CFS Specialist who can take responsibility for intake cases. It is a one-day training that includes both classroom and practice in the computer lab. The complete training "track" includes Core training, one week of field experiences, and the one-day Specialized Intake unit. Trainees who will be assigned intake job duties can be promoted to CFS Specialist on probation after completing these trainings.

## CHILD WELFARE & JUVENILE SERVICES TRAINING

**Specialized Ongoing Safety Intervention** training prepares a trainee to become a CFS Specialist who can take responsibility for ongoing safety intervention cases. The ongoing safety intervention portion of the NSIS curriculum is included in this training. This specialization includes nine units that require a total 15 classroom and lab training days. It is scheduled for completion within approximately four weeks following Core training. The complete training track includes Core, one week of field experiences, plus the 15 days of Specialized Ongoing Safety Intervention training. Trainees who will be assigned ongoing case management job duties can be promoted to CFS Specialist on probation after completing these trainings.

**Specialized Juvenile Service Officer** training prepares a trainee to become a CFS Specialist who can take responsibility for supervising committed juvenile offenders. In this training, case management procedures (including use of the Youth Level of Service/Case Management Inventory [YLS/CMI]) are taught. The training covers a total of seven classroom and field days. It is scheduled for completion within approximately two weeks of the conclusion of Specialized Ongoing Safety Intervention. In this track, trainees who will be assigned JSO job duties can be promoted to CFS Specialist on probation after completing Core training, a week of field experiences, the 15-day Specialized Ongoing Safety Intervention training, and the seven days of Specialized Juvenile Service Officer training.

**Specialized Adoption** training prepares a trainee to become a CFS Specialist who can take responsibility for adoption cases. It is a three-day classroom training that is scheduled for completion within one week of the conclusion of Specialized Juvenile Service Officer training. In this track, trainees who will be assigned adoption duties can be promoted to CFS Specialist on probation after completing Core training, one week of field experiences, Specialized Ongoing Safety Intervention training, and the three-day Specialized Adoption sequence.

### **Promotion to CFS Specialist Status**

If a trainee is required to complete all specialized trainings, he or she could remain in Pre-Service Training for up to 16 weeks. When each trainee is promoted from CFS Specialist Trainee to CFS Specialist, he or she remains on probationary status—generally for one year from the original date of hire. The worker is gradually assigned families for whom case management responsibilities must be assumed. Department administrators recommend that new CFS Specialists begin with no more than eight families and gradually receive a full caseload by the 12<sup>th</sup> month from the date of hire.

CFS Specialists who begin working in a particular job specialization and then are re-assigned to different job duties for which they did not initially receive the appropriate specialized training must return to the specialized training required for their new job assignment. The Department recommends that such re-assigned CFS Specialists be relieved of their current caseload responsibilities as much as possible during the time they are attending additional training.

### **PHASE TWO: Required In-Service Training**

**Required In-Service Training** includes topics identified as needed by all CFS Specialists after receiving case management responsibilities. The units include legal topics that address testifying and legal case management responsibilities as well as topics on disability and special education, supporting child and youth development, mental and physical health, and referral to services and resources for safety, permanency, and well-being. The 10 in-service units include classroom and field training and require 6 days for completion. This training must be scheduled within the first year of employment. The Department recommends that new CFS Specialists have coverage for their caseloads while they are required to be in training.

# CHILD WELFARE & JUVENILE SERVICES TRAINING

## Number of Training Days by Specialization

This chart summarizes the number of classroom and lab days required for completion of training for each specialization. The actual number of weeks allotted on the training calendar is longer to allow for field training activities, shadowing and observation, trainees' travel time, and sometimes due to constraints on the availability of training resources (e.g., computer labs).

CFS Specialist's Specialization	Required Core Training Days	Additional Specialized Training Days	Total Days before Promotion to CFS Specialist	Required In-Service Training Days	Total Training In Days	Total Training Weeks on the Training Calendar
Initial Safety Intervention	24		24	+6	30	8
Intake	24	+1	25	+6	31	8
Ongoing Safety Intervention	24	+15	39	+6	45	13
Juvenile Services Officer	24	+22*	46	+6	52	15
Adoption	24	+18*	42	+6	48	14-16

\*Specialized Ongoing Safety Intervention Training is a prerequisite for these specializations

## Partnership Between Training Staff and CFS Supervisors

### Training Staff

Training is supported by a multidisciplinary team of 29 individuals. The DHHS training team includes three Training Specialists and a Resource Coordinator who oversees the Child Welfare and Juvenile Services Training. The DHHS training team partners with the training staff from the Center on Children, Families, and the Law (CCFL) at the University of Nebraska-Lincoln. The CCFL staff of 25 includes expert trainers, eight Field Training Specialists (FTSs), and support staff who have expertise in curriculum development, training coordination, competency assessment, and training evaluation. Over the past twelve years, the combined training team has attended and attained certification as trainers for a large number of Department-initiated or mandated procedures, including the Nebraska Family On-Line Client User System (N-FOCUS), Family-Centered Practice (FCP), the Nebraska Safety Intervention System (NSIS), the Youth Level of Service/Case Management Inventory (YLS/CMI), and the Mandt System®. The staff also has acquired an advanced level of knowledge not only about the Department's vision, mission statements, policies and procedures, but also about how to operationalize these guidelines in the daily work of the CFS Specialist.

A significant number of the training staff members have previously worked for the Nebraska Department of Health and Human Services in roles such as Protection and Safety Worker, Protection and Safety Supervisor, Juvenile Service Officer, Central Office Program Specialist, and Integrated Care Coordinator. The remainder of staff have extensive backgrounds working in the child welfare and juvenile justice systems as pediatricians, lawyers, psychologists, sociologists, educators, corrections officials, curriculum developers, industrial-organization psychologists, and program evaluators.

## CHILD WELFARE & JUVENILE SERVICES TRAINING

### **Field Training Specialists (FTS)**

There are eight Field Training Specialists (FTSs) who provide individualized field-based contact with trainees. They are located throughout the state; at least one FTS is assigned to every service area.

The FTSs are training facilitators assigned to work with trainees as they move through training and become CFS Specialists. FTSs are in a unique position to observe trainee performance not only in the classrooms and labs but also in the field. Their job is to work very closely with the trainees and their supervisors to support optimal transfer of learning from the classroom setting to actual practice in the field.

FTSs work with and support their assigned trainees as they complete all required training and prepare to take on full responsibility for family case management. The FTSs coordinate Triangle Meetings with the supervisors and trainees throughout training. They assist the trainees with learning to document on N-FOCUS in both labs and in the field, attend family interviews, and facilitate completion of field training tasks (especially those identified in the Field Training Resource Book). During training, FTSs are available in the local offices to support trainees and report feedback to the supervisors on the trainees' progress. The FTSs track training received by trainees and then follow up to ensure completion of training requirements within one year from the date of hire. The FTSs meet with the supervisors and trainees on a scheduled basis to review the trainees' progress and, if needed, are available to provide additional clarifying information to the supervisors as they complete the Competency Development Tool (CDT).

### **CFS Supervisors**

The role of the supervisor in training is service area specific. Some service areas have designated "training supervisors" assigned to work with trainees while other areas have team supervisors that manage both trainees and CFS Specialists. In either situation, the supervisor works with the trainees and his or her assigned FTS to ensure that the trainee is prepared to effectively work with families and manage cases. This requires very close supervision of the trainees during the pre-service training. Areas overseen by supervisors include: scheduling field learning activities for the trainees to coincide with the classroom learning, shadowing and observation opportunities for trainees when they are not scheduled to be in class or lab, and attending court hearings, family visits, and other meetings with the trainees/new CFS Specialists.

# CHILD WELFARE & JUVENILE SERVICES TRAINING

## The Courses of Study

There are three courses of study that form the framework of the training. Within each course of study there are multiple units, each of which focuses on a specific topic or cluster of topics. The content in these courses of study was developed to help the trainees acquire the set of knowledge, skills, and abilities (KSAs) that have been determined to be necessary for successful CFS Specialist job performance. The courses of study are addressed throughout the phases of training. Throughout the training, subject matter progresses from elementary to complex and from general principles to application. The three courses of study are as follows:

- *Children, Youth, and Families*
- *Case Management* (including *Case Management Foundations* and *Case Management Process*)
- *Working within the Legal System*

## Introduction to Child Welfare & Juvenile Services

Trainees receive an overview of the training model and an introduction to the primary courses of study. During the introduction, trainees learn that: 1) family/person centered practice is the foundation for performing child welfare and juvenile services work, 2) safety, permanency, and well-being are the primary outcomes to be achieved in child welfare and juvenile services work, and 3) child welfare and juvenile services work should be performed not only in a family/person centered way, but also legally, confidentially, collaboratively, safely, professionally, and in a timely fashion. The fundamentals of each of these topics are covered, in preparation for later training that addresses the specific applications of these principles to each aspect of the case management process.

### Course of Study One: *Children, Youth, and Families (CYF)*

The *CYF* units provide information about the children, youth, and families who are served by the Department. *CYF* information is generally independent of any particular aspect of the work and consists of background information relevant to all parts of the work, including:

- characteristics of the children, youth, and families served by the Department and the common problems and special needs they face
- background information about family dynamics and normal child and adolescent development
- resources available to serve the needs of children, youth, and families in Nebraska, including special education and mental and physical health interventions
- the cultural and societal context influencing children, youth, and families

### Course of Study Two: *Case Management – Case Management Foundations (CMF) and Case Management Process (CMP)*

The *CMF* units focus on teaching foundational skills that form the basis of all case management interactions, including: 1) implementing Family/Person Centered Practice, 2) interviewing children and families, 3) gathering and corroborating information, 4) documenting case activities and decisions, and 5) maintaining worker safety.

The *CMP* units focus on mastery of the skills needed to fulfill specific responsibilities associated with case management, especially the implementation of the Nebraska Safety Intervention System. There are a large number of *CMP* units, due to the complexity of the case management process and the correspondingly broad scope of required knowledge and skills. Trainees learn about initial and ongoing safety intervention; arranging services and resources for safety, permanency, and well-being; monitoring progress; and case closure.

# CHILD WELFARE & JUVENILE SERVICES TRAINING

## Course of Study Three: *Working within the Legal System (WLS)*

The *WLS* units address what the CFS Specialist needs to know about the Nebraska juvenile court system and the requirements of state and federal law in order to do the work. It deals with how the CFS Specialist must proceed within the court system to accomplish the goals of the case plan for each family. The units help the trainee to translate and adapt basic case management skills into the skills necessary to work successfully within the court system (e.g., assessment, testifying, and writing for the court). *WLS* units also provide a framework for understanding the CFS Specialist's role from a legal perspective and how to perform that role in compliance with law and policy.

## Training Delivery

Each trainee progresses through a standardized sequence of units, consisting of classroom, lab, and field training. To accommodate training situations in which on-site, face-to-face interaction is impractical or impossible, classes are sometimes offered via distance learning (e.g., via webinar or video-conference).

### Classroom Training

The purpose of classroom training is to help trainees acquire new job-related knowledge and skills in a group setting, facilitated by a trainer. Training days typically are six hours per day, allowing two hours per day for trainees to attend to home office business or travel as needed. Representative types of classroom training include:

- presentation of information through lecture or video
- activities and exercises
- question and answer sessions
- group discussions

### Lab Training

The purpose of lab training activities is to allow trainees to develop skills and demonstrate competence in applied work using hypothetical cases prior to progressing to case management activities with families. In comparison with classroom training, lab training generally has a stronger focus on practicing and refining specific job-related skills. This entails a great deal of one-on-one support and feedback from the facilitators of the training. Representative lab training activities include:

- conducting mock interviews
- entering information on the Department's computer system (N-FOCUS/CWIS)
- facilitating a mock team meeting
- testifying before a mock court

Activities like these typically require significant planning and preparation on the part of the trainer (e.g., creating a simulated environment, setting up video equipment). Typically, they are best conducted in a small group situation and almost always require the direct facilitation of a trainer or Field Training Specialist.

# CHILD WELFARE & JUVENILE SERVICES TRAINING

## Field Training

Field training allows trainees to continue their job preparation through facilitated learning activities outside of the classroom and lab. Field training activities typically occur in the community, in settings such as the trainee's local office, the home of a family receiving services, or a facility run by a provider. Some field activities are assigned to a specific day on the training calendar and serve to prepare the trainees for upcoming classroom training or to reinforce concepts recently learned in classroom training. Representative field training activities of this type include:

- observing other workers or work processes (e.g., shadowing a worker, touring a facility)
- reading and reviewing information from actual case files or the Department's computer system
- working through hypothetical case scenarios
- completing activity sheets related to training or case management activities
- reading Policy

Many such activities can be done on an individual basis and often do not require the presence or direct facilitation of a trainer or FTS.

The Field Training Resource Book lists field activities that are not assigned to a specific day on the training calendar but rather can be flexibly scheduled in coordination with the trainee's assigned Field Training Specialist. The book includes over 200 "essential" and "suggested" tasks. The FTS may accompany the trainee in the field to observe performance or the trainee may independently perform case-related tasks as directed by the supervisor. Trainees typically contact their FTS after these activities to discuss their experiences, link these experiences to principles presented in classroom or lab training, and to receive feedback.

## Triangle Meetings

Triangle Meetings are periodic planning sessions throughout training that include the individual trainee, the trainee's supervisor, and the assigned FTS. The meetings are held to ensure that:

- each trainee derives the maximum possible benefit from training
- each supervisor has all the training information needed to successfully direct and manage the trainee
- each trainee is optimally prepared to assume his/her job responsibilities
- there is a successful transfer of learning from the training program to the job

In general, activities during the 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. Triangle Meetings may occur as often as needed but are **required** at the following times: prior to training, at the end of Core or specialized training, during the 5th month from date-of-hire, during the 7th month from date-of-hire, and during the 11th month from date-of-hire.

# CHILD WELFARE & JUVENILE SERVICES TRAINING

## Other Features of the Training Model

### Web-Based training-related services

The University of Nebraska-Lincoln maintains an on-line course management system known as Blackboard. The Blackboard system provides computer-based access to curriculum materials and facilitates training-related activities. Child Welfare and Juvenile Services Training makes use of Blackboard to enhance the learning experience of each trainee. Each trainee is provided access to Blackboard via an individualized login procedure. Trainees can review the full training curriculum as well as information about the trainers, training sites, and training schedules. Blackboard also allows the trainees to send training-related e-mail and submit assignments.

Some units of training (particularly classroom units) lend themselves to a webinar format; this format can be used when trainees are located across the state and the training is appropriate in both content and length.

### Training Schedule

A new Child Welfare and Juvenile Services Training “cycle” begins every month. This means that each month a new group of recently hired trainees will begin training somewhere in the state. Because the duration of training is one year, there are up to twelve active training groups at any given time.

Since 2000, training has been delivered at multiple sites across the state. Each training has typically taken place at whatever site represented the geographic “center” of the group of newly hired trainees. At the current time, successive training groups are scheduled to rotate through Omaha, Lincoln, and an “out-state” site every three months. This rotation was designed to provide an optimal degree of advance notice for the service areas as to when and where the next training groups would be starting.

Scheduling for any particular training group can be impacted by various factors. These include holidays, adverse weather events, limited availability of training rooms and/or training equipment (e.g., computer labs), and in some cases, time needed for trainees to travel to the selected training site.

### Missed Training

Trainees and new specialists occasionally are absent from training for a variety of reasons, ranging from personal or family illness to important life events (e.g., weddings). When such absences are unavoidable, the trainer, FTS, and the supervisor develop a plan for making up the missed training. If the amount of time missed is relatively small, the trainer may elect to meet with the trainee one-on-one. If the amount of time missed is significant, the trainee may be asked to join a later training group. In general it is very difficult to help a trainee/new specialist catch up since the typical training calendar is sequenced and tightly scheduled.

# CHILD WELFARE & JUVENILE SERVICES TRAINING

## Types of Evaluation

An important part of ensuring effective training is training evaluation. The goals of the Child Welfare and Juvenile Services Training evaluation system are to collect information to: a) provide to supervisors, trainees, and trainers 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. The training evaluation system includes these components:

### Evaluation of Training by Trainees and Supervisors

Trainees will be asked to routinely provide ratings and brief written feedback about the content and delivery of class and lab training. Supervisors should advise trainees that although their feedback is anonymous, it should nonetheless be constructive and professional in nature. Trainees should treat this as an opportunity to practice giving honest, valuable advice to others. If trainees have concerns that need to be addressed immediately, they should talk with the trainer during a break. Results of the evaluations are summarized on a daily basis and disseminated to the assigned trainer(s), training curriculum and evaluation staff, and DHHS and CCFL training coordinators. Any concerns raised in the evaluations about the trainer, training, or training group are discussed as soon as possible and remedied as needed.

Both trainees and supervisors will be asked to provide ratings and written feedback about their overall perceptions of the training model by completing an online post-training survey. The survey includes questions regarding training content and duration, Blackboard, classroom trainers, FTSs, field learning, scheduling, distance learning, feedback, case assignments, Triangle Meetings, supervision, coworkers, preparedness of trainees, and overall training quality. Trainees complete the survey 1) approximately two months after the end of their specialized pre-service phase (or at the end of Core if only taking Core), 2) at the end of the in-service phase, and 3) six months post-training. Supervisors complete a post-training survey 1) approximately two months after all trainees in a group have completed the core and specialized phase and 2) when all trainees in a group have completed the in-service phase. Results of the survey are summarized periodically throughout the year and are used to inform training model decisions.

### Evaluation of Trainee Attitude, Behavior, Knowledge, and Skills

Trainees will be evaluated on a variety of attitudes and behaviors during classroom and lab training. Nine dimensions are rated: alertness, attitude, participation, communication, respectfulness, open-mindedness/acceptance of feedback, sensitivity to race/culture/ gender/religion, preparedness, and punctuality. In addition, trainees will also complete regular knowledge and skills assessments. Trainees should expect to take written tests and to engage in scored activities and exercises in class, lab, and field training. FTSs will provide supervisors and trainees with reports that summarize each trainee's performance in these areas. When there are immediate concerns regarding trainee conduct or performance, the assigned FTS will notify the supervisor as soon as possible to discuss remedies.

### Evaluation of Trainee Job Performance

Trainees and CFS Specialists on probation are assessed using the Competency Development Tool (CDT). The CDT is a performance evaluation and probationary planning instrument that assesses 1) a sample of CFS Specialist job tasks representing 17 different performance dimensions and 2) a set of important employee behaviors, called *pro-social behaviors*. The CDT also includes a supervisor's self-assessment section, to evaluate supervisory participation in the new employee's development, and a goal-setting section, to encourage the specialist and supervisor to jointly develop action plans for performance improvement when employee performance does not meet minimum standards. Supervisors will complete the CDT four

## CHILD WELFARE & JUVENILE SERVICES TRAINING

times: 1) at the end of specialized training (or at the end of Core if only taking Core), 2) six months after hire, 3) eight months after hire, and 4) 11 months after hire. Because specialists will not have performed case management at the time of the first CDT, only the pro-social behaviors and goal-setting sections will be completed for the first CDT.

The decision to promote a CFS Specialist Trainee to a CFS Specialist on probation and to promote a CFS Specialist on probation to permanent status is based in part upon the CDT findings. Once specialists have been promoted to permanent status, their performance will be evaluated in a different manner, using the standards included in the agency Performance Evaluation Process.

Within six weeks of hire, a supervisor should meet with trainees to inform them of the agency's performance expectations, which includes reviewing and signing off on the CDT and the agency Performance Evaluation Process measures. For copies of the current versions of both tools or to learn more about the performance evaluation process, refer to the HHS website at [http://www.hhs.state.ne.us/hur/PandS\\_PerfEval.htm](http://www.hhs.state.ne.us/hur/PandS_PerfEval.htm).

# CHILD WELFARE & JUVENILE SERVICES TRAINING

CORE	Phase One - Pre-Service Training SPECIALIZED	Phase Two REQUIRED IN-SERVICES
<p><b><u>INITIAL SAFETY INTERVENTION</u></b></p> <ul style="list-style-type: none"> <li>• Introduction to Child Welfare and Juvenile Services</li> <li>• Family/Person Centered Practice</li> <li>• Referral to Services / Resources for Safety, Permanency, and Well-being 1</li> <li>• Electronic and Paper Records</li> <li>• Maltreatment 1</li> <li>• Maltreatment 2</li> <li>• Interviewing / Interviewing Children</li> <li>• Worker Safety and the Mandt System ®</li> <li>• Initial Safety Intervention</li> <li>• Initial Safety Intervention: Practice 1</li> <li>• Initial Safety Intervention: Practice 1 Feedback</li> <li>• N-FOCUS 1</li> <li>• Initial Safety Intervention: Shadowing in the Field</li> <li>• Initial Safety Intervention: Practice 2</li> <li>• Gathering and Corroborating Information</li> <li>• N-FOCUS 2</li> <li>• Nebraska Juvenile Court Process 1</li> <li>• Testifying in an Adjudication Hearing</li> <li>• Referral to Services/ Resources for Safety, Permanency, and Well-being 2</li> </ul>	<p><b><u>INTAKE</u></b></p> <ul style="list-style-type: none"> <li>• Specialized Intake</li> </ul> <p><b><u>ONGOING SAFETY INTERVENTION</u></b></p> <ul style="list-style-type: none"> <li>• Ongoing Safety Intervention</li> <li>• Family/Person Centered Practice - Family Team Meeting</li> <li>• Court Report Components</li> <li>• N-FOCUS 2</li> <li>• Ongoing Safety Intervention: Practice</li> <li>• Developing and Advocating for the Case Plan/Court Report and Visitation Plan</li> <li>• Testifying in a Disposition, Review, and Permanency Hearing</li> <li>• Case Closure</li> <li>• N-FOCUS 3</li> </ul> <p><b><u>JUVENILE SERVICES OFFICER</u></b></p> <ul style="list-style-type: none"> <li>• JSO-Specialized 1</li> <li>• JSO-Specialized 2</li> <li>• JSO-Specialized 3</li> </ul> <p><b><u>ADOPTION</u></b></p> <ul style="list-style-type: none"> <li>• Specialized Adoption</li> </ul>	<ul style="list-style-type: none"> <li>• Legal Case Management Responsibilities</li> <li>• Disability and Special Education 1</li> <li>• Disability and Special Education 2</li> <li>• Supporting Development 1</li> <li>• Supporting Development 2</li> <li>• Mental and Physical Health 1</li> <li>• Mental and Physical Health 2</li> <li>• Referral to Services/ Resources for Safety, Permanency, and Well-being 3</li> </ul>
<p>Following completion of Core, CFS Specialists on probation can be assigned up to 8 initial assessment cases, with a gradual increase to a full caseload by the 12<sup>th</sup> month of employment.</p>	<p>Following completion of Pre-Service Training, the CFS Specialists on probation can be assigned up to 8 cases related to their specialization, with a gradual increase to a full caseload by the 12<sup>th</sup> month of employment.</p>	<p>Following completion of Pre-Service Training, Required In-Services Training, and all <i>Field Training Resource Book</i> essential tasks, CFS Specialists have met all CW &amp; JS training requirements.</p>

# DHHS Child Welfare and Juvenile Services Training: New Worker Training

(shaded units are considered not IV-E fundable)

Attachment B

#	Unit/Type/ # of Days	Description	Learning Objectives
<b>CORE (24 days)</b>			
1	<b>INTRO 01C:</b> Introduction to Child Welfare & Juvenile Services  <b>Classroom</b> 1.5 days	Trainees receive an overview of the training model and an introduction to the primary courses of study, which collectively address working with and understanding children, youth, and families; case management and supervision; and the process of preparing for and participating in judicial determinations. Trainees learn that: 1) family/person centered practice is the foundation for performing child welfare and juvenile services work, 2) safety, permanency, and well-being are the primary outcomes in child welfare and juvenile services work, and 3) child welfare and juvenile services work should be performed not only in a family/person centered way, but also legally, in a timely fashion, confidentially, collaboratively, safely, and professionally. The fundamentals of each of these topics are covered, in preparation for later training that addresses the specific applications of these principles to each aspect of the case management process.	Trainees will: <ol style="list-style-type: none"> <li>1. be aware of the identified outcomes; needs; strategies; crisis, safety, and transition plans; and logistics and evaluation steps for training.</li> <li>2. be aware of the emotional reactions that are elicited when seeing maltreated children.</li> <li>3. know the 12 main populations of children and families served by DHHS as defined by policy.</li> <li>4. know the phases of the case management process, including their basic purpose and sequence.</li> <li>5. know the basic differences in the case management process for child abuse/neglect, status offense, and juvenile offense cases.</li> <li>6. know the common steps in the juvenile court process, including their basic purpose and sequence.</li> <li>7. know the family centered practice values, beliefs, and principles and how they are applied to child welfare and juvenile services work.</li> <li>8. know the mission, vision, and goals of Child Welfare and Juvenile Services.</li> <li>9. know what the outcomes of safety, permanency, and well-being are and how they are measured.</li> <li>10. know the written rules and guidelines (statute, policy, memo, and guidebook) for performing child welfare and juvenile services work, including where to find them and how they should be used.</li> <li>11. be aware of the role and authority of a Child and Family Services (CFS) Specialist and the importance of protecting the legal rights of families.</li> <li>12. be aware of the consequences of not abiding by statute and policy.</li> <li>13. know that the constitutional doctrine of due process requires Child Welfare and Juvenile Services intervention to be time limited.</li> <li>14. know that statutes and policy implement these requirements in the form of required time frames for court processes and child welfare and juvenile services work.</li> <li>15. be aware of time management tips that facilitate meeting deadlines.</li> <li>16. be aware of the different formal and informal partners involved in child protection and the roles and responsibilities of these partners.</li> <li>17. be aware of the primary types of teams of which CFS Specialists are members and the different roles they will have on different teams.</li> <li>18. know what to do before, during, and after supervisory case consultation.</li> <li>19. know where to find the statute and policy that prohibits disclosure of confidential information.</li> <li>20. be aware of the process to follow when deciding whether information is confidential and whether to disclose confidential information.</li> <li>21. know the different types of threats to specialists' safety and that the primary strategies for enhancing specialists' safety are preventing, recognizing, and responding to safety threats.</li> <li>22. be aware of professional and ethical guidelines for CFS Specialists, including the importance of accountability.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
2	<b>CMF 01C-FCP</b> Family/Person Centered Practice  <b>Classroom</b> 1 day	Trainees acquire knowledge and skills related to applying the steps of the family/person centered practice process to case management and supervision. Topics include strength assessment; genograms, ecomaps, and timelines; identification of formal and informal resources; engaging families; and safety concerns. Trainees are introduced to Family Team Meetings and the concepts of outcomes, needs, and strategies. Trainees develop prospective work teams and identify formal and informal resources needed to be prepared to work effectively with families.	Trainees will: <ol style="list-style-type: none"> <li>1. be aware of the 12 values, beliefs, and principles of family centered practice.</li> <li>2. know how to treat families with respect and dignity.</li> <li>3. be able to exhibit social skills that support family centered practice.</li> <li>4. be able to develop and maintain a professional working relationship with families based on strengths.</li> <li>5. understand how to engage families to enhance decision making.</li> <li>6. be able to identify potential resource people and team members that could support the family team.</li> <li>7. know the purpose of genograms and ecomaps, how to construct them, and the policy mandates regarding when to begin and update them.</li> <li>8. become familiar with the concepts of outcomes, needs, and strategies.</li> </ol>
3	<b>CMP 01C:</b> Referral to Services/ Resources for Safety, Permanency, and Well-being 1  <b>Classroom</b> .5 day	Trainees return to the concepts of formal and informal services/resources and learn about the array of services available to children and families. Trainees also learn about referrals to services/resources designed to preserve, strengthen, and support reunification of the family. This includes placement and permanency planning emphasizing kinship care as a resource for children involved with the child welfare system, IV-E services as they relate to out-of-home placement of children, Interstate Compact for the Placement of Children (ICPC), and Interstate Compact for Juveniles (ICJ).	Trainees will: <ol style="list-style-type: none"> <li>1. know the array of services available to families.</li> <li>2. know the guaranteed services available to individuals and families.</li> <li>3. know about placement services.</li> <li>4. recognize the importance of locating the most permanent, family-like setting that meets the child's needs.</li> <li>5. recognize their responsibility to demonstrate reasonable efforts.</li> </ol> Trainees will understand that: <ol style="list-style-type: none"> <li>6. ongoing assessment and services will be approached in the least intrusive manner possible.</li> <li>7. priority will be given to providing reasonable opportunities for parents to keep their families intact by utilizing all appropriate services available.</li> <li>8. families and children will receive appropriate services to address the presenting problem, assess presenting safety concerns, reduce risk of maltreatment or delinquency, and provide opportunities for families and children to work toward self-sufficiency.</li> <li>9. the work at this phase will occur through a team effort on the part of the Department, contracted service coordinators, the community, and family.</li> </ol> Trainees will be able to: <ol style="list-style-type: none"> <li>10. monitor service plan development and implementation to ensure that it targets and addresses agreed upon outcomes.</li> <li>11. approve placement decisions based on the best interest of the child, least-restrictive setting, and closest proximity to family or community.</li> <li>12. continually evaluate the safety of children in out-of-home placements.</li> <li>13. assure that the child's educational, medical, and mental health needs are met through services and placement.</li> <li>14. utilize HHS funding sources.</li> </ol> <p style="text-align: right;">(Content to be further refined based on CW &amp; OJS reform decisions.)</p>

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#	Unit/Type/ # of Days	Description	Learning Objectives
4	<b>CMF 02L:</b> Electronic and Paper Records  <b>Lab</b> .5 day	Trainees are introduced to the purpose and importance of timely, accurate case management documentation, both in the electronic record and on paper. They become familiar with the basic structure and functionality of N-FOCUS and the standardized case file format. Trainees learn to navigate to contact narratives and required contacts and are introduced to a set of guidelines regarding the appropriate content and style of written documentation.	Trainees will: <ol style="list-style-type: none"> <li>1. be familiar with the major terms involved in documentation including SACWIS, N-FOCUS/CWIS, Master Case, Program Case, Expert System, Icons (Search, List, Detail).</li> <li>2. know the basic function of each N-FOCUS main menu icon.</li> <li>3. be able to perform basic navigation functions in N-FOCUS.</li> <li>4. know what information should be included in narratives.</li> <li>5. know the proper writing style for narratives and other written documentation.</li> <li>6. know the organization of the paper case file and how to properly file case documents.</li> </ol>
5	<b>CYF 01F:</b> Maltreatment 1  <b>Field</b> .5 day	In preparation for upcoming classroom training, trainees read and answer questions about several articles related to maltreatment definitions, occurrence, dynamics, effects, and cultural considerations and make a community visit to a community resource dealing with a cultural/ethnic group different than their own.	The objectives below are met by the activities of CYF 01F and the classroom activities of CYF 02C. Those marked with an asterisk are partially met by the activities of CYF 01F.  Trainees will: <ol style="list-style-type: none"> <li>1. *know the demographics of children and youth who have been physically abused, sexually abused, emotionally abused, physically neglected, and medically neglected, adjudicated as a status offender or juvenile offender.</li> <li>2. *know the systemic nature of maltreatment, and the interpersonal and family dynamics associated with maltreatment.</li> <li>3. *know the connection between maltreatment and juvenile offense.</li> <li>4. *know the effects of physical abuse, sexual abuse, and neglect on the child and family.</li> <li>5. *know the effects of delinquent behavior on the individual, family, and community.</li> <li>6. *understand ways in which culture impacts all aspects of child rearing.</li> <li>7. know the characteristics of intentional and unintentional injuries in order to make appropriate referrals to medical services, law enforcement, and additional maltreatment evaluation.</li> <li>8. be able to recognize physical and behavioral indicators of maltreatment in order to make appropriate referrals to medical and mental health service, law enforcement, and additional maltreatment evaluation.</li> <li>9. know the cultural practices and medical conditions that may be mistaken for or associated with maltreatment in order to make appropriate referrals to medical services, law enforcement, and additional maltreatment evaluation.</li> <li>10. be able to objectively document physical evidence of abuse.</li> <li>11. understand how the family functions as a system, and how a change in any one part may affect all other parts.</li> <li>12. understand the importance of attachment and the formation of deep meaningful connections for all children and youth.</li> <li>13. understand the difficulties created for the child and family when attachments fail or are insecure and the importance to the child of an environment that nurtures and sustains attachments.</li> <li>14. know and be able to apply the Department's policy about sexuality and pregnancy.</li> <li>15. understand the relationship of domestic violence to child maltreatment and the ways in which specialists can keep themselves safe while working with families who exhibit domestic violence situations.</li> <li>16. know the physical effect of alcohol and drugs on the brain as they lead to addiction, and the implications of these effects for working with individuals who are addicted and for treatment.</li> <li>17. be able to recognize the effects of alcohol and drugs on individual and family dynamics</li> <li>18. know the additional dangers created by the use and manufacture of methamphetamine and ways to recognize and avoid these dangers.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
6	<b>CYF 02C:</b> Maltreatment 2  <b>Classroom</b> 1.5 days	Trainees discuss what they have learned about maltreatment in preparation for class and gain additional understanding and practice related to recognizing and documenting abuse and neglect and dangers they may face including substance abuse and domestic violence.	See objectives described in CYF 01F.
7	<b>CMF 03L:</b> Interviewing / Interviewing Children  <b>Lab</b> 2 days	Trainees build communication skills needed to work with children and families by learning about the process and structure of effective interviewing. They participate in multiple videotaped sessions to refine skills needed to accurately gather and assess information while working with families throughout the case management process. They are also introduced to the communication skills needed to work with and gather information from children. Topics include building a relationship with the child and child language development, memory, and suggestibility.	Trainees will: <ol style="list-style-type: none"> <li>1. understand why proper interviewing skills are important for developing relationships with families, gathering accurate information from them, and engaging them in the process of change.</li> <li>2. know the fundamental skills needed for effective interviewing.</li> <li>3. know the general structure and process of effective interviewing.</li> <li>4. know the areas in which they have interview strengths and the areas where they need further work.</li> <li>5. understand what to look for as they shadow specialists in various interview situations.</li> <li>6. understand the background and importance of appropriate interviewing with children.</li> <li>7. recognize their potential impact on the children they will interview.</li> <li>8. know the reason for the different parts of the standard interview protocol.</li> <li>9. recognize the usual patterns of communication between children and adults.</li> <li>10. know basic information about language development.</li> <li>11. understand the components of memory.</li> <li>12. understand factors that contribute to suggestibility in children.</li> <li>13. recognize the impact of confirmatory bias on interviews with children.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
8	<b>CMF 04C:</b> Worker Safety and the Mandt System  <b>Classroom</b> 1.5 days	<p>Worker Safety: Trainees learn about the potential human, non-human, and environmental threats to their safety during case management and supervision. They also learn appropriate strategies for preventing, recognizing, and responding to worker safety threats.</p> <p>The Mandt System ®: Trainees acquire fundamental knowledge and skills related to building healthy relationships, building healthy communication, and building healthy conflict resolution.</p>	<p>In Worker Safety: Trainees will know:</p> <ol style="list-style-type: none"> <li>1. tips for preventing threats to safety.</li> <li>2. indicators of potentially dangerous situations.</li> <li>3. the various types of responses to safety threats (e.g., de-escalation, leaving the scene, etc.) and when each is appropriate.</li> <li>4. when and where threats might be encountered and the consequences of failing to address them.</li> </ol> <p>In The Mandt System ®:</p> <p>Trainees will learn:</p> <ol style="list-style-type: none"> <li>5. that people have a right to be treated with dignity and respect.</li> <li>6. that unmet needs can cause people to use behaviors that can sometimes cause harm to others.</li> <li>7. ways to interact with people so interactions do not escalate into incidents.</li> </ol> <p>Trainees will better understand:</p> <ol style="list-style-type: none"> <li>8. the importance of working as a team.</li> <li>9. the difference between emotions and behaviors.</li> <li>10. how stress affects communication.</li> <li>11. the importance of positive communication (verbal and non-verbal).</li> <li>12. the role of empathy in communication.</li> <li>13. the crisis cycle.</li> </ol> <p>Trainees will be better able to:</p> <ol style="list-style-type: none"> <li>14. build healthy relationships.</li> <li>15. demonstrate conflict resolution.</li> <li>16. respond in crisis situations.</li> </ol>
9	<b>CMP 02C:</b> Initial Safety Intervention  <b>Classroom</b> 4 days	<p>Trainees are introduced to the Nebraska Safety Intervention System (NSIS) and the concepts, steps, and policy associated with implementing the NSIS during the initial phases of case management. Topics include: assessing and responding to present danger at first contact, assessing impending danger through information gathering and identification of safety threats, conducting a safety intervention analysis to determine if a child is safe and whether a situation requires a child's removal from the home, safety planning, and case status determination.</p>	<p>Trainees will:</p> <ol style="list-style-type: none"> <li>1. understand the differences between maltreatment, risk, and safety.</li> <li>2. know the safety threshold criteria.</li> <li>3. know what present danger is and be able to recognize it.</li> <li>4. know what a protective action is and how to develop, document, and implement one.</li> <li>5. know what information to collect to assess for impending danger.</li> <li>6. understand the safety factors that should be considered when assessing safety.</li> <li>7. know how to assess for the presence of safety threats.</li> <li>8. understand the difference between safety plans and case plans.</li> <li>9. know how to judge the suitability of safety plan participants.</li> <li>10. know how to conduct a safety intervention analysis.</li> <li>11. know how to develop a safety plan.</li> <li>12. know how to make the appropriate case status determination.</li> <li>13. know DHHS policy related to the initial phases of the Nebraska Safety Intervention System.</li> </ol>
10	<b>CMP 03F:</b> Initial Safety Intervention: Practice 1  <b>Field</b> 1 day	<p>Trainees review case file information and then summarize information in the six assessment domains, identify safety threats, and determine if the child is safe.</p>	<p>Trainees will:</p> <ol style="list-style-type: none"> <li>1. be able to write safety assessment domain narratives.</li> <li>2. be able to identify and justify safety threats.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
11	<b>CMP 04C:</b> Initial Safety Intervention: Practice 1 Feedback  <b>Classroom</b> 1 day	Trainees report on the identified safety threats in their assigned cases and on their determination of the child's safety. They receive feedback from training staff and participate in a question and answer session about their decision-making process.	There are no separate learning objectives for this day. Classroom reporting exercise reinforces the learning objectives of the previous field day.
12	<b>CMF 05L:</b> N-FOCUS 1  <b>Lab</b> 1 day	Trainees acquire knowledge and skills necessary for N-FOCUS documentation of case management during Initial Safety Intervention. Topics include CFS program case registration, case and person detail, expert system, family relationships, tying intakes, initial safety assessment, program person, and professional relationships.	Trainees will be able to: <ol style="list-style-type: none"> <li>1. register a Children and Family Services (CFS) program case in N-FOCUS.</li> <li>2. document an initial assessment, safety evaluation, and safety plan in N-FOCUS.</li> <li>3. process family relationships using the Expert System in N-FOCUS.</li> <li>4. tie an intake to a CFS Program Case and enter allegation findings in N-FOCUS.</li> <li>5. document professional relationship information in N-FOCUS.</li> <li>6. document children and family information using the Detail Person and the Program Person functions in N-FOCUS.</li> </ol>
13	<b>CMP 06F:</b> Initial Safety Intervention: Shadowing in the Field  <b>Field</b> 1 day	Trainees shadow experienced specialists conducting initial safety assessments. Trainees review the experience with the specialists who use the Initial Safety Assessment tool to determine if the child is safe and, if not, what in-home or out-of-home services (least restrictive to most restrictive) need to be provided to the family. They then enter appropriate documentation on N-FOCUS under the guidance of the specialists.	Trainees will: <ol style="list-style-type: none"> <li>1. know the local practices for conducting and documenting an initial safety assessment.</li> <li>2. be able to recognize present danger.</li> <li>3. be able to recognize impending danger.</li> </ol>
14	<b>CMP 08L:</b> Initial Safety Intervention: Practice 2  <b>Lab</b> 1.5 days	Trainees practice identifying present danger and needed protective actions in a hypothetical case. They determine if a child is safe and whether a situation requires a child's removal from the home. They then conduct a mock initial safety assessment interview and document the initial safety intervention steps in N-FOCUS.	Trainees will be able to: <ol style="list-style-type: none"> <li>1. ask questions to gather initial safety assessment information.</li> <li>2. document initial safety assessment information in N-FOCUS.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
15	<b>CMF 09F:</b> Gathering and Corroborating Information  <b>Field</b> .5 day	To support effective case management and supervision decision making, trainees learn how to gather and corroborate information and how to access and search computer systems and web sites that can facilitate this process.	Trainees will: <ol style="list-style-type: none"> <li>1. know strategies for searching for corroborating evidence.</li> <li>2. know how to search for information on various computer systems and web sites (e.g., C1, Central Registry, Child Support, NDEN, sex offender registries, etc.).</li> <li>3. know where to look to find or confirm common pieces of information, such as address, birth date, child support, criminal records, and social security numbers.</li> </ol>
16	<b>CMF 06L-SRV:</b> N-FOCUS 2  <b>Lab</b> 1 day	Trainees acquire knowledge and skills necessary for N-FOCUS documentation of case management. Topics include removal and placement, visitation plan, service referral and authorization, and alerts and correspondence. Trainees review hypothetical cases to identify needed services, determine placement of the child, and make appropriate referrals to services.	Trainees will be able to: <ol style="list-style-type: none"> <li>1. document removals and placements in N-FOCUS.</li> <li>2. create a service referral and service authorization in N-FOCUS.</li> <li>3. document a visitation plan in N-FOCUS.</li> <li>4. create an original and draft copies of the visitation plan for different legal actions and court hearings in N-FOCUS.</li> <li>5. add, update, and enter case management progress regarding the visitation plan in N-FOCUS.</li> <li>6. read, clear, and create electronic alerts in N-FOCUS.</li> <li>7. search, create, view, print, and destroy correspondence in N-FOCUS.</li> </ol>
17	<b>WLS 01C:</b> Nebraska Juvenile Court Process 1  <b>Classroom</b> 1.5 days	Trainees acquire knowledge to help them prepare for and participate in judicial proceedings. Topics include the steps of the Nebraska juvenile court process through adjudication, how to prepare a request to file a juvenile court petition, and basic tips for testifying in court.	Trainees will: <ol style="list-style-type: none"> <li>1. understand the differences among the legal processes for child protection, status offense, and law violator cases through adjudication.</li> <li>2. understand the connection between law, policy, and what they do in performing their work.</li> <li>3. be able to correlate statutes and policy to the work.</li> <li>4. be able to find, read, and interpret the statutes and policy guiding and governing their work as a CFS Specialist.</li> <li>5. understand the juvenile court process through adjudication so that they can always know where a case is in the process, what should have been done before, and what needs to be done next and when.</li> <li>6. be able to articulate how the legal process integrates with their efforts to work with the children and families placed in the custody or supervision of the Department.</li> <li>7. understand their responsibilities for each type of case in juvenile court and how they must work with others in the system and the children and families who are in court.</li> <li>8. understand the legal differences between adoption and guardianship and how the differences impact the choice of alternatives to reunification as permanency plans and how the differences can impact the child's well-being.</li> <li>9. understand the responsibilities of others for each type of case in the juvenile court.</li> <li>10. understand the importance of obeying court orders.</li> <li>11. know common legal terms related to testifying.</li> <li>12. know recommended practices for effective testifying.</li> <li>13. understand that there are techniques that will assist the CFS Specialist in presenting accurate and credible testimony in court.</li> <li>14. understand the process of analyzing available information within the framework of the Juvenile Code.</li> <li>15. understand the process of assessing available information to decide what to include in a request to file memorandum.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
18	<b>CMP 11C:</b> Referral to Services/ Resources for Safety, Permanency, and Well-being 2  <b>Classroom</b> .5 day	Trainees learn about the referral process as it relates to medical and treatment services, Wards with Disabilities, the Former Ward Program, funding sources including IV-E, and timeframes.	Trainees will: 1. know levels of medical services. 2. know how to access services for wards with disabilities. 3. know the eligibility criteria for Former Ward Program. 4. understand the different funding sources. 5. recognize the importance of using IV-E services.
19	<b>WLS 05L:</b> Testifying in an Adjudication Hearing  <b>Lab</b> 2 days	In preparation for a mock adjudication hearing, trainees prepare a request to file a petition, based on a previously provided fact scenario for a hypothetical abuse and neglect case. They learn techniques for providing credible testimony in an adjudication hearing, with emphasis on accurately and completely providing the results of the initial safety assessment. By participating in a mock adjudication hearing, they develop and refine their testifying skills through practice, oral and written feedback, and observation of themselves on video and of others as they testify.	Trainees will: 1. understand the process of providing information to the county attorney necessary for determining whether to file a petition. 2. be able to analyze and assess available information in order to request the county attorney to file a petition allowing the necessary intervention with children and families. 3. understand how effective testimony supports the case management goals of safety, permanency and well-being. 4. understand the skill of testifying as a part of the work of a CFS Specialist. 5. understand that how a specialist presents him or herself as a representative of the Department has a direct impact on the effectiveness of the testimony in court. 6. be able to testify in a credible manner providing the court with accurate and complete factual and opinion-based evidence. 7. be able to recognize and effectively respond to typical cross-examination techniques.
<b>SPECIALIZED - INTAKE (1 day)</b>			
20	<b>CMP 15L:</b> Specialized Intake  <b>Lab</b> 1 day	Trainees participate in a specialized training on the abuse/neglect intake referral and acceptance process. Topics include effective data gathering, decision making, screening, prioritization, and data entry on N-FOCUS.	Trainees will: 1. understand the intake process.  Trainees will be able to: 2. take a referral. 3. ask the appropriate questions to gather the required information. 4. make screening decisions and priority decisions. 5. enter this referral into the N-FOCUS system.
<b>SPECIALIZED – ONGOING SAFETY INTERVENTION (15 days)</b>			
21	<b>CMP 05C:</b> Ongoing Safety Intervention  <b>Classroom</b> 4 days	Trainees continue learning about the Nebraska Safety Intervention System (NSIS) with specific focus on the concepts, steps, and policy associated with implementing the NSIS during the ongoing phases of case management and supervision. Topics include: introduction to ongoing safety intervention, the protective capacity assessment, development and implementation of the case plan, conditions for return, continuing safety management, measuring progress, permanency planning including using kinship care as a resource for children involved with the child welfare system, and reunification.	Trainees will: 1. understand the purpose and primary responsibilities of ongoing safety intervention. 2. know what protective capacities are and what they look like. 3. know the purpose, objectives, and steps associated with each stage of the protective capacity assessment (preparation, introduction, discovery, and case planning). 4. know how to document the protective capacity assessment and case plan. 5. know how to write outcomes, needs, and strategies. 6. understand what conditions for return are and what they look like. 7. know the standards and process for measuring case plan progress. 8. know when reunification should be considered and the criteria for making the decision. 9. know the process for reunification. 10. know DHHS policy related to the ongoing phases of the Nebraska Safety Intervention System.

Developed for DHHS – Division of Children & Family Services by UNL – CCFL and DHHS – HRD

## DHHS Child Welfare and Juvenile Services Training: New Worker Training

(shaded units are considered not IV-E fundable)

#	Unit/Type/ # of Days	Description	Learning Objectives
22	<b>CMF 01C-FTM:</b> Family/Person Centered Practice  <b>Classroom</b> 1 day	Trainees acquire knowledge and skills related to family team meeting facilitation and the development of outcomes, needs, and strategies with families.	Trainees will: <ol style="list-style-type: none"> <li>1. be able to facilitate an initial family team meeting with the purpose of developing a case plan.</li> <li>2. be able to facilitate ongoing family team meetings with the purpose of reviewing and updating a case plan.</li> <li>3. be able to effectively talk with families about outcomes, needs, and strength-based strategies in order to develop the case plan.</li> <li>4. understand that outcomes must relate to the identified safety threats.</li> </ol>
23	<b>CMP 09C:</b> Court Report Components  <b>Classroom</b> .5 day	Trainees learn the basic components of the court report and visitation planning as they develop case management and supervision skills.	Trainees will: <ol style="list-style-type: none"> <li>1. know the components of a court report.</li> <li>2. know the components of a visitation plan.</li> <li>3. be able to write a court report.</li> </ol>
24	<b>CMF 06L-CPR:</b> N-FOCUS 2  <b>Lab</b> 1 day	Trainees acquire knowledge and skills necessary for N-FOCUS documentation of a protective capacity assessment, a case plan and court report, conditions for return, and required contacts.	Trainees will be able to: <ol style="list-style-type: none"> <li>1. create a protective capacity assessment in N-FOCUS.</li> <li>2. document a case plan and court report in N-FOCUS.</li> <li>3. create an original and draft copies of the case plan and court report for different legal actions and court hearings in N-FOCUS.</li> <li>4. add, update, and enter case management progress regarding the case plan and court report in N-FOCUS.</li> <li>5. document conditions for return in N-FOCUS.</li> <li>6. document required contacts.</li> </ol>
25	<b>CMP 10L:</b> Ongoing Safety Intervention: Practice  <b>Lab</b> 2 days	Trainees learn how to use the family centered practice process to facilitate family team meetings during case plan development, case management, and supervision. They conduct a mock Protective Capacity Assessment interview using the family centered practice process to gather information for case plan development. Trainees practice documenting a protective capacity assessment and case plan in N-FOCUS.	Trainees will be able to: <ol style="list-style-type: none"> <li>1. gather information to complete a protective capacity assessment.</li> <li>2. complete a genogram and an ecomap.</li> <li>3. facilitate a family team meeting.</li> <li>4. develop a case plan based on the identified safety threats.</li> <li>5. document a protective capacity assessment on N-FOCUS.</li> <li>6. document the case plan on N-FOCUS.</li> <li>7. document the family team meeting on N-FOCUS.</li> </ol>

## DHHS Child Welfare and Juvenile Services Training: New Worker Training

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#	Unit/Type/ # of Days	Description	Learning Objectives
26	<b>WLS 06L:</b> Developing and Advocating for the Case Plan/Court Report and Visitation Plan  <b>Lab</b> 4 days	Trainees learn the steps of the juvenile court process beginning after adjudication through case closure for child protection, status offense, and law violation cases. In preparation for participation in the dispositional phase of a judicial child protection case, trainees prepare a Protective Capacity Assessment and a case plan / court report in a mock court-adjudicated case. Trainees learn how to integrate the case planning process with court reporting and with preparation of a visitation plan for a family.	Trainees will: <ol style="list-style-type: none"> <li>1. understand the differences among the legal processes for child protection, status offense, and law violator cases from adjudication through case closure.</li> <li>2. understand the juvenile court process from adjudication through case closure so that they can always know where a case is in the process, what should have been done before, and what needs to be done next and when.</li> <li>3. understand how the Juvenile Court process fits with the case planning process.</li> <li>4. understand the importance of accurate assessment in both the case planning process and the court process.</li> <li>5. be able to document a protective capacity assessment in compliance with family centered practice and policy.</li> <li>6. understand the need to express strategies so that compliance with the case plan and leads to progress toward the permanency objective.</li> <li>7. be able to prepare a case plan and court report which incorporates the values, principles, and beliefs of family centered practice, complies with statute and policy and, if followed, results in achieving permanency.</li> <li>8. be able to document a case plan and court report using the N-FOCUS system.</li> <li>9. be able to work collaboratively with others to create a case plan/court report reflecting family centered practice.</li> <li>10. understand how to articulate the case plan so it is clear, precise, and understandable.</li> <li>11. be able to demonstrate/articulate why a case plan/court report submitted to the court should be upheld and ordered by the court.</li> </ol>
27	<b>WLS 07L:</b> Testifying in a Disposition, Review, and Permanency Hearing  <b>Lab</b> 1 day	In preparation for mock disposition, review, and permanency hearings, trainees review the content and purpose of a case plan/court report and the importance of choosing appropriate services based on the adjudication order and their relation to specific strengths and needs of families. By participating in mock hearings, they learn techniques for providing credible testimony in disposition, review, and permanency hearings, with emphasis on testifying as an expert. They develop and refine their testifying skills through practice, oral and written feedback, and observation of themselves on video and of others as they testify.	Trainees will: <ol style="list-style-type: none"> <li>1. understand that there are techniques that will assist the CFS Specialist in presenting accurate and credible testimony in court.</li> <li>2. understand that credible and accurate testimony results in appropriate disposition.</li> <li>3. understand how to communicate effectively both orally and in writing with other professionals in the court system.</li> <li>4. be able to credibly defend a case plan/court report contested by other parties.</li> <li>5. understand how to read court orders and the importance of obeying court orders.</li> <li>6. understand the process of defending a case plan in contested disposition hearings.</li> <li>7. understand how to effectively assess available information within the framework of an adjudication order to develop a case plan/court report.</li> <li>8. understand the dynamic nature of the case process and how to respond to changing family dynamics within the framework of a disposition order.</li> <li>9. be able to respond to changing family dynamics within the framework of a disposition order in a manner reflecting family centered practice's values, beliefs, and principles and which seeks to achieve the safety, permanency, and well-being of a child or children.</li> <li>10. be able to collaboratively (with other trainees and with a Field Training Specialist role-playing a Supervisor) create and defend an amended case plan in response to changes in family circumstances in the mock case.</li> </ol>
28	<b>CMP 14C:</b> Case Closure  <b>Classroom</b> .5 day	Trainees learn how to carry out final case management and supervision responsibilities, with a focus on when and how to close a case based on the resolution of the issues that brought the child/youth to the attention of the Department and the achievement of case plan outcomes.	Trainees will: <ol style="list-style-type: none"> <li>1. recognize the need to have a court order prior to case closure (court involved cases).</li> <li>2. be able to identify reasons for case closure.</li> <li>3. be able to close a case according to policy and procedure.</li> <li>4. be able to complete and finalize all documentation on N-FOCUS.</li> </ol>

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## DHHS Child Welfare and Juvenile Services Training: New Worker Training

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#	Unit/Type/ # of Days	Description	Learning Objectives
29	<b>CMF 10L:</b> N-FOCUS 3  <b>Lab</b> 1 day	Trainees acquire knowledge and skills necessary for N-FOCUS documentation of case management activities related to case closure. They review previous topics as needed and practice documenting a hypothetical case from initial safety intervention through case closure.	Trainees will be able to: 1. close a case person in N-FOCUS. 2. close a case in N-FOCUS. 3. create a speed note in N-FOCUS. 4. change administrative role information in N-FOCUS.
<b>SPECIALIZED – JUVENILE SERVICES OFFICER (7 days; must take SPECIALIZED ONGOING first)</b>			
30	<b>JSO 01F:</b> JSO-Specialized 1  <b>Field</b> .5 day	Trainees complete readings in preparation for JSO classroom training and observe current JSOs as they carry out case management and supervision of juvenile offenders.	<p>Module 1 - Steps in the Court and Legal Process. Trainees will:</p> <ol style="list-style-type: none"> <li>1. know which statutes authorize intervention by the juvenile court (in particular, the Nebraska Juvenile Code and the Office of Juvenile Services Act).</li> <li>2. know which individuals hold decision making authority in the juvenile justice system—including law enforcement officers, probation officers, county attorneys, and judges.</li> <li>3. know the charging options available to the county attorney when a youth has committed a law violation—and on what basis the county attorney chooses among those options.</li> <li>4. know the meaning of an adjudication, what happens at an adjudication hearing, and which statutes provide the basis for an adjudication of a juvenile offender.</li> <li>5. know about the pre-dispositional evaluation services that are offered through HHS/OJS and probation.</li> <li>6. know the meaning of a disposition, what happens at a disposition hearing, and the main dispositional options for youths adjudicated as juvenile offenders.</li> <li>7. know the proper language needed in a court order when a judge commits a youth to HHS/OJS.</li> <li>8. know the meaning of an initial level of treatment and the three main initial levels of treatment that a judge may order.</li> <li>9. know which youths are subject to review hearings by the committing court.</li> </ol> <p>Module 2 - Steps in the Case Management Process. Trainees will:</p> <ol style="list-style-type: none"> <li>10. know how the case management steps for juvenile offenders compare to the case management steps for other adjudicated populations.</li> <li>11. know the types of tasks that are associated with early case management responsibilities for juvenile offenders.</li> <li>12. know the basic sequence/order in which early case management responsibilities must be completed.</li> <li>13. know which case management responsibilities may require a large investment of the JSO's time.</li> </ol>
31	<b>JSO 02C:</b> JSO-Specialized 2  <b>Classroom</b> 5.5 days	Trainees learn how to supervise juvenile offenders in accordance with policy, procedure, and best practice guidelines. Topics include case management procedures including the Youth Level of Service/Case Management Inventory (YLS/CMI), specialized services and placements, and specialized high-stakes interventions for juvenile offenders.	<p>Module 3 - Initial Case File Review. Trainees will:</p> <ol style="list-style-type: none"> <li>14. know the key points about each of the main topics (e.g., the purpose, definitions, individuals involved, time frames, and tasks associated with the initial case file review).</li> <li>15. be able to interpret the information in an adjudication order and disposition order.</li> <li>16. be able to interpret the information in the Comprehensive Child and Adolescent Assessment (CCAA) report and evaluate the report's strengths and weaknesses.</li> <li>17. know how to interpret basic clinical information such as standardized test scores, percentile ranks, and the five axes of the Diagnostic and Statistical Manual (DSM).</li> <li>18. know how to review and interpret the information in the YLS/CMI Score Sheets and Initial Classification Form.</li> </ol>

## DHHS Child Welfare and Juvenile Services Training: New Worker Training

(shaded units are considered not IV-E fundable)

#	Unit/Type/ # of Days	Description	Learning Objectives
	(continued) <b>JSO 02C:</b> JSO-Specialized 2  <b>Classroom</b> 5.5 days	(continued) Trainees learn how to supervise juvenile offenders in accordance with policy, procedure, and best practice guidelines. Topics include case management procedures including the Youth Level of Service/Case Management Inventory (YLS/CMI), specialized services and placements, and specialized high-stakes interventions for juvenile offenders.	<p>Module 4 - Orientation to Rules and Expectations. Trainees will:</p> <ol style="list-style-type: none"> <li>19. know the key points about each of the main topics (e.g., the purpose, individuals involved, time frames, and tasks associated with the orientation to rules).</li> <li>20. know the HHS/OJS forms (e.g., the Conditions of Liberty) that present the rules and expectations for juvenile offenders and their families.</li> <li>21. know the order of priority for introducing the forms.</li> <li>22. be able to <b>explain each of the forms to assigned youths and families and provide a clear rationale for the rules and expectations found in them.</b></li> </ol> <p>Module 5 – Safety and In-Home Services. Trainees will:</p> <ol style="list-style-type: none"> <li>23. be able to identify the services in the Safety and in-Home Services Contract that are specific to juvenile offenders (i.e., electronic monitoring, tracker services, and drug screening and testing).</li> <li>24. know basic information about the contract provisions.</li> <li>25. know the current service providers (in the trainee’s Service Area) for Safety and In-Home Services.</li> </ol> <p>Module 6 - Drug Screening. Trainees will:</p> <ol style="list-style-type: none"> <li>26. know the key points about each of the main topics (e.g., the purpose, types, authorized testing situations, and tasks associated with the drug screening process).</li> <li>27. know the difference between preliminary and confirmatory urinalysis testing.</li> <li>28. know the types of situations in which the worker is authorized to conduct urinalysis testing.</li> <li>29. know the common types of tampering and manipulation of urine samples and how to combat such tampering.</li> <li>30. know when and how to obtain urine samples from youths.</li> <li>31. know how to conduct urinalysis tests using the Department’s preliminary urinalysis equipment.</li> <li>32. know how to respond when a youth’s urinalysis testing process yields a positive test result.</li> </ol> <p>Module 7 - YRTC Programs. Trainees will:</p> <ol style="list-style-type: none"> <li>33. know the key points about each of the main topics (e.g., the purpose, legal authority of the YRTCs, and the role/responsibilities of the JSO).</li> <li>34. know the programs and services that are provided/offered at the YRTCs. * know what a typical day for a youth at a YRTC is like.</li> <li>35. know the proper role and responsibilities for the JSO in regard to institutionally-assigned youths on his/her caseload.</li> <li>36. know how to properly carry out institutional visits.</li> <li>37. know how to appropriately communicate with the staff and residents of the YRTCs.</li> </ol>

## DHHS Child Welfare and Juvenile Services Training: New Worker Training

(shaded units are considered not IV-E fundable)

#	Unit/Type/ # of Days	Description	Learning Objectives
	(continued) <b>JSO 02C:</b> JSO-Specialized 2  <b>Classroom</b> 5.5 days	(continued) Trainees learn how to supervise juvenile offenders in accordance with policy, procedure, and best practice guidelines. Topics include case management procedures including the Youth Level of Service/Case Management Inventory (YLS/CMI), specialized services and placements, and specialized high-stakes interventions for juvenile offenders.	<p>Module 8 - Behavior Management. Trainees will:</p> <ul style="list-style-type: none"> <li>38. know the key points about each of the main topics (e.g., the goals and philosophy, appropriate supervision and monitoring guidelines, and other responsibilities associated with behavior management).</li> <li>39. know the range of normal adolescent behavior and how to distinguish normal adolescent behavior from delinquent behavior.</li> <li>40. know the case management practices that can help to prevent or reduce the occurrence of behavior management problems.</li> <li>41. know the principles of effective monitoring.</li> <li>42. know the meaning of sanctions and rewards; know acceptable types of sanctions and rewards that can be used with juvenile offenders.</li> <li>43. know how to identify and apply appropriate consequences with youths.</li> <li>44. know the types of interventions that cannot be used with youths.</li> </ul>
			<p>Module 9 - Search and Seizure. Trainees will:</p> <ul style="list-style-type: none"> <li>45. know the key points about each of the main topics (e.g., the purposes, types, constraints, and tasks associated with search procedures).</li> <li>46. know the types of items and materials that may be declared to be contraband. * know what different types of contraband look like.</li> <li>47. know the legal basis for conducting searches.</li> <li>48. know how to reduce the intrusiveness of search procedures.</li> <li>49. know how to appropriately conduct both person and property searches.</li> <li>50. be able to appropriately conduct both person and property searches.</li> <li>51. know the options available to the worker for proper disposition of contraband items.</li> <li>52. be able to identify an appropriate disposition for any contraband item that is discovered.</li> </ul>
			<p>Module 10 - Apprehension and Detention. Trainees will:</p> <ul style="list-style-type: none"> <li>53. know the key points about each of the main topics (e.g., the purposes, legal authority, and tasks associated with apprehension procedures).</li> <li>54. know the legal basis upon which a worker may take a juvenile offender into custody.</li> <li>55. know how to carry out a supervisory consultation prior to a decision to apprehend a youth.</li> <li>56. know how to appropriately identify backup in apprehension situations.</li> <li>57. know the steps involved in conducting apprehension and detention.</li> <li>58. know how to place a youth in detention, including use of the Detainer form.</li> </ul>

## DHHS Child Welfare and Juvenile Services Training: New Worker Training

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#	Unit/Type/ # of Days	Description	Learning Objectives
	(continued) <b>JSO 02C:</b> JSO-Specialized 2  <b>Classroom</b> 5.5 days	(continued) Trainees learn how to supervise juvenile offenders in accordance with policy, procedure, and best practice guidelines. Topics include case management procedures including the Youth Level of Service/Case Management Inventory (YLS/CMI), specialized services and placements, and specialized high-stakes interventions for juvenile offenders.	<p>Module 11 - Use of Mechanical Restraints. Trainees will:</p> <ul style="list-style-type: none"> <li>59. know the key points about each of the main topics (e.g., the philosophy, situations of authorized use, and procedures associated with the use of mechanical restraints).</li> <li>60. know how to appropriately apply a full set of mechanical restraints.</li> <li>61. be able to appropriately apply a full set of mechanical restraints.</li> <li>62. know how to cope with common issues/problems that may arise in using mechanical restraints.</li> </ul> <p>Module 12 - Abscond Procedures. Trainees will:</p> <ul style="list-style-type: none"> <li>63. know the key points about each of the main topics (e.g., the goal, legal authority, possible situations, and tasks associated with abscond procedures).</li> <li>64. know the legal basis for making efforts to regain custody of youths who have absconded.</li> <li>65. know how to identify a true abscond situation from a situation in which a youth is being unaccountable for his/her whereabouts.</li> <li>66. know the steps to take when a youth is determined to be a true absconder.</li> <li>67. know the steps to take when an absconder is located.</li> </ul> <p>Module 13 - Administrative Hearings. Trainees will:</p> <ul style="list-style-type: none"> <li>68. know the key points about each of the main topics (e.g., the procedures and due process guidelines associated with administrative hearings).</li> <li>69. know the purposes associated with each type of administrative hearing.</li> <li>70. know what the JSO must do to prepare for each type of administrative hearing.</li> <li>71. know what the JSO must do to testify/participate in each type of administrative hearing.</li> <li>72. know what the JSO must do to follow up after each type of administrative hearing.</li> </ul>
	(continued) <b>JSO 02C:</b> JSO-Specialized 2  <b>Classroom</b> 5.5 days	(continued) Trainees learn how to supervise juvenile offenders in accordance with policy, procedure, and best practice guidelines. Topics include case management procedures including the Youth Level of Service/Case Management Inventory (YLS/CMI), specialized services and placements, and specialized high-stakes interventions for juvenile offenders.	<p>Module 14 – Youth Level of Service/ Case Management Inventory (YLS/CMI). Trainees will:</p> <ul style="list-style-type: none"> <li>73. know when and how the YLS/CMI is utilized in the case management process.</li> <li>74. know the rationale for and history of using standardized risks and needs assessments.</li> <li>75. know the eight sections and 42 items of the YLS/CMI.</li> <li>76. know the questions that are used to gather information relevant to the YLS/CMI.</li> <li>77. know the scoring guidelines for each of the items in the YLS/CMI.</li> <li>78. be able to appropriately score a YLS/CMI interview.</li> </ul>
32	<b>JSO 03F:</b> JSO-Specialized 3  <b>Field</b> 1 day	Trainees tour the Youth Rehabilitation and Treatment Centers or observe current JSOs as they carry out case management and supervision of juvenile offenders.	There are no separate learning objectives for this day. Field training exercises reinforce the learning objectives of the previous classroom days.

## DHHS Child Welfare and Juvenile Services Training: New Worker Training

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#	Unit/Type/ # of Days	Description	Learning Objectives
<b>SPECIALIZED – ADOPTION (3 days; must take SPECIALIZED ONGOING first)</b>			
33	<b>CMP 16C:</b> Specialized Adoption  <b>Classroom</b> 3 days	Trainees learn about the fundamentals and dynamics of adoption as they relate to each person involved in the adoption process. Topics include preparing the child and family for placement; the case management and post-placement supervision responsibilities of the adoption worker; and the process and procedures necessary to free the child for adoption, make adoptive placement decisions, determine eligibility for subsidy, discuss openness, and finalize adoptions.	Trainees will be able to: <ol style="list-style-type: none"> <li>1. apply their knowledge and understanding of adoption dynamics when working with children and families preparing for adoption.</li> <li>2. explain the adoption process and their role in this process.</li> <li>3. identify the procedures and/or forms needed to complete relinquishments, provide notice to fathers, prepare placement, provide information to contractors for the adoption exchange, and discuss openness.</li> <li>4. understand how to determine if a child is eligible for subsidy, how to complete the appropriate forms to arrange for subsidy, and that there are time frames that must be adhered to in order for subsidy to go into effect.</li> <li>5. identify the forms needed to complete an adoption based on each child's circumstances and distinguish which forms need to be included in the Adoption Packet that will be sent to the adoptive parent(s)' attorney to complete the finalization of the adoption.</li> </ol>
<b>IN-SERVICES(6 days)</b>			
34	<b>WLS 08C:</b> Legal Case Management Responsibilities  <b>Classroom</b> 2 days	Trainees learn about legal case management responsibilities, including working with Native American families pursuant to principles of law and family-centered practice, practical applications of confidentiality, expungement from the Central Register, and practical considerations of case management and worker liability. Trainees also discuss legal and judicial proceeding problems they have encountered with their first assigned cases.	Trainees will: <ol style="list-style-type: none"> <li>1. understand the differences between the child protection tracking system and the Central Register.</li> <li>2. understand concepts of liability and indemnification.</li> <li>3. understand and be able to recognize instances when workers can be in danger of creating liability for themselves and the Department.</li> <li>4. understand legal ramifications of termination of parental rights.</li> <li>5. recognize the importance of compliance with the Indian Child Welfare Act (ICWA) in achieving permanency.</li> <li>6. understand how Child Welfare and Juvenile Services practice is impacted by legal requirements for reasonable efforts, Central Register, confidentiality, ICWA, and adoption.</li> </ol>
35	<b>CYF 03F-DSE:</b> Disability and Special Education 1  <b>Field</b> .5 day	In preparation for upcoming classroom training, trainees read information about conditions that qualify children for special education and review the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and file information for a child who is in special education.	The following objectives are met by the activities of CYF 03F-DSE and the classroom activities of CYF 04C-DSE. Those marked with an asterisk are partially met by the activities of CYF 03F-DSE.  The trainees will: <ol style="list-style-type: none"> <li>1. understand the ways in which a child with special needs and the systems of care for the child (including special education) can impact a family in both positive and negative ways.</li> <li>2. * know the special education regulations contained in Rule 51 and the importance and methods of advocating for children who are receiving special education services.</li> <li>3. know the aspects of the Department's policy and guidebooks as they relate to working and communicating with schools and planning for a child's education.</li> <li>4. * know the CAPTA rules requiring referral to the Early Development Network for all children under three years of age who have been abused or neglected, and how these referrals are made.</li> <li>5. know the gross motor, fine motor, and language development milestones for children from birth to age six and be able to use reference materials to recognize when children may need further evaluation of their developmental progress.</li> <li>6. * know the most important considerations when dealing with commonly encountered physical and mental health conditions and how to effectively find additional information when needed.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
36	<b>CYF 04C-DSE:</b> Disability and Special Education 2  <b>Classroom</b> 1 day	Trainees learn more about the most common conditions that qualify children for special education, explore the special education regulations, and learn advocacy techniques for children. They participate in an interactive development game that reinforces early recognition of special education needs and listen to a panel of parents present a family centered view of special education.	See objectives described in CYF 03F-DSE.
37	<b>CYF 03F-DEV:</b> Supporting Development 1  <b>Field</b> .5 day	In preparation for upcoming classroom training, trainees read information about managing difficult developmental stages (colic, toilet training, behavior problems, and adolescence) that may lead to parenting difficulties and/or maltreatment.	The following objectives are met by the activities of CYF 03F-DEV and the classroom activities of CYF 04C-DEV. Those marked with an asterisk are partially met by the activities of CYF 03F-DEV.  The trainees will: <ol style="list-style-type: none"> <li>1. *know the characteristics and understand the effective management of normal developmental stages that may put children at increased risk including crying, exploratory behavior, toilet training, discipline, development of attention, differences in learning styles, and adolescence.</li> <li>2. understand their attitudes about the proper place of corporal punishment in child rearing and know what expert organizations and research say on the subject.</li> </ol>
38	<b>CYF 04C-DEV:</b> Supporting Development 2  <b>Classroom</b> .5 day	Trainees apply their knowledge of difficult developmental stages to case studies and identify ways CFS Specialists can support families during these times.	See objectives described in CYF 03F-DEV.
39	<b>CYF 03F-MPH:</b> Mental and Physical Health 1  <b>Field</b> .5 day	In preparation for upcoming classroom training, trainees review information about treatment of mental health problems and abstract a case file of a child receiving complicated psychopharmacology.	The following objectives are met by the activities of CYF 03F-MPH and the classroom activities of CYF 04C-MPH. Those marked with an asterisk are partially met by the activities of CYF 03F-MPH.  The trainees will: <ol style="list-style-type: none"> <li>1. know the concept of evidence-based mental health treatment and the treatments that currently have the strongest evidence of effectiveness.</li> <li>2. understand the requirements for successful treatment of addiction.</li> <li>3. * know the most important considerations working with children taking each class of commonly prescribed psychotropic medications.</li> <li>4. * know the importance of obtaining regular, objective information about the effects and side-effects of medication, and methods for objectively obtaining this information and professionally communicating it to the prescribing physicians.</li> <li>5. *know the resources available for helping individuals affected by domestic violence and substance abuse and the importance of working collaboratively with these resources.</li> </ol>

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#	Unit/Type/ # of Days	Description	Learning Objectives
40	<b>CYF 04C-MPH:</b> Mental and Physical Health 2  <b>Classroom</b> .5 day	Trainees review what they have learned about mental health interventions, substance abuse treatment, and psychopharmacology and learn strategies for effective case management of children receiving complicated medication treatment.	See objectives described in CYF 03F-MPH.
41	<b>CMP 13C:</b> Referral to Services/ Resources for Safety, Permanency, and Well-being 3  <b>Classroom</b> .5 day	Trainees learn about the services and the complexities of Medicaid services in order to more effectively refer to services and manage case plans.	Trainees will: <ol style="list-style-type: none"> <li>1. recognize the services that are paid for from Medicaid funding and need Magellan authorization for access.</li> <li>2. be able to work effectively with Magellan and the providers to access mental health and substance abuse services for the families they are serving.</li> </ol>

**CCFL Training of the Nebraska DHHS Protection and Safety Worker/Child and Family Services Specialist Trainees<sup>1</sup>  
Summary (12/31/08)**

Group #	Location	model	# Trainees/Workers			% completed
			orig. enrollment <sup>2</sup>	current	completed	
<b>Beginning of Employment Practicum 9/9/04</b>						
P00904L	Lincoln	Six-Month	10	-	8	
P09040	Omaha	Six-Month	21	-	16	
P058	North Platte	Six-Month	14	-	11	
P1004	Lincoln/Omaha	Six-Month	10	-	9	
P59	Grand Island	Six-Month	9	-	7	
P1204	Lincoln/Omaha	Six-Month	13	-	10	
<b>2004 Summary</b>			<b>77</b>	<b>-</b>	<b>61</b>	<b>79%</b>
P0105	Omaha/Lincoln	Six-Month	17	-	16	
P0205	Kearney	Six-Month	17	-	12	
P0405	Lincoln	Six-Month	25	-	21	
P0605	Lincoln	Six-Month	26	-	23	
P0705	Gering	Six-Month	11	-	9	
P09050	Omaha	Six-Month	28	-	25	
P0905L	Lincoln	Six-Month	17	-	15	
P1105	Lincoln	Six-Month	16	-	15	
P1205	Lincoln/Omaha	Six-Month	24	-	17	
<b>2005 Summary</b>			<b>181</b>	<b>-</b>	<b>153</b>	<b>85%</b>
P0106	Lincoln	Six-Month	10	-	11	
P0306	Lincoln	Six-Month	12	-	12	
P0406	Lincoln	Six-Month	10	-	7	
P0506	Omaha	Six-Month	15	-	12	
P0606 <sup>3</sup>	Lincoln	Six-Month	23	-	15	
P0806	Lincoln	Six-Month	13	-	12	
P0906	Lincoln	Six-Month	20	-	9	
P1006	Omaha	Six-Month	17	-	15	
P1106	Lincoln	Six-Month	17	-	15	
P1206	North Platte	Six-Month	9	-	7	
<b>2006 Summary</b>			<b>146</b>	<b>-</b>	<b>115</b>	<b>79%</b>
P0107	Lincoln/Omaha	Six-Month	29	-	18	
P0407	Lincoln/Hastings	Six-Month	20	-	19	
P0507	Lincoln	Expedited	23	-	17	
P0707	Lincoln	Expedited	21	-	13	
P0807	Grand Island/North Platte	Six-Month	11	-	11	
PS0907	Lincoln	Expedited	14	-	8	
PS907b	Omaha	Expedited	22	-	18	
PS1107	Grand Island	Six-Month	6	-	6	
PS1207	Lincoln	Specialized	15	-	7	
<b>2007 Summary</b>			<b>161</b>	<b>-</b>	<b>117</b>	<b>73%</b>
PS0108	Omaha	Specialized	23	-	13	
PS108b	Lexington	Six-Month	13	-	10	
PS0308	Lincoln	Specialized	24	22	0	
PS0408	North Platte	Six-Month	6	-	5	
PS0508	Lincoln	Specialized	18	14	0	
PS508b	Omaha	Specialized	31	29	0	
PS0608	Columbus	Six-Month	12	-	9	
PS0708	Lincoln	Specialized	26	26	0	
PS0808	Grand Island/Columbus	Specialized	7	5	0	
CWJS0908	Lincoln	Specialized	20	19	0	
CWJS1008	Omaha	Specialized	13	12	0	
CWJS1108	North Platte	Specialized	10	10	0	
CWJS1208	Lincoln	Specialized	12	12	0	
<b>2008 Summary</b>			<b>215</b>	<b>149</b>	<b>37</b>	<b>N/A</b>
<b>Grand Totals</b>			<b>780</b>	<b>149</b>	<b>483</b>	<b>78%<sup>4</sup></b>

NSIS added into training experience

<sup>1</sup> Counts have been amended to include tribal representatives, supervisors, and others who participate in the Employment Practicum in addition to PS and ICCU workers. A careful attempt was made to capture accurate counts on trainees who transferred from one training group to another.

<sup>2</sup> On rare occasions, this number includes trainees who sign up for training but do not attend.

<sup>3</sup> One ICCU trainee transferred in from P0406 and a different ICCU trainee transferred out to P0906; earlier reporting of these two trainees in P0606 was corrected to reflect only the trainee who transferred into P0606.

<sup>4</sup> Only groups that have completed training are included in Grand Totals percentage calculation (483/619=.78).

## Child Welfare and Juvenile Services Inservice Training Plan for 2009-2010 For Current Child and Family Services Staff

**In-service Training Selctions:** All classes will be available to contracted service coordinators and their supervisors when offered to CFS staff. These classes are delivered by the UNL- CCFL, HRD Training Unit, Service Area Staff, or local and regional experts.

Those in red are yet to be developed based on additional information. TBD = To Be Determined

Those in blue have already been requested by at least one Service Area for 2009 - 2010.

Those in violet have already been requested, but need to be developed.

Those in black are ready to deliver.

Unit / Inservice Title	Length of Time	Topic Description	Audience	Format/ Venue	IV-E Allowable
<b>Recommended from 2009 PIP</b>					
1	TDB	Based on changes yet to be made to policy and procedures training will be developed to assure timely and quality concurrent plans	CFS Specialists & Supervisors	TBD	√
2	TBD	Training about the statutory grounds for TPR, documentation from the worker needed by the County Attorney. to help prepare for the TPR, including documentation needed to demonstrate reasonable efforts, or the compelling reasons to continue efforts toward family reunification.	CFS Specialists & Supervisors	TBD	√
3	6-12 hours	This training focuses on skill development to give workers enhanced tools and techniques that will increase their effectiveness in gathering information, analyzing and making decisions for developing and implementing safety and case plans, and in helping family members participate in their change process.	CFS Specialists & Supervisors	Classroom	√
4	TBD	Depends on the evidence based/promising practice model chosen		TBD	Maybe
5	6 hours	Provides instruction on the values, beliefs and principles of FCP, working effectively with family members to identify strengths, needs, outcomes, and strategies to support good outcomes for children and families	All Child Welfare staff	Classroom	√
6	6-12 hours	Basic knowledge about techniques used to facilitate family team meetings. Includes both the initial family team meeting and case plan development as well as ongoing family team meeting facilitation.	All Child Welfare staff	Classroom	√
7	6 hours	Trains system trainers on the FCP curriculum and provides instruction on how to teach others the values, beliefs and principles of FCP, working effectively with family members to identify strengths, needs, outcomes, and strategies to support good outcomes for families.	Child Welfare staff, who have attended the other training	Classroom	√

8	Child Welfare Supervisor Training	TBD	This training is waiting for administrative approval to proceed.	CFS Supervisors & Administrators	TBD	TBD
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**Recommended from 2008 Statewide Assessment**

9	Tribal Cultures	TBD	Recognize that every Tribe has a unique culture and language. Involve Tribal representatives as trainers to present this information to workers.	CFS Specialists, Supervisors, & Administrators	TBD	√
10	Enhancing Well-being of Children as State Wards	TBD	Current policy and procedure requirements to enhance a child's well-being. Skill based training on ensuring well-being. Includes IEP and other school-related issues and whose role (e.g., workers, foster parents, or school personnel) it is to advocate for children in schools.	CFS Specialists, Supervisors, & Administrators	TBD	√
11	Transitional and Independent Living	1.5 hours	This training includes the policy requirements and procedures to access the available resources when implementing an independent living plan for an older youth moving from state ward status to transitional or independent living.	CFS Specialists & Supervisors	Computer Based Webinar or Classroom	√
12	N-FOCUS Training Refreshers	1-40 hours	Training to enable staff to accurately enter and retrieve information in the Child Welfare Information System.	All Child Welfare staff	Classroom/ Lab	√

**Other In-Service Selections**

**A. Nebraska Safety Intervention System**

14	Nebraska Safety Intervention System	1-6 days	This refresher, focuses on gathering and analyzing information to assess whether a situation requires a child's removal from the home including assessing present danger, implementing protective actions, identifying safety threats and developing safety plans, assessing protective capacities and developing case plans to address any safety threats, establishing conditions for return, analyzing ongoing safety and assuring safety at case closure.	CFS Specialists, Supervisors, & Administrators	Classroom & Assignments	√
15	NSIS Proficiency Training and Assessment	TBD	Each participant will demonstrate of proficient knowledge and skills in assessing whether a situation requires a child's removal from the home.	CFS Specialists, Supervisors & Administrators, Training Staff	E-learning & Classroom	√

## B. Child Welfare Reform

16	Roles and Responsibilities of Service Coordinators	TBD	Based on the development of the roles and responsibilities of the contracted provider staff who work directly with children and families, this training will identify and define the delineation of roles and responsibilities between the Service Coordinators and CFS Specialists.	CFS Specialists, Supervisors & Administrators	TBD	√
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## C. Case Management

17	Using Genograms and Ecomaps Effectively	3 hours	This training includes the policy on when to create genograms and ecomaps within the case management process. There is presentation, discussion and practice in how to create genograms and ecomaps using case scenarios.	CFS Specialists & Supervisors	Classroom and Video Conference	√
18	Accessing Medicaid Managed Care	3 hours	This training is a review of the process used to access Medicaid Managed Care for referral of family members to treatment services. The session includes time for workers to get answers to questions they have encountered in their work from the Medicaid Managed Care Administrator.	CFS Specialists & Supervisors	Classroom	√
19	Conducting Home Studies Using the Standardized Model	1-2 hours	This training will introduce participants to the new standardized home study model. Policies and procedures relating to the home study process will be discussed and reviewed.	CFS Specialists & Supervisors, Resource Development	Classroom	√
20	Better Service through Enhanced Parenting	2-3 hours	Training will help the Child Support and CFS Specialists work cooperatively to enhance the identification, location and involvement of parents in increasing their responsibility with their children. Workers from both areas will learn more about their roles in establishing paternity and effectively communicating between the divisions.	Child Support Enforcement Workers and CFS Specialists & Supervisors	Computer Based Training	√
21	Effectively Managing Time as a CFS Specialist	TBD	Training will focus on tools and strategies to organize the office space and work time (e.g., home visits, family team meetings, court, completing documentation, etc.)	CFS Specialists	Classroom	
22	Narrative Writing	1-3 hours	Provides instruction on how to record information accurately, completely and objectively based on QA guidelines.	CFS Specialists	Computer Lab, Self-Study	√

## D. Worker Safety

23	Mandt Recertification Training	3 hours	Review of the Mandt techniques to enhance communication skills related to working with children and families. This focuses on working with helping people about their emotions, stress and place in the crisis cycle. Meets the requirement for yearly training to maintain Mandt certification.	CFS Specialists, Supervisors, & Administrators	Classroom	√
24	Mandt Recertification Training (Testing Out)	1-2 hours	Staff whose certification has not expired can complete a test to demonstrate their knowledge of the Mandt principles. Meets the requirement for yearly training to maintain Mandt certification.	CFS Specialists, Supervisors, & Administrators	Classroom	√

## E. Interviewing

25	Interviewing Children	3 hour	Trainees are introduced to the communication skills needed to work with and gather information from children. Topics include building a relationship with the child, child language development, memory, and suggestibility.	CFS Specialists & Supervisors	Classroom	√
26	Interviewing Immigrant Children and Families	2 hours	Focuses on what to be aware of when interviewing immigrant families with limited or no English speaking skills.	All Child Welfare staff	Facilitated Audio tape session	√
27	Interviewing: Advanced Skill Building for Interviewing Children – “Small Voices”	40 hours	This training prepares the worker for interviewing children about abuse/neglect. Covers rules, regulations, techniques and strategies to improve interviewing skills. Intensive, applied practice and feedback sessions.	CFS Specialists & Supervisors	Classroom	√

## F. Domestic Violence

28	Intervention with Domestic Violence: Advanced Practice	3 - 6 hours	Covers basic information on domestic violence and the effects on children and families. Focuses on identifying protective capacity & analyzing the potential for lethal conditions within the home.	All Child Welfare staff	Classroom	√
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## G. IV-E Eligibility

29	Determining Title IV-E Eligibility Basic	3 hours	Focuses on the basics under Title IV-E of the SS Act. Covers the importance of IV-E determinations and the basic elements required for IV-E eligibility; rules and regulations, protocols and case actions necessary to secure IV-E funding on eligible cases.	IMFC Staff, All Child Welfare staff	Classroom	√
30	Title IV-E Eligibility Attaining Accuracy in Reviews.	2.5 hours	Training to address issues that arise in Title IV-E Audits to perfect practice and improve accuracy. Topics covered are Reviewing Court Ordered Language, Reasonable Efforts and other applied practice issues so that staff are able to accurately and consistently apply eligibility rules.	IMFC staff, Program Specialist, CFS & RD Sups	Self-Directed based on Memo	√

## H. Working within the Legal System

31	Preparing for and Participation in Judicial Determination	6-12 hours	This training is based on scenarios from the local office. Participants practice and receive feedback in testifying skill development in an experiential type training session.	CFS Specialists & Supervisors	Classroom	√
32	MEPA/IEAP	1-2 hours	This training will update participants on the requirements of MEPA/IEAP and their responsibility to meet those requirements in placing children out of their families' homes.	CFS Specialists & Supervisors, and Service Providers	DVD of Webcast	√

**I. ICWA**

33	Indian Child Welfare Act	3 - 8 hours	Training staff on ICWA and application of the Act. It includes information about placement of children, providing notice of proceedings to tribes, tribal consultations and case planning, jurisdiction, transfer of proceedings to tribal court, active efforts, burdens of proof, expert witnesses, and recordkeeping. Session content negotiated based upon audience need.	CFS Specialists & Supervisors	Classroom	√
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**J. Child, Youth and Families**

34	Exploring Self-Injury Behavior	2-3 hours	Training will improve attendee's understanding of youth who intentionally practice self-injury behavior. It will deal with recognition, precursors to beginning the behaviors, gender differences, and the relationship of this self-harm to attention-getting, depression and suicidal thoughts and actions.	CFS Specialists & Supervisors	VHS Video and Workbook or Classroom	√
35	Using Internet Resources for Strengthening Family Connections	TBD	Training will provide information about how to use the internet to increase family connections, locate family resources and prevent possible risk to children in care. It will include how to navigate on social networking websites (Facebook, My Space) for the purpose of gathering work-related information about youth and their families. Trainer: local expert	CFS Specialists & Supervisors	TBD	√
36	Identifying Signs of Abuse and Neglect: Refresher Training	TBD	Training will build on the information presented during new worker training to improve attendees ability to recognize physical and emotional abuse and neglect, especially when it presents in unusual or confusing ways.	CFS Specialists & Supervisors	TBD	
37	Eating Disorders	TBD	Training will explore the range of eating disorders including anorexia, bulimia, and binge-eating disorder, including definition, recognition, associated problems, and when and how to seek treatment for children in care.	CFS Specialists & Supervisors	TBD	√

**K. Intake**

38	Specialized Intake Process	3-12 hours	Provides instruction in order for participants to understand the intake process, take referrals and make appropriate screening and priority response decisions using the Intake tools. Includes practice on actual cases, intakes, and discussion of issues, application of screening tool, analysis necessary for accurate screening decisions.	CFS Intake Specialists, Supervisors, Administrators, and QA staff	Classroom	
39	Specialized Intake N-FOCUS Documentation	3 hours	This training follows the Specialized Intake classroom training in which participants practice completing background checks and entering intake information on the N-FOCUS system.	CFS Specialists & Supervisors	Classroom/Lab	
40	Specialized Intake - Domestic Violence Issues	TBD	Will be developed based on the DV work group's recommendations.	CFS Intake Specialists, Supervisors, & Administrators	TBD	

## L. Adoption

41	Specalized Adoption Training	18 hours	This training provides experienced workers an opportunity to learn about the fundamentals and dynamics of adoption as they relate to each person involved in the adoption process. Topics include preparing the child and family for placement; the case management and post-placement supervision responsibilities of the adoption worker; and the process and procedures necessary to free the child for adoption, make adoptive placement decisions, determine eligibility for subsidy, discuss openness, and finalize adoptions.	CFS Specialists & Supervisors	Classroom	√
42	Notice to Fathers and the Relinquishment Process	3 hours	This training provides experienced workers with information about the process and procedures necessary to identify and notify fathers during the case management process and prior to adoption. Reviews the changes in adoption law regarding father's rights. Includes definition of adjudicated fathers and putative fathers and their rights in the adoption process. The process, procedures and forms used during relinquishment will also be discussed.	CFS Specialists & Supervisors	Classroom	√
43	Guardianship and Subsidized Guardianship Training	6 hours	This training provides an update on and review of current policy and best practice when working for guardianship of children, including differences between guardianship and adoption and when to consider guardianship. It explains Subsidized Guardianship and procedures specific to Nebraska. The training includes Nebraska Statutes, Policy and Guidebook related to Guardianship. It will also include the forms and instructions and informational handouts about Guardianship in general and the process of setting up a Guardianship.	CFS Specialists & Supervisors	Classroom	√
44	Subsidized Adoption Training	3 hours	This training provides a review of current policy and best practice for completing subsidized adoptions. The three different types of subsidy are discussed including state (non-IV-E), Federal (IV –E) and Federal with State Supplement. It explains the criteria needed to complete a subsidized adoption including: establishing the child's eligibility, efforts to place without subsidy, and the family's needs for subsidy. It includes references to Nebraska Revised Statutes, Policy and Guidebook related to subsidized adoption. It also includes the forms, instructions, and process required for applying for a subsidized adoption.	CFS Specialists & Supervisors	Classroom	√
45	Protecting Adoptive Children's Data: Permanency Review Enhancement to N-FOCUS.	1 hour	Provides direction to staff on proper entry and documentation of critical, required information on the N-FOCUS system; and the "masking" process for information for children who have been adopted.	All Child Welfare staff	Classroom	√

**M. Juvenile Services**

46	Youth Level of Service/Case Management Inventory	14 hours	The training is focused on the classification system for Juvenile Offenders. It includes the appropriate use and application of the YLS/CMI to determine the level of service, supervision and programming. Participants will learn to use the assessment tool that addresses the youth's (both Juvenile and Status Offender) and family's strengths and needs to develop the case plan. They will learn to use this YLS to determine the community's and the youth's safety.	CFS Specialists & Supervisors for OJS	Classroom (12 hours) N-FOCUS Website Tutorial (2 hours)	
47	OJS Specific Training	3 - 9 hours	This training provides refreshers on OJS specific topics. These could include apprehension and detention, behavioral accountability meeting, preliminary and revocation hearings	CFS Specialists & Supervisors for OJS	Classroom	
48	Gang Awareness and Worker Safety	TBD	This training will be developed for community specific issues, and be trained in collaboration with community agencies (law enforcement, schools, etc.) to help workers know more about gang issues in their community and potential threatening situations. Coordinate with local law enforcement.	CFS Specialists & Supervisors for OJS	Classroom	
49	Case Transfer for OJS	3 hours	This training cover the transfer of cases within the service area. Includes the initial case transfer tasks, meeting transfer tasks, and initial steps for a family team meeting.	CFS Specialists & Supervisors for OJS	Classroom	
50	Working with Status Offenders	6-12 hours	Trainees learn how to supervise status offenders in accordance with statute, policy, and best practice guidelines. Topics include: court and legal process, case management process, and topics specific to working with status offenders.	CFS Specialists & Supervisors for OJS	Classroom	

## Supervisor Training

1	New Supervisor Training	18 hours	This 3-day course focuses on the key skills and practices leading to success in this role, including: The 5 top performance management tools; how to manage a diversity of personalities; situational leadership; the 3 essentials of an effective supervisor; and the 12 characteristics of great work teams for optimum retention and morale.	CFS Supervisors	Classroom	
2	Family Centered Practice Supervision	12 hours	Provides supervisors with information and techniques to support their workers implementing the FCP Values, Beliefs, and Principles when working with families. Includes techniques and tools for assessing the use FCP in the work and enhancing skill development.		Classroom	√
3	Structured Hiring Interview for CFS Specialists	4 hours	Covers process used to hire CFS Specialists, reviews the basic guidelines for conducting interviews, including how to prevent common rating errors, Department policy and protocol for conducting CW & JS hiring and practice using the interview tools, including applying the behavioral rating scales to simulated interviews. Provided to all hiring teams with periodic refresher sessions to maintain consistency in standards.	Hiring Team members	Classroom	
4	Supervising the CW & JS New Worker Training	2 hours	Covers the requirements of the New Worker Training for Trainees and the supervisor's responsibilities for support, documentation, feedback, instruction, analysis and evaluation of Trainees.	CFS Supervisors of Trainees	Classroom	
5	Performance Management: "Supporting Competency Development in CFS Specialist Trainees and CFS Specialists on Original Probation"	3.5 hours	Covers the typical cycle of new employee competency development; the role of the supervisor with the trainee and probationary worker, the power of feedback in shaping performance; the policy and protocol for evaluation of the trainee's and probationary worker's performance. Through a variety of interactive activities, supervisors are introduced to the component parts of the CDT and provided opportunities for practice in using the rating guide to evaluate performance scenarios.	CFS Supervisors, & Administrators	Classroom/ One on One	
6	Performance Evaluation: for Permanent CFS Specialists	3.5 hours	Covers the process of performance analysis, performance feedback and performance evaluations for permanent CFS Specialists, CFS Supervisors and CFS Administrators and how to use the Performance Evaluation form. This session addresses why performance evaluations are conducted within Child Welfare and Juvenile Services, the process and timeframes for conducting evaluations and provides the how-to's for completing each section of the evaluation tool.	CFS Supervisors, & Administrators	Classroom	

7	Effective Supervision and Effective Discipline	2 days	This training is an overview of the supervision and discipline process. It will introduce CFS Supervisors and Administrators ways to give supervisory feedback, supervisory counseling and the disciplinary process. Learn how to implement discipline in accordance with the labor contract and in order to get the desired results.	CFS Supervisors, & Administrators	Classroom	
8	Communication for Supervisors	6 hours	This course discusses tools needed to effectively communicate when it is difficult. Includes techniques on how to have this difficult conversation without defensiveness, and how to dialogue effectively.	CFS Supervisors, & Administrators	Classroom	
9	Providing Powerful Feedback	2 hours	The practical how-to of providing performance feedback to improve and shape performance.	CFS Supervisors, & Administrators	Self-Study Workbook	
10	Retention Strategies that Work	3.5 hours	Supervisors have the opportunity to learn why employees stay in a job, the attributes of a retention supervisor, and retention strategies that will work for any supervisor, any where, and at no cost.	CFS Supervisors, & Administrators	Classroom	
11	Time Management for Supervisors	6 hours	Effective strategies for prioritizing and managing multiple conflicting demands.	CFS Supervisors, & Administrators	Classroom Workbook	
12	Team Building	3.5 hours	Explores essential elements for successful teams.	CFS Supervisors, & Administrators	Classroom Workbook	

## **Child Welfare/OJS Reform Proposed Training Plan for Service Providers**

### **Initial NSIS – 2 days**

- Overview of the initial safety assessment process and all the components that go into determining present danger, protective actions, impending danger, safety factors, safety threshold criteria, safety threats and safety plans. Understanding of the differences between maltreatment, risk, and safety, know enough about types of maltreatment to know when to call the CFS Specialist for another Safety Assessment.
- Will not prepare the attendee to complete a safety assessment and safety plan.

### **Ongoing NSIS – 6 days**

- Understand and be able to apply the concepts of the Ongoing Safety Intervention, including the protective capacities assessment, case plan, conditions for return, case plan progress, consideration of reunification, and ongoing safety assessment requirements. (3 days)
- Permanency planning and concurrent planning, preparation for possible adoption, and how the concurrent plan impacts service delivery for the family. (1day)
- Practice interview and documentation with N-FOCUS (2 days)
- Information to be added relative to roles and responsibilities of the service provider when these are defined.
- Reading assignments outside of class are not included in the number of days.

### **Documentation and N-FOCUS – 3 days**

- Documentation requirements both electronic and paper, including the purpose of N-FOCUS and basic navigation techniques, maintaining case file documents, and providing documentation to the CFS Specialist. (.5 days)
- Basic navigation and functionality related to provider roles and responsibilities once they are defined. May include Family relationships, Narratives (required contacts), draft PCA, draft Case Plan, draft Court Report, Service Authorizations, Alerts, and other when defined. (2.5 days)

### **Working with the Legal System – 6 days**

- Developing and Advocating for the Case Plan/Court Report and, including Court Report Components, writing the draft case plan and court report using N-FOCUS, how the court report relates to the case plan (4 days)
- Testifying in a Disposition, Review, and Permanency Hearing, including juvenile court processes and how it fits with the case planning process, techniques for accurate and credible testimony in court. (1 day)
- Legal Case Management Responsibilities, including compliance with the ICWA for achieving permanency, legal requirements for reasonable efforts, Central Register, confidentiality, and adoption. (1 day)

### **Juvenile Services Officer – 3 days if needed for specialization**

- Role and Responsibilities for JSO and service providers for Juvenile Offenders and Status Offenders, YLS updates, limits on decision making and actions.
- Reading assignments before class are not included in the number of days.

\*Roles and Responsibilities, policy, procedures and timeframes are incorporated within the entire curriculum.

**Additional Training Opportunities from the Provider:**

Coordinating Treatment services  
Family Centered Practice - Values, beliefs, and principals, facilitating family team meetings  
Interviewing and Interviewing Children  
Worker Safety  
Recognizing Maltreatment  
Domestic Violence  
Disability and Special Education  
Supporting Child and Family Development  
Mental and Physical Health Issues  
Local Court and Legal Practices  
Field Experiences and Case Application - Mentors

**Continuing Education Ideas for Service Providers:**

NSIS refreshers and updates  
NFOCUS refreshers  
Conflict Resolution  
Critical Thinking and Decision Making

**Division of Children & Family Services**

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The Division of Children and Family Services is primarily responsible for the management and delivery of the public assistance and protective service programs in the State of Nebraska. The Policy Section includes the administrative offices for Foster Care, Adoption Assistance, Juvenile Services, Child Protective Services, Child Support Enforcement, and Family & Economic Assistance.

*Children and Family Services Director's Office (010/040)*

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*Effective 07/01/2007***Nature and Extent of Services**

The Director's Office is responsible for the overall direction and management of the division. There are approximately one and one-half FTE's in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits and Operations cost centers.

**Allocation Methodology**

The cost center will be allocated to all other cost centers in the division based on the Labor Hours, LH<sup>1</sup>, in each cost center.

**Policy Section***CFS Policy Administrator (400/001)*

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*Effective 07/01/2007***Nature and Extent of Services**

The Policy Administrator is responsible for the overall direction and management of the offices in the policy section. There is approximately one FTE in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office and Operations cost centers.

**Allocation Methodology**

The cost center will be allocated to all other cost centers in the section based on the Labor Hours, LH<sup>1</sup>, in each cost center.

*Economic Assistance & Child Support Administrator (140/040)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The Policy Administrator is responsible for the overall direction and management of the Economic Assistance and Child Support Enforcement Unit. There is approximately one FTE in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, and Operations cost centers.

**Allocation Methodology**

The cost center will be allocated to all other cost centers in the section based on the Labor Hours, LH<sup>1</sup>, in each cost center.

*Public Assistance (140/xxx)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The Public Assistance (PA) offices develop policies, procedures and regulations for the direct aid to beneficiaries for TANF Emergency Assistance, Low Income Energy Assistance and eligibility for Medicaid.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, the Economic Assistance and Child Support Enforcement Administrator's Office and Operations cost centers.

**Allocation Methodology**

Codes are established to identify the various activities of the offices into separate cost centers for allocation.

*PA – Manager (140/046)* – There is approximately one FTE in the cost center. The cost center will be allocated to the other Public Assistance cost centers based on the labor hours, LH<sup>1</sup>, in each center.

PA – Medicaid & TANF Emergency Assistance Office (140/043) – There are approximately seven FTE's in the cost center. The cost center will be allocated to the Medicaid 50% program and the TANF Emergency Assistance program based on the end-of-the-quarter count of recipients receiving benefits associated with each program.

PA – Energy Assistance Office (140/045) – There is one FTE assigned to this cost center. The direct and indirect cost for the cost center will be charged directly to the Low Income Home Energy Assistance grant.

PA – Social Services Emergency Relief Grant (140/042) – There are no FTE's assigned to this cost center. The direct and indirect cost for the cost center will be charged directly to the emergency relief grant.

Food Stamps 260/xxx & TANF 140/xxx Offices

Effective 07/01/2007

**Nature and Extent of Services**

The Food Stamp & TANF (FST) offices develop policies, procedures and regulations for the direct aid to beneficiaries for Food Stamp Program, TANF Aid for Dependent Children and TANF Employment First.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, the Economic Assistance and Child Support Enforcement Administrator's Office and Operations cost centers.

**Allocation Methodology**

Codes are established to identify the various activities of the offices into separate cost centers for allocation.

FST – Manager (260/060) – There is approximately one FTE in the cost center. The cost center will be allocated to the other FST cost centers based on the labor hours, LH<sup>1</sup>, in each center.

FST – Food Stamp Program (260/062) – There are approximately four FTE's in the cost center. The direct and indirect cost for the cost center will be charged directly to the Food Stamp Program.

FST – TANF Employment First (140/041) – There are approximately two FTE's

in the cost center. The direct and indirect cost for the cost center will be charged directly to the TANF block grant.

FST – TANF Aid for Dependent Children (140/048) – There is approximately one FTE in the cost center. The direct and indirect cost for the cost center will be charged directly to the TANF block grant.

Child Care 250/xxx & Other Assistance 140/xxx Offices

Effective 07/01/2007

**Nature and Extent of Services**

This Child Care and Other Assistance (COA) offices develop policies, procedures and regulations for child-care subsidy, the management of child care quality improvement programs, refugee programs, community services and housing programs.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, the Economic Assistance and Child Support Enforcement Administrator's Office and Operations cost centers.

**Allocation Methodology**

Codes are established to identify the various activities of the offices into separate cost centers for allocation.

COA – Manager (250/050) – There are approximately two FTE's in the cost center. The cost center will be allocated to the other COA cost centers based on the labor hours, LH<sup>1</sup>, in each center.

COA – Child Care (250/051) – There are approximately two FTE's in the cost center. The direct and indirect costs for this cost center will be directly charged to the Child Care and Development Fund.

COA – Refuge Program (140/044) – There is approximately one FTE in the cost center. The direct and indirect cost of the cost center will be charged directly to the Refuge Assistance Program.

COA – Refuge School Impact Program (140/044) – There are no FTE's in the cost center. The direct and indirect cost of the cost center will be charged directly to the Refuge School Impact Grant.

COA – Community Services Block Grant (140/047) – There is approximately one FTE in the cost center. The direct and indirect cost for the cost center will be

charged directly to the community services block grant.

COA –Homeless Shelter (140/058) – There are approximately three FTE’s in the cost center. The direct and indirect cost for the cost center will be charged directly to the homeless shelter grant.

Food Distribution Offices (260/063)

Effective 07/01/2007

**Nature and Extent of Services**

The Food Distribution Office manages the distribution of USDA donated food commodities to participating agencies: schools, child care agencies, charitable organizations, summer food service programs, soup kitchens, food pantries, and food banks. There are approximately four FTE’s in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director’s Office, the Policy Section Administrator’s Office, the Economic Assistance and Child Support Enforcement Administrator’s Office and Operations cost centers.

**Allocation Methodology**

Special Codes are established to identify the costs associated with the USDA Food Nutrition Service Grants and the State funds. All overhead costs are state funded.

*Economic Assistance NFOCUS Support Office (140/049)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The Economic Assistance NFOCUS Support Office provides direction and assistance to the NFOCUS Applications team to support the management of the eligibility, payments and records storage for the economic assistance programs that utilize NFOCUS. There are approximately seven FTE's in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, the Economic Assistance and Child Support Enforcement Administrator's Office and Operations cost centers.

**Allocation Methodology**

The cost center will be allocated to the benefiting programs based on the end-of-the-quarter count of recipients receiving benefits associated with each economic assistance program that benefits from NFOCUS.

*Child Support Operations (160)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

This office develops policies, procedures and regulations around the non-custodial support of children. There are approximately ninety-five FTE's in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator, the Economic Assistance and Child Support Enforcement Administrator's Office, and Operations cost centers.

**Allocation Methodology**

The direct and indirect costs for the cost center will be charged directly to the Child Support Enforcement Program.

**Federal Pass-through**

*Child Support Enforcement County Offices (950/065)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The cost center includes interagency agreements with County Attorneys, Clerks of the District Court and the State Court System to carry out their roles in the Child Support Enforcement System, including but not limited to child support orders and wage withholdings.

**Cost Structure**

Costs consist of the direct disbursements of FFP and the appropriate in-kind contribution provided by the participating public offices.

**Allocation Methodology**

The direct and indirect costs for the cost center will be charged directly to the Child Support Enforcement Program.

*Child Support Court Systems (950/010)*

---

*Effective 07/01/2007*

**Nature and Extent of Services**

The cost center includes interagency agreements with the State Court System for operation of the state court computer system to enter child support orders.

**Cost Structure**

Costs consist of the direct disbursements of FFP and the appropriate in-kind contribution provided by the State Court System.

**Allocation Methodology**

The direct and indirect costs for the cost center will be charged directly to the Child Support Enforcement Program.

*Child Welfare Unit (400/026)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

This office develops policy and contracts for community services to provide for intervention and permanency to the living settings for neglected and abused children. There are approximately forty-five FTE's in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office and Operations cost centers.

**Allocation Methodology**

The cost center will be allocated to the Child Welfare Services Program, Foster Care Program (IV-E) and the Adoption Assistance Program (IV-E) based on the end-of-the-quarter count of the recipients receiving benefits in each program.

*Foster Parent Training (400/031)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

This cost center includes travel and lodging payments to foster parents to attend training at central locations. There are no FTE's assigned to this cost center.

**Cost Structure**

Costs consist of direct costs paid to contractors and foster parents.

**Allocation Methodology**

The cost center will be allocated to the Child Welfare Services Program and the Foster Care 75% Program (IV-E) based on the end-of-the-quarter count of the recipients receiving benefits in each program.

*Parental Rights Termination Services (400/042)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The services in this cost center are provided by County Attorney Offices in Douglas and Lancaster Counties for Parental Right terminations necessary to for an adoption placement.

**Cost Structure**

Costs consist of those directly charged to the cost center for the contracted services in Douglas and Lancaster Counties.

**Allocation Methodology**

The cost center will be allocated to the IV-E and CWS Adoption Assistance programs based on the end-of-the-quarter count of recipients in each cost center.

*Adoption Assistance Nonrecurring Expenses (870/031)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The services in this cost center are provided under adoption assistance agreements for nonrecurring adoption expenses incurred for the adoption of a child with special needs and eligible for the IV-E Adoption program.

**Cost Structure**

Costs consist of those paid as part of the adoption agreement but not eligible as assistance match rate.

**Allocation Methodology**

The cost center will be directly charged to the IV-E Adoption Assistance program.

*Juvenile Services Administration (400/005)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

This office develops policies and procedures and contracts for community based juvenile services, such as, foster care group homes, in home services or with electronic monitoring. Clients may be in a secured or non-secured living center and/or supervised by protection and safety workers. There are approximately three FTE's in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, Central Services and Supplies, Termination Benefits, the Division Director's Office, the Policy Section Administrator's Office, and Operations cost centers.

**Allocation Methodology**

The direct and indirect costs of the cost center will be evenly divided among the Juvenile Community Services and the two Youth Rehabilitation Centers.

*Juvenile Community Based Services (410)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The Juvenile Community Services provides contracted community programs for youth adjudicated as delinquent by the various courts of Nebraska and committed to the state supervision in a foster care group homes or individual home setting. There are no FTE's in the cost center.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the Juvenile Services Administrator's Office.

**Allocation Methodology**

The direct and indirect costs of the cost center will be charged directly to the state Juvenile Services program.

*Youth Rehabilitation and Treatment Centers (420) & (430)*

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*Effective 07/01/2007*

**Nature and Extent of Services**

The Youth Rehabilitation and Treatment Centers in Geneva and Kearney provide treatment programs for youth adjudicated as delinquent by the various courts of Nebraska and committed to one of the centers for an indeterminate stay. A complete testing regimen is administered and programs designed to fit each individual's needs and individual profile. There are approximately two hundred forty-seven FTE's in the twenty-four hour operating cost centers, one hundred three at Geneva and one hundred forty-four at Kearney.

**Cost Structure**

Costs consist of those directly charged to the cost center and allocations from the SWCAP, the Chief Executive Officer, the Division Director's Office, the Policy Section Administrator's Office, the Juvenile Services Administrator's Office, and Operations cost centers.

**Allocation Methodology**

The direct and indirect costs of the cost center will be directly charged to the state Juvenile Services program.

*Special Grants (060/xxx)*

*Effective 07/01/2007*

**Nature and Extent of Services**

This cost center includes special grant programs related to the Children and Family Services. These programs are separate from the administration of the Economic Assistance and Child Welfare Programs. The programs, which will change from time to time, include:

- ORR Elderly Grant (060/049) with no FTE's.
- Temporary Emergency Food Assistance (060/060) with no FTE's.
- Family Centered Issues (060/061) with no FTE's
- Children's Justice Act (060/063) with no FTE's
- SAVE Program (060/066) with no FTE's
- Independent Living (060/067) with no FTE's
- Family Preservation (060/068) with no FTE's
- Targeted Assistance (060/069) with no FTE's.
- Urban Enterprise Grant (060/073) with no FTE's
- State Access & Visitation (060/076) with no FTE's
- Youth Development (060/077) with no FTE's
- Chaffee Education & Training (060/079) with no FTE's

**Cost Structure**

Costs consist of those directly charged to the programs in the cost center

**Allocation Methodology**

The direct and indirect costs for the cost center will be used to determine the DHHS indirect cost rate.

## **Service Area Section**

*Service Area Office Operations (300/xxx)*

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*Effective 01/01/2009*

### **Nature and Extent of Services**

The Service Area (SA) offices, located across the state, coordinate the direct client contact services for programs including Family Preservation, Medicaid eligibility, Food Stamps, Social Services, Foster Care, Child Care, Developmental Disability, Juvenile Parole, etc.

### **Cost Structure**

Costs consist of those directly charged to various activities identified to separate the cost centers and allocations to each cost center from the SWCAP, the Chief Executive Officer, the Division Director's Office, Termination Benefits and Operations cost centers.

### **Allocation Methodology**

Codes are established to identify the various activities of the offices into separate cost centers for allocation.

SA – Administration (300/001) – There are approximately one hundred ninety-one FTE's in the cost center. The cost center will be allocated to the other Service Area cost centers based on the labor hours, LH<sup>1</sup>, in each center. *(Added 07/01/2007)*

SA – Developmental Disabilities Services (300/002) – There are approximately one hundred ninety-eight FTE's in the cost center. The direct and indirect costs of the cost center will be used in evaluation of an interagency agreement for payment of DD provider services. *(Added 07/01/2007)*

SA – Juvenile Parole Services (300/010) – There are approximately twenty-seven FTE's in the cost center. The direct and indirect costs of the cost center will be charged directly to the state Juvenile Services Program. *(Added 07/01/2007)*

SA – Child Welfare Services, Foster Care, Adoptions and Protective Services Case Work (300/011) There are approximately three hundred fifty-eight FTE's in the cost center. The multiple program cost center will be allocated to the benefiting programs based on a Random Moment Time Study Methodology outlined in Appendix C-1 using the Random Moment Time Study form found in Appendix C-2 and instructions found in Appendix C-3. *(Added 07/01/2007)*

SA - Child Welfare Protective Services Intake (300/012) There are approximately twenty-seven FTE's in the cost center. The direct and indirect cost for the cost center will be directly charged to the State Child Welfare Services Program. *(Added 07/01/2007)*

SA – Resource Development (300/013) – There are approximately ninety-nine FTE's in

the cost center. The cost center will be allocated to the benefiting programs based on time and effort reports prepared by the DHHS Resource Developers in the cost center. (Added 07/01/2007)

SA – Children and Family Services Specialist Training (300/014) – There are approximately 70 Trainees in the Children and Family Services Training program at any one time. The cost center also includes the interagency agreement with the University of Nebraska to manage and deliver the training program. The direct and indirect costs of the cost center will be allocated to the benefiting programs based on Children and Family Services elements (Codes 14 through 24) of the Protective Services RMTS. (Added 01/01/2009)

SA – Income Eligibility and Social Services Casework (300/020) – There are approximately seven hundred seventy-three FTE's in the cost center. The multiple program cost center will be allocated to the benefiting programs based on the Random Moment Time Study Methodology outlined in Appendix C-1 using the Random Moment Time Study form found in Appendix C-2 and instructions found in Appendix C-3. (Added 07/01/2007)

SA – Medicaid Services (300/021) – This part of the cost center is related to temporary employees or temporary worker assignments exclusive to Medicaid cases. The direct and indirect cost of the cost center will be directly charged to the Medicaid 50% Program, Title XIX. (Added 07/01/2007)

SA – TANF Aid for Dependent Children (300/022) – This part of the cost center is related to temporary employees or temporary worker assignments exclusive to TANF ADC cases. The direct and indirect cost of the cost center will be directly charged to the TANF Program. (Added 07/01/2007)

SA – Medically Handicapped Children (300/023) – There are approximately twelve and on-half FTE's in the cost center. The direct and indirect cost of the cost center will be charged directly to the Medically Handicapped Children's Program. (Added 07/01/2007)

SA – Children's Health Insurance Program (300/024) – There are approximately four FTE's in the cost center. The direct and indirect cost of the cost center will be directly charged to the Children's Health Insurance Program, Title XXI. (Added 07/01/2007)

SA – Aged and Disabled Waiver Services (300/025) – There are approximately fifteen FTE's in the cost center. The direct and indirect cost of the cost center will be directly charged to the Medicaid 50% Program, Title XIX. (Added 07/01/2007)

SA – Food Stamp Services (300/026) – There are approximately nine and one-half FTE's in the cost center. The direct and indirect costs of the cost center will be directly charged to the Food Stamp Program. (Added 07/01/2007)

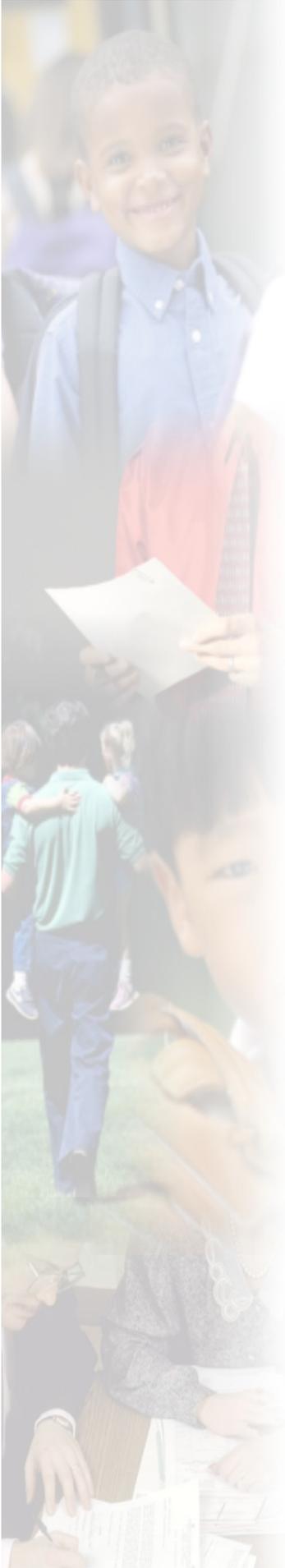
SA – Low Income Energy Services (LIHEAP) (300/027) – On a seasonal basis there are temporary employees or temporary worker assignments exclusive to the Low Income Home Energy Program. The direct and indirect costs of the cost center will be directly charged to the Low Income Home Energy Program. *(Added 07/01/2007)*

SA – TANF Employment First (300/028) – There are approximately twenty-five FTE's in the cost center. The direct and indirect cost of the cost center will be directly charged to the Temporary Assistance for Needy Families Program. *(Added 07/01/2007)*



## **Annual Report 2008**

Nebraska Citizen Review Panel for Child Protective Services



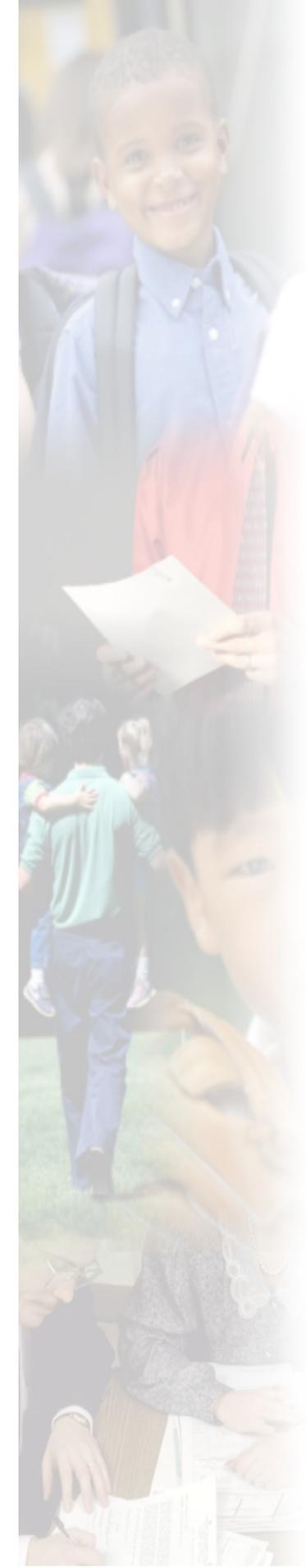
# Introduction

Recognizing the importance of citizen input into the child welfare system, federal legislation amended the Child Abuse and Treatment Act (CAPTA) to require each state to create Citizen Review Panels (CRPs) by July 1999 (Administration for Children and Families, 1998). According to the amendment, Citizen Review Panels are to be comprised of representatives from the community, meet at least quarterly, and submit an annual report to the federal government outlining their activities and recommendations (Administration for Children and Families, 1998; Jones, Litzelfelner, & Ford, 2002).

The legislation provided the panels with a broad mandate:

1. To insure that the state was in compliance with the state CAPTA plan.
2. To assure that the state was coordinating with the Title IV-E foster care and adoption programs.
3. To assess the Child Protective Service (CPS) agency in its compliance with the review of child fatalities.
4. To evaluate any other piece of the CPS system which the Citizen Review Panel deemed important.

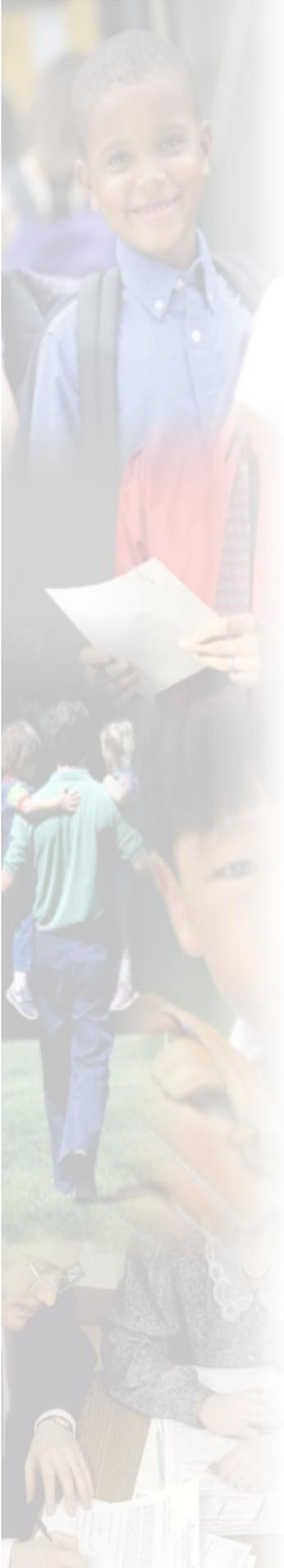
*Keeping Children and Families Safe Act of 2003* (formerly known as CAPTA) revised the CRP requirements by requiring each panel to make recommendations to the state on improving the child protection services system. The Department of Health and Human Services System is to respond to the panel in writing no later than six months after the panel recommendations are submitted. The agency's response must include a description of whether and how the state will incorporate the recommendations of the panel to make measurable progress in improving the child protective service system.



# Membership

The Nebraska Commission for the Protection of Children serves as the Citizen Review Panel for the state. Members of the Commission are appointed by the Governor and serve as leads for subcommittees that address issues the Commission has decided to focus on. The Citizen Review Panel Committee is one such subcommittee of the Governor's Commission. In 2008, the membership of the CRP expanded to include a balance of child advocates, law enforcement personnel, mental health personnel, public child welfare employees, legislative representatives, and attorneys. The members and their organizational affiliation are:

- Kathy Bigsby Moore, CRP Co-Chair, Voices for Children
- Gene Klein, CRP Co-Chair, Project Harmony
- Shirley Pickens White, CRP Coordinator, NE Dept of Health and Human Services
- Debra Anderson, CRP Staff Support, Project Harmony
- Timoree Adams, NE Legislative Aide
- Karen Authier, Nebraska Children's Home
- Lynn Ayers, Lincoln Child Advocacy Center
- Kathy Belcastro-Gonzalez, Omaha Police Department
- Lisa Blunt, Child Saving Institute
- John Clark, NE Dept of Education
- Mark Ells, Center for Children, Families and the Law
- Mary Frasier-Meints, Uta Halee
- Sherri Haber, NE Dept of Health and Human Services
- Chris Hanus, NE Dept of Health and Human Services
- Liz Hruska, Legislative Council
- Doug Koebernick, NE Legislative Aide
- Gary Lacey, Lancaster County Attorney
- Maria Lavicky, NE Dept of Health and Human Services
- Mary Jo Pankoke, NE Children and Families Foundation
- Todd Reckling, NE Dept of Health and Human Services
- Carol Stitt, Foster Care Review Board
- Mark Unvert, Lincoln Police Department
- Jessica Watson, NE Legislative Aide



# History of Citizen Review Panel Activities

In 2006, the Citizen Review Panel focused on Nebraska's Child Protective Service Intake process and priority assignment of new cases being reported. Based on the data reviewed, the Panel recommended that the Nebraska Health and Human Services System conduct a quality assurance review on all cases where reports were screened out and subsequent reports were received.

In 2007, in response to Governor Dave Heineman's directives to improve permanency for children in the child welfare system the Panel decided to focus on children in the 0-5 year-old range. They reviewed data provided by the Nebraska Department of Health and Human Services System along with a report provided by the Nebraska Foster Care Review Board. The Panel also conducted an in-depth review of eight cases. As a result of this study, the Panel identified three recommendations. Each recommendation is listed below followed by the response from the Nebraska Department of Health and Human Services System:

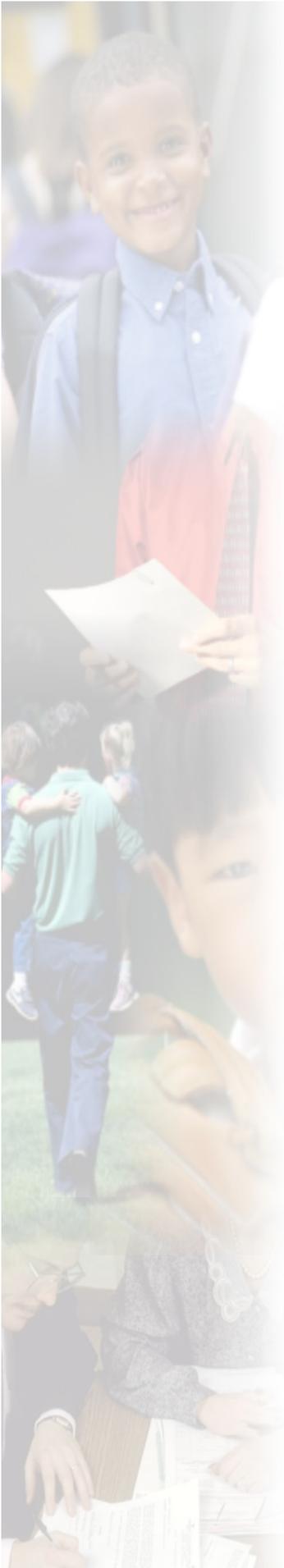
## Recommendation 1

The Department of Health and Human Services System (DHHS) should conduct an analysis of the mental health needs of older children in foster care and ensure those needs are being met. DHHS should also do an analysis of measures that can be taken to avoid multiple moves of children in foster care and ways to address the behavioral issues of younger children to minimize the number of moves they experience.

## DHHS Response to Recommendation #1

In October 2004, the Nebraska Department of Health and Human Services was awarded a State Infrastructure Grant (SIG) from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) in the amount of \$750,000 per year for five years. The grant was designed to help states improve their infrastructure for community-based systems of substance abuse and mental health services for youth and their families. Nebraska's State Infrastructure Grant (SIG) has researched and begun to develop the infrastructure pieces necessary to begin building a system of care. One portion of that grant involves research regarding children who come to the Department's custody as a result of mental health issues.

The Division of Children and Family Services, through SIG-related strategies, has also implemented a process for conducting Comprehensive Family Assessments (CFA) across Nebraska that will establish a standard process for identifying family behavioral health needs. This process is critical for accurately identifying the strengths and needs of children, adolescents and their families.

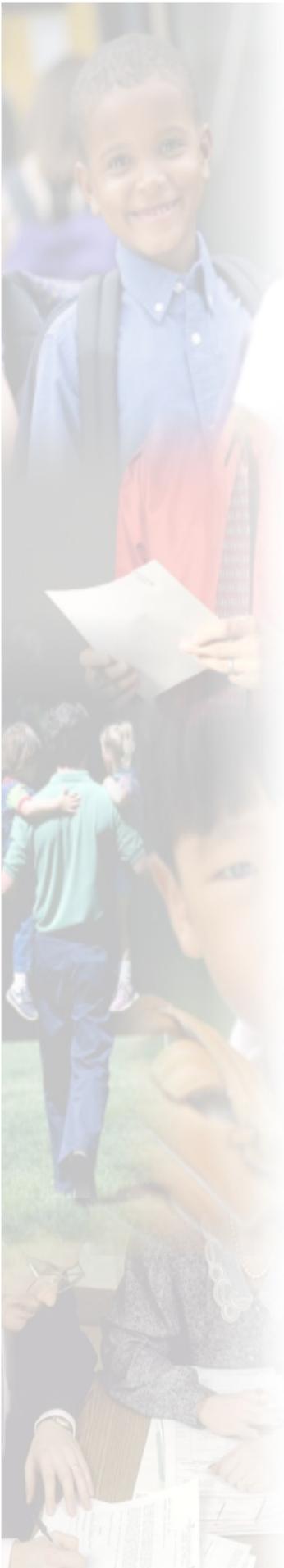


Historically, children’s behavioral health services within the Department of Health and Human Services have been across Divisions, with no single entity responsible for the statewide coordination of the child and adolescent behavioral health system. In an effort to reduce fragmentation and increase statewide coordination, the Department designated the position of Children’s Behavioral Health Administrator. This position was held by Vicki Maca until recently when Vicki was appointed as the Administrator for Community-Based Services and Children’s Behavioral Health. The position of Children’s Behavioral Health Manager is currently in the process of being hired and this position will report to Vicki Maca. While the Children’s Behavioral Health Manager position is located within the Division of Behavioral Health, this manager will cross Division lines and work collaboratively with each of the Divisions within the Department to coordinate the statewide integration of a system of care specifically for children and adolescents. This State level integration will then be translated to the local level through leadership, policy development, and by providing the State with a single point of contact for systemic issues.

The Divisions are also working together on a Request for Proposals for the Administrative Services Organization provider in the Medicaid and Long-Term Care, Behavioral Health, and Children and Family Services Divisions to improve data acquisition and management capacity. One of the features of this collaborative effort will be the ability to capture and provide data, for the first time in the DHHS’s history, regarding children served across the mental health, behavioral health, child welfare and juvenile services programs. It is believed this gives DHHS an opportunity to better assess the needs of all children in State custody.

Through the efforts of the SIG grant, a “data dictionary” has been developed related to children and adolescents with mental health and substance abuse disorders. The “data dictionary” identifies various data elements within the file structure of the Department’s NFOCUS database, the Medicaid database (MMIS), and Magellan’s interface with Medicaid (Advantage Suite).

In 2007, LB 542 created the Children’s Behavioral Health Task Force. The Task Force was charged with creating a plan to meet the behavioral health needs of children, adolescents and their families in Nebraska. The Department’s response to the Task Force Recommendations can be found on the Department website at <http://www.dhhs.ne.gov/beh/mh/LB542.pdf> DHHS’s response reflects the current direction to proceed with a comprehensive children’s behavioral health system that addresses the needs of children served by the various divisions of DHHS. While currently there are a variety of services offered, there is a heavy focus on high-end services and services delivered to the child when placed out of the family home. DHHS is committed to changing the children’s behavioral health system. This reform will include designing and implementing a system of care to serve more children in



their own homes and provide the right level of service to all children served. DHHS envisions a future system of care that addresses all levels of out-of-home care, in-home care, early intervention and prevention services for children and their families. DHHS' response to the work of the Behavioral Health Task Force outlines an intent to develop a true continuum of services that referred to as a "Service Array". The Service Array pyramid includes services such as foster care with "wrap-around" (second from the bottom layer of the pyramid), but also includes group home care with wrap-around and bio-family care with wrap-around services. The next higher layer of care includes children needing a psychiatric residential treatment facility, in-patient hospital stay, detention or Youth Rehabilitation and Treatment Center. The highest level of care includes the secure care facility currently being developed for children who cannot be safely maintained elsewhere. The pyramid symbolizes DHHS' desire to serve children at the right level of care, in the right setting, for the right amount of time, with the right amount of services and supports.

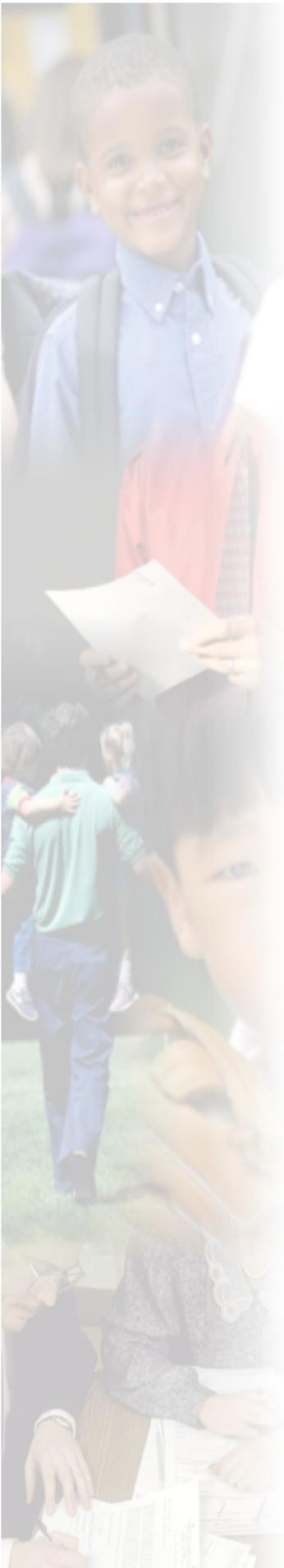
Lastly, in February of 2008, DHHS submitted an application to the Substance Abuse and Mental Health Service Administration (SAMHSA) for a five-year Systems of Care (SOC) grant, which, if awarded, will provide resources to develop further the current service array.

## Recommendation 2

All of the efforts and funding for home visitation managed by the Department of Health and Human Services should be coordinated through the Prevention Partnership which is comprised of the Child Abuse Prevention Fund Board, Prevent Child Abuse Nebraska, and the Department of Health and Human Services. These efforts should also be connected to implementation of the statewide child abuse prevention plan.

### **DHHS Response to Recommendation #2**

The Prevention Partnership can and should play a key role in supporting evidence-based practices that reduce the risk of child abuse and neglect. Coordination and/or facilitation of reviews of the literature, evaluation of models, and establishment of standards for maintaining integrity of Home Visitation models are components of that supportive role. There is a wide range of outcomes that Home Visitation models address, such as infant mortality, early childhood development, and maternal health. As specifically related to the Panel's recommendation regarding coordination, the Departments' Divisions of Children and Family Services and Medicaid and Long Term Care jointly released a Request for Proposals (RFP) for Home Visitation Programs in January 2008. As a result, the Department issued five contracts for a total of \$933,000 in the first year of funding and \$1,600,000 in the second year to provide Home Visitation programs in fifteen (15) areas of the State.



This funding is the highest amount of funding for Home Visitation programs in the Department's history. The areas of the State served by these Home Visitation programs include Douglas, Sarpy, Lancaster, Hall, Merrick, Howard, Nance, Burt, Cuming, Madison, Stanton, Wayne, Thurston, Dixon and Cedar counties. DHHS continues collaboration in the management of these contracts. While the Department will not be turning the coordination of efforts and funding of Home Visitation programs over to the Prevention Partnership, the Partnership will review reports, outcomes and achievements of the Home Visitation contractors to assist the Department.

### Recommendation 3

The Department of Health and Human Services should review the contracts for supervision of visits to ensure they are getting quality services and that reports describing the interaction between the child and parents are generated for each visit. Supervision of visits should be conducted in a way that combines visitation and skill building.

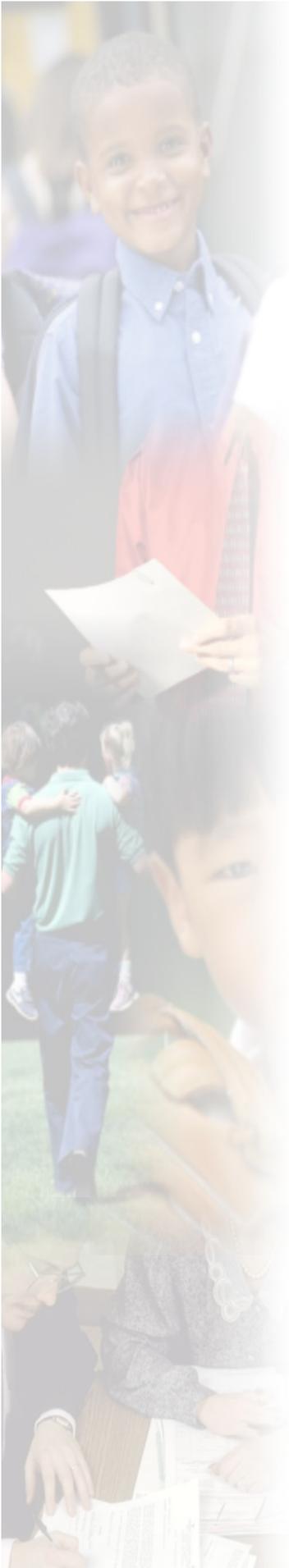
#### **DHHS Response to Recommendation #3**

Discussions occurred with a small group of Family Support and Visitation Only Service (FS-VOS) contractors that approached DHHS administration about the current visitation only service. As a result of those discussions and information from other entities changes to the rate and reporting requirements of the visitation only service were offered to the providers of FS-VOS.

Contracted providers of FS-VOS were offered the opportunity to amend their contract to include a rate increase if they were willing to complete the additional requirements of completing and submitting a typed, "Monthly Visitation Summary" form on each family served.

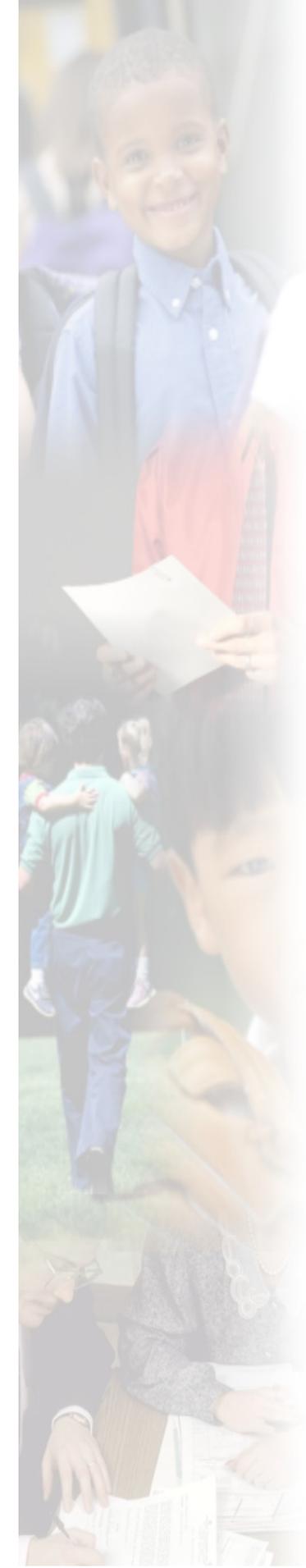
As of November 1, 2007 there were five (5) providers who chose to amend their contracts. Six (6) additional providers followed suit in November and one (1) in February. Thirteen (13) providers chose not to amend their contracts at this time.

In March 2008, the Division of Children and Family Services announced the release of a Request for Bids (RFB) for the provision of a continuum of Safety and In-Home services to children who are at risk of removal from the family home or to prepare a family for return of a child to the home. One of the services emphasized in the RFB is Supervised Visitation. Through the RFB, bidders are asked to describe the evidence base for the model of services proposed. If the service is not supported by evidence or promising practice, the bidder is asked to note attempts to locate information as confirmation of that position and cite information to support the service and service approach.



The bidders are also asked to develop a quality assurance and data system plan to assure program fidelity to the evidenced based models selected and data collection related to family functioning and bidder performance related to the Federal Child and Family Service Review outcomes. In describing the quality assurance and utilization management/review system, the system must, at a minimum, include the following elements: request of services - date and time; response of service provider - date and time; intervention requested; location of service; length of service; criteria met for services; status of all required documentation, comments or notes, as appropriate; outcomes of services delivered.

There is also a quality management component in the Request for Bid for the Administrative Services Organization (ASO) provider for Medicaid and Long-Term care, Behavioral Health and Children and Family Services that was released in February 2008.



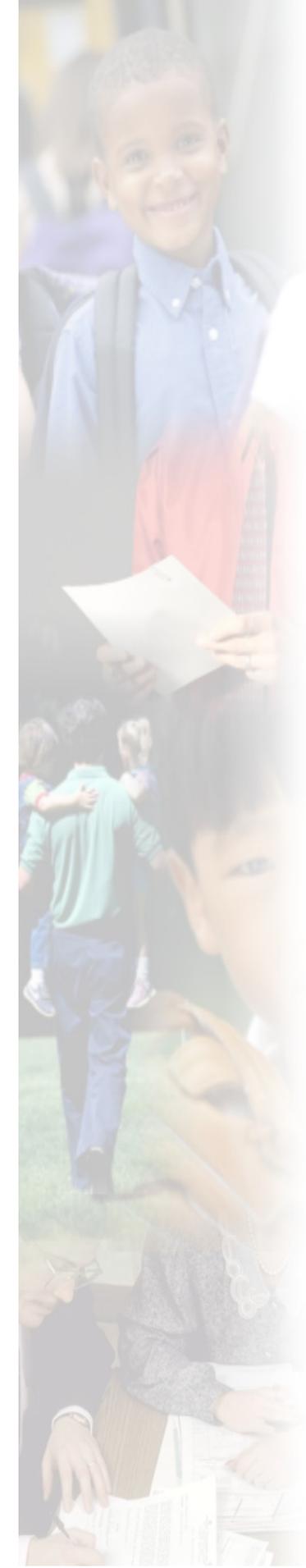
## 2008-2009 Priority Issue

In a planning session designed to focus CRP activities for 2008-2009, Panel members identified several child welfare-related issues, and of those, the following was prioritized and affirmed by the Governor's Commission for the Protection of Children. Focusing on one issue will enable the Panel the opportunity to identify, review, and analyze detailed information about the intake and initial assessment of child abuse and neglect cases managed by the Department of Health and Human Services System.

**DHHS should conduct a Quality Assurance review on all cases where reports were screened out and subsequent reports received, including an analysis of the overall process of screening/ accepting reports. Some of the specific questions to be addressed include:**

- How many reports of abuse, neglect or dependency are made to the intake hotline in one year?
- How many of those reports (per year) were screened out?
- What factors led to them being screened out?
- Were services offered or referrals made?
- How is resource & referral information documented?
- Is there any follow up to determine if services are utilized?
- What percentage of those that were screened out did DHHS receive subsequent reports on?
- How many (or %) of the subsequent reports are screened out?
- Of those screened out that later received a subsequent report and were not screened out – did they have the same intake worker or different intake workers?
- What percentage were Priority I, II, and III's?
- When a call is received, what is the procedure to determine if a previous call has been received on this case? Is it apparent immediately or does it require the intake hotline worker to access a different screen?
- Has the implementation of the safety model impacted the number of reports that are screened out?
- Does type of caller make a difference in accepting or screening out?  
Example: Physicians' calls tend to be accepted rather than screened out.

The Panel will work closely with Nebraska Department of Health and Human Service staff to identify available data that cover these questions. Data questions will be framed to accurately reflect what occurs both at Intake and Initial Assessment. These data will be collected for calendar year 2007 and quarterly throughout '08 and '09.



## Future Citizen Review Panel Activities

The Citizen Review Panel is cognizant of other issues that merit attention. Future CRP activities may include the following:

- The Citizen Review Panel is concerned about the mental health needs of children who are in the custody of the Department of Health and Human Services System. Recently, the Department of Health and Human Services System partnered with the University of Nebraska-Lincoln to study children who are made state wards in order to access mental health treatment. The Panel will request the data that result from this research in order to review the mental health needs of state wards. It is expected that this activity will begin in 2009.
- Five Panel members recently attended the national Citizen Review Panel Conference in St. Paul, Minnesota. As a result, the Panel may develop an infrastructure for the Nebraska Citizen Review Panel. This could include the creation of a web-site, by-laws, membership requirements, and templates for administrative processes. It is anticipated that an enhanced structure and organization may enable the Panel to focus even more significantly on child welfare issues important to the citizens of Nebraska.

2008 Service Stats for the Nebraska Alliance of CACs													2008	2007	2006	% of Total	
INTERVIEWS	January	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	SUB TOT	Monthly Av	Monthly Av	Monthly Ave	
Grand Island	25	16	35	16	19	24	51	34	18	24	6	16	284	23.7	19.3	15.5	10%
Kearney	32	8	14	18	22	15	32	11	18	17	11	23	221	18.4	16.7	20.3	8%
Lincoln	48	33	46	83	66	54	57	51	58	59	33	46	634	52.8	44.7	49.4	23%
Norfolk	13	12	22	31	9	17	24	13	10	16	15	19	201	16.8	21.6	16.1	7%
North Platte	11	15	10	19	22	21	38	37	21	25	21	11	251	20.9	13.6	0.0	9%
Omaha	81	61	78	68	62	54	88	96	79	101	82	132	982	81.8	72.8	64.0	35%
Scottsbluff	28	9	18	17	19	14	22	15	7	19	18	11	197	16.4	15.3	15.6	7%
Valentine	1	0	0	1	0	0	0	0	0	0	2	0	4	0.3	1.9	0.0	0%
<b>Total</b>	<b>239</b>	<b>154</b>	<b>223</b>	<b>253</b>	<b>219</b>	<b>199</b>	<b>312</b>	<b>257</b>	<b>211</b>	<b>261</b>	<b>188</b>	<b>258</b>	<b>2774</b>	<b>231.2</b>	<b>205.8</b>	<b>180.8</b>	
Medicals	January	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec					
Grand Island	2	4	8	4	5	4	3	5	8	1	0	3	47	3.9	4.5	3.2	3%
Kearney	16	1	4	4	8	6	5	4	7	7	4	4	70	5.8	4.7	2.9	5%
Lincoln	3	3	4	3	4	6	2	4	10	2	3	9	53	4.4	4.8	3.3	4%
Norfolk	2	2	2	1	0	2	8	6	5	4	1	4	37	3.1	5.3	4.4	3%
North Platte	1	1	2	3	0	3	5	7	1	2	0	1	26	2.2	0.6	0.0	2%
Omaha	72	81	75	90	75	101	92	96	89	131	109	120	1131	94.3	79.4	64.6	82%
Scottsbluff	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	1.0	1.3	0%
Valentine	1	1	0	2	1	1	0	0	0	0	2	0	8	0.7	3.3	0.0	1%
<b>Total</b>	<b>97</b>	<b>93</b>	<b>95</b>	<b>107</b>	<b>93</b>	<b>123</b>	<b>115</b>	<b>122</b>	<b>120</b>	<b>147</b>	<b>119</b>	<b>141</b>	<b>1372</b>	<b>114.3</b>	<b>103.5</b>	<b>79.7</b>	
Advocacy	January	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec					
Grand Island	56	47	59	56	64	72	96	74	56	58	46	48	732	61.0	64.9	28.1	9%
Kearney	76	64	63	74	88	79	86	52	68	65	67	65	847	70.6	61.9	31.4	10%
Lincoln	166	143	166	221	231	227	224	226	264	269	251	257	2645	220.4	171.4	163.1	32%
Norfolk	78	75	122	114	96	94	103	100	88	89	79	97	1135	94.6	88.5	75.4	14%
North Platte	30	21	27	40	37	42	44	49	37	32	45	28	432	36.0	18.1	0.4	5%
Omaha	151	162	142	161	127	124	178	223	213	213	147	153	1994	166.2	165.9	151.0	24%
Scottsbluff	57	24	28	53	37	36	22	15	7	19	18	11	327	27.3	61.1	53.8	4%
Valentine	1	1	1	2	1	1	0	2	3	8	19	12	51	4.3	3.1	0.0	1%
<b>Total</b>	<b>615</b>	<b>537</b>	<b>608</b>	<b>721</b>	<b>681</b>	<b>675</b>	<b>753</b>	<b>741</b>	<b>736</b>	<b>753</b>	<b>672</b>	<b>671</b>	<b>8163</b>	<b>680.3</b>	<b>503.2</b>	<b>276.9</b>	
MDT Meetings	January	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec					
Grand Island	7	5	7	5	6	4			11			15	60	5.0	5.0	0.0	
Kearney	3	6	2	4	1	3			9	4	1	11	44	3.7	3.7	4.9	
Lincoln	12	10	13	11	12	5			62			67	192	16.0	11.9	13.5	
Norfolk	9	9	9	11	5	9			23			22	97	8.1	8.1	7.8	
North Platte	7	4	5	6	6	6			13			19	66	5.5	4.1	3.1	
Omaha	6	6	6	6	6	6			13			15	64	5.3	6.2	6.0	
Scottsbluff	7	7	7	5	4	4			18			26	78	6.5	6.0	6.8	
Valentine	1	2	1	1	1	1			3			3	13	1.1	1.8	0.0	
<b>Total</b>	<b>52</b>	<b>49</b>	<b>50</b>	<b>49</b>	<b>41</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>152</b>	<b>4</b>	<b>1</b>	<b>178</b>	<b>614</b>	<b>51.2</b>	<b>46.7</b>	<b>42.1</b>	
Hair Tests	January	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec					
Grand Island	0	3	4	2	4	3	0	0	0	0	0	0	16	1.3	1.3	0.0	
Kearney	2	0	0	4	5	3	0	0	2	5	0	0	21	1.8	1.9	0.0	
Lincoln	0	0	0	2	1	2	4	1	6	0	0	2	18	1.5	1.4	0.0	
Norfolk	--	6	4	--	0	6	1	0	8	2	3	3	33	2.8	3.4	0.0	
North Platte	0	0	0	0	0	0	2	0	2	4	3	0	11	0.9	0.0	0.0	
Omaha	7	17	7	10	11	12	14	12	21	19	27	24	181	15.1	0.6	0.0	
Scottsbluff	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	
Valentine	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	
<b>Total</b>	<b>9</b>	<b>26</b>	<b>15</b>	<b>18</b>	<b>21</b>	<b>26</b>	<b>21</b>	<b>13</b>	<b>39</b>	<b>30</b>	<b>33</b>	<b>29</b>	<b>280</b>	<b>23.3</b>	<b>8.7</b>	<b>0.0</b>	

## CAPTA REFERRALS TO EARLY DEVELOPMENT NETWORK

<b>YEAR</b>	<b>CHILDREN UNDER 3, SUBSTANTIATED REPORT</b>	<b>CAPTA REFERRALS</b>	<b>PERCENT SUBSTANTIATED THAT WERE REFERRED</b>	<b>NUMBER EVALUATED</b>	<b>CHILDREN ELIGIBLE FOR SERVICES</b>	<b>PERCENT ELIGIBLE</b>
2006	1241	733	59%	398	53	13%
2007	1480	704	48%	395	67	17%
2008	1628	762	47%	266	63	24%

**Title IV-B, subpart 1 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State/Tribe assures that it is operating, to the satisfaction of the Secretary:
  - a. A statewide information system from which can be readily determined 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. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State;
  - c. A service program designed to help children:
    - i. Where safe and appropriate, return to families from which they have been removed; or
    - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
  - d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.
2. The State/Tribe assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.
3. The State/Tribe assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.
4. The State/Tribe assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.
5. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

6. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State of Nebraska complies with the requirements of the above assurances.

Certified by: Jodd C Reckling

Title: Director, Division of Children and Family Services

Agency: Department of Health and Human Services

Dated: 06/15/2009

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

## **Title IV-B, subpart 2 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State/Tribe assures that after the end of each of the 1<sup>st</sup> 4 fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.
2. The State/Tribe assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:
  - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
  - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5<sup>th</sup> succeeding fiscal year.
3. The State/Tribe assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services) of:
  - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
  - b. The populations which the programs will serve; and
  - c. The geographic areas in the State in which the services will be available.
4. The State/Tribe assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State/Tribe assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.
6. The State/Tribe will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's/Tribe's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

7. The State/Tribe assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.

8. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

9. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

**STATE ONLY:**

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State of Nebraska complies with the requirements of the above assurances.

Certified by:       *Jordan C Beckling*      

Title: Director, Division of Children and Family Services

Agency: Department of Health and Human Services

Dated:       06/15/2009      

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

## **Child Abuse and Neglect Prevention and Treatment State Plan Assurances**

### **State Chief Executive Officer's Assurance Statement for The Child Abuse and Neglect State Plan**

As Chief Executive Officer of the State of Nebraska, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended);
2. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii) of CAPTA);
3. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii) of CAPTA);
4. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv) of CAPTA);
5. triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v) of CAPTA);
6. procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi) of CAPTA);
7. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii) of CAPTA);
8. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
  - a. individuals who are the subject of the report;
  - b. Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
  - c. child abuse citizen review panels;
  - d. child fatality review panels;
  - e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and

- f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii) of CAPTA);
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix) of CAPTA);
10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x) of CAPTA);
11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi) of CAPTA);
12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii) of CAPTA);
13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings--
  - a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
  - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii) of CAPTA);
14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv) of CAPTA);
15. provisions, procedures, and mechanisms -
  - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
  - b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv) of CAPTA);
16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
  - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
  - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred

in the special maritime or territorial jurisdiction of the United States) of another child of such parent;

- c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
  - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi) of CAPTA);
17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii) of CAPTA);
  18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii) of CAPTA);
  19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix) of CAPTA);
  20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx) of CAPTA);
  21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi) of CAPTA);
  22. provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii) of CAPTA);
  23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
    - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
    - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
    - c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B) of CAPTA);

24. an assurance that the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) and (2) of CAPTA; and
25. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113 of CAPTA).

Signature of Chief Executive Officer:

Dave Heineman

Date: 6-17-09

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

## **Appendix 4: Title IV-E, Section 477 Certification**

### **Certifications for the Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Nebraska, I certify that the State/Tribe has in effect and is operating a Statewide or areawide program pursuant to section 477(b) or (j)(2) relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State/Tribe will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State/Tribe from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State/Tribe from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State/Tribe will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
5. The State/Tribe will adequately prepare prospective foster parents with the appropriate knowledge and skills to provide for the needs of the child before a child, under the supervision of the State, is placed with prospective foster parents and that such preparation will be continued, as necessary, after the placement of the child. [Section 471(a), as amended];
6. The State/Tribe has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
7. The State/Tribe will make every effort to coordinate the State/Tribal programs receiving funds provided from an allotment made to the State/Tribe with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
8. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
9. The State/Tribe has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

**STATE ONLY:**

10. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];



\_\_\_\_\_  
Signature of Chief Executive Officer

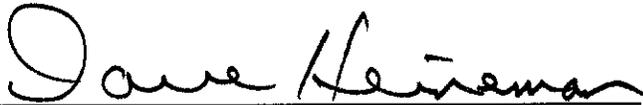
6-17-09

\_\_\_\_\_  
Date

**State Chief Executive Officer's Certification  
for the  
Education and Training Voucher Program  
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Nebraska, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
  - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
  - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).



Signature of Chief Executive Officer

6-17-09

Date

<b>CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 &amp; 2 Funds, CAPTA, CFCIP, and ETV</b>	
Fiscal Year 2010, October 1, 2009 through September 30, 2010	
1. State or ITO: Nebraska	2. EIN: 470491233
3. Address: Department of Health & Human Services P.O. Box 95026 Lincoln, NE 68509-5026	4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
5. Total estimated title IV-B, Subpart 1 Child Welfare Services (CWS) Funds	\$ 1,752,455
a) Total administration (not to exceed 10% of estimated allotment)	\$ 175,246
6. Total estimated title IV-B, Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a-f.	\$ 1,544,726
a) Total Family Preservation Services	\$ 386,182
b) Total Family Support Services	\$ 386,182
c) Total Time-Limited Family Reunification Services	\$ 308,945
d) Total Adoption Promotion and Support Services	\$ 308,945
e) Total for Other Service Related Activities (e.g. planning)	\$ -
f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	\$ 154,472
7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)	\$ 91,727
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)	\$ 9,173
8. Re-allotment of Title IV-B, subparts 1 & 2 funds for State and Indian Tribal Organizations:	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____, PSSF \$ _____, and/or MCV \$ _____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribe is requesting: CWS \$1,752,455, PSSF \$1,544,726, and/or MCV \$91,727	
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated amount plus additional allocation, as available. (FOR STATES ONLY)	\$ 191,120
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	\$ 1,575,048
a) Indicate the amount of State's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).	\$ 472,514
11. Estimated Education and Training Voucher (ETV) funds.	\$ 529,640
12. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program	\$ -
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program	\$ -
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program	\$ 2,000,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program	\$ 750,000
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 2010.	
Signature and Title of State/Tribal Agency Official Willard Bouwens, Administrator, Financial Services, DHHS Operations  <i>Willard Bouwens</i>	Signature and Title of Central Office Official

**CFS-101 Part II: Annual Summary of Child and Family Services  
State or ITO Nebraska For FFY OCTOBER 1, 2009 TO SEPTEMBER 30, 2010**

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP	(f) ETV*	(g) TITLE IV-E	(h) State, Local, & Donated Funds	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED (Include both # and type of areas to be served)
	(a) Subpart I- CWS	(b) Subpart II- PSSF	(c) Subpart II- MCY *						Individuals	Families		
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	197	386		191				8,997	19,634	13,091	FC children & families	Statewide/Reservation
2) PROTECTIVE SERVICES	197			-				9,083	24,134	4,341	Families w/ child abuse or neglect investigation	Statewide/Reservation
3) CRISIS INTERVENTION (FAMILY PRESERVATION)	-	386		-				21,263	7,760	5,491	FC children & families	Statewide/Reservation
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES	-	309		-				18,701	6,756	4,706	FC children & families	Statewide/Reservation
5) ADOPTION PROMOTION AND SUPPORT SERVICES	-	309		-				6,532	1,414	1,293	FC children eligible for adoption	Statewide/Reservation
6) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	-	-		-				13,977	2,539	2,035	FC children & families	Statewide/Reservation
7) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	710						4,229	29,471	7,200	4,202	FC children in OOH placement	Statewide/Reservation
(b) GROUP/INST CARE	473						1,769	18,968	2,453	1,833	FC children in OOH placement	Statewide/Reservation
8) ADOPTION SUBSIDY PMTS.	-						9,131	12,564	3,866	3,866	Youth with adoption subsidy	Statewide/Reservation
9) GUARDIANSHIP ASSIST. PMTS.	-						-	6,099	1,195	1,195	Youth with guardianship subsidy	Statewide/Reservation
10) INDEPENDENT LIVING SERVICES	-				473		-	349	629	561	Youth discharged to Independent Living	Statewide/Reservation
11) EDUCATION AND TRAINING VOUCHERS	-					530	-	-	414	414	Youth qualified for ETV	Statewide/Reservation
12) ADMINISTRATIVE COSTS	175	154	9		1,103		7,470	7,470				
13) STAFF & EXTERNAL PARTNERS TRAINING	-						6,094	1,435				
14) FOSTER PARENT RECRUITMENT & TRAINING	-						61	20				
15) ADOPTIVE PARENT RECRUITMENT & TRAINING	-						30	10				
16) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	-						1,093	729	851	507	IV-E FC children with CC services	Statewide/Reservation
17) CASEWORKER RETENTION, RECRUITMENT & TRAINING	-		83				-	-			FC children & families	Statewide/Reservation
18) TOTAL	1,752	1,545	92	191	1,575	530	29,876	155,667				

\* States Only, Indian Tribes are not required to include information on these programs

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) : Fiscal Year 2007: October 1, 2006 through September 30, 2007**

1. State or ITO: Nebraska		2. EIN: 470491233		3. Address: Department of Health & Human Services P.O. Box 95026 Lincoln, NE 68509-5026				
4. Submission: [X] New [ ] Revision								
Description of Funds	Estimated Expenditures	Actual Expenditures		Population served		Geographic area served		
		Individuals	Families	Individuals	Families			
5. Total title IV-B, subpart 1 funds	\$ 1,762,798	\$ 1,611,515		18,967	12,855	FC children & families	Statewide/ Reservation	
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$ 1,328,037	\$ 1,176,754		N/A	N/A	N/A	N/A	
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - g.)	\$ 1,648,982	\$ 1,648,982		18,967	12,855	FC children & families	Statewide/ Reservation	
a) Family Preservation Services	\$ 412,246	\$ 412,246		8,107	5,467	FC children & families	Statewide/ Reservation	
b) Family Support Services	\$ 412,246	\$ 412,246		18,967	12,855	FC children & families	Statewide/ Reservation	
c) Time-Limited Family Reunification Services	\$ 329,796	\$ 329,796		6,263	4,352	FC children & families	Statewide/ Reservation	
d) Adoption Promotion and Support Services	\$ 329,796	\$ 329,796		2,031	1,792	FC children eligible for adoption	Statewide/ Reservation	
e) Total for Other Service Related Activities (e.g. planning)	\$ -	\$ -						
f) Monthly Caseworker Visits (FOR STATES)	N/A	N/A						
g) Total Administrative Costs (FOR STATES; not to exceed 10% of total allotment after October 1, 2007)	\$ 164,898	\$ 164,898						
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	N/A	N/A						
a) Administrative Costs (not to exceed 10% of Federal allotment)	N/A	N/A						
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 1,608,401	\$ 1,608,401		731	654	Youth discharged to Independent Living	Statewide/ Reservation	
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 482,520	\$ 482,520		731	654	Youth discharged to Independent Living	Statewide/ Reservation	
9. Total Education and Training Voucher (ETV) funds	\$ 551,536	\$ 551,536		215	215	Youth qualified for ETV	Statewide/ Reservation	
9. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2010.								
Signature and Title of State/Tribal Agency Official <i>Willard Bowers</i> Operations		Date <i>6-30-09</i>		Signature and Title of Central Office Official				Date

**DIVISION OF CHILD AND FAMILY  
SERVICES**

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

**DISASTER /COOP PLAN**

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## I. PLAN SUMMARY

### A. INTRODUCTION

The state of Nebraska performs essential functions and services that may be adversely impacted in the event of a natural or man-made disaster. In such events, all government departments and agencies should have plans to continue operations, operate their core missions and assure the health, safety and well-being of consumers. This plan provides guidance to the Division of Children and Family Services and serves as the division's plan for maintaining essential functions and services during an influenza pandemic as well as all-hazards COOP Planning.

Natural or human-made disasters such as floods, hurricanes and tornadoes, fires, and chemical spills can occur at any time and any place. Disasters may occur on a local scale or be widespread and affect multiple counties and/or states. Pandemic flu is another emergency event that would have a dramatic impact on the delivery of services.

Pandemic planning for children in the child welfare system and/or out-of-home placement is based on the following assumptions about pandemic disease:

- Susceptibility to the pandemic influenza subtype will be universal.
- The clinical disease attack rate will be 30 percent in the overall population. Illness rates will be highest among school-aged children (about 40 percent) and decline with age. Among working adults, an average of 20 percent will become ill during a community outbreak.
- Children will shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- In an effected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and the fear of infection may reach 40 percent during the peak weeks of a community outbreak.

Regardless of the size and scope of the disaster or emergency, the impact may result in a major disruption of normal operations. In the event of a disaster, essential child welfare services to children, youth and families could be disrupted or seriously compromised. Therefore, it is especially important for agencies caring for vulnerable populations, such as foster children, to do what they can to prepare for a disaster and any subsequent disruption of child welfare services.

On March 15, 2007, Governor Dave Heineman signed into law Legislative Bill 296, which merged the three agencies of the Health and Human Services System into one Department of Health and Human Services. The change became effective July 1, 2007.

The organizational structure of the Department of Health and Human Services includes a Director Executive Officer who is appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature.

The department has six divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veterans' Homes. The directors of the divisions are also appointed by the Governor and subject to confirmation by a majority vote of the members of the Legislature. The division directors report to the CEO. A Director Operating Officer, in charge of Operations that support the Department, also reports to the CEO.

The Division of Children and Family Services merges the former Offices of Protection and Safety and Economic and Family Support.

This merger brings together approximately 2,392 employees who provide services that make a difference in the lives of Nebraska's children and families. It includes the areas of child abuse, foster care, adoption, domestic violence, Employment First, ADC, Medicaid eligibility, refugee resettlement, energy assistance, childcare subsidy, child support enforcement, food stamps, economic assistance, Integrated Care Coordination Units, resource development, quality assurance and parole and community-based juvenile services.

The five Service Areas and the two Youth Rehabilitation and Treatment Centers in Kearney and Geneva are also part of this division.

Each Service Area in Nebraska and each of the Rehabilitation and Treatment Centers have a developed disaster plan and assigned staff to the plan. The Service Areas in Nebraska are identified as the Western Service Area, Central Service Area, Northern Service Area, Southeast Service Area and Eastern Service Area. Each Service Area disaster plan designates who is in charge during a disaster or an emergency. The plan identifies essential functions (mission-critical activities) requiring continuous performance during a disaster or emergency, and designate managers and alternate staff to oversee these functions. These Service Area Plans falls under the umbrella of a larger disaster plan, the **Division of Children and Family Services Disaster Plan**. This plan is folded into the larger Nebraska Health and Human Services Continuity of Operations Planning (COOP). Together, these plans compose the disaster planning efforts for Nebraska Health and Human Services.

The Nebraska Disaster plan also include procedures for contacting and maintaining links with Nebraska Emergency Management Agency (NEMA) officials, who have overall responsibility for managing major and catastrophic disasters. NEMA officials have firsthand knowledge of state-coordinated disaster recovery efforts, and up-to-date information that can be shared with child welfare managers and assist them in responding to the needs of children and families impacted by the disaster. NEMA may activate the state's Emergency Operations Center (EOC) located in the

Agency headquarters, situated in the underground bunker. The EOC becomes the center for any state response. Depending upon the nature of the emergency, state teams can be dispatched to the disaster area.

In the event of an emergency, the role of the Division of Children and Family Services (CFS) is to support consumers and service providers in the provision of safe and healthy service alternatives for families during and after disasters or emergencies. CFS' Disaster Plan provides specific actions that the Division may take in emergency situations. This includes provisions for: the coordination and communication in the event of a disaster or emergency, coordination in the relocation of children in affected child care settings, the assessment of the ability of CFS/partner agencies to function, the assessment of providers' needs, and provision for the establishment of temporary child placement.

In summary, local and state Child and Family Services (CFS) planning details the procedures to be followed in caring for children, youth and families in the event of a disaster or emergency; and focus on planning and procedures for the continued care and supervision of all children served by child welfare, both during and after the disaster.

The Division of Children and Family Services (CFS) has developed this plan to support providers and give families safe and healthy alternatives for the care of their children during and after disasters. These aims tie in to "common functions" outlined in the latest State of Nebraska Emergency Operations Plan such as "mass care." This plan provides information to instruct staff regarding emergency preparedness, disaster response, and disaster recovery.

## **B. PLANNING ASSUMPTIONS**

- The division will be operational during a disaster or pandemic influenza outbreak.
- All division components have identified critical functions and capabilities.
- Alternative facilities may be activated for use during a disaster. The division may make alternative facilities, along with other locations, available to be used as a precaution to separate staff i.e. implement social distancing protocols. A pandemic influenza event does not necessarily require the use of alternate facilities however, how facilities are used may change to prevent the speed of disease in a pandemic influenza event.
- Essential functions, division operations and support requirements will continue to be people-dependent. Most activities require human interactions to be carried out, however, many interactions may not require face-to-face contact or can be conducted with precautionary measures.
- Travel restrictions, such as limitations on mass transit, implemented by Federal, State, local and/or Tribal levels will affect the ability of staff to get to work and conduct business activities.
- Increased absenteeism will occur. Additionally, employees may be absent to provide care to infected family members.
- Due to the open nature of the work environment, social distancing and other precautionary measures may be implemented to limit the spread of influenza virus.

### **C. PURPOSE**

The primary purpose of this document is to ensure that DHHS Division of Children and Family Services Office of Protection and Safety as an organization must survive a disaster and to continue normal business operations. In order to survive, the organization must assure that critical operations can resume/continue normal processing. Throughout the recovery effort, this plan establishes clear lines of authority and prioritizes work efforts.

- To ensure that the Division of Children and Family Services can deliver critical services to children and families as it did prior to the incident;
- Provide services to newly identified children and families to assure that children are safe from present and impending danger threats;
- Provide for the safety, physical care and well-being of children served on DHHS premises and in contracted placements;
- Continue critical business operations
- Minimize the duration of a serious disruption to operations and resources (both information processing and payments);
- Establish management succession and emergency powers;
- Facilitate effective coordination of recovery tasks; and
- Identify critical lines of business and supporting functions.
- To establish and implement a management system for coordinating with State agencies, Federal agencies, private and non-governmental agencies' responses using the multi-agency coordination structure in the State Disaster COOP Plan.

### **D. CHILD AND FAMILY SERVICES IMPROVEMENT ACT**

The Child and Family Services Improvement Act of 2006 amended the requirements for a state to have a compliant Title IV-B State Plan by adding section 422 (b)(16) to require that all states have in place by October 1, 2007, procedures for responding to a disaster, including how the state will:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and coordinate services and share information with other states.

In general, the intent of the legislation was to ensure that child welfare agencies across the country have plans in place to address natural disasters, man-made crisis, or medical events that can affect the routine ways child welfare agencies operate and serve children, youth and

families. The federal child welfare disaster planning requirements specifically apply to children under state care or supervision served by programs funded by Title IV-B and Title IV-E.

A key component is that each Service Area have its own disaster plan in place to be able to respond to, at a minimum, the four areas of planning expressly set forth in section 422 (b)(16) above. Failure to meet this requirement could result in the loss of Title IV-B funding for child welfare programs.

In order to meet the federal requirement for disaster planning, the Nebraska Division of Children a Family Services requires each Service Area to develop and maintain a written child welfare disaster plan and submit it for review annually. Such plans must focus on local district planning and procedures for the continued care and supervision of all children served by child welfare agencies, in the event of a disaster. In preparation for a disaster or other emergency, local service areas may already have written disaster or business continuity plans in place. All Service Area disaster plans must be developed in accordance with the criteria set forth by the federal government and the additional guidelines provided in this memo.

**E. DIVISION OF CHILDREN AND FAMILY SERVICES ESSENTIAL FUNCTIONS AND SUPPORTING PROGRAMS**

Priority	Essential Functions	Supporting Programs	
<p><b>Child Welfare Unit</b></p>	<ul style="list-style-type: none"> <li>•Foster Care</li> <li>•Adoption/Guardianship</li> <li>•Central Register/Policy-CPS &amp; APS</li> <li>•Employment Checks</li> <li>•Expungements</li> <li>•ICPC</li> <li>•Family Preservation</li> <li>•Transitional Youth Services •IV-E</li> <li>•Domestic Violence</li> <li>•ICWA</li> <li>•Social Service Block Grant for Families</li> </ul>	<p>Child &amp; Adult Abuse/Neglect</p>	<ul style="list-style-type: none"> <li>•Hotline (Centralized)</li> <li>•Expungements</li> <li>•CR Employment checks</li> <li>•Domestic Violence</li> <li>•CAPTA</li> <li>•CJA</li> <li>•Child Protective Services</li> <li>•Adult Protective Services</li> </ul>
		<p>Foster Care/Adoption</p>	<ul style="list-style-type: none"> <li>•Foster Care</li> <li>•Adoption/Guardianship</li> <li>•Subsidies</li> <li>•ICPC</li> <li>•IVE</li> <li>•Websites/Exchanges</li> <li>•Adoptive Tech</li> <li>•Adoption Consortium</li> </ul>
		<p>Family Preservation &amp; Independent/ Transitional Living</p>	<ul style="list-style-type: none"> <li>•Service Array Implementation</li> <li>•Non-Court Youth/Families</li> <li>•In-home Services</li> <li>•Medical</li> <li>•Mental /Behavioral Health</li> <li>•Aftercare</li> </ul>

			<ul style="list-style-type: none"> <li>•Prevention/Early Intervention</li> <li>•Former Ward</li> <li>•ETV</li> <li>•Records</li> <li>•Gov’s Youth Councils</li> <li>•Positive YD</li> <li>•Transition Services</li> </ul>
		<p>Child Care/NHAP/Refugee Program/CSBG</p>	<ul style="list-style-type: none"> <li>•Child Care Subsidy</li> <li>•Inter-agency Coordination</li> <li>•State-wide coordination of Homeless activities</li> <li>•Process grants statewide/ coordination of Refugee activities</li> <li>•Policy Support</li> <li>•CSBG oversight of Community agencies</li> <li>•Social Services Block Grant for Families</li> </ul>
		<p>Indian Child Welfare Act/Tribal Liaison</p>	<ul style="list-style-type: none"> <li>•ICWA</li> <li>•Tribal contracts for CPS</li> <li>•Training</li> </ul>
<p>Comprehensive Quality Improvement/ Operations</p>	<ul style="list-style-type: none"> <li>• Quality Assurance</li> <li>•Contact Monitoring</li> <li>•Data Analysis//Reporting</li> <li>•Utilization/Capacity Management</li> <li>•Audits</li> <li>•Case Reviews</li> <li>•Federal/State Compliance Reviews</li> </ul>	<p>Quality Assurance</p>	<ul style="list-style-type: none"> <li>•QA in Service Areas</li> <li>•Contract Monitoring</li> <li>•Data Analysis/Reporting</li> <li>•Accuracy Reviews</li> <li>•Improvement/Corrective Action Plans</li> <li>•Utilization/Capacity Management</li> <li>•Case Reviews</li> <li>•Process Reviews</li> <li>•Compliance Reviews</li> </ul>
		<p>Operations/CFSR</p>	<ul style="list-style-type: none"> <li>•Contracts</li> <li>•Audits</li> <li>•Budget</li> <li>•NFOCUS/CHARTS</li> <li>•Fed/State Reports</li> <li>•Child and Family Service Review (CFSR)</li> <li>•Program Improvement Plan (PIP)</li> <li>•Policy Management</li> <li>•Training</li> <li>•Grant Management</li> </ul>

Office of Juvenile Services	<ul style="list-style-type: none"> <li>•YRTC Operation</li> <li>•Parole/Direct Commit</li> <li>•ICJ</li> <li>•Detention billings</li> <li>•YLS/CMI</li> </ul>	Youth Rehabilitation & Treatment Centers (YRTCs) Geneva and Kearney	<ul style="list-style-type: none"> <li>•YRTC Geneva &amp; Kearney Operations</li> <li>•AR's &amp; OM's</li> <li>•Contracts for Services</li> <li>•Programming</li> <li>•Discipline</li> <li>•Grievances</li> <li>•ACA Accreditation</li> <li>•PbS Monitoring</li> <li>•Monitoring Releases</li> <li>•Review/Monitoring Physical Interventions</li> <li>•Maintenance/Renovation of structures -monitoring</li> </ul>
		Parole/Direct Commitments	<ul style="list-style-type: none"> <li>•Community re-entry from YRTC's</li> <li>•Triage Center/Crisis/Re-entry evaluations</li> <li>•Revocation of Parole</li> <li>•ICJ</li> <li>•Detention Billing</li> <li>•Community-Based programs</li> <li>•Graduated Sanctions</li> </ul>
Economic Assistance/Child Support Enforcement Unit	<ul style="list-style-type: none"> <li>•Economic Assistance</li> <li>•Food Stamps</li> <li>•Food Distribution</li> <li>•ADC</li> <li>•Employment First</li> <li>•Child Support Enforcement</li> <li>•AABD</li> <li>•LIHEAP</li> <li>•Service Area Policy Support</li> <li>•N-FOCUS Business Support</li> </ul>	Public Assistance	<ul style="list-style-type: none"> <li>•AABD Eligibility/Policy Support</li> <li>•Low Income Energy</li> <li>•Service Area Policy Support</li> <li>•Corrective Action</li> <li>•Processing Medicaid Applications for:-New Applicants-Regional Office Releases-Corrections Releases-Women Cancer Program</li> <li>•Medicare Part D Assistance</li> <li>•TMA Premiums</li> <li>•Process all new Kids Connect applications for Omaha/Lincoln</li> </ul>
		Food Stamps & TANF	<ul style="list-style-type: none"> <li>•Food Stamp Program Eligibility/Policy Support</li> <li>•ADC Eligibility/Policy Support</li> </ul>

			<ul style="list-style-type: none"> <li>•Employment First Policy Support</li> <li>•Employment &amp; Training (FSP)</li> <li>•Policy Support</li> <li>•Facilitates CA Meetings w/SA</li> </ul>
		Child Support Enforcement	<ul style="list-style-type: none"> <li>•CSE Finance</li> <li>•CSE Policy</li> <li>•CSE Field Operations</li> <li>•Paternity Establishment</li> <li>•Court Order Establishment</li> <li>•Current Collection of Support</li> <li>•Collection of Arrears</li> <li>•Federal Compliance Reviews</li> </ul>
		N-FOCUS Business	<ul style="list-style-type: none"> <li>•Data Imaging and On-line Application</li> <li>•Initiate new N-FOCUS Automation Initiatives</li> <li>•Support Policy Teams</li> </ul>
		Food Distribution	<ul style="list-style-type: none"> <li>•Carrier Contracts</li> <li>•Warehouse Contracts</li> <li>•Food Processing contracts</li> <li>•Commodity Delivery to 500 entities</li> <li>•TEFAP Program</li> </ul>

**F. EMERGENCY PREPAREDNESS**

The Division of Children and Family’s emergency preparedness efforts include:

1. Training of disaster teams, dialogue with foster parents about their roles, update of disaster plan, and communications encouraging providers to prepare their own disaster plans;
2. Ongoing development of partnerships with emergency response agencies;
3. Year-round training of the CFS Disaster plan, recognition of **CFS Management Team members and** distribution of alerts about responding to potential disasters;
4. Annual review of each CFS units COOP template to be maintained and updated by the Administrators of those units;
5. Annual review of Service Area Disaster Plans;
6. Develop plans for delegation of authority for each CFS unit and Service Area that are at least three deep per responsibility where possible in key positions,
7. Development of call down phone trees for CFS field staff communication;
8. Coordinating with key partners—an orientation towards looking outward and working closely with others is critical in all of the agency’s work. Particular partnerships

important to both disaster preparedness and ongoing performance are those with other public agencies, service providers, and with courts.

9. Strengthening internal and external communication systems;
10. Supporting statewide, automated information systems;
11. Establishing ongoing support services to help staff deal with the day-to-day trauma of child welfare work; and
12. Providing critical information to staff, families and providers and staying in touch with these partners.

## **G. CFS DISASTER FUNCTIONS**

The Division of Children and Family Services has identified the following as activities it *will* carry out during or after a disaster to make sure that children remain safe and healthy:

1. Communicating with partners and customers during, after, and in anticipation of emergencies;
2. Working with service providers to ensuring that children are relocated off-site if hazardous materials, fire, or another emergency poses a threat to their safety while they are in out-of-home care;
3. Assessing whether the Division's capacity to carry out its roles has been affected by the disaster and making provision for the continuation of core Division functions (e.g., abuse/neglect investigations, funding of child welfare services);
4. Maintaining a database to track clients who have called in and those who are in unknown circumstances;
5. Conduct an initial assessment of locations and needs of families, providers and youth in independent living situations;
6. Offering assistance assessing facilities' damages and needs resulting from a disaster;
7. Facilitating the development of temporary child placement arrangements;
8. Possibly activating special licensing policies and reestablishing safe and healthy service provision;
9. Assuring the continuation of child abuse and neglect investigations; and
10. Other assistance tailored to specific disaster needs.

Provide additional programs/services to children, youth and families affected by the disaster, such as:

1. Provide information, support, and services for these families, and coordinate services with other agencies;
2. Facilitate access to immediate trauma services for children, youth and families;
3. Assistance for medically fragile children and their caregivers;
4. Assist in finding child care for families seeking help; and
5. Extra assistance needed by foster families to provide for their own children.
6. Identify children separated from their families, and provide services to them.
7. Relocate services to alternate locations as required by the scale of the disaster.
8. Locate services close to where families and children are—disaster assistance centers along with other service providers, if possible, and/or use mobile units, neighborhood centers, or coordinated outreach to provide access.

9. Make services culturally competent by providing services, and information about them, in the language client's use, and in a culturally appropriate way.
10. Compile and distribute to staff and clients lists of other disaster-related services and programs available through statewide emergency management efforts and/or other agencies.

During disasters, agencies can draw on relationships they have established with key partners to communicate as necessary about the situation. This includes:

1. Statewide emergency management staff: Make contact between agencies, discuss location of emergency services, get information on the agency's role in response, and advocate for needs of child welfare clients, staff and volunteers.
2. Liaisons in other jurisdictions: Contact liaisons in other counties or States for assistance, or to consult and share information on families leaving or coming into the area.
3. Contractors: Make sure roles and responsibilities are functioning as needed between the agency and various contractors.
4. Service providers: Consult about status of current services and plans for services to be delivered after the disaster.
5. Courts: Coordinate efforts with courts to locate children and workers. Communicate about any necessary delay in court proceedings and on emergency placements of children. Consult on a process to transfer jurisdiction across State lines when the child and foster family have relocated and the family has no plans to return. For others, institute ICPC requests as appropriate.
6. Federal partners: Maintain contact with federal partners to share information and communicate about federal requirements and local needs.
7. Volunteers: Draw on any trained or available volunteers.

Coordinate with Communication and Legislative Services (CLS) for communication with consumers, staff and organizations.

1. Use the internal communication system to broadcast messages about the disaster to staff in all locations.
2. Ensure that toll free phone numbers are working or are available as soon as possible.
3. Post critical information on websites and keep updated.
4. Implement the media plan.

## **II. DISASTER PLANNING/ PREPAREDNESS**

### **A. STATE DISASTER COORDINATION**

The Nebraska Emergency Management Agency is responsible for general emergency planning and agency coordination in support of the State Emergency Operations Plan. The Nebraska Emergency Management Agency Director has been designated to act as the State Disaster Coordinator by Nebraska Governor Dave Heineman.

NEMA has prepared The State Emergency Operations Plan which establishes the policies, plans, guidelines and procedures that will allow all our emergency planning, response, recovery or mitigation responsibilities to function effectively, as a team, when disaster strikes.

Before, during and after a disaster or emergency, the Department of Health and Human Services (DHHS) Management Team or DHHS CFS Director will notify a **CFS Management Team** representative when has been activated. This designee will contact the CFS Policy Director; if not the person receiving the report, to relay the activation, and phone all CFS emergency Management Team members and other requested staff members letting them know the situation. This communication will continue during the disaster or emergency. Decisions will be made at the Division level by a **CFS Management Team** assembled by the Division Director.

If called upon, CFS Management Team members will be asked to report to a designated location to ensure coverage of shift assignments. Emergency contact information will be collected on all CFS employees that include history of previous work experiences within DHHS and any special expertise for assignments. The specific role of CFS staff members will be clarified during the assignment of specific activities. **CFS Management Team** members will coordinate with other DHHS Disaster Team members (ESF-8) who are overseen by the coordinating Director.

The CFS Policy Director or a member of the **CFS Management Team** will determine which disaster teams to activate and which functions in the Division's Disaster Plan are to be carried out. CFS field staff and central office-based staff and partner agencies will be called upon, as needed, to assist in making decisions and/or facilitating responses. CFS staff may also be temporarily reassigned to carry out specific duties.

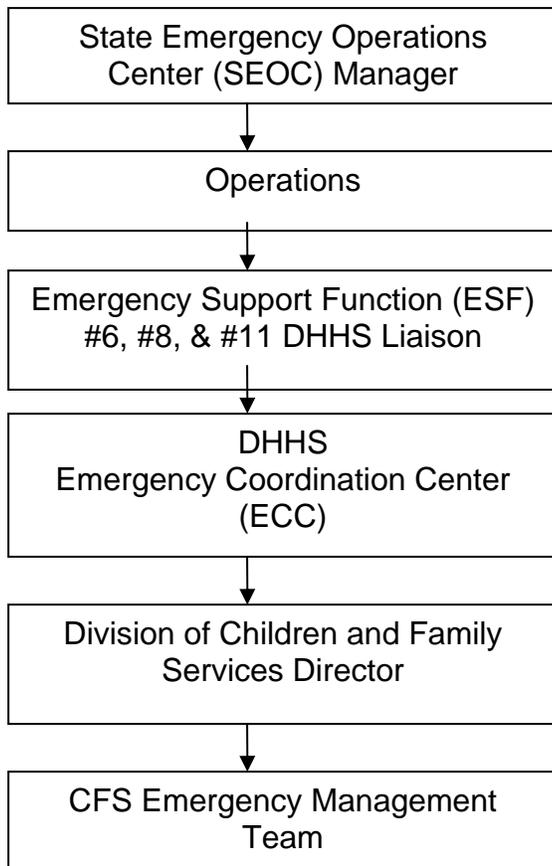
The preparation phase will begin when it is determined a disaster is imminent. A disaster is considered imminent when the CFS emergency response plan is activated. The Division's Policy Director will notify all members of the **CFS Management Team** of any alert or activations.

## **B. COORDINATION IN DISASTER RESPONSE FUNCTIONS**

The **CFS Management Team** will make important decisions about emergency strategies, policies, and resources and will serve primarily as the Division's lead in the event of a disaster.

CFS will use a team structure to plan and oversee its disaster response. The CFS Management team will provide oversight, and specific disaster response tasks will be assigned to specific *disaster function teams* as developed by the CFS Management Team. Service Area coordination and collaboration across functions will be managed by service area disaster teams know as the *Service Area Disaster Teams*.

The Division of Children and Family Services or designee will collaborate with other agencies on disaster response activities through the state emergency response team. The Director or his/her designee will participate in any statewide emergency planning processes and make strategic decisions about coordination with other agencies.



For the Division of Children and Family Services, in an emergency, the plan is activated by the Director of the Division of Children and Family Services. For each unit (intake, on-going, adult services, income maintenance), the emergency response specifies:

- The role of the supervisor-charged with determining whether it is safe for the unit to do its work and with activating phone tree to contact staff; and
- Mobilizing staff into specific roles needed specific to the emergency.

Disaster response provides guidance for foster families, calls for residential and in-home providers to implement their emergency plans and includes direction for ICPC, staff support, backing up information systems, and making emergency payments.

In an emergency, the division maintains its regular on-call procedures (already established for night and weekend work) to assure there is no interruption in services to families in need. These on-call workers would also respond, with law enforcement or other responders, to incidents where children are displaced from parents by the disaster.

Communication is critical in an emergency. Whenever possible, staff will use cellular phones to stay in communication. If that avenue is unavailable, staff will “pony express” messages, carrying them from person to person until an operable communication method is found. Local emergency management staff will use ham radio operators to communicate, when necessary, and this would be available to protection and safety workers in emergencies.

Where approved, program personnel may access NFUSE/CITRIX from remote locations. NFUSE/CITRIX allows access to DHHS services to include an individual’s electronic documents, files, and email from remote locations via the internet. Access can also be established for program specific data bases as well. Access to the web based Outlook is also available to individuals who only need access to email. Access to NFUSE/CITRIX must be set up in advance.

CFS administrators are responsible for:

- Identifying individuals who currently have access to NFUSE/CITRIX, the system that allows remote access to DHHS servers.
- Securing access to NFUSE for individuals who may have the potential for working at home or at a remote location and have a need to access work related documents prior to a pandemic influenza event.
- Establish reliable access and security protocols.
- Ensuring individuals have the necessary equipment (i.e. computer, fax, printer, internet connection) at the remote location.

**C. DISASTER FUNCTIONS**

The Division of Children and Family Services could undertake the following disaster functions in order to fulfill the Division’s role in supporting service providers and providing families with safe and healthy alternatives for services during and after disasters or emergencies.

CFS will use multiple **disaster function teams** to carry out specific disaster response/ recovery activities and deploy resources to meet specific needs. A team leader and co-leader or alternate team leader are designated for each disaster function, and key roles are assigned to the appropriate team members in advance. Disaster function team leaders will report to **CFS’ Management Team**.

Service Area Disaster teams will be used to facilitate communication and collaboration among CFS and partner agencies at the Service Area level, as well as promote clear communication between Service Area and state levels.

<b>Disaster Function Team</b>	<b>CFS section/staff responsible for function</b>	<b>Partner agencies who may play a role</b>
<b>Planning and Emergency Preparedness</b> CFS preparations, including disaster plan update/training	<b>CFS Emergency Management Team</b> and assigned personnel	DHHS Emergency Response Coordinator Nebraska Emergency Management Agency (NEMA)
<b>Communications</b> Making the public/partners aware of CFS assistance; facilitating communication among partners to improve disaster response and recovery ;	Director’s Office Communication and Legislative Services	NEMA/local EM, Service Area Directors DHHS Chief Medical Director

<b>Operations and Coordination</b> Including identification and verification of safety and availability of all employees in making work assignments; and temporally ceasing some non-critical operations, evaluating COOP templates	<b>CFS Emergency Management Team</b>	DHHS Human Resources
<b>Assistance with Location Verification and Relocation of Children Off-Site</b> if a disaster strikes while children are in out-of-home care	DHHS Public Health Licensure Unit Director's Office Administration Service Areas	NEMA/CFS Management Team DHHS Emergency Response Coordinator
<b>Facilitating the Development of Temporary Child Placement and Services</b> Help establish to: 1) keep children safe during and immediately after disasters; 2) expand capacity/ access to child placement.	DHHS Public Health Licensure Unit Director's Office	Red Cross/EM personnel DHHS Emergency Response Coordinator
<b>Continuation of Abuse/Neglect Investigations</b>	Intake Staff	Local DHHS CFS office – Child and Family Specialists
<b>Legal Requirements Of Children And Family Services</b>	DHHS Legal	
<b>Interstate Compact On The Placement Of Children</b>	ICPC and ICJ Staff	
<b>Continuing the Reimbursement Child Welfare Services</b> Enable providers who offer subsidized care to continue to get reimbursed after a disaster	CFS Administration Subsidy Services	Automation contacts DHHS Finance and Support Office
<b>Other Assistance</b> – solutions tailored to the disaster, Assessment of Child Care Providers' Damages and Needs	Director's Office Other sections, TBD	TBD

### **III. DISASTER FUNCTION TEAMS**

#### **A. PLANNING ANDEMERGENCY PREPAREDNESS**

1. Regular Review and Update of Disaster Plan: The CFS Disaster COOP Plan will be reviewed annually. The CFS Management Team will oversee the annual review of the plan, which will involve review by disaster function and service area teams (with input from partner agencies), updating of team member and partner lists as needed, and development of recommended changes for Management Team's review. After Management Team decides on

changes, the plan will be finalized and the revised version distributed to CFS staff and partners.

2. Training of CFS Staff and Partners: Distribution of Plan Materials – All CFS staff will be provided with computer access to the CFS Disaster Plan and CFS’ emergency procedures. New staff will be directed to the plan as part of their general orientation with the CFS personnel representative. All CFS staff members will also be provided with a short emergency procedures document that explains what to do in case of emergencies/disasters that take place during the workday. CFS’ key partners will be provided with copies of CFS’ disaster plan or referenced to a web site from which to view/download the plan.

Disaster-related team lists including work and home contact information will be updated and revisions distributed to team members on a quarterly basis. Each team list will be shared only with its own team members, the Disaster Team Leaders, CFS Management Team members, and CFS Disaster Coordinator. CFS may choose to share management team member contact information with key partners.

Orientation for staff with disaster preparedness/response roles – Orientation sessions will be tagged onto existing meetings, where possible, for all disaster teams.

Training **CFS Emergency Management** team members – Team leaders and management team members may be asked to participate in emergency drills or attend meetings to discuss disaster roles or procedures.

Disaster scenario drills – Prior to the update of the Disaster Plan each year, the teams (including partners to the extent possible) may be asked to walk through a given disaster scenario and identify the steps they would take to respond to the situation. A designated staff, with feedback from the Division’s Director, would plan and facilitate the “table-top” drills. After the drill, each disaster team would discuss the challenges it faced and how, in a real disaster, the “response” could be improved. Teams would be encouraged to use the disaster scenario drills to test their procedures and develop recommendations to improve the plan.

## **B. COMMUNICATIONS**

Disseminating timely and accurate information to public health officials, medical care providers, the media, and the general public is clearly one of the most important facets of preparedness and response. Nebraska Communication and Legislative Services (CLS) has an established Crisis and Emergency Risk Communication Plan in place to coordinate all communications for DHHS. This section describes the procedures for assisting in communications to ensure that service care providers, the public, and partners are aware of CFS and other agencies’ assistance. Coordination with other DHHS divisions will occur to facilitate communication among partner agencies to improve collaboration and avoid duplication.

Overall CFS responsibilities:

- a) Help develop and disseminate emergency preparedness information, Nebraska Health and Human Services maintains an internet for employees and consumers with up-to-date

information on Nebraska Emergency Preparedness. Employees routinely receive information when this site is up-dated. This web site located at: [http://www.hhs.state.ne.us/emergency\\_preparedness/disasterplanning.htm](http://www.hhs.state.ne.us/emergency_preparedness/disasterplanning.htm). The web-site for information on pandemic flu is located at: <http://www.hhs.state.ne.us/pandemic/>

- b) Develop a management plan to post information for CFS staff, families, providers and youth on a designated website, and update it regularly (disaster updates, alternate transportation routes, toll-free numbers and other contact information);
- c) Disseminate information staff that will encourage consumers, child care providers and birth families of placed children and families receiving in-home services to develop and update family disaster plans, and provide them with emergency preparedness information and CFS emergency contact numbers that they can call.
- d) To check on the safety and status of state wards and their families after a disaster or evacuation.
- e) Help disseminate information about available service and other types of assistance to parents in affected areas in the event of a disaster;
- f) Collect and share information on response/recovery efforts with CFS partners (act as a central clearinghouse to reduce the chance of duplication).
- g) Post information for CFS staff, families, providers and youth on a designated DHHS website, and update it regularly (disaster updates, alternate transportation routes, toll-free numbers and other contact information);
- h) Directly communicate with agencies likely to be involved in running emergency shelters to help locate displaced children and families after a disaster.

#### 1. Before a Disaster

- a) The **CFS Management Team**, in conjunction with the Service Area Administrators develops a plan for information to convey to CFS staff, partners, service providers, and families in preparation for emergencies.
- b) The **CFS Management Team** works with other Service Area Directors and the Disaster Coordinator to develop and disseminate information to CFS staff and partners.
- c) Request that all contracted and licensed child welfare and child care providers have an on-site written plan detailing the procedures to be followed in caring for children in the event of an emergency or disaster. In addition, each provider will be requested to quarterly update the Department with emergency contact name and numbers.
- d) The **CFS Management Team** and Service Area Teams will develop and collect information to share with providers to encourage them to be prepared for disasters.

- e) Develop a management plan to activate and post toll-free telephone numbers or reserve numbers for CFS staff, families, youth, and foster care and other service providers to contact during and after a disaster;

### 3. Implement Response

- a) Declaration of state of emergency by the President of the United States, Governor of Nebraska, or other leader(s). Because disasters may require immediate action, the Director or designee has full authority to activate disaster functions and temporarily reassign staff as needed to carry out response functions.
- b) The DHHS Communications and Legislative Services (CLS) will take the lead in reviewing press releases, disaster updates, and other written communications regarding the disaster. The **CFS Management Team** designee assigns all communications responsibilities and, as appropriate, asks for help from other Service Areas. **CFS Management Team** and the leaders of disaster function teams will work closely with the Team Leader, making the Team Leader aware of perceived communications needs.
- c) If children need to be relocated from child care facilities facing potential dangers, the **CFS Management Team** might work with CFS field staff, Emergency Management personnel, and/or providers to obtain information about the relocation and assist as needed in contacting parents.
- d) The Nebraska Division of Children and Families Services will timely notify all Native American Indian tribes involved in Nebraska child welfare cases via the Indian Child Welfare Act. The tribes shall be notified of the nature of the emergency or disaster and whether the child described by the Indian Child Welfare Act has been affected by the emergency or disaster. As deemed appropriate, the Division of Children and Family Services will coordinate identified services with the tribe to ensure continued health and safety of the child.
- e) The CFS Director or DHHS Disaster Communications Team Leader asks DHHS' Communications and Legislative Services office to help disseminate information via media outlets in the affected areas. DHHS CLS has pre-developed web pages and are able to work with video production to stream important video messages on the internet. If it necessary, the CLS will request activation of the planned public information hotline.
- f) The Division of Children and Family Services shall contact all Federal partners involved in the delivery of child welfare services and notify partners of the emergency or disaster. Child welfare personnel shall place an emphasis on the sharing of necessary information with the Federal partners to promote the continuity of service delivery during the emergency or disaster.
- g) The DHHS Communications office will update CFS' web site to include pertinent information that needs to be disseminated to providers.

h) Service Area team leaders serve as the funnel for general information between the local and state levels, and among regions. (Service Area Team Leaders communicate with field staff, the CFS Policy Director, and each other.)

As coordinated by the CFS Policy Director or his designee, CFS will ask partners to assist the DHHS Communication and Legislative efforts, and will in turn seek opportunities to make partners' activities known to child and family service providers and families. CFS will work with local departments of social services, state health agencies, the Division of Emergency Management, and other partners to determine what information related to their disaster efforts should be disseminated to providers.

#### 4. Communication Center:

A Division Communication Center will be established so that in the event of a disaster the division has a location where communication between the service areas, satellite offices, and other divisions and Emergency Management Team can be centralized. The Center will be located at 301 Centennial Mall South, Lincoln, Nebraska 68509.

The Division Director or his/her designee activates the Center when a specific disaster results in major damage in one or more counties and when the division resources to support its disaster response and recovery efforts generally exceed normal operations. It is anticipated the center may be activated in preparation for a major disaster. During many disasters, the impact or the event may not exceed the division capacity to respond using the personnel normally assigned to support a city or county involved in a specific disaster. In these situations, the division would rely on normal personnel assignments and communications channels in a disaster response.

The utilization of telecommunication pathways (land line and cell phone) will be the primary means of communications during a pandemic where the threat of contracting influenza exists. The utilization of teleconferences/video conferences will be maximized and group meetings/conferences will be minimized or eliminated during a pandemic event. Alternate communications modalities will include the internet, satellite telecommunications, satellite radio, local 800 mhz trunk radios (Local communications), Blackberry/PDA's, and where necessary, media outlets. All DPH communications equipment is interoperable with the Nebraska Emergency Management Agency.

The use of laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), flash drives, and other systems will also enable employees performing mission essential functions and services to communicate and maintain connectivity with internal organizations, external partners, and critical customers.

It is the responsibility of CFS Administrators to identify all individuals that may work from alternate facilities or home and ensure that they have the telecommunications equipment necessary to perform essential job functions. Where internet connectivity is required for essential job functions, CFS Administrators must ensure this as well. Essential communications/IT resource needs are included in COOP Program Templates.

Administrative staff should be made available to assist with requisitions for any supplies, equipment, copying or printing needs, and arranging for specific phone numbers to be assigned to

the center. Personnel may be also be tasked with arranging for conference call-in numbers for county briefings.

A minimum of three division employees are assigned to be contact persons at the center. These individuals include two local support managers and at least one employee from the Economic Assistance Section. The Economic Assistance Section employee will serve as the Disaster Food Stamps Program liaison. Additional staff may be assigned as needed.

Conference calls with the affected counties are to be held on an established scheduled. Conference calls should be scheduled daily during center operations unless otherwise noted. The Division should notify counties and service area by e-mail or post on the intranet the activation of the center, contact persons, telephone numbers, e-mail address, conference call numbers and schedule. The division should also distribute information to the department and other divisions regarding contacts, phone numbers and department briefings.

#### 5. Division Liaisons with Service Areas.

In order to provide continuity of information and planning for the Division in its role to support counties during a disaster, the Division will work with identified service area staff to be the liaison with Division staff assigned to counties. A staff person will have the responsibility for communicating with one or more counties. The number of counties that an individual has responsibility for depends on the nature of the disaster, the extent of the disaster geographically, and the number Division staff available to staff the Communications Center. To the extent possible, all communications should go through the identified specific staff person assigned to the service area. This will help the Division maintain a clear picture of what the situation is like in one or several counties and how to best support a specific geographic area. It also provides for tracking of requests from and responses to counties. This method of operation does not preclude other Division staff and Division management from communication with counties as may be necessary such as during conference calls.

Depending on the nature of the disaster, it may be necessary to assign one or more staff to act as the liaison to a specific service area if staffing is needed for periods of time that is impractical for one individual to handle. A normal assignment would be 48 hours, but not to exceed 72 hours unless there is no means to relieve.

### **C. OPERATIONS AND COORDINATION**

Sustaining operations will be performed until normal business activity can be reconstituted; this may take longer than 30 days. The principal focus in making this determination will be the minimization of the effects of the disaster on consumers, staff and operations. In the event of a pandemic flu, operations will emphasize and implement procedures such as social distancing techniques, infections control and person hygiene and telework to sustain operations. Based on the event, the Division Director or designee will make the final determine what essential positions/skills are needed to maintain division operations based on division priorities and identified functions that must be maintained as identified by Unit/Program COOP templates

This disaster function team reviews the COOP templates (Appendix XX – XX) and coordinates strategies for ensuring that critical everyday functions of each operating program core function

are identified and maintained in the presence of the disaster or expected staffing levels of a pandemic event. In the event of a pandemic flu, programs will be reviewed to take in account the need to perform essential functions beyond the traditional 30-day COOP requirement.

Under the CFS Emergency Plan, there are five service areas. If there is an identified disaster any one region or area of the state, all Service Area Administrators can be deployed.

Deployment begins with a request from the local emergency management or a state agency for involvement.

1. The CFS Director decides to activate the needs assessment function and determines whether, given the disaster scenario, field or Lincoln staff should take the lead.

2. If the CFS field staff is given the lead role:

- At the direction of Service Area Directors, assigned staff gather information they can about licensed providers and foster homes in their area.
- With the help of their partners if needed, staff give information they gather to their supervisors and indicate which programs may require additional follow-up. The supervisors assure that the Lincoln office has up-to-date information. (Note: The disaster function team leader will establish how frequently information should be reported.)
- A team in Lincoln helps follow up to complete the needs assessment by making phone calls to child service providers whom local consultants or partners could not reach.

3. If the CFS Lincoln office is given the lead role:

- A team in Lincoln conducts the initial survey of programs in affected area(s) by making phone calls to providers.
- The disaster function team leader identifies programs for which information is incomplete and asks assigned staff to fill in the missing information.
- As requested by their supervisors, staff will track down as much information as they can (e.g., visiting programs that could not be reached by phone) to fill in the missing information.
- The designated database/spreadsheet manager uses a database or spreadsheet to update the status of affected programs as the information from various sources is consolidated.
- The disaster function team leader shares the data gathered through the needs assessment with Management Team. Management Team uses this information to help determine what types of disaster responses may be needed.
- Assessments should be continued or repeated periodically until most, if not all, child service providers have resumed normal operations.

#### 4. Continuity of Operations

The **CFS Emergency Management team** establishes a chain of command and procedures to signal altering specific operations of Children and Family Services (e.g., shutting down non-critical operations or operations in affected areas or concentrating resources on critical activities), as well as returning to normal operations

#### 5. Relocation of Offices

If the Lincoln area were impacted by the emergency, the Division Director would work with the members of Management Team to identify any impacts on Lincoln-based staff, the Division office, and computer/phone systems – and what resources may be needed to address negative impacts. The key personnel of the CFS Lincoln based staff would relocate to the identified near alternate site in the Lincoln area or the distant alternate site. The next alternative site location would be Omaha at 1313 Farnam, then Grand Island at 208 North Pine Street, then Kearney at 24 W 16th St, then Lexington at 800 N. Washington in progressive order across the interstate following west to Gering at 1600 10<sup>th</sup> Street. Offices would relocate east to the west in opposing order in the event of a disaster in a western office. Offices to the North or South of the interstate 80 would come to offices close to the interstate.

The division shall rely on DAS building division logistical support, services, and infrastructure systems at CFS facilities that remain open (for greater than 30 days), to include alternate operating facilities in the event of an incident concurrent with a pandemic influenza outbreak. This support includes:

- Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility)
- Necessary building support staff
- Sanitation
- Essential Services

Partners such as ITS (Information Technology Services) may also be called upon to help with the assessment, and could be asked to help the Division develop solutions.

Service Area Directors would activate phone trees to determine how their field staff have been affected, what resources would be needed to enable the field staff to resume operations, and any information the field staff know about the status of partners in their areas. (See Appendix XX – XX) for location of established contact information for specific Service Areas.) The CFS Central Office phone contact list is located at I:\Disaster Planning\ COOP Template 031207#2.xls.

If the Lincoln office were so severely impacted that Lincoln-based staff were unavailable to assume leadership roles in the immediate aftermath of the emergency, the Eastern Service Area Director could play the primary leadership role for the Division until Lincoln staff were available to reassume these responsibilities. The Eastern Service Area Director would coordinate with the team members and the other Service Area Team Leaders to carry out the assessment of CFS functionality and the status of staff.

**CFS' Management Team** members would work with the DHHS Emergency Response Coordinator and other staff as needed to collect information about the nature of the threat, the geographic area involved, service providers who may be at risk and the number of children and adults who should be relocated. If time allows, providers in the affected area could be polled to determine whether they have child seats/vehicles that could be used to transport children and adults to safety.

Service care providers in the threatened area(s) would be alerted about the relocation and told what key supplies and child records to gather. CFS staff will be in contact with other management team members to determine whether state or local emergency personnel are contacting child care facilities. If so, CFS will ensure that emergency personnel have the latest information on location of child care facilities, and find out where emergency personnel are directing facilities to relocate. CFS and partners could then assist providers in locating transportation, if needed. If emergency personnel are not contacting facilities, CFS will find out from state or local emergency personnel where providers could relocate, if needed. CFS will enlist partners to assist in calling child care facilities to alert them of the relocation, and to share information from emergency personnel on relocation sites. CFS and partners could also assist providers in locating transportation, if needed.

To the extent possible, CFS staff or partners would work with service care providers throughout the relocation to coordinate records on the location and status of children/adults who were evacuated. Information would be made available to parents as quickly as possible concerning where their children are and how/when the parents could pick up their children (if applicable). CFS will keep other management team members or local emergency personnel informed of providers who have relocated with the affected children. Strict procedures would be established to make sure that children are released only to adults who have been authorized by each child's parent/ guardian and that the names/contact information of these authorized persons is recorded and taken to the relocation/evacuation site.

Depending on the nature of the relocation, CFS staff could work with the Division of Behavioral Health and Developmental Disabilities to offer mental health services to children who might have been traumatized by the evacuation. The Division of Behavioral Health also maintains this web-site for information: <http://www.disastermh.nebraska.edu/>

Assessments should be continued or repeated periodically until the Division and key partners have returned to normal operations. The **CFS Emergency Management Team** and State Emergency Response Team members would be provided with the latest information on needs in order to develop appropriate responses.

## 6. Pandemic Flu

In the event of pandemic influenza, businesses and other employers will play a key role in protecting employees' health and safety as well as limiting the negative impact to the economy and society. DHHS has a special responsibility to plan for continued operation in a crisis and should plan accordingly. In the event of a pandemic flu, employee absences of 30-40% are possible and to be predicted.

The **CFS Management Team** will work with Service Area Divisions to identify through employee data staff that have been cross-trained in multiple areas. The **CFS Management Team** with coordination of DHHS Human resources will give direction on establishing flexible worksite options (e.g. telecommuting) and flexible work hours (e.g. staggered shifts) when appropriate for planned social distancing.

All staff will be required to report immediately their own possible influenza illness during a pandemic. Prompt action by Supervisors can prevent/minimize the spread of pandemic influenza. In the event an employee is identified as having potentially contracted influenza while at the workplace, administrators/supervisors shall grant the individual sick leave and ask that they go home. If an individual exhibits any of the above signs/symptoms and refused to leave the workplace during pandemic influenza event, the individuals shall be referred to workplace medical services if available. If an individual continues to refuse to leave the workplace, next level supervisors and human resources shall be contacted to provide direction on removal of a potentially infected employee.

Unit Administrators are responsible for the accountability of all employees who:

- Are ill due to influenza or other illness or injury
- Working from home or alternative location due to pandemic event
- On leave status due to the pandemic influenza event
- Have been reassigned to other functional areas due to the pandemic event.

Necessary documentation shall be in accordance with guidance from Human Resources and/or appropriate personnel policies.

#### **D. ASSISTANCE WITH LOCATION VERIFICATION AND RELOCATION OF CHILDREN OFF-SITE**

Location verification is a critical task in preventing child wards dispersing to unknown locations. Verification and location of all state wards and families is a critical task in making vaccines and antiviral drugs available to vulnerable populations. Contact with youth and families assists in the identification of immediate behavioral health needs and social adjustment following a disaster.

1. *“Relocation” (also known as “off-site evacuation”) refers to the movement of children away from regulated out-of-home facilities to a safer location during an emergency.*

The Division does have the authority to require service care providers to relocate children, but will assist providers, parents, and emergency personnel as needed when current placement agreements exist. The Division requests that all contracted and licensed service care providers will have a plan for relocating children as part of their emergency procedures. Each Service Area will request these contacts and plan and keep them on file in the Service Area office. The Division recommends that providers designate in advance the site where children would be relocated, periodically notify parents of this relocation site, and plan for safely transporting the children. Providers are expected to follow instructions from local authorities regarding when to relocate children.

The Division’s role in case of relocation will be to serve as a central point of contact to:

1. Ensure that that all state wards are safety accounted for and to assist in their evaluation/relocation to safety if they are currently placed with a child serving agency.
  2. Maintain a centralized report for each Service Area of all children by designated type of placement, physical address and contact phone number. This report is located: <http://bf200s47/businessobjects/Enterprise115/InfoView/logon.aspx?action=logoff>, under Other Reports/ Supervisor Report. A report for youth in foster care placements
  3. Ensure that emergency personnel who may be activating the evacuation/relocation have accurate information so that they can find all the providers in the area
  4. Ensure that all providers in the area being relocated by local authorities are aware of evacuation
  5. Inform providers, as needed, of sites designated by local authorities where they might relocate
  6. Assist providers, as needed, in locating transportation to relocate children
  7. Obtain information as to where evacuating providers are relocating and when they leave (to relay to parents or emergency personnel as needed)
  8. Remind providers who are relocating children of safe transportation procedures so that there is the safe accounting for every child
  9. Identification and relocation of unaccompanied minors;
  10. Inform other providing services agencies and/or local child care resource and referral agencies of providers who are relocating and whether they need assistance
  11. Enlist other providing service agencies and/or local child care resource; and
  12. referral agencies in contacting providers or parents as needed, or in helping to transport children as needed
2. Assistance with Relocation of Children and Families in the Community under the receiving In-home Safety Services:

Individuals and their families have primary responsibility for being prepared for and surviving disasters. This responsibility extends to caregivers for special needs populations. Local governments and/or the American Red Cross provide assistance as their capacities allow during disasters. During disasters, most people needing to move from harm's way seek shelter with relatives, friends, and neighbors or in hotels or other commercial residential options. If those options are not available, general public shelters may be available under emergency conditions.

After the disaster or emergency, recovery functions will be put into place. Assessment should continue periodically thereafter until CFS determines that service providers impacted by the disaster or emergency are able to offer families safe and healthy child care

#### **E. ASSESSMENT OF CHILD PROVIDERS' DAMAGES AND NEEDS**

A key part of operations will be to determine how CFS and/or key partners' ability to function has been affected by the emergency. It will be critical to determine how CFS staff, equipment, and offices may have been affected by the emergency in order to develop appropriate Division responses.

## F. FACILITATING THE DEVELOPMENT OF TEMPORARY CHILD CARE AND SERVICES

The Division of Children and Families Services will work with partners to ensure that healthy and safe child care arrangements are accessible to meet the needs of children and parents. Definition of “temporary child care” for the purposes of this plan: organized supervision of unrelated children that may ordinarily be subject to child care licensure, but due to the severity of a disaster, may be allowed to operate without a license for a limited amount of time.

Temporary child care arrangements would be allowed to protect the health and safety of children, as well as promote families’ efforts to recover from the disaster.

As a special emergency preparedness activity, the Temporary Child Care disaster function team works with the partners listed above to make them aware of conditions under which temporary services may be allowed and encouraged:

- Existing licensed providers are temporarily or permanently unable to continue providing services (i.e., overall supply of child care in the community is no longer sufficient, as determined through the needs assessment/other sources);
- Families need child care while they are seeking disaster assistance or living in temporary housing/shelters so they can focus on recovering from the disaster and their children can get special attention; and/or
- Emergency workers with young children need child care to be able to report for duty.

### 1. Service Provision

- a) CFS’ Director, or at the Director’s request, the entire Management Team decides whether service provision arrangements are needed to supplement existing capacity or make more easily accessible to families affected by the disaster or assisting with the relief effort. If temporary arrangements are needed, the Director determines the appropriate scope of CFS involvement.
- b) Using information on family needs gathered with the **CFS Management Team** representatives, the Director will determine what kind of temporary service arrangements may be allowed and encouraged.

## G. CONTINUATION OF ABUSE/NEGLECT INVESTIGATIONS

Theories from the fields of sociology, psychology, and family science lead to the prediction that an increase in family violence could be expected to follow catastrophic events, because when natural disasters occur and social connections are disrupted, individuals are more likely to exhibit antisocial conduct. This study examined the child protective service records of three jurisdictions that experienced natural disasters during the past decade: the Loma Prieta earthquake, San Francisco, California; Hurricane Hugo in South Nebraska; and Hurricane Andrew in Louisiana. Data were analyzed to determine whether the hypothesized increase in child abuse could be documented through examination of recorded data. Based on the analysis of numbers, rates, and proportions, child abuse reports appeared to be

disproportionately higher in the quarter-year and half-year following two of the three disasters: Hurricane Hugo and the Loma Prieta earthquake. Most of the evidence indicated that child abuse does escalate after major disasters.

If Child Abuse and Neglect reports are received concerning child care facilities in areas affected by a disaster, service area intake staff will make every reasonable effort to process the report. If service area staff need assistance and if other staff trained in Intake and Safety Assessment procedures are available to provide assistance, the CFS Child Abuse/Neglect Manager may temporarily give the backup staff intake assignments. If the disaster prevents intake staff from processing reports within the normal time frame, the Service Area Director will inform the Director of CFS.

Throughout the disaster, the Children and Family Services Division will deploy CFS staff to provide a variety of services to the aforementioned children to include, but not be limited to the following:

- Intake staff shall be assigned to designated identified shelters to process the initial intake and registration of unaccompanied minors, as well as make efforts to reunify said children with their parents, legal guardians or responsible relatives in accordance with regulations and legislation governing child welfare practice, if needed.
- Intake staff shall be assigned to be available for 24 hour, 7 day emergency standby to conduct child and abuse and neglect referral investigations as reported to the CPS hotline and/or on behalf of families.
- Intake staff will work with law enforcement and local emergency response teams to receive referrals and to get authorization to enter a physical disaster area to provide services.
- Intake staff shall provide pre-placement preventative services and/or foster care placement services, as needed, and as regulated by current legislation, regulations and Agency policies guiding child welfare practice.
- Intake staff shall ensure ongoing case management duties are fulfilled on behalf of all dependent children and their families as applicable to current legislation, regulations and Agency policies guiding child welfare practice.
- Intake staff will make all reasonable efforts to provide supportive services to all children under its care, custody and control, those under its temporary care and supervision and the children's care providers during the disaster.
- Intake staff will respond to emergencies with other emergency personnel as requested and as applicable to their roles and duties (i.e. law enforcement, Probation, Parole, Fire).

## **H. LEGAL REQUIREMENTS OF CHILDREN AND FAMILY SERVICES**

Federal and state child welfare laws have been enacted to improve the timeliness and quality of care determinations. The Adoption Assistance and Child Welfare Act of 1980, 42 §§ 620-629, 470-477, as amended by the Adoption and Safe Families Act (ASFA) is the principle federal legislation governing foster care and permanent planning for dependent and neglected children. ASFA necessitates more timely, decisive and substantive hearings, and more frequent court and administrative reviews.

These include:

- Reviews at least every six months;
- Permanency hearings at least once every 12 months; and
- Petitions for the termination of parental rights by the time a child had been in foster care for 15 out of the most recent 22 months.

Other legal deadlines commonly found in the state statutes or court rules include:

- Deadlines for hearings to determine whether to continue children's removal from home;
- Deadlines for filing child abuse or neglect petitions;
- Deadlines for the completion of the hearing to decide whether the allegations of the petition are true and the court will therefore assert its authority over the child;
- Deadlines for the completion of the hearing to decide whether the state will be given the custody of the child for placement into foster care; and
- Deadlines for the completion of termination of parental rights proceedings (TPR).

DHHS Legal will review applicable Nebraska statues and give recommendation on which, if any, could be waived in the event of a disaster or pandemic flu.

## **I. INTERSTATE COMPACT ON JUVENILES**

The Nebraska Division of Children and Family Services will identify all youth currently placed in Nebraska through an ICPC or ICJ. Service Area Disaster coordinators will communicate with ICPC and ICJ Program Specialists regarding the need for evacuation and the overall well-being of the youth. The Policy Section staff will initiate communication with child welfare and juvenile service workers to notify them of the disaster. The continued coordination of services shall be discussed for purposes of minimizing any disruption in services.

In the event that a child placed via the ICPC or ICJ is affected by the emergency or disaster, a determination shall be made with the home/sending state regarding the continued placement and disposition of the child/juvenile.

## **J. CONTINUING REIMBURSEMENT FOR CHILD WELFARE SERVICES**

The Operations Team will ensure that service providers who offer services are reimbursed as quickly as possible.

The first day of disruption, the disaster function team leader calls together the team. The team determines the extent and estimated duration of the disruption. If the Child Welfare Reimbursement System is down throughout the state and it is not anticipated that the system can be reestablished

within two weeks, the disaster function team identifies procedures for service areas to follow in the interim. Staff members contact agencies to make them aware of new procedures. In the event that phone, fax, and email communications are disrupted, staff will make contact on-site if it possible to travel. If the Subsidized Child Welfare Reimbursement System experiences only partial disruption and the Lincoln system is not affected, the disaster function team continues automated procedures with unaffected counties.

The Disaster Team will identify the needs of families' currently receiving subsidy services, establish processes that there is no disruption in services and implement procedures to process new applications for families needing assistance as a result of the emergency.

Based on information provided by CFS staff, partners, or statewide disaster reports, the CFS Director or the Director's designee determines that emergency child welfare procedures are needed. CFS Division Director or the alternate verifies that state funding is available for emergency service provision.

#### **IV. DISASTER RESPONSE**

##### **A. DISASTER RESPONSE ACTIVATION/EMERGENCY PREPARATION PROCESS**

The Division will have the following responsibilities:

Notify counties and/service areas that have been declared under the alert status. The purpose of this communication will be to discuss Division specific issues and to obtain information not provided through Emergency Management. The initial call will notify counties of an imminent disaster and give information on if and when the CFS Communication Center will be activities.

Notification will also provide:

1. Alternative Communication methods in the event that telephone service is interrupted;
2. Update the directory of changes and telephones using e-mail, conference calls and web intra-net; and
3. Notify state and field staff assigned to disaster response and review responsibilities.

Each Service Area will have the following responsibilities:

1. Provide any changes to the directory;
2. Review the Service Areas plan with staff;
3. Coordinate with local Emergency Management; and
4. Notify Central Office of any needed personnel, equipment, forms or supplies.

##### **B. RESPONSE TO AN IDENTIFIED DISASTER EVENT**

Response will begin as soon as communication can be established between the Division and local departments immediately following the event.

The Division will have the following Management responsibilities:

1. Contacting the counties/Service Areas known to have been impacted by the event to determine immediate needs. This will be accomplished through use of Emergency Management Communications systems and the regularly scheduled conference call with the agency director or his/her designee. In addition, communication for changes in written procedures may be transmitted via e-mail and the state division computer systems at pre-arranged intervals as required.
2. Responding to requests by counties/Service Areas for specific needs. This will include coordination of multi-agency resources.
3. Determining the need to provide to staff as necessary to assist the city/county operations.
4. Implementing plan to assign staff to special duties as required, making adjustments to these assignments as necessary based on event's impact on staff;
5. Serving as a clearinghouse for cities and counties volunteering to share with staff;
6. Providing a list of shelters, their capacity, and availability to out of county residents to be updated on conference call and EMS information.

The Division will have the following Service Responsibilities:

1. Conducting an initial assessment of locations and needs of families, providers and youth based on the location and scope of the disaster;
2. Activating computer mechanisms to identify and serve children separated from parents;
3. Providing information, support and services to families, providers and youth disrupted or severely impacted by the disaster;
4. Planning with other service providers for the provision of additional programs/services for children, youth and families affected by the disaster;
5. Maintaining a central database of displaced or youth not found by location;
6. Establishing emergency field offices and information sites and relocating services to alternate locations as required;
7. Activating staff re-assignment to critical designed job functions;
8. Activating additional toll-free numbers that may be released to the general public to secure CFS assistance and/or services; and
9. Designating public access websites for disaster information sharing and enrollment for benefits; for example, where to go for emergency assistance.

The Service Area and each section will have the following responsibilities:

1. Activating immediately the service area disaster plan;
2. Determining any changes needed to assignments as a result of the disaster;
3. Notifying the state of any special needs;
4. Providing updated data through the intranet web-site and participation in scheduled conference calls; and
5. Coordinating with local Emergency Management for all requests for assistance other than personnel needs.

## **B. RECOVERY EFFORTS AFTER THE EVENT**

Recovery begins once normal operations have been resumed.

The Division will have the following responsibilities:

1. Developing a format used to debrief staff;
2. Debrief staff, including state, Service Area and county;
3. Analyzing debriefing data and modify procedures accordingly; and
4. Recognizing staff as appropriate.

The Service Area and each section will have the following responsibilities:

1. Debriefing staff and evaluating the results to determine any necessary changes in the Service Area disaster plan.

## **V. SERVICE AREA PLANNING**

### **A. DISASTER PREPAREDNESS**

1. The Service Area Administrators, management team members, and the designed staff identify information that may be helpful for management team members to have at the Emergency Operations Center to assist with relocation of children.
2. Service Area Directors and Licensing Supervisors determine the specific information Emergency Management Coordinators in their areas may desire to have in advance of a disaster – e.g., lists of service care providers in their areas, estimates of the number of children/adults at each facility, and contact information for primary contacts for each facility.
3. Each child welfare agency contracting for services will be requested to have a written plan detailing the procedures to be followed in caring for children in the event of an emergency or disaster, such as fire, earthquake, pandemic flu, flood or energy failure. In addition, Nebraska Health and Human Services requires and assists foster families and other child care providers to develop a disaster plan, update the plan on a regular basis, and store it in a safe and easily accessible location.

### **B. SERVICE AREA DISASTER PLANS**

1. Each Service Area in Nebraska has policy and procedures for responding to an emergency or disaster. The Service Areas in Nebraska are identified as the Western Service Area, Central Service Area, Northern Service Area, Southeast Service Area and Eastern Service Area. Each Service Area designates who is in charge during a disaster or an emergency. The Division of Children and Family Services (CFS) plan will provide an administrative plan for responding to a disaster in the child welfare system across all services areas for Nebraska. Each DHHS Division and Operations maintains a larger disaster plan identified as the Continuity of Operations Planning (COOP) plan. Together, these plans compose the disaster planning efforts for Nebraska Health and Human Services.
2. Communication Plan

- a) Identify a Service Area Disaster Coordinator to assume responsibility for collecting Service Areas Disaster Plan, updating and disseminating emergency contact information and providing quarterly disaster training (e.g. e-mail information). Contact information for staff should include a listing of previous positions held with DHHS to assist in temporary work reassignment, if necessary.
- b) For each Service Area, in the event of a Disaster, the plan should specify:
- The specific staff charged with determining whether it is safe for the unit to do its work and with activating phone tree to contact staff; and
  - Mobilizing staff into specific roles needed specific to the emergency.
  - Plan to assure that each Service Area has access to current list of foster parents, group homes and other congregate care settings and corresponding emergency contact numbers (home, business, cell, emergency backup numbers);
3. A Service Area must develop plan that describes how all CFS Specialists' in an identified Service Area will advise and encourage families receiving in-home services, including families of children in out-of-home placement, to develop and update family disaster plans. CFS staff will provide families with emergency preparedness information on our state web-site and through NEMA. CFS staff will provide emergency contact numbers for families to call and check on the safety and status of their children following a disaster or evacuation.
4. Each service area will work with foster families to develop disaster plans that include, but not limited to:
- Where the foster family, provider children and youth would go in an evacuation (if possible, identify 2 alternate locations);
  - Personal telephone numbers and contact information (for example, cell phone numbers, fax numbers, e-mail address);
  - Emergency contact information for individuals who may know where they are currently (for example, out-of-area relatives or friends);
  - A list of critical items to take when evacuating with children/youth, including identification for the child (birth certificate, SSN, citizenship documentation), the child(ren)'s medical information (including health insurance card), medication and/or medical equipment, educational records, and existing court orders dealing with who has legal authority over the child; and
  - Normal contact, emergency contact or toll free telephone numbers for CFS agency personnel, including foster parents and agency based foster providers.
  - Stockpiling necessary medicines, food and water.
5. Each Service Area must have a plan that includes, but not limited to:
- a.) Means to access information to identify and locate all children in the custody of the state of Nebraska in that service area, that is, children in foster care or alternative

placement settings such as group homes, relative placements and pre-adoptive placements, both within the county and across county or state lines. Priority will be given to medically fragile children, physically impaired children, youth with cognitive and/or developmental deficits and youth participating in independent living arrangements or other vulnerable group.

b). Direction for staff and/or supervisors to contact all youth and families on assigned caseloads and immediately notify the **CFS Emergency Response Team** the name of any individual that cannot be contacted or found. Staff will also follow all procedures for reporting any reported or known deaths. Service staff will work to identify families needing emergency services and to prevent unknown dispersion of children and families.

6. Each service area must have access to phone numbers for emergency contacts, which includes, but is not limited to:
  - Access to current personnel lists and corresponding emergency contact numbers (home, business, cell and emergency backup numbers) and means to contact and verify availability of all employees;
  - Access to current list of foster parents, group homes and other congregate care settings and corresponding emergency contact numbers (home, business, cell, emergency backup numbers);
  - Management plan to activate and post toll-free telephone numbers or reserve numbers for CFS staff, families, youth, and foster care and other service providers to contact during and after a disaster;
  
7. Each service area must have designated disaster plan that include:
  - Encouraging staff to develop personal disaster plans and keep them updated;
  - Supervisors will keep a book logging staff emergency contact information;
  - Requiring staff to check in after disasters and provide information on how to do so;
  - Keeping emergency supplies in the office (including satellite offices);
  - Training all staff on the CFS disaster plan and having them participate in drills;
  - Establishing personal and professional support services for staff; and
  - Developing expectations of and support for staff in the event of a disaster or emergency.
  
8. Disaster Plan that includes processes, to:
  - Conducting an initial assessment of locations and needs of families, providers and youth based on the location and scope of the disaster;
  - Activating computer mechanisms to identify and serve children separated from parents;
  - Providing information, support and services to families, providers and youth disrupted or severely impacted by the disaster;
  - Communication plan for working with agencies likely to be involved in running emergency shelter to help locate displaced children and families after a disaster;

- Planning with other service providers for the provision of additional programs/services for children, youth and families affected by the disaster;
- Establishing emergency field offices and information sites and relocating services to alternate locations as required;
- Activating staff re-assignment to critical designed job functions;
- Activating additional toll-free numbers that may be released to the general public to secure CFS assistance and/or services; and
- Designating public access websites for disaster information sharing and enrollment for benefits; for example, where to go for emergency assistance.

#### 9. Procedures that Detail the Protection of Equipment and Records

Procedures requiring protecting data and equipment from environmental factors (For example, covering/bagging computers and office equipment, installing surge protectors);

### C. DISASTER RESPONSE

1. Each Service Area will activate the relocation function to assist service care facilities once it is learned that local authorities are requiring public schools in an area to be evacuated, or that individual service providers may face health/safety concerns due to the emergency. Team Leaders work with Management Team to determine which roles CFS may play in offering guidance to providers or giving information to parents during relocation.

2. **CFS' Management team** members and Service Area Administrator would work with the DHHS Emergency Management Team, the DHHS Emergency Response Coordinator and other staff as needed to collect information about the nature of the threat, the geographic area involved, service providers that may be at risk, and the number of children and adults who should be relocated. If time allows, providers in the affected area could be polled to determine whether they have child seats/vehicles that could be used to transport children and adults to safety.

c. The **CFS management team** member on duty would immediately discuss the needs with the DHHS Emergency Response Coordinator and request help from emergency management resources.

d. Service care providers in the threatened area(s) would be alerted about the relocation and told what key supplies and child records to gather. CFS staff will be in contact with other Management team members to determine whether state or local emergency personnel are contacting service care facilities. If so, CFS will ensure that emergency personnel have the latest information on location of child care facilities, and find out where emergency personnel are directing facilities to relocate. CFS and partners could then assist providers in locating transportation, if needed. If emergency personnel are not contacting facilities, CFS will find out from state or local emergency personnel where providers could relocate, if needed. Service Area Directors and Licensing Supervisors will be alerted so that they will know and pass the information that is being communicated to providers and families.

e. To the extent possible, CFS staff or partners would work with service providers throughout the relocation to coordinate records on the location and status of children/adults who were evacuated. Information would be made available to parents as quickly as possible concerning where their children are and how/when the parents could pick up their children, if appropriate. CFS will keep other Management Team members or local emergency personnel informed of providers who have relocated with the affected children. Strict procedures would be established to make sure that children are released only to adults who have been authorized by each child's parent/ guardian and that the names/contact information of these authorized persons is recorded and taken to the relocation/evacuation site.

f. Depending on the nature of the relocation, CFS staff could work with the Division of Behavioral Health, Developmental Disabilities, and Substance Abuse Services to offer mental health services to children who might have been traumatized by the evacuation.

## **V. TRAINING**

Testing, training and exercising as essential to assessing, demonstrating and improving the ability of organizations to maintain their essential functions and services. CFS shall conduct annual disaster/pandemic flu exercises to examine the impact on agency essential functions, to familiarize agency personnel with their responsibilities and to validate the effectiveness of COOP planning.

## **VI. PRESERVATION OF RECORDS**

DHHS Information Systems and Technology (IS&T) is responsible for the security of electronic records. Protection and back up of electronic records is completed per IS&T policies and protocols that include regular back up, alternate servers, and storage of electronic documents. The IS&T procedures addresses processes essential to the safety and security of electronic documents/records. All vital data/documents utilized on a daily basis shall be accessed and stored on DHHS servers and not stored locally on individual desk top computers.

Nebraska's child welfare records are largely computerized. In the event of a disaster, relocated staff can access these records from any authorized Nebraska DHHS computer site across the state with the appropriate log-in name and passwords. This allows staff to continue to serve consumers at a variety of sites or at newly established sites during a period of recovery.

Where approved, program personnel may also access NFUSE/CITRIX from remote locations. NFUSE/CITRIX allows access to DHHS services to include an individual's electronic documents, files, and email from remote locations via the internet. Access can also be established for program specific data bases as well. Access to the web based Outlook is also available to individuals who only need access to email. Access to NFUSE/CITRIX must be set up in advance.

Child and Family Services disaster plan includes, but is not limited to, the following information and planned activities:

- The protection of vital records; establishing off-site backup for information systems with case and client records (for example, adoption subsidy and foster care payments systems);
- Procedures requiring protecting data and equipment from environmental factors (for example, covering/bagging computers and office equipment, installing surge protectors);
- Communication plan to initiate contact with federal partners;
- Cross training of multiple staff in ICPC and ICJ arrangements in handling timely transfers of youth across states in the event of an emergency in our state or other state;
- Assessing the critical nature of paper records, prior to a disaster, and then determining what steps may be necessary to protect such records from potential damage in a disaster (for example, use of fire-safe metal filing cabinets);

## **IX. RECONSTITUTION**

Reconstitution embodies the ability of an organization to recover from a catastrophic event and consolidate the necessary resources that allow it to return to a fully functional entity. Reconstitution procedures will begin when authorized person has determined that the emergency situation has ended and unlikely to recur. Once the person has made this determination in coordination with other authorities, one or a combination of the following options may be implemented, depending on the situation.

- Continue to operate from the alternative site locations with support, if necessary;
- Begin and orderly return to established office and rebuild/support office from remaining resources;
- Collaborate with Department of Health on re-credentialing and licensure assurance of facilities impacted by the disaster;
- Begin or establish a new office in some other facility as identified.

Replacement of employees that are unable to return to work is the responsibility of DHHS Human Resources in accordance with applicable State policies and in coordination with DPH program areas. In areas that are critical to operations of the division where priority is given for replacement of employees, the following considerations should be made in expediting the hiring process either on a temporary or permanent basis:

- Contracting with external entities to perform job functions
- Hiring temporary employees
- Hiring retired state employees on a temporary basis
- Waiving regulations regarding hiring processes to expedite the filling of vacant positions.

# **DIVISION OF CHILDREN AND FAMILY SERVICES**

## **DISASTER PLAN Appendices**

**APPENDIX A****CFS Emergency Management Team Members**

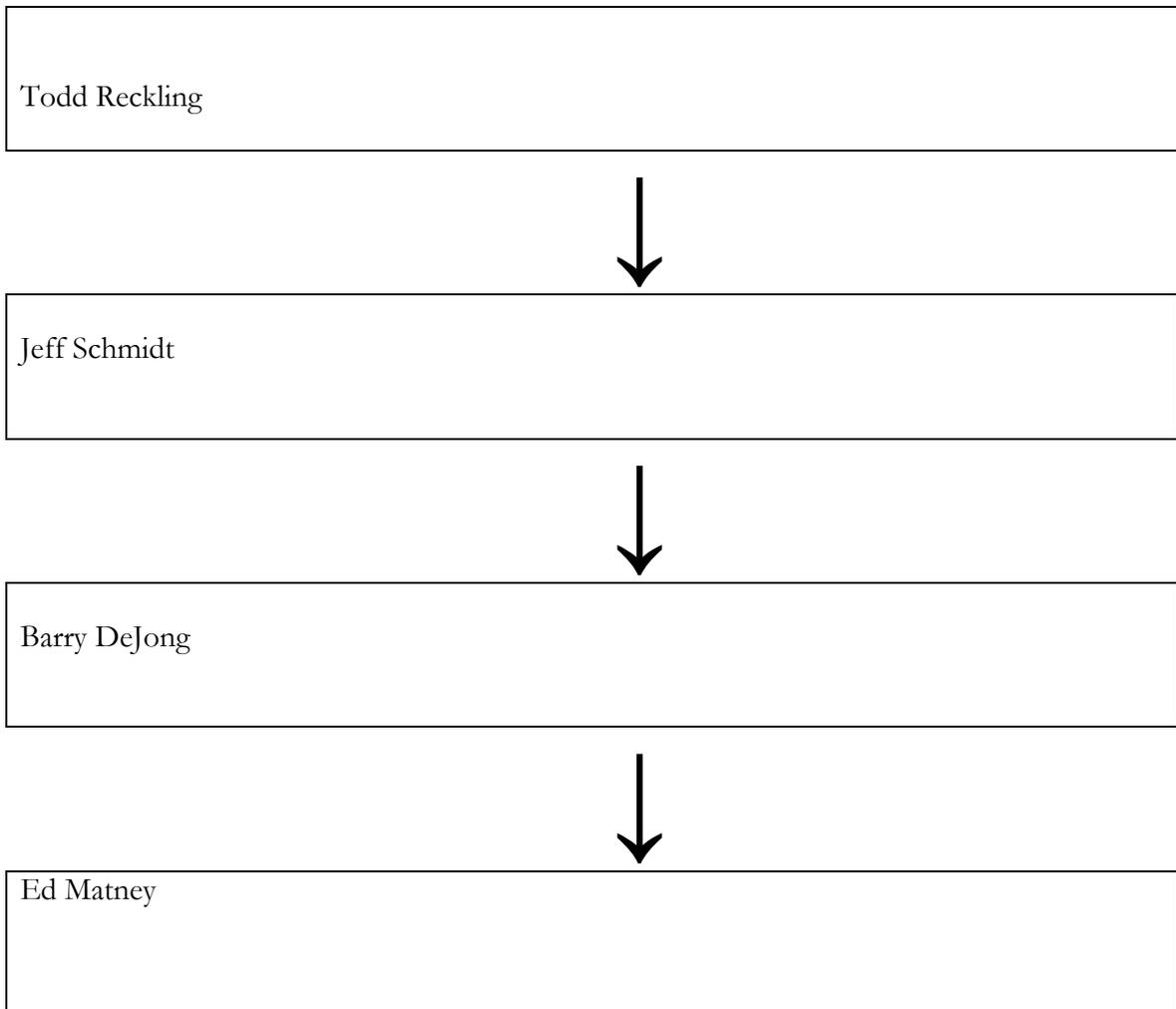
<b>NAME</b>	<b>TITLE</b>
<b>Todd Reckling</b>	<b>Division Director</b>
<b>Ed Matney</b>	<b>Policy Section Administrator</b>
<b>Sherri Haber</b>	<b>Comprehensive Quality Improvement/Operations Administrator</b>
<b>Chris Hanus</b>	<b>Child Welfare Unit Administrator</b>
<b>Terri Nutzman</b>	<b>Office of Juvenile Services Administrator</b>
<b>Suzanne Schied</b>	<b>Acting Child and Adult Abuse/Neglect Administrator</b>
<b>Margaret Bitz</b>	<b>Foster Care and Adoption Administrator</b>
<b>Vacant</b>	<b>Child Care/NHAP/Refugee Program/CSBG Administrator</b>
<b>Jill Schreck</b>	<b>Economic Assistance/Child Support Enforcement Unit</b>
<b>Vacant</b>	<b>Public Assistance</b>
<b>Vacant</b>	<b>Food Stamps and TANF</b>
<b>Byron Van Patten</b>	<b>Child Support Enforcement</b>
<b>Claire Speedin</b>	<b>N-Focus Business</b>
<b>Julia West</b>	<b>Food Distribution</b>
<b>Dan Scarborough</b>	<b>Youth Rehabilitation &amp; Treatment Centers (YRTC) Geneva</b>
<b>Jana Peterson</b>	<b>Youth Rehabilitation &amp; Treatment Centers (YRTC) Kearney</b>

## APPENDIX B

### CFS Delegation of Authority/Decision Making

Succession to office is critical in the event CFS leadership is debilitated or incapable of performing their legal authorized duties, roles and responsibilities. The following pre-determined orders of succession are designed to allow for an orderly and pre-defined, transition of leadership within CFS.

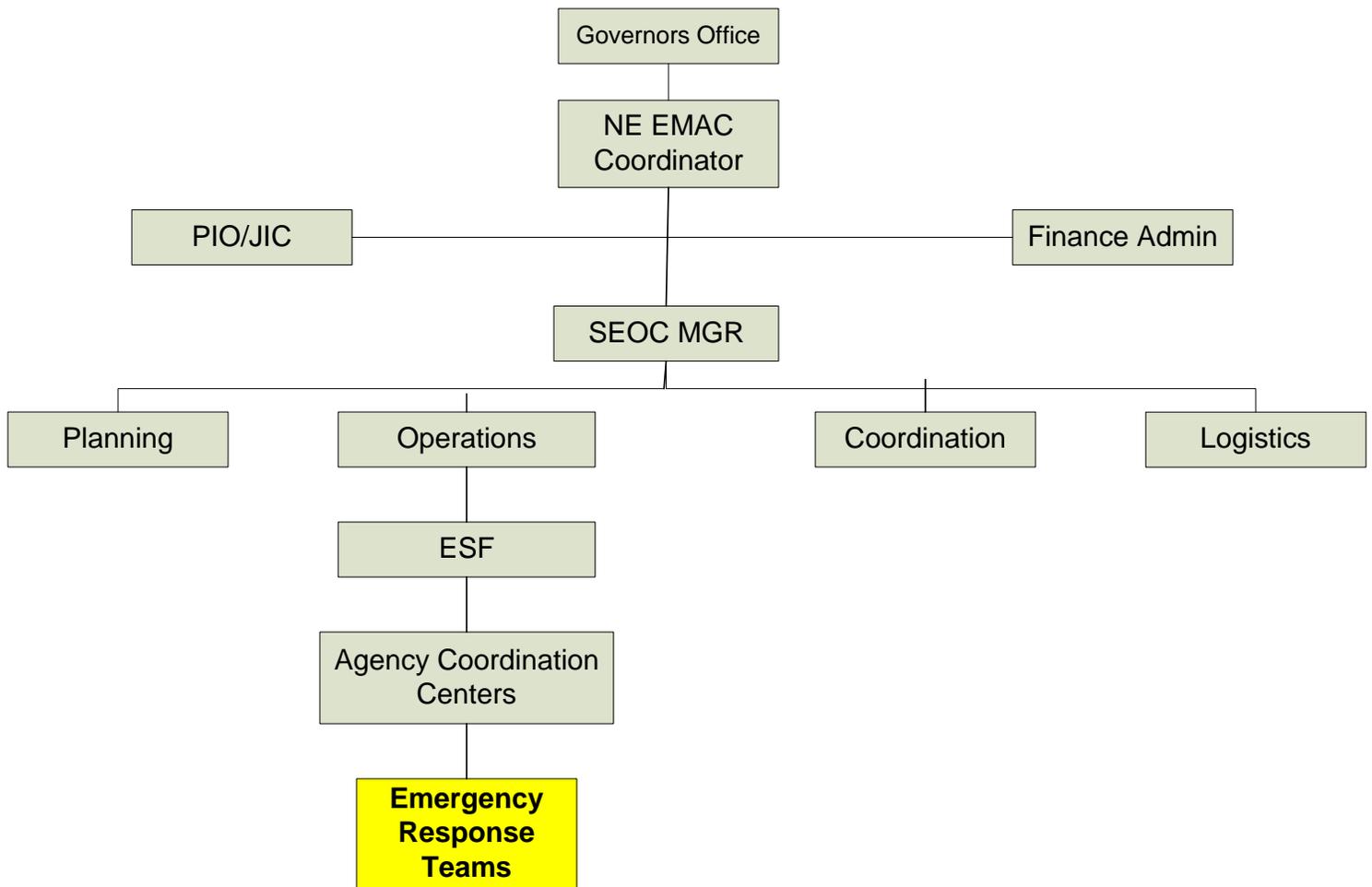
In the absence of an appointment made by the Governor or DHHS CEO, Division of Children and Family Services senior leadership chain of command for delegation of authority is as follows:



### APPENDIX C

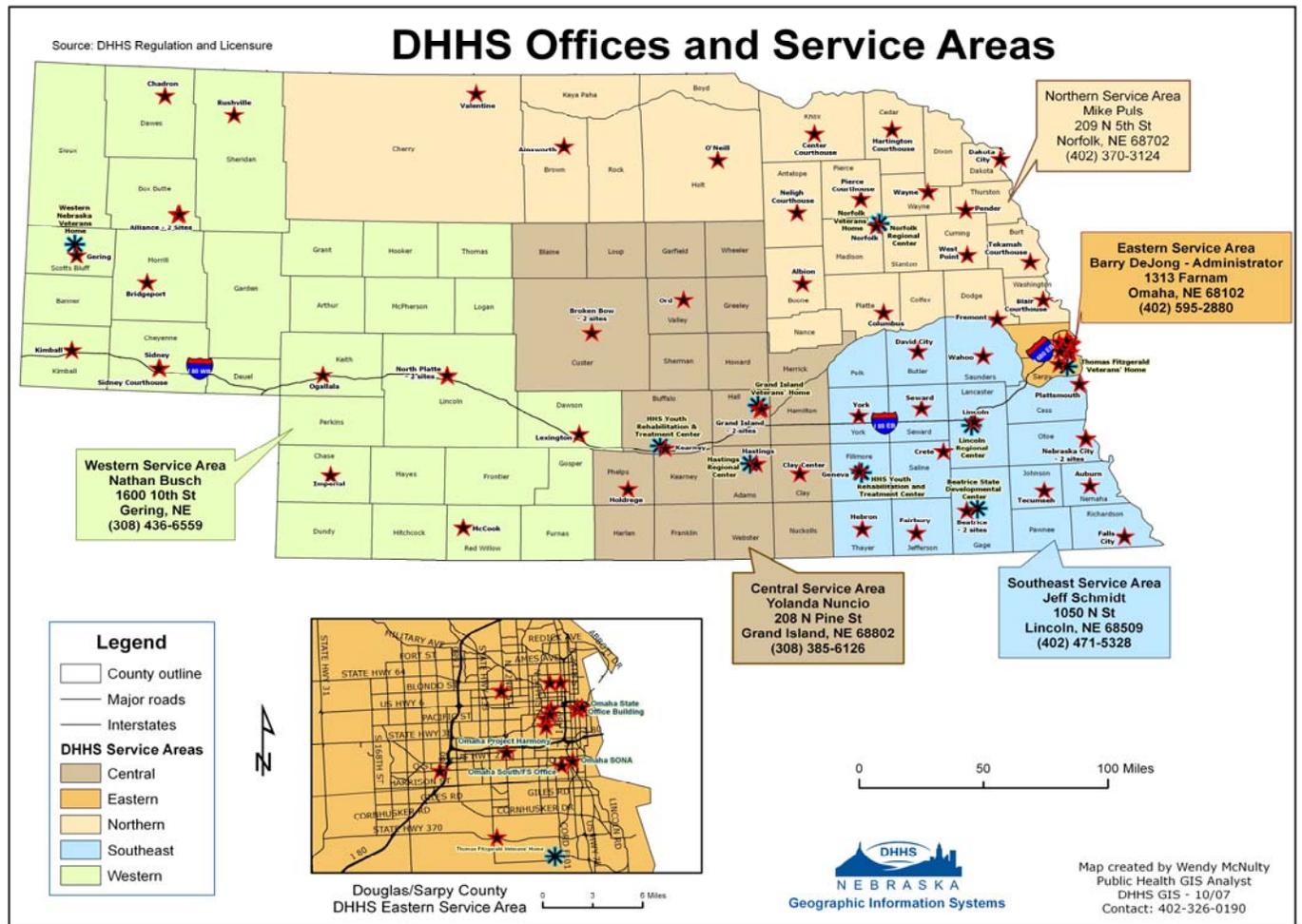
## Emergency Response Teams in the Nebraska Emergency Management Structure

Below is a simplified organizational chart representing placement of deployed emergency response teams in the Nebraska emergency management structure.



### APPENDIX D

## Nebraska Services System Service Areas



## APPENDIX E

### Service Area Disaster Plan Template: Identified Service Area

Contact Information		
Primary Contact for Decision-Making and Authority	Name:	
	Address:	
	Primary Phone:	
	Secondary Phone:	
Secondary Contact for Decision-Making and Authority	Name:	
	Address:	
	Primary Phone:	
	Secondary Phone:	
Tertiary Contact for Decision-Making and Authority	Name:	
	Address:	
	Primary Phone:	
	Secondary Phone:	
Current List of all Staff and Emergency Contact Information		
Date of Last Update of List:		
Hard Copy located where:		
Electronic Copy located where:		
Current List of Foster Care Homes and Emergency Contact Information:		
Date of Last Update of List:		
Hard Copy located where:		
Electronic Copy located where:		
Current List of Group Homes and Congregate care, Shelter Settings:		
Date of Last Update of List:		
Hard Copy located where:		
Electronic Copy located where:		
Communication Plan		
Identify where your emergency office will be located		
Alternative location		
Describe process for quarterly updating personnel lists and corresponding emergency contact numbers		
Describe process for contacting and verification of staff safety and		

Nebraska Division of Children and Family Services Disaster Plan

availability to work in the event of a disaster	
Describe process for updating contact information for group homes and other congregate care facilities in the service area	
Describe process for requesting service providers to contact the department in the event of an emergency and the method for contact:	
Describe method for communicating with agencies caring for youth in out-of-home care in the event of a disaster	
<b>Emergency Preparedness</b>	
Describe how CFS Specialists' will advise and encourage families receiving in-home services and families with children placed in out of home placements will develop and update disaster plans.	
Describe how families will have access to CFS Specialist phone numbers in an emergency to access information about their child.	
Describe how the expectation for Traditional Foster Families develop and maintain a disaster plan will be enforced.	
Describe the process for requiring foster families to communicate with the department in the event of an emergency:	
Describe how expectations of Traditional foster families to maintain	

communication with the department throughout a disaster will be enforced.	
<b>Child Location Verification</b>	
Describe the method the service area will take to identify and locate all children in that designated service area.	
Describe how priority will be given to medically fragile children, physically impaired children, youth with cognitive and/or developmental deficits and youth participating in independent living arrangements.	
Describe process for responding to youth needing new placement and care and placement of unaccompanied minors.	
Describe the process for notification of each child's status to the biological family if the child is in an out-of-home placement.	
<b>Staff</b>	
Describe how Disaster Drills will occur in your service area	
Describe plan to train staff on disaster planning and procedures for checking in after a disaster	
Describe procedures on action that will be taken for staff that do not contact/report to duty after a disaster.	
<b>Supplies</b>	
Describe how emergency supplies will be maintained in each office (including satellite office(s)).	

Nebraska Division of Children and Family Services Disaster Plan

Describe procedures to maintain a current list of equipment that can be accessed in the event of disaster (e.g. laptops, cell phones, pagers)	
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## **APPENDIX F**

### **Communications with Federal Department of Health and Human Services (DHHS) Partners during a Disaster**

If Nebraska is affected by either a natural or man-made disaster that affects the children, youth and families receiving services through the Child Welfare Unit of the Department or inhibits the ability of the Unit to provide services, the following communication steps shall be followed:

- ◆ The Director of the Nebraska Department of Health and Human Services Children and Families Division or his/her designee(s), Policy Section Administrator or the Child Welfare Unit Administrator shall call Mary McKee, the state's Program Specialist in the DHHS Service Area Office, at her office (816) 426-2263 or her cell phone at (816) 590-1181
- ◆ If Ms. McKee is unavailable, the Director or designee shall call the main number at the DHHS Service Area Office at (816) 426-3981.
- ◆ If there is no response from the Service Area Office, the Director or designee shall call the Children's Bureau at (202) 205-8618.
- ◆ The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

### **Communications with Other State and National Organizations**

If Nebraska is affected by either a natural or man-made disaster that affects the children, youth and families receiving services through the Child Welfare Unit of the Department or inhibits the ability of the Unit to provide services, the following communication steps shall be followed related to notification of other states and national groups:

- ◆ The Director of the Nebraska Department of Health and Human Services Children and Families Division or his/her designee(s), Policy Section Administrator or the Child Welfare Unit Administrator shall call The Nebraska Emergency Management Agency at (402) 471-7421.
- ◆ The Child Welfare Administrator shall notify the Executive Director of NFAPA (402 476-2273) who in turn will notify the National Foster Parent Association.
- ◆ The Director of the Nebraska Department of Health and Human Services Children and Families Division or his/her designee(s), Policy Section Administrator or the Child Welfare Unit Administrator shall call the administrative office of the American Public Human Services Association (APHSA) at 202/682- 0100 and the Child Welfare League of America (CWLA) at 703/412-2400.

## APPENDIX G

### **CFS Employee Duty Coverage Procedures:**

1. Whether the disaster occurs when employees are on or off duty:
  - a) CFS personnel shall, upon learning of the disaster, contact their regularly assigned Supervisor for emergency response assignments. Personnel shall immediately report to their designated station and conduct their assigned duties and responsibilities. There may be situations wherein the normal chain of command (i.e. Policy Director). In those situations, personnel shall follow the directives of Managers and/or Deputy Directors for other divisions of the Agency.
  - b) If personnel are unsure of what to do or whether to check in, they should listen to local news broadcasts, Emergency Broadcast Station announcements and/or other media to determine the nature of the emergency.
  - c) Unless otherwise directed, all personnel are required to work their regularly scheduled work calendar and hours.
  
2. During or after a disaster, the status of children under the CFS' care will be determined as follows:
  - a) If possible, during normal working hours, all CFS personnel with an assigned caseload will contact the children on their assigned caseloads via telephone and/or personal home visits. The information needed (i.e. caretaker's name, address and telephone number for each child) is located in each case file. If the assigned CFS Specialist is not available, the OD or another assigned CFS SSW shall make the contacts.
  - b) Caseload coverage shall be ensured by each CFS Supervisor, Supervisor or Director, in said order. Social Service Assistants may be assigned to help contact all of the children. Contacts must also be done on behalf of all children placed via the Interstate Compact on the Placement of Children and children residing in the County whereby courtesy supervision services are being provided.
  - c) In the event other counties request courtesy safety home visits on behalf of their dependents, CFS personnel shall honor those requests only if Nebraska's dependents have been checked on first.
  - d) The Social Services Office Supervisor shall maintain a comprehensive list of all children under the care, custody and control of the Agency on a monthly basis utilizing a computer-generated report. This list can be accessed in the event of an emergency wherein CFS personnel are not available and/or CFS is operating on a skeleton crew or after normal working hours. In that event, whomever is directed to be responsible for making the contacts will have an up to date list to utilize.

- e) All attempted and completed contacts will be entered into N-FOCUS as soon as reasonably possible and in accordance with data entry procedures. Hand written notes shall be kept on every contact until the data can be entered into N-FOCUS
  - 1. The following information, at minimum, shall be kept: child's name, caretaker's name, who the CFS Specialist spoke to (Staff must speak to the caretaker, child or approved secondary caretakers), information about the child's health, safety and welfare, the child's location throughout the disaster and any services the child may require. If required, all other documents or forms must be filled out by hand.

3. During or after a disaster, services shall be provided to children under the CFS' care as follows:

- a) Active efforts to follow all Court Orders made prior to the disaster will be made. CFS personnel will require the approval of management to act in opposition to an existing Court Order and a Court Report will be filed as soon as possible explaining why the applicable Court Order could not be followed.
- b) For any situation wherein emergency services on behalf of a child must be acquired (i.e. surgery, blood transfusion/testing, medical care), CFS personnel shall seek guidance from Supervisors and/or Managers prior to giving consent for the procedures. Upon direction, CFS personnel may provide written consent for the emergency procedure. These situations must present a life threatening condition.
- c) For non-life threatening emergencies, which may become life threatening and require consents above those typically reserved for caretakers and parents, CFS personnel must make every reasonable effort to obtain a Court Order for care. If one cannot be reasonably obtained, CFS personnel may approve the procedures in writing after consulting with a Supervisor and/or Manager.
- d) All other rights given to caretakers and parents by Statute also will apply during a disaster situation.
- e) If a child has died, CFS personnel shall follow the policies and procedures in relation to child deaths as soon as reasonably possible.
- f) If the child and/or caretaker needs any other services (i.e. transportation, food, shelter, clothing, crisis counseling, water), CFS personnel shall make every reasonable effort to acquire the services via community-based providers and/or emergency shelters.
- g) CFS personnel shall document all efforts, services, contacts and the results in N-FOCUS when reasonably possible, regardless of which child or family it is they come into contact with. Hand written notes shall be kept until it is possible to enter the data. Any required documents or forms must be filled out by hand, if necessary.

4. The after-hours policies and procedures shall be followed during and after a disaster to ensure the Agency meets its mandatory 24 hour emergency response requirements. The Emergency Response Supervisor shall coordinate after-hours emergency response coverage to ensure staff and Supervisors are on call as scheduled.

- a) All information shall be entered on documents and forms by hand if N-FOCUS is not available. Information shall be entered into CWS/CMS as soon as reasonably possible.
- b) In the event the disaster results in a necessity for CFS personnel to be stationed at emergency shelters to handle intake and emergency response duties, staff shall be assigned to provide those services in a rotating manner. Otherwise, the services can be provided via the normal after-hours call in procedures.

5. Emergency Response services to the public shall continue during and after a disaster. Child abuse and neglect investigations shall be conducted in accordance with regulations, legislation and Agency policies and procedures active prior to the disaster. CFS personnel shall place children into protective custody as necessary and locate foster care placements on behalf of those children. Emergency relative and home approvals shall be done in accordance with agency procedure and policy during and after a disaster.

- a) CFS personnel shall continue searching for placement on behalf of detained children until safe, suitable and approved/licensed placements are found and made. During the placement search, CFS personnel shall be assigned to rotating shifts for the care and supervision of detained children. The care and supervision site may be in a designated shelter or other facility that is safe and has food, water and proper sanitation for the children.
- b) Welfare and Institutions Code Petitions and Reports must be prepared and filed within statutory guidelines during and after a disaster in the event the Court system is functioning. The Agency is still held to statutory requirements for the detention of children if Court days are being counted in the County. All other legal and civil rights accorded to children and their families will also continue to apply during or after a disaster; therefore, CFS personnel will make active efforts to comply with those regulations.

6. CFS personnel shall assist “unaccompanied minors” resulting from the disaster. These children may be delivered to CFS personnel, sent to emergency shelters and/or must be responded to by CFS personnel in other areas of the service area. CFS personnel shall make every effort to locate the children’s parents, legal guardians and/or responsible relatives to release the children to during or after the disaster in accordance with the policy and procedure.

- a) If children can be released safely, all efforts, services and contacts shall be entered into N-FOCUS as a referral and closed appropriately. Hand written notes, documents and forms shall be completed if N-FOCUS is not available and the information shall be entered as soon as possible when N-FOCUS becomes available.

- b) If children cannot be safely released or no one fitting the required caretaker description can be located on behalf of the child, CFS personnel shall treat the referral as a .....

## **APPENDIX H**

### **Emergency Plan for Foster Parents**

Natural or human-made disasters such as floods, hurricanes and tornadoes, fires, and chemical spills can occur at any time and any place. Disasters may occur on a local scale or be widespread and impact multiple counties and/or states. Regardless of the size and scope of the disaster or emergency, the impact may result in a major disruption of normal operations. In the event of a disaster, essential child welfare services to children, youth and families could be disrupted or seriously compromised. Therefore, it is especially important for agencies caring for vulnerable populations, such as foster children, to do what they can to prepare for a disaster and any subsequent disruption of child welfare services. In order to address safety issues of children in out of home care during an emergency situation, the following procedure has been established:

This procedure will be communicated to foster parents via the NFAPA newsletter, personal letter and face-face contact.

1. Foster parents are directed to develop and display a family emergency plan within the next 6 months. The plan will include:
  - where the foster family, foster children and youth would go in an evacuation (if possible, identify 2 alternate locations);
  - personal telephone numbers and contact information (for example, cell phone numbers, fax numbers, e-mail address);
  - emergency contact information for individuals who may know where they are currently (for example, out-of-area relatives or friends);
  - a list of critical items to take when evacuating with children/youth, including identification for the child, the child(ren)'s medical information (including health insurance card), medication and/or medical equipment; and
  - normal contact and emergency contact or toll free telephone numbers for DHHS.

The plan will also include the Nebraska Child Abuse Neglect Hotline number, as well as contact information for service area staff.

2. Resource Development staff, along with NFAPA, will provide foster parents with a template (Appendix A) to complete. They will also work with foster parents to ensure that the plan is completed.
3. Once the plan is completed, foster parents will submit plan to their local resource development office to be made part of their licensing record.

\*Note: Agency supported foster families will submit their plans to both the local resource development office and their supporting agency.

4. Once the plan is submitted, Resource Development staff will document the plan in the NFOCUS under Home Detail-Contact. Create a new narrative entitled “Disaster Plan”.
5. Foster parents will review and update, if necessary with their foster children (age appropriate), the case worker and the Resource Development Staff every six months. The Resource Development staff person and the case worker will document the review date, as well as any changes.
6. Foster parents are also directed to assemble a disaster supply kit. Items to include in the kit:
  - A three day supply of water (one gallon per person per day) and food that won't spoil.
  - One change of clothing and footwear per person, and one blanket or sleeping bag per person.
  - A first aid kit that includes your family's prescription medications.
  - Emergency tools including a battery-powered radio, flashlight and plenty of extra batteries.
  - An extra set of car keys and a credit card, cash or traveler's checks.
  - Sanitation supplies
  - Special items for infant, elderly or disabled family members.
  - An extra pair of glasses.
  -

These items should be stored in a waterproof container

In the event of a mandatory evacuation order, foster families must comply with the order insofar as they must ensure that their foster children are evacuated according to the plan and procedures set forth by the Nebraska Emergency Management Agency (NEMA).

1. Once they have reached safety, foster parents are directed to inform the Department of their whereabouts and contact information as soon as possible.

\*In some instances, evacuation may not be necessary or possible; however, informing the Department of foster family and foster children whereabouts still remains necessary.

*In the Central Service Area:*

The foster parent must contact Marylyn Christenson, Resource Development Supervisor at 308-385-6141 or 308-850-7003, or 1-800-779-4855 as soon as possible.

In the event that the Resource Development Supervisor is not available the foster parent must contact, Resource Development Administrator at 308-385-6173 or 308-390-9436. [This position has yet to be selected]

The Resource Development Supervisor will relay information regarding children's emergency situations daily to the Resource Development Administrator who will then forward this information to: birth parents/relatives, Protection and Safety Administrator, Service Area Administrator, HHS Director and central office staff.

Foster parents are expected to communicate with the communication sites daily in an effort to keep families and HHS staff current on the well-being and safety of children in their care.

*In the Northern Service Area:*

Foster parents must call their local office and contact their RD worker, the child's CPS worker or the coverage CPS staff during normal working hours to inform DHHS of an emergency. After hours, they must use the CPS pager system and use that process in their local area to contact the CPS on-call worker. Foster parents need to be provided with the pager information along with daytime phone numbers for a "coverage" office if that is needed in the event of an emergency. If none of those numbers can be reached they should use the SIX system to contact their RD worker and the child's CPS worker and provide as much information as possible so that they can be contacted.

The CPS worker or coverage worker is responsible for contacting the birth parents if rights are intact. The worker will consult with their supervisor or the coverage supervisor informing them of the child's situation. The supervisor will create a list with where the child is located and any safety issues and provide that to their CPS Administrator within 24 hours. The CPS Administrator will report to central office.

If the CPS staff identify immediate safety issues communication will be at least daily until the child and foster family are safe. If the child and foster family are safe communication will be at least weekly.

*In the Western Service Area:*

Foster parent must attempt to call the local office to notify the assigned Protective Safety Worker or assigned Resource Developer to inform them of the emergency situation. If the PSW or RD is not available, the foster parent must request to speak with the Protection & Safety Administrator or the Resource Development Administrator.

If normal communication channels are down, the foster parent must follow the steps outlined by local emergency management personnel to communicate the emergency situation affecting the child/children in their care.

The DHHS personnel who receive the report from the foster parent will communicate as needed to families of origin, Service Area Administrator, Protection & Safety Administrator, DHHS Director and/or Central Office personnel regarding the emergency situation affecting the child/children in the foster home.

If the emergency situation continues more than one week, the foster parent will report the status of the effected child/children in their care at least one time per week. If at any time during the emergency situation the physical location of the child/children changes the foster parent immediately notify DHHS of such change

*In the Eastern Service Area:*

Foster Parents/ASFC Contractors are required to call the hotline with their required information when there is an emergency situation. Hotline staff will maintain a list of the foster parents, their location and the children in their care.

Foster Parents will be required to check in with designated communication site initially and if their location or situation changes.

*In the Southeast Service Area:*

Maria Lavicky will be the point person for information coming in. As information is gathered by staff, and an emergency situation has occurred with a youth, the critical incident process will be utilized to include contacting the birth parents. Both a coverage plan and calling tree procedure will be in place to aid this process.

Foster parents are directed to keep the Department informed of their situation as directed.

All foster parents/foster supported agencies have contact people within Resource Development as well as many have access to the SIX System. When phones are working Foster parents will be asked to call in or send an e-mail to report their current status.

\* If the local offices are not accessible due to the emergency situation, the foster parent must call the DHHS Hotline at 800-652-1999 and report the emergency situation affecting the child/children in their care. If information is received by the DHHS Hotline staff, staff will communicate foster parents whereabouts to the local office using whatever tools are available (land line, cell phone, e-mail, etc).

In the event that the Child Abuse Neglect Hotline becomes overburden or unusable, the Child Welfare Unit Disaster Coordinator will work with the phone company to set up an alternative number for foster parents. The Coordinator will then work with the Nebraska Emergency Management Agency (NEMA) to get the number communicated via the state relay network that includes radio and television.

2. Foster parents will be contacted as soon as possible to determine what assistance is needed and to address any concerns that foster parents may have at the time.
3. If foster family has relocated to another state, local staff will inform ICPC Administrator as soon as possible.

Nebraska Division of Children and Family Services Disaster Plan

4. The Child Welfare Administrator will notify the Executive Director of NFAPA of the foster parent's situation as soon as possible.
5. Local office staff will notify the courts, parents, attorneys and schools as soon as possible of child's whereabouts.

Phone lines for parents will be set up and designated for parents to obtain information about the welfare of their children. The number will be broadcast through NEMA.

Circumstances of the disaster and instructions provided will determine the frequency of contact.

*This plan is subject to change. All changes will be communicated to foster parents within 7 days after changes have been approved.*

## APPENDIX I

### **Operational Disaster Kits for Managers could include:**

- Laptop computer with extra batteries
- 1 gigabit USB thumb drive (with important documents loaded before a disaster)
- Phone lists, address book, with employee and management contact information
- Employee lists
- Cell phones, satellite phones, radios/walkie-talkies, wireless handheld devices
- Radios and extra batteries
- Disaster plans
- Maps, driving directions to alternate facilities
- Portable GPS devices (if available)
- Flashlight, lanterns, with extra batteries
- First aid kit
- Pocket knife or multi-tool
- Car chargers for laptop and cell phone
- Personal hygiene items

## APPENDIX I

### Emergency Plan for Families

Family's Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Household Address: \_\_\_\_\_

Location of Disaster Supply Kit(s): \_\_\_\_\_

First Names of Family Members	Age	Social Security Number	Date of Birth	Medical Information (including allergies)

<b>Pets</b>	<b>Rabies Vaccination #</b>	<b>Vet Name and Number</b>

**Car Information:**

Car 1: Make \_\_\_\_\_ / Model \_\_\_\_\_ / Year \_\_\_\_\_ License # \_\_\_\_\_

Car 2: Make \_\_\_\_\_ / Model \_\_\_\_\_ / Year \_\_\_\_\_ License # \_\_\_\_\_

Car 3: Make \_\_\_\_\_ / Model \_\_\_\_\_ / Year \_\_\_\_\_ License # \_\_\_\_\_

Household Phone(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_

Alternative Phone(s): \_\_\_\_\_

E-mail Contact Information: \_\_\_\_\_

Day Care / Pre-School: \_\_\_\_\_

School(s) Phone(s): \_\_\_\_\_

**Back-up Contacts: (include name/town or state)**

Close Friend or Neighbor (someone that will know your whereabouts in case of an emergency): \_\_\_\_\_

Relative: \_\_\_\_\_

Out-of-State Contact: \_\_\_\_\_

**Emergency Numbers: 911**

Law Enforcement: City: \_\_\_\_\_

County: \_\_\_\_\_ Highway Patrol: \_\_\_\_\_

**Medical Contacts:**            **Doctor:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Evacuations**

**In the event of a mandatory evacuation order, foster families must comply with the order insofar that they must ensure that their foster children are evacuated according to the plan.**

*Local*

**Household Fire:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tornado or Severe Thunderstorm:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Winter Storm:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Earthquake:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Emergencies:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Disaster Kit Content List**

<b>In Kit</b>	<b>Item</b>	<b>Perishable/Dated (Put expiration date.)</b>
	<b>Store at least 3 days of food and water for all family members</b>	
	<b>Change of Clothing for each person</b>	
	<b>Sleeping bag or bedroll for each child</b>	
	<b>Battery powered radio or television</b>	
	<b>Extra batteries</b>	
	<b>Flashlight</b>	
	<b>Sanitation supplies</b>	
	<b>Special Needs Items for each person - Extra Medication, extra pair of glasses</b>	
	<b>Names and numbers of Emergency Contacts</b>	
	<b>Copy of Emergency Plan</b>	
	<b>First Aid Supplies</b>	
	<b>Personal Document and ID</b>	
	<b>Money</b>	
	<b>Sanitary Supplies</b> - Include extra toilet paper, feminine supplies, personal hygiene products, bleach, and any other personal products you may need in your preparedness kit.	
	<b>Pet Supplies</b>	
	<b>Tools</b>	

**Overview:** Consider the following when assembling or restocking your kit to ensure your family is prepared for any disaster:

- Keep your kit where it is easily accessible.
- Remember to check your kit every six months and replace expired or outdated items.

**This information is confidential and protected!**

**Minor and Special Needs Information:**

Child/Individual's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Medications / Reason:**

(Dosage should be included / General Information, not diagnosis)

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

**Special Needs (allergies, no contact orders, ect.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identifying Information:**

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Other: \_\_\_\_\_

**Location Information:**

Babysitter  Day Care  Pre-School  Elementary School  High School  
 Other: \_\_\_\_\_

**Contact Person (Name, Contact Number, Alternative Number):**

\_\_\_\_\_

**Emergency Contact Information:**

1<sup>st</sup>: \_\_\_\_\_ at \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_ at \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_ at \_\_\_\_\_

Child \_\_\_\_\_ of \_\_\_\_\_ in household.

**Critical Items to Bring in an event of an Evacuation:**

	<b>Item</b>
	<b>Birth Certificate</b>
	<b>Social Security Cards</b>
	<b>Citizenship Documentations/Letters of Entitlement</b>
	<b>Information of Medical History</b>
	<b>Health Insurance/Medicaid Card</b>
	<b>Extra Medication and any Medical Equipment</b>
	<b>Existing Court Orders</b>
	<b>Contact Information for DHHS</b>
	<b>Contact Information for Biological Parents (if know)</b>

**Service Area Contact Info Here!**

**APPENDIX J**

**POST INCIDENT REVIEW QUESTIONNAIRE**

Date \_\_\_\_\_

Time \_\_\_\_\_

Staff \_\_\_\_\_

Nature of the event. \_\_\_\_\_

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Is there any threat to personal safety? Fallen shelves, slippery floor, falling tiles, exposed electrical hazards?

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Is there structural damage? Are utilities affected? Electricity, heat, air conditioning, telephone?

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What kinds of records are damaged?

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Is there damage to furnishings, equipment, computers?

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What is the nature of the damage? Is the material damp or wet? Was the water muddy, oily, contaminated, or clean? Is there additional damage from fire, soot, or heat?

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Is the water in a flooded area contaminated? Water may be contaminated by soot, ash, sewage, or by having passed through a pipe or gutter.

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How many and what type of records are affected? Identify the size of area affected as well as nearby area. Estimate the approximate number from the relative size of items and the length of shelving.

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Is the institution capable of maintaining services? Full or selective? Can areas be restricted on a selective basis if necessary?

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What equipment will be needed? Dehumidifiers, water vacuums, fans, book trucks, freezer trucks, sump pumps, packing crates, generators, other.

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What mistakes were made during the response and salvage operations?

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How can staff better prepared for similar incidents in the future?

Nebraska Division of Children and Family Services Disaster Plan

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What supplies were needed on hand, but were not readily available?

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## Monthly Caseworker Visitation

<p><b>Primary Theme:</b> Engaging parents, children, families and caregivers to improve outcomes for children and families.</p>		<p><b>Baseline Data:</b>                  Total percent of children visited each and every month: 27.37%                  Total percent of visits occurring in child’s place of residence: 52.05%</p>	
<p><b>Annual Goals:</b>                  By October 1, 2008, 30 percent of children in foster care are visited by their worker each and every month while in out-of-home care and that 50.1 percent of the visits occur in the residence of the child  <b>As of September 30, 2008: 40.03%</b>                  Numerator is 2980 and denominator is 7444</p> <p>By October 1, 2009, 40 percent of children in foster care are visited by their worker each and every month while in out-of-home care and that 50.1 percent of the visits occur in the residence of the child</p> <p>By October 1, 2010, 60 percent of children in foster care are visited by their worker each and every month while in out-of-home care and that 50.1 percent of the visits occur in the residence of the child</p> <p>By October 1, 2011, 90 percent of children in foster care are visited by their worker each and every month while in out-of-home care and that 50.1 percent of the visits occur in the residence of the child</p> <p><b>Total Percent of visits occurring in child’s place of residence:</b>  <b>As of September 30, 2008: 79.11%</b>                  12620 is the number of in residence months and 15953 is the total months</p>			
<p><b>Action Steps and Benchmarks</b>                  Issue Administrative Memorandum clarifying the Federal requirement and providing Statewide and Service Area annual goals.</p>	<p><b>Person Responsible</b>                   Chris Hanus</p>	<p><b>Evidence of Completion</b>                   Administrative Memorandum</p>	<p><b>Annual Update</b>                   Plan to evaluate this action step during our PIP planning process for possible revision.</p>

## Monthly Caseworker Visitation

<p>Distribute a monthly report showing compliance with monthly visit requirements (by worker/by Service Area).</p>	<p>Sherri Haber</p>	<p>Monthly Reports</p>	<p>Beginning in May 2007, monthly reports have been available to all Child and Family Services staff. Staff are able to select their name from the worker filter at the top of the report to view their compliance with the requirement. Supervisors are also able to view compliance by each staff they supervise, by their entire supervisory group, office or Service Area.</p>
<p>Change Worker Performance Standards to match the Federal Requirement and incorporate into the Performance Evaluation process.</p>	<p>Sherri Haber</p>	<p>Performance Evaluation and Guidebook</p>	<p>Current Performance Standards requirements meet the IV-B plan goals through FFY 2009. Plan to evaluate this action step during our PIP planning process for possible revision.</p>
<p>Make changes to pre-service training to incorporate information on the requirement stressing the purpose and benefit of monthly visits in the child's place of residence.</p>	<p>Chris Hanus</p>	<p>Training Curriculum</p>	<p>Plan to evaluate this action step during our PIP planning process for possible revision.</p>
<p>Issue annual Administrative Memorandum providing information on progress toward the annual identified goals and reminding staff of the requirement and the State and Service Area goals.</p>	<p>Chris Hanus</p>	<p>Administrative Memorandum</p>	<p>Plan to evaluate this action step during our PIP planning process for possible revision.</p>