Nebraska 2005-2009 Child and Family Services Plan

Vision Statement
Legal References
45 CFR 1357.15(g)

Every child and youth will live in a family setting that provides for his or her safety, permanence and well being. Each child and youth in Nebraska will live with acceptance, happiness, stability and love.

Mission Statement
In full alignment and flowing from the Nebraska Department of Health and Human Services’ Mission and Operating Principles, the Protection and Safety System of HHS sets forth its Mission and Operating Principles that guide the specific work of Protection and Safety.

1. Department of Health and Human Service System MISSION:

   We help people live better lives through effective health and human services.

2. Office of Protection and Safety MISSION:

   We use family-centered services to provide for the safety, permanency and well-being of children and the safety of communities.

Legal Reference
La. R.S. 36:477 C
45 CFR 1357.15 (e)(2)

Core Values of the Office of Community Services

OPERATING PRINCIPLES
Community Context: Children and families live in local communities that are their natural environment or network and means of support. Communities have responsibilities to support the children who have contact with HHS. Protection and Safety partners with communities to assure that outcomes are achieved for the children who are our mutual concern. No single entity can achieve these outcomes. We must truly work as partners for the good of the child and the safety of children and communities.
Statement on Cultural Sensitivity

The Department of Health and Human Services Diversity Policy Statement:
Issue Date: 11/21/00
Number: HHSS-2000-004

We recognize, encourage, utilize, and value people’s similarities and differences to carry out our mission to help people live better lives. Therefore, all employees are expected to incorporate the HHS System Diversity Policy as an integral and visible way we do our work. Specifically, we expect that each employee will:

- Treat all people with respect and dignity.
- Foster a culture that invites and values the rich diversity among our employees and the people we serve.

Under the direction of the Policy Cabinet Secretary, the Administrator for Equity and Diversity will provide the leadership for the development and implementation of the Health and Human Services System’s equity and diversity programs and activities. Adherence to the HHS System Diversity Policy is a part of the overall basis for evaluating the performance of administrators, managers, and supervisors. The leadership of the HHS System will enforce the principles set forth in this policy in appropriate ways and in a timely manner.

Policy Implementation
The Nebraska Health and Human Service System’s Policy Cabinet established the position of the Administrator of Equity and Diversity. The Administrator of Equity and Diversity reports directly to the Policy Secretary and is responsible for the development and implementation of a diversity strategy to promote cultural awareness, appreciation and competence in the workplace. The primary role of the Administrator for Equity and Diversity is educational.

Philosophy in Providing Child and Family Services

Legal Reference
45 CFR 1357.15 (g)

OPERATING PRINCIPLES

Our Children: HHS Protection and Safety is the public state agency in Nebraska responsible for addressing the needs of children: where abuse or neglect is suspected or adjudicated; who are dependent or voluntarily relinquished; who fall under Interstate Compact for the Placement of Children and Interstate Compact for Juveniles; or who come to the agency through the court as juvenile offenders and status offenders. Because of this public trust and our commitment to these children, our paramount concern is their safety, permanency, and well-being, and the safety of communities.

Families Are the Cornerstone of Society: Every child in Nebraska deserves the love, care, commitment, continuity and support that only a family can provide. Toward this end, the Protection and Safety System of HHS works to quickly assure that every child in its care
is with such a family. Efforts are made to fully engage the extended biological family so that the child may safely live with that family. When this is not possible, efforts are made to assure that the child is in a safe, stable, nurturing permanent home. Children are only placed out of their home based on child and community safety.

Principles of Child and Family Services
Legal Reference
45 CFR 1355.25
45 CFR 1357.15(p)

OPERATING PRINCIPLES

Clearly Defined Role: Protection and Safety services are among the most intrusive in people’s lives. To the maximum extent possible, families will provide for the care and protection of their children. Therefore, we clearly define our role. This includes establishing consistently applied statewide criteria for Protection and Safety involvement with children and families. We limit our work to those populations with which we are legally mandated to work. Protection and Safety has the responsibility to respond quickly with well-trained professionals who provide the right services in the right amount at the right time for the situation at hand.

Quality: We are focused on the outcomes of child safety, permanency, well-being and community safety. In order to meet these outcomes we recognize the need to continuously improve and hold our selves accountable. As an accountable public agency we share relevant data and information with the public when appropriate. We employ a quality assurance system with meaningful data and information so that we have the tools needed to improve. We are open to integrating external evaluations conducted of our system and seek to appropriately integrate any such findings. We employ case standards as a basis for comparison and improvement – not judgment. We periodically assess our practice to incorporate research-based best practices.

Respect: We accomplish our work with respect for the children and families that we serve. This respect is based on the belief that a precursor to success is the full and equal participation of children and immediate and extended families in their future through active participation in activities such as planning. In order to work with and acknowledge the extended family, HHS routinely identifies extended family including the frequently overlooked father and paternal relatives. In addition, HHS engages families and consistently and comprehensively assesses the strengths and needs of the child and family and community relationships. We respect the unique situation that a child and family bring by tailoring services to meet that situation. We respect the importance of timely decisions for the long-term needs of the child by developing plans that address safety and care by the child’s immediate family while also developing plans that provide for the adoption or guardianship of a child if in their best interest. Protection and Safety actively seeks to have a workforce that reflects the community and children and families we serve. HHS respects the unique backgrounds and experiences of children and their families and promotes cultural competence of our workforce. Protection and
Safety works with key community and provider stakeholders as partners to ensure that the outcomes of safety, permanency and well-being are assured for children.

**Family-Centered Services:** HHS Protection and Safety is guided by the following set of core principles that define family-centered services.

- The safety, permanency, and well-being of children are the leading criteria for decision-making.
- Whenever possible, families are seen as providing the best care and protection for children.
- The family as a unit, as well as its individual members, is a focus of the casework process (report/intake, initial assessment of safety and risk/investigation, comprehensive family assessment, case planning, implementation of the service plan and assessing progress, and closure and follow up).
- Families and youth need to be actively involved in the development, implementation and monitoring of the case plan.
- Respect for families’ ethnic and racial backgrounds, values and customs are built into the organizational structures and service delivery.

Successful outcomes of the interventions in protection and safety are demonstrated in the child’s developmental progress, safety, permanency and well-being, and in the increased capacity of the parents to nurture and protect their children.

**Consultation Process-** The State of Nebraska’s Health and Human Service System’s Protection and Safety division has done extensive strategic planning within the last few years. All of this planning has been coordinated through the Operations Team within the Division. The Division’s management team meets routinely to determine progress on strategic planning. In addition, a group was chartered by the Department’s Director and Service Area Administrators. This group is referred to as the Nebraska Family Portrait Management group and it meets monthly to manage and oversee the front-line implementation of the State’s strategic plan.

In the fall of 2000, the Office of Protection and Safety embarked on one of its most ambitious efforts by focusing time and resources into developing our strategic plan: the Nebraska Family Portrait.

The Nebraska Family Portrait serves as the State’s strategic action plan for Protection and Safety. The activities associated with conducting the statewide assessment, participating in the Child and Family Services Review, developing Nebraska’s Program Improvement Plan, implementing recommendations from the Governors Children’s Task Force, and the current IV-B Plan affirmed our commitment to improving the safety, permanence and well-being of children in Nebraska. These junctures have provided Nebraska the opportunity to re-focus and adjust Nebraska’s plan direction. As with any strategic plan, periodic adjustment is required.
A key coordinating and development group has been the Advisory Team that is comprised of stakeholders from across a broad spectrum of Nebraska’s child and family service delivery system. This Advisory Team assisted with our statewide assessment, and proved to be an efficient and effective method of gathering input in an open and honest manner. Satisfaction was expressed both internally and externally to the involvement of this team as it has provided a comprehensive look at our Protection and Safety System.

Because this team is committed and their input is so valuable, we continue this relationship to ensure the implementation of a balanced and comprehensive strategic plan. The Advisory Team is identified as our mechanism for assuring broad based input and advice on an ongoing basis – from a statewide perspective. The Advisory Team has also provided a review of the Title IV-B plan.

In addition to this macro level input into design, development and implementation, each of the areas of the Title IV-B plan has their own processes for more specific design and development input. Please refer to the various sections of the Title IV-B Plan.

Integration of the CFSR/PIP and the CFSP/APS R

The Nebraska Family Portrait, the Governor’s Initiatives and the federally approved CFSR Program Improvement Plan were integrated into one strategic plan in March of 2004. This coordinated plan incorporates all of our goals and objectives that focus on areas of need related to outcomes and systemic factors to advance Nebraska’s Child Welfare System (See Attachments A and B)

Goals, Objectives, Measures of Progress, Baseline Information

Refer to the attached Nebraska Family Portrait Matrix.

1. State agency administering the programs

History

"The (Nebraska) Legislature finds that each Nebraskan should have a quality of life that reflects safety, self-sufficiency, respect, health and well-being, and opportunities to achieve maximum potential through new partnerships between the state and local communities. The Legislature further finds that in order to achieve this vision, it is necessary to create and sustain a unified, accessible, caring, competent, and responsive health and human services system for each Nebraskan that maximizes local determination and achieves measurable outcomes. To this end, the state will work in partnership with communities and other public and private sector entities. The Legislature finds that one purpose of this legislative bill is to reduce the size of state personnel and reduce state expenditures with a focus on local control and which considers privatization of services."

-- Nebraska Unicameral
The Nebraska Partnership for Health and Human Services Act, LB 1044, was passed by the Nebraska Unicameral on March 28, 1996, and signed into law by then Governor Ben Nelson on April 3, 1996. The legislation set the State of Nebraska on a course of reform of its health and human services system that drew national attention for its comprehensive scope, participative design, and accelerated timeframe.

Redesign Steering Committees
In April 1996, the Transition Policy Cabinet sponsored and chartered three Redesign Steering Committees, one for each of the three new agencies -- Health and Human Services, Health and Human Services Regulation and Licensure, and Health and Human Services Finance and Support -- to develop a core set of recommendations.

Each Redesign Steering Committee consisted of approximately 15-20 individuals, with more than half of the members coming from outside the five agencies. Members with geographic and ethnic diversity were sought, while all members were deemed to have breadth of perspective, systems thinking, and the ability to think "outside the box" as common qualities.

Redesign Work Teams
In May 1996, the three Redesign Steering Committees began to sponsor and charter Redesign Work Teams that developed proposals on selected topics in order to inform and enable the Committees to produce recommendations.

On January 1, 1997, the Partnership Act sunset the five state agencies — the Departments of Social Services, Public Institutions, and Health, the Department on Aging, and the Office of Juvenile Services in the Department of Correctional Services — and created the three agencies which comprise the Nebraska Health and Human Services System.

A Policy Cabinet, consisting of the three agency directors, a Policy Secretary, and the Chief Medical Officer governs the new System.

Organizational unit responsible for the plan: The Nebraska Department of Health and Human Services is the single State agency administering title IV-B, subpart 1, and title IV-B, subpart 2.

The Department of Health and Human Services has local offices across the state that are organized into five service areas. In addition, the Department oversees 10 facilities, including four Veterans' Homes, three regional centers, two youth rehabilitation and treatment centers, and the Beatrice State Development Center.

Organizational Structure
Director for Health and Human Services – Nancy Montanez
Nancy Montanez is the director of Nebraska Health and Human Services. She was appointed by Nebraska Governor Mike Johanns on March 10, 2004.

She brings to the table extensive knowledge about the HHS system, tremendous enthusiasm and a positive vision for the future.
**Chief Deputy Director for Health and Human Services -- Dennis Loose**
The Chief Deputy Director directly oversees the Service Areas, Veterans' Homes, Office of Economic and Family Support and the Office of Protection and Safety, including the two Youth Rehabilitation Treatment Centers.

**Office of Administration -- Mary Boschult**
This area provides management support for allocation of staff, budget and program resources, and manages operational and HHS System liaison functions.

**Deputy Director for Behavioral Health Services -- George Hanigan**
Community-based Mental Health/Substance Abuse, Compulsive Gambling, Beatrice State Developmental Center, Regional Centers, Aging and Disability Services.

**Deputy Director for Health Services -- Roméo Guerra**

2. **Child and Family Services Continuum** - The statewide assessment (See Attachment C) along with the CFS Review identified that Nebraska does not have a full continuum of services in every part of the state to meet the individual needs of children and families. There are three major areas of focus within the service array enhancement priority. Nebraska will coordinate with the National Child Resource Center for Family Centered Practice to improve our service array.

With the assistance of the National Child Resource Center for Family Centered Practice, Nebraska will pilot two Service Array Child Welfare projects, one in an urban area and one in a more rural area of the state. These projects will assist Nebraska in assessing and planning to expand the accessibility and improve the quality of services provided to children and families. It is the intention to learn how to conduct all steps of the process internally. This will allow us to assist other Nebraska communities in assessing and developing their own individual resource plans. By having this skill set, we will not have to rely on the National Child Resource Center for Family Centered Practice to come to Nebraska each time a community is ready to embark on this mission.

The goal of the process is the assessment of the current status and to prepare and implement a Resource Development Plan to enhance their community’s service array. This process will assist areas in the state to determine what services and supports are available for children and families as well as what additional services might be needed. Since service array looks different from state to state and community to community, the assessment instrument is organized around a continuum of services and supports required in child welfare-from prevention to exiting the system.

The Nebraska Family Portrait provides outcomes that will be accomplished through service array improvements and the process that is being followed to produce the outcomes. Those documents should be referred to for more specific information.
Nebraska is committed to provision of child focused, family-centered, strength-based and individualized services. (See page 4 Family-Centered Services: HHS Protection and Safety is guided by the following set of core principles that define family-centered services) Using family centered services requires the use of community-based, strength based and a highly individualized planning process aimed at helping people meet their unmet need both within and outside of the formal human service system. The listing below is considered to be the more traditional list of paid resources available. No listing of services can be complete and comprehensive. Instead, the listing below should be viewed as the services which are utilized more generally, with a large number of families. As indicated previously, some of these services are not available in every area of the state.

Child Abuse and Neglect Prevention and Intervention:
- Information and referral
- Early Intervention Services
- Home Visitation
- After-school supervision
- Education concerning healthy marriage
- Child care
- Family Support (parent training)
- Transportation
- Parent Mentoring
- Community education
- Service Coordination-Developmental Disabilities
- Mental Health or Substance Abuse Outpatient or Inpatient Services for parent and/or family (generally provided under the Medicaid Program)
- Medical/Surgical Services (generally provided under the Medicaid Program)
- Case management
- Case planning
- Child support enforcement
- Financial support for relatives via the ADC Relative Payee Program
- Out of Home placement of child: with relative, traditional foster home, agency-based foster home, or group home
- Treatment in facility setting: treatment foster care, treatment group home, enhanced treatment group home, residential treatment center, acute inpatient hospitalization
- Independent living skills training
- Independent living support
- Former ward assistance
- Subsidized adoption
- Subsidized guardianship
- Foster parent training
- Adoptive parent training
- Foster home studies
➢ Adoptive home studies
➢ Maintenance of adoption exchanges
➢ Insurance coverage for foster and adoptive parents (prior to finalization of adoption)
➢ Education and support for adoptive parents via web sites, newsletters, support groups, mentoring. (See description of activities of NE Foster and Adoptive Parent Association and Answers4Families.)
➢ Tracker Services
➢ Detention
➢ Crisis Intervention
➢ Respite Care
➢ Family Group Conferencing
➢ Youth Centers
➢ Child Advocacy Centers

3. Service Description -

Family Preservation and Family Support: The direction Nebraska plans to focus on is early, up front services to prevent children being removed from their homes or placed with relatives whenever possible. The NFP provides outcomes that will be accomplished through strengthening our intake and assessment policy and procedures by:

- Ensuring timely service provision during the comprehensive assessment
- Assuring quality and timely assessments that address children’s critical relationships and connections; to assess the needs of the entire family.
- Establishing time lines and definitions for initiating and completing comprehensive assessments of reports of child abuse/neglect,
- Defining steps to appropriately identify the child and family’s culture and heritage
- Requiring staff to gather information about non custodial parent and other relatives
- Assuring assignment of reports within established priorities and timeframes.

Family preservation and family support services offered under subpart 2 are provided through the Nebraska Children and Families Foundation (NCFF) contracts with community organizations. Detailed information about these services, communities in which they are provided, types of families served and barriers are given in the NCFF report. (See Attachment D) These services are also available to families who may be high risk, but not formally in the system. These referrals can be made by the community and in most cases by self referral.

Time-limited reunification: These services have been and continue to be provided through contracts with five family organizations, providing statewide coverage. Services include support, mentoring, and information-sharing. The primary service providers are Parent Partners, who advocate and support by being available to parents as needed. Examples of activities of these Parent Partners are attendance at court hearings and being
with the parent before and after court to help the parent understand the court process and documents; attendance with the parent at school meetings; assistance to the parent in locating other community resources such as legal services, housing, transportation, and Vocational Rehabilitation; attendance with the parent at Family Team Meetings; assistance to parents in understanding the entire child welfare systems and their rights and responsibilities within that system; and assistance to the parent with job applications, personal hygiene, budgeting, and maintenance of a clean home. The contractors also hold support group meetings for parents and publish newsletters.

Adoption Promotion and Support: Because of the gravity of the concerns related to timely adoption and permanency for children in the care of HHS, the initiative of “Timely Adoptions and Permanency Actions” has been identified in the NFP and involves two areas. These areas include:

- Collaboration with the Nebraska Court Improvement Project and an analysis of the Department’s Legal Services that Support Permanency.
- Foster and Adoptive Parent Recruitment and Retention

The Nebraska Court Improvement Project (CIP) has two pilot projects (through court-agency collaboration project funded by federal HHS) involving “front loading” of cases in the Separate Juvenile Courts. Front loading projects include a diversion project in Douglas County, a “meaningful” detention-hearing project in Lancaster County and Expedited Family Group Conferencing in Douglas, Sarpy, and Lancaster counties. Additionally, the Separate Juvenile Court in Douglas County (Judge Johnson) has received Model Court designation by the National Council of Juvenile and Family Court Judges that will include front loading of services. The CIP court agency-collaboration project will be developing Permanency Hearing pilots (more meaningful permanency hearings at 12 months from removal) in Lancaster, Douglas and Sarpy counties.

Legal representation can be an asset or barrier to permanency. The National Child Welfare Resource Center on Legal and Judicial Issues will lead an analysis of the Departments legal services that directly support permanency for our state wards. This analysis can assist in determining how legal representation impacts on permanency decisions and actions.

The next phase is consultative in nature. The Center will develop specific recommendations and provide on-site consultation based on what is learned in the above analyses. Nebraska will implement any necessary strategies that strengthen permanency for state wards.

Another NFP activity is to design a recruitment and retention plan for both foster and adoptive parents. This plan, when designed, will address promotion and support for adoption in the State of Nebraska. Nebraska has been working with the National Child Welfare Resource Center for Foster Care and Permanency Planning since September.
The current goal is to have a recruitment and retention plan implemented in September 2004.

The Department will contract with providers in 2004 to write bios for children who are to be placed on the exchanges. Due to the continued issues with getting children placed on the exchanges, a plan was shared with the field in March 2004. The central office will select 12 available children each month to be placed on the exchanges beginning July 2004 through December 2004. The contracted providers would contact the children’s caseworkers for information which the provider will use in completing the bio for the exchanges.

The adoption exchanges will include materials developed by AdoptUSKids and by HHS staff on development of profiles, what kinds of pictures are acceptable, and the exchange registration process. Because the material is self-explanatory, with Central Office staff available for questions, it will be unnecessary to provide a separate training on registration of children on exchanges at this time. As we develop the more comprehensive adoption training for identified staff, this topic will be covered as one segment. Our Adoption Specialist has spoken with the National Resource Center for Special Needs Adoption, and the request for assistance on use of exchanges and response to inquiries has been referred to AdoptUSKids for further discussion.

Additional adoption training may be sought with assistance of the National Resource Center on Special Needs Adoption for:

- Protection and Safety staff on all aspects of adoption that will include computer based training with periodic video sessions;
- Providers, specifically residential providers, regarding treatment of adoption related issues, preparing children for adoption, working with adoptive families, preparing children for placements;
- Resource development staff to complete the new home study format;
- CASA staff and family organizations on the dynamics of adoption, and

A portion of these funds will be continued to be used to pay for the Nebraska Foster and Adoptive Family Parent Association Contract. The Nebraska Foster and Adoptive Parent Association, NFAPA, is a non-profit 501(c)(3) organization, was formed in 1999 to increase the amount of information, resources, and support available to Nebraska's resource families.

The Mission of the Nebraska Foster and Adoptive Parent Association is to empower, support, and advocate for Nebraska families by promoting safety, permanency, and well-being of our children.

NFAPA Values...

- All children and families shall be treated with dignity and respect.
- Resource families provide safe, nurturing environments for children.
We will promote respectful relationships among all families and human service agencies.

We will encourage decision-making that focuses on the best interest of children and families.

All parents need and deserve support in parenting children.

We appreciate the unique cultural and ethnic differences of families.

We will help provide and encourage training and education to families.

Parents are the best advocates for children.

These funds allow NFAPA to respond to the changing needs of foster care and adoption by offering an array of supportive services and programs. Enhanced funding may be provided for NFAPA or parent organizations to include more post adoption work.

FOCUS Program

This program is a mentoring program designed to support resource families. Trained volunteer mentors are located throughout the state and offer information and resources to families in need.

Families First Newsletter

This quarterly newsletter mailed to over 4,000 licensed and approved resource families, key HHS staff, agencies, and lawmakers. The newsletter provides articles to better assist families in caring for Nebraska’s abused and neglected children, as well as an understanding of the foster care and adoption systems. Resource parents may receive 30 minutes of in-service training hours by answering a simple quiz in each newsletter.

Educational Conferences & Trainings

NFAPA facilitates the Resource Parent Summer Conferences in collaboration with HHS. In 2004, three such conferences are scheduled with over 800 foster and adoptive parents expected to attend. In addition to the summer conferences, NFAPA leads an annual adoption conference in November. This conference provides adoptive parents education to help them understand adoption-related issues and an opportunity to network with other adoptive parents.

In addition to the educational conferences, NFAPA provides educational workshops throughout Nebraska to promote continued learning of resource parents.

4. 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 IVB 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

5. Services in relation to permanency planning- The NFP serves as the framework for our work with children and families and also for the IVB Plan. Services to be provided with the Promoting Safe and Stable Families money all are planned to enhance safety, permanency, and/or well-being. Services funded with the Time-Limited Reunification Funds will assist families to learn the skills and techniques they need to meet their needs not only while the child is involved with the system, but into the future. Therefore, these families will be able to have children come home and will be able to function so future abuse or neglect and removal are unnecessary. The services to be provided to adoptive families will assure that children have an adoptive family and that the family has skills and services to meet the child's needs on an ongoing basis, even after the Department no longer is involved, avoiding disruptions, displacements, and dissolutions.

6. Decision making process- Services provided with Nebraska's Safe and Stable Families Funds 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.

NCFF awards funding to communities based on a Request for Proposal process. A copy of the March 24, 2004 RFP is included in the appendix.

7. Assurances - Please refer to attached assurances.

8. Coordination with Tribes- The State of Nebraska has specific Tribal-State Contracts with the Winnebago and Omaha Tribes. Currently, there is work to develop a contract with the Santee Tribe. These contracts in part help assure compliance with the federal and the State Indian Child Welfare Acts.

The State of Nebraska will continue to contract for Native American ICWA consultants and experts to act in the capacity of ICWA Specialists. The current two ICWA specialists just completed their 2003-2004 random case compliance reviews on ICWA cases. A comprehensive as well as individual report on the cases has been submitted. A compliance review instrument based upon a tool that was developed by the National Indian Child Welfare Association that was tailored to Nebraska’s needs was needed for the review. The Specialists also consulted with staff, conducted training for foster
parents, staff and Tribal workers. The Specialists have also participated in family group conferences on an as needed basis.

Based on this work, an ICWA work plan, with the assistance of the ICWA Specialists, has been developed and is being finalized. The plan will be the focus of ICWA activities for the upcoming year. The plan will target improving notification and interaction with the Tribes, enhancing participation in Family Group Conferences to support the development of culturally specific family plans, strengthening collaboration with Court Improvement Project to reach mutual agreement moving towards cultural competency and developing and implementing methods to measure the availability of resources to meet cultural competency.

9. Child welfare waiver demonstration activities (applicable States only) - This section is not applicable to the State of Nebraska as we do not conduct child welfare waiver demonstration activities.

10. Inter country adoptions - Nebraska continues to have a variety of services available to any adoptive family, regardless of the child's custody prior to adoption and regardless of location within Nebraska. The Nebraska Foster and Adoptive Parent Association (NFAPA), funded in part through the Department, provides mentor families (adoptive parents who are trained and provide support and information to other adoptive families; has an adoption conference annually, with registration open to any adoptive family; and has a web site which includes information on foster care and adoption, articles and other information that families can access, and has developed a booklet on adoption that is available in hard copy and on the web site; and has support groups in several locales across the state that were established primarily for foster parents but also serve adoptive parents.

Answers4Families, established by the Center on Children, Families and the Law and funded through the Department, is an internet family information and resource center that serves families with special needs children, foster and adoptive families, caregivers of persons with Alzheimer's, caregivers of the elderly, school nurses, and services coordinators. The web site has thousands of pages of information and e-mail discussion groups for each of these targeted populations. Examples of content are support group schedules, organizations, tips for coping with problems, and national and state resources. Each month, Answers4Families features an expert who responds to questions submitted by site users. Because of the accessibility of this service 24 hours a day, 7 days/week, because it is available to anyone, because it is free of charge, and because of the broadness of information, it has served as a support to many adoptive families.

Kearney Area Adoption Association is a local support group that welcomes any adoptive family.

Nebraska's ChildConnect Medicaid program is available to adopted children if they meet eligibility criteria. Under this program, a child and family have access to therapy,
intensive outpatient services, drug and alcohol services, and some out of home facility placements that are necessary for treatment purposes.

If necessary, an adoptive family can access additional services through a voluntary placement of the child into Department custody or through a petition and court order to make the child a ward of the Department. If the child becomes a ward, the child and his or her family have the full spectrum of services that can be provided to and for children in Department ward ship, including case management.

Lutheran Family Services is beginning to provide post-adoption support services under a federal grant. These services will be available to all families and include training for therapists in adoption dynamics and support groups for families.

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Birth Date</th>
<th>Agency that Placed</th>
<th>Country of Origin</th>
<th>Reason Entered NE HHS Custody</th>
<th>Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>07-31-85</td>
<td>Holt</td>
<td>Korean descent place in a orphanage in Russia</td>
<td>Aggressive behavior of the child.</td>
<td>Independent Living. Will age out on 7-31-04.</td>
</tr>
<tr>
<td>1</td>
<td>11-15-87</td>
<td>Holt</td>
<td>India</td>
<td>Adopted by one family, disillusioned. Adopted by another family. Dissolution because of sexually inappropriate behavior of child. Currently in a sexual offenders residential treatment facility in another state.</td>
<td>Plan is for Independent Living.</td>
</tr>
</tbody>
</table>

11. Adoption incentive payments - These funds will be used to help fund the Answers4Families web site and to pay for the Criminal History Checks that must be done for families being licensed or approved to do foster and adoptive care.

12. Staff Training - The leadership of Nebraska HHS (Protection and Safety Central Office Administration and Service Area Administration) chartered a Training Team to develop, adapt, revise and implement: a) supervisory training b) expectations for supervisors and c) pre-service training that supports Protection and Safety. This Training Team has the authority to organize, conduct research on best practice, develop and implement plans, strategies, and logistics and adjust, monitor and evaluate. The Training Team meets at least monthly to plan and direct ongoing training to all staff that provide services to children and families covered under Title IV-B and Title IV-E programs.
The Training Team is led by two Protection and Safety Service Area Administrators. Membership of the team includes a representative Supervisor/Administrator from each Service Area along with the training Resource Coordinator from HHSS Human Resources and Staff Development Division (HRD), the Assistant Director and curriculum designers of the University of Nebraska’s Center on Children, Families and the Law (CCFL). The National Resource Center on Family Centered Practice, as well as others, serves as consultants to this Team.

a. indication of the specifically allowable Title IV-E administrative functions the training activity addresses
Curriculum under the current and revised model covers the following general content areas: case management and supervision; conducting assessments to develop case plans and referral to services; 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; determination and re-determination of eligibility. 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.

b. 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.

c. indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time)
New Worker Training:

This training curriculum is provided to all PS Trainees, PS Supervisors hired who do not have Nebraska specific PS case management experience and all staff hired as Intensive Case Coordination Unit (ICCU) staff contracted through each of the specialized units in the state. An additional 120 PS positions were funded by the Nebraska legislature to be hired in FY2005 and FY2006. These additional positions, along with turnover in current positions lead us to anticipate approximately 200 participants in PS New Worker Training in FY2005.

Under the current model of training and until September 2004, Nebraska has a pre-service model of training which consists of a combination of competency based classroom and structured on-the-job field training that occurs over the time new hires are in a Trainee status. Intensive pre-service training typically occurs over 16 to 17 weeks. Training is conducted through a combination of our University contractor and HHSS staff, depending upon the subject of training.

Under the new model of training, Probationary Protection and Safety Workers continue their minimum skills training for up to a year. During this time they are under close supervisory direction and guidance as they continue to develop and refine skills necessary.
to reasonably expect permanent status and assume full case-management responsibilities. Probationary P&S Workers must demonstrate minimum competency levels on all identified performance dimensions in order to reasonably expect permanent status.

PS Trainees will be hired into and remain in a trainee classification for a full 6 month period. The employee will remain in a full time, intensive training program to learn minimum skills for the entire 6 month Trainee period being a protection and safety worker. This 6 month training program consists of intensive classroom training and structured field learning components.

During the 6 month trainee period, a trainee will be assigned limited case management functions and responsibilities as a part of their formal structured learning experience. This 6 month learning period is designed as an “employment practicum”. A trainee will receive assignments of no more than 4 cases during this period in order to apply field learning. Field learning will occur under the intense oversight and direction of the assigned Field Training Specialist with clinical case direction provided by the assigned PS Supervisor. The trainee will not make any independent case decisions during this time. This 6 month intensive training period is designed to assist the trainee to acquire the overall minimum basic, case management knowledge and skills identified as necessary to assume case management responsibility.

Upon successful completion of the Trainee period, workers will remain under probationary status for up to an additional 6 months, during which time they will continue their minimum skills training program on a part-time basis, and will remain under close supervisory direction and guidance as they continue to develop and refine skills necessary to assume permanent status. The worker will continue to receive in-depth, focused training in conjunction with increasing case assignments, with a goal of assuming a full caseload with a corresponding level of supervision within one year of hire. By continuing training for a full year, we believe we will better support effective minimum skills acquisition.

The classroom component of New Worker Training will be presented throughout the state in locations within close proximity to the participants’ local offices. Training methods include sequenced discussions, exercises, presentations, and other group activities conducted by a trainer from HHSS Human Resource Development (HRD) or the Center for Children, Families and the Law (CCFL). Classroom training builds on itself, and attendance at the early sessions is therefore necessary to benefit from the later sessions. The field training component will occur individually or in small groups in a workplace environment or a community setting related to the workplace, with such experiences being facilitated by a CCFL Field Training Specialist. Field learning experiences will allow the trainees to apply the knowledge acquired in the classroom to field situations through observation, simulation, shadowing, and supervised practice. Field training activities will be linked to classroom training in order to maximize the learning environment.
HHS and/or CCFL training staff will conduct all classroom training. CCFL field training specialists located in the 5 geographical regions of the state will coordinate and oversee the trainees’ field learning experiences and will work closely with the trainees’ supervisor to develop a plan that assures appropriate case supervision.

The New Worker Training curriculum under the current and revised model covers the following general content areas: case management and supervision; conducting assessments to develop case plans and referral to services; 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; determination and re-determination of eligibility. 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.

**Supervisory Training:**

The chartered Training Team was also given the task of developing and providing training to PS Supervisors in 8 topic areas:

1. Applying Family Centered Practice to Performance Management
2. Using Key Performance Measures to Drive Change
3. Interpreting the Data Provided
4. Difficult Case Conferences and Reviews
5. Managing Difficult-to-Manage Workers
6. Annual Performance Reviews
7. Improving Communication with Administrators
8. Understanding the Use of Customer Driven Data

Over the next year every P&S Supervisor and Administrator will be offered training in each of the above listed topics as they are relevant to case management and supervision.

The kick-off training on these 8 topics to all PS Supervisors and Administrators was provided at a mandatory PS Supervisor and Administrator Conference on June 15 & 16, 2004. The sessions were videotaped for viewing by anyone who was unable to attend the conference. The 8 topic areas listed above represent priority areas that will assist the State of Nebraska to achieve outcomes for children and families in alignment with the Nebraska Family Portrait.

In addition, special training will be required of all supervisors who will be responsible for PS trainees. That session will cover an orientation to the new worker training and a full review of the specific expectations and responsibilities and skill sets needed to supervise a trainee and a probationary PS Worker.

Training on the administrative skills required for any supervisor in the Health and Human Service System is provided by the Human Resources and Staff Development Division of the Finance and Support Agency of HHSS. 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.

**Continuing Training or In-service Training:**
HHSS PS Leadership has established a requirement that every P&S staff person have a minimum of 24 hours of supervisor-approved training annually. Leadership has also established that in-service training opportunities will continue to be provided monthly in 5 geographic areas of the state. The training sessions will be based upon needs identified in the Nebraska Family Portrait Plan, as well as the needs identified by staff and management in the service areas. Sessions are arranged through the Protection and Safety Administrator in each area and the CCFL Service Area Training Liaison.

By September 1, 2004 specific mandatory training courses will be identified by Leadership for all staff to attend in the coming year. The training courses will be focused in the specific areas identified to meet the outcomes of the Nebraska Family Portrait.

Specific adoption training designed to move cases for adoption finalization is and will continue to be offered to all relevant staff in the service areas. In addition, negotiations are occurring with the National Resource Center on Special Needs Adoption to make computer based training on adoption available to staff.

Supervisors and staff will be provided training designed to refine their knowledge and skill level in intervening in situations involving domestic violence and mental illness. Other courses are currently available and provided upon request to all PS staff on topics relevant to Protection and Safety, such as: referral of services, preparation for and participation in judicial determinations, placement of the child, development of case plans, case reviews, case management and supervision, out-of-home placement, safety and risk assessment, foster parent retention, IV-E eligibility, data collection, documentation and information management, concurrent planning, adoption. Current PSWs may also attend New Worker Training classes as in-service training sessions.

Training for Trainers of foster and adoptive families will continue to be offered and conducted on a regular basis utilizing the Child Welfare League of America’s Foster PRIDE training curriculum and the Spaulding Train-the-Trainer curriculum.

**Training Evaluation:**
All training sessions are systematically evaluated. Training evaluation methods include assessment of trainee feedback on a variety of aspects related to both the training session and the trainer. The information is aggregated and shared with trainers to make improvements in training curriculum and delivery.

Training sessions include written knowledge tests, as appropriate, to gauge trainees’ mastery of important knowledge objectives. Performance is shared with trainers to make improvements in training methods, and it is also shared with the supervisors as one component of performance feedback. In conjunction with the implementation of the
redesigned new worker training to begin in September of 2004, additional evaluation methods will be used to assess skill building of the trainee.

In the interest of improving communication with Protection and Safety Supervisors about trainee performance, CCFL is piloting a process of soliciting input from supervisors about what trainee information is most valuable and how training staff can best share that information with supervisors to provide meaningful feedback.

**BSW or MSW programs:**

Financial support for current staff to attain a BSW or MSW is currently available through the tuition assistance program offered to any employee of HHSS. Individual service areas collaborate with local colleges and universities on internship projects.

A cooperative effort with faculty in the Social Work Department of Nebraska Wesleyan University, a private college with a BSW program in Lincoln Nebraska, is underway to provide one or more undergraduate courses covering competency areas addressed in the HHS new P&S worker training curriculum. Many of their students have an interest in entering HHS PS positions upon graduation and participate in field placements with HHS. This effort is being made with the goal to allow students to interview for and potentially enter employment with HHS already knowledgeable in areas directly applicable to PS casework.

In addition, HHSS has just begun discussions with a group of professors representing the eight Nebraska social work decree programs to discuss their interest in establishing a Consortium to work on a cooperative Title IV-E Stipend Program. The intended goal is to develop a pool of highly trained protection and safety workers with a strong professional grounding in social work education.

d. **indication of the proposed provider of the training activity**

Training conducted through the direction of the Training Team is carried out by professional training staff in HHSS HRD, HHS PS Program experts, or contracted CCFL trainers and Field Training Specialists. Training includes content from various disciplines and knowledge bases and is grounded in Nebraska specific child and family service policies, programs and practice, the applicable federal regulations and state statutes. Training is conducted under a continuing calendar of training throughout the State. Training is designed to support the cross-system coordination and consultation necessary to effectively meet the outcomes of the CFSR. Since courses are based on policy and programs, development and redevelopment is an ongoing process.

e. **specification of the approximate number of days/hours of the training activity**

Refer to 12 c.
f. indication of the audience to receive the training
The staff who participate in the training courses described here provide services at all phases and levels to children and families served through HHSS Protection and Safety programs.

g. description of estimated total cost
Cost allocation plan currently under litigation.

h. cost allocation methodology
All training activities and costs will be allocated to benefiting programs as indicated in Nebraska’s Cost Allocation Plan which is currently being litigated.

12. Evaluation and Technical Assistance - The State of Nebraska received assistance from the following Child Welfare Resource Centers in the development of our Nebraska Family Portrait and the Program Improvement Plan:

- 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

Child Abuse Prevention and Treatment Act State Plan -

1. Program areas selected for improvement from the 14 areas delineated in section 106(a)(1) through (14) of CAPTA
The NFP provides information regarding the program areas selected for improvement. The areas include:

- intake, assessment, screening, and investigation of reports of abuse and neglect;
- creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations
- case management and delivery of services provided to children and their families;
- 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;
- developing, strengthening, and supporting child abuse and neglect prevention, treatment, and research programs in the public and private sectors;
2. 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

CAPTA activities for the upcoming year will be similar to those in FFY2004, including: continued support for Nebraska Child Abuse Prevention Fund activities; support to child advocacy centers; support for 1184 child abuse/neglect investigative and treatment teams; child abuse prevention and identification materials; training to include speakers, attendance at national and state training, and other child maltreatment training. Nebraska also plans to use CAPTA funds to support its Citizen Review Panels (The 1184 Teams, Child Death Review Team and the Governor’s Commission) during the upcoming year.

CAPTA funds will also be used to support the Governor’s Commission for the Protection of Children that serves as the State’s Task Force for Child Abuse Prevention and Treatment Act funds and activities. The Commission was created in 1991. The following purpose statement was established: “develop and evaluate methods to improve the investigative, administrative and judicial processes which constitute the response and support mechanisms for children and families at risk of or experiencing abuse and neglect; and to establish an achievable implementation plan which will result in accessible, coordinated, equitable and effective systems for children and their families.” The Commission has complied with the CAPTA requirement for a comprehensive review and evaluation of law, policy, and handling of child abuse and neglect cases as well as making recommendations in all those areas.

The Governor appoints members of the Commission. Members serve as team leads for other standing teams of the Commission. Both Commission members and members of the teams are chosen strategically so that they not only represent areas of expertise or interest, but also represent other major stakeholders in the Protection and Safety arena. In this way, it is possible to assure better coordination of efforts and collaboration between various organizations and agencies, and the sharing of concerns that need the attention of the Commission. For example, Gary Lacey, Chairperson of the Commission, is County Attorney for Lancaster County. He also is involved in reviewing the state's juvenile statute, is active with the County Attorney Association for the state, and was actively involved with the drafting of Nebraska's version of the Adoption and Safe Families Act. Vicki Weisz is a member of the Permanency Task Force. She is employed by the Center for Children, Families, and the Law, the University of Nebraska branch which provides training for HHS staff, and is Nebraska's lead person for the Court Improvement Project which also connects Ms. Weisz to the Court Administrator's Office. Some of the activities the Commission has been involved with through guidance or oversight are summarized below. One major effort related to review of the system, statutes and recommendations is the Nebraska Juvenile Code Revision Project, supported by the Commission and spearheaded by the Court Improvement Project and the Center on
Children, Families and the Law. The mission of the project is to substantially amend the Nebraska Juvenile Code, including sections dealing with child abuse and neglect, dependency, status offense and delinquency. Work continues today towards the revision of the Juvenile Justice Code. The same type of connectedness can be seen with each of the other Commission members and team members. (List of current Commission members see Attachment E)

In September 2003, The Governor appointed a Children's Task Force to look at all aspects of the Child Protection System, from child abuse prevention services that are available in communities, to agencies that are responsible for the investigation and prosecution of child abuse cases. The Task Force held 16 public forums across the state during October and November in the following cities; Gering, Sidney, Chadron, Mullen, Ogallala, North Platte, Grand Island, Columbus, Hastings, West Point, O'Neill, South Sioux City, York, Lincoln, and Omaha.

Two members of the Commission co-chaired the Task Force. There were also other Commission members who served on the Task Force. Over 500 people attended these forums providing the Task Force with information to consider while formulating their recommendations. Forum attendees were asked to comment around four general topics; what is working well in the Child Protection System; how could the Child Protection System be improved; what community resources were available for parents; and an open area where other ideas and thoughts could be shared.

In addition to the public forums, each of the Children's Task Force meetings was open to the public, giving the public another opportunity to provide input and monitors the work of the Task Force. More than 65 people have attended these meetings. Comments from the public were also gathered through telephone calls, letters, e-mails and input form from this web page. With all of these outlets, the public input gathered amounted to nearly 250 pages. A copy of the detailed report is included (See Attachment F).

As a result of the task force recommendations, the following priorities will be implemented:

- **Increase the number of protection and safety staff**
  Gov. Johanns designated $2,321,990 in FY 04 and $5,458,010 in FY 05 ($7,700,000 total) to fund 120 new positions in the Department of Health and Human Services’ Protection and Safety Division (to include workers, supervisors and support staff). Positions have been allocated, advertised and hiring has begun.

- **Conduct public education campaign on topics such as shaken baby syndrome and codependency**
  Gov. Johanns designated $100,000 in each of the two fiscal years ($200,000 total) to fund public service announcements (PSA) through partnership with the Nebraska Broadcasters Association and for additional public information efforts. The campaign has begun with the following theme, “You Have the Power to Protect a Child”. The first campaign focused on the requirement to report child abuse and neglect to the hotline. The second campaign provides information on shaken baby syndrome. The third campaign
highlights the relationship between domestic violence and child abuse and neglect, and the final campaign addresses the risk of exposure to methamphetamine as a danger to children.

- **Establish oversight of the State Child Death Review Team**
  Gov. Johanns appointed Deputy Chief Medical Officer Dr. Joann Schaefer to chair a subgroup of the Child Death Review Team to specifically oversee the review of child deaths that result from abuse or neglect.

- **Establish a clear system to process casework complaints**
  Gov. Johanns also designated Deputy Chief Medical Officer Dr. Joann Schaefer to assess the current HHS accountability system for processing complaints related to casework and to recommend improvements to be implemented by the director of HHS. A new performance measurement system has been developed to bolster the level of accountability among child protection workers and supervisors at the Department of Health and Human Services (HHS). The accountability plan includes four focus areas including specific performance measures, customer satisfaction assessment, revamped worker training curriculum centered on field experience and mentoring, and restructured training for supervisors to increase mentoring efforts and implement performance measures. A conference is being held on June 15th and 16th, 2004 to train supervisors.

- **Expand the availability and utilization of Child Advocacy Centers**
  Gov. Johanns designated $350,000 in each of the two fiscal years ($700,000 total) to fund coordinators at each of the six Child Advocacy Centers in the state (Omaha, Lincoln, Grand Island, Kearney, Norfolk and Scottsbluff) and for the development of an additional Child Advocacy Center in North Platte.

- **Enhance the exchange of information between law enforcement, courts and CPS through a shared database**
  Gov. Johanns designated $1 million to upgrade the Criminal Justice Information System (CJIS) to allow for such an exchange of information among entities with responsibility for the investigation and prosecution of child abuse or neglect.

- **Provide additional training for law enforcement to enhance the investigation of child maltreatment reports**
  Gov. Johanns designated $35,000 in each of the two fiscal years ($70,000 total) to provide increased training through a partnership of the Lincoln Child Advocacy Center, the Lincoln Police Department and the UNL Center for Children, Families and the Law. Six training opportunities will be provided statewide per year.

- **Provide additional child maltreatment training for medical professionals**
  The Governor designated $35,000 in each of the two fiscal years ($70,000 total) to be provided to Child Advocacy Centers across the state to train medical professionals in their areas.

- **Restore the Crimes Against Children Funding**
  Gov. Johanns designated $80,000 in each of the two fiscal years ($160,000 total) to be administered by the Attorney General to cover expenses previously supported by the
CAPTA funds will be used in part to pay for the Nebraska Child Abuse Prevention Fund Board to have a part time staff person. The staff person provided technical assistance to grantees, evaluated programs that received grants, assisted the Board in reviewing proposals for grants and assisted in preparing the Board’s annual report.

The Nebraska Child Abuse Prevention Fund Board is comprised of nine members: the Director of Health and Human Services, the Director of Regulations and Licensure and seven members appointed by the Governor and approved by the Legislature. Activities of the Fund Board include: disbursement of funds to support local child abuse prevention programs, facilitating information exchange among groups concerned with prevention programs, encouraging statewide educational and public awareness regarding the problems of families and children and supporting and encouraging the formation of local child abuse councils.

CAPTA funds are also used to support Child Advocacy Centers. There are six child advocacy/protection centers in Nebraska with a seventh being developed in the southwest part of the state. The centers based in Omaha, Lincoln, and Scottsbluff continue to provide quality services.

CHILD ADVOCACY CENTERS

The Centers have interview rooms, an examination room, and conference rooms. Upon request, a trained interview specialist is available to conduct the interviews. Also, a physician and nurse are available to do medical examinations. Interviews and examinations are video and audio recorded. The interviews and medical examinations are given from the forensic and evidence gathering perspective.

Project Harmony is a community-based nonprofit center. It houses a team of medical, investigative, assessment and referral professionals serving children who are suspected victims of abuse. The purpose of the center is to reduce the trauma by providing a child friendly facility and warm, caring staff for these children. The purpose of the center is also to improve communication among professionals by co-housing in one facility. Project Harmony houses both the Omaha Police Department-Youth Services Division, and Nebraska Health and Human Services-Child Protection. Project Harmony is the only advocacy center in the state where law enforcement and protection and safety staff are co-located. When requested by law enforcement, a Child Interview Specialist will conduct a videotaped forensic interview with the child. One of the goals of this interview is to reduce the number of times the child must tell the story of his/her abuse. Reducing the number of interviews reduces the trauma of the child. Pediatricians who specialize in child abuse conduct physical and sexual abuse exams. Additionally, all children receive an overall wellness exam. These exams must be requested by law enforcement, or in
some cases may be requested by physicians. During 2003, there were 715 children seen at the center. 406 forensic interviews were conducted and 243 exams performed.

**The Child Advocacy Center** is located in Lincoln. The Center has been in its new space since summer of 1998 and offers the following services:

- Skilled forensic interviews of the child victim
- Medical exams for the child victim
- Victim advocacy and support
- Support groups for non-offending parents
- Case review
- Case tracking
- Referral for mental health services
- Court school
- Training for professionals
- Community education and prevention programs

The Center serves Lincoln and Lancaster County, as well as Southeast Nebraska. An interview team is responsible for conducting forensic interviews of child victims. These interviews are videotaped. Monthly peer review sessions allow team members to continually improve their skills. Two pediatricians conduct medical exams on site and are able to utilize a digital colposcope for photographically preserving any evidence of trauma. A full-time advocate provides on-site advocacy and support as well as on-going follow-up. The Center provides a Court School program for children who will be called to testify in court. Support groups are provided on-site.

The Center conducts a weeklong class for professionals on advanced skills in child interviewing. Since Lincoln’s Child Advocacy Center opened its doors in October, 1998, they have seen 1,519 children. In 2003, they saw 348 children. On the average they conducted 53 medicals in 2003 compared to 38 in 2002. They conducted 335 forensic interviews in 2003, a slight increase of 6% over 2002. The number of case referred from the Lincoln Police Department rose in 2003 to 71% compared to 55% in 2002.

**CAPstone** is located in Scottsbluff. CAPstone’s mission is to provide a coordinated multi-disciplinary approach to the problems of child victimization to an eleven county rural area in Western Nebraska. This Center opened in December 1999 and in its first year saw 50 children. It has two interview rooms and a medical examination room for the investigation of child abuse cases. It also has an observation room and reception room for the investigation team. The Center provides current technology for the interview process and a colposcope for the medical exam. It has a speaker’s bureau for public awareness. In 2003, 75 children were served at the Center. Over half of these children were from areas outside of Scottsbluff County.
The Central Nebraska Child Advocacy Center (CNCAC) is located in Grand Island. The mission of the Center is to promote and support child abuse awareness, prevention, investigations, and prosecutions. The CNCAC provides a child-friendly facility for forensic interviewing and provides services to child abuse victims and their non-offending family members. The CNCAC opened in February 2001 and served 67 children in the first eleven months. In 2001, the primary service area was Hall County. In 2002, the Center began serving Hall, Howard, Hamilton and Merrick counties. The CNCAC worked in conjunction with St. Francis Medical Center Emergency Department in developing and implementing a Sexual Assault Nurse Examiner program in Grand Island.

The Family Advocacy Network is located in Kearney on the Good Samaritan Hospital Campus and serves 32 counties. 20 counties use the Center on a consistent basis. The Center is connected via a medical network to thirteen counties in the area, as well as with several other sites in large cities across the U.S. This gives the ability to do training and technical assistance (or receive it). Victims from the thirteen counties and families must travel to Kearney, but the travel can be kept to a minimum with other needed individuals being able to view the forensics or interviews/interrogations via a network. Photography of forensics can be sent via the network for evidence or for consultation. In 2003, 200 children were seen at the Center. There were 40-50 interviewed completed via telemedicine and 40 exams performed at the site.

The Northeast Nebraska Child Advocacy Center is located in Norfolk. Norfolk has struggled for several years in trying to get a child advocacy center up and running, but recently has made significant progress. Faith Regional Hospital is donating space and a full-time director was hired recently. The Center was remodeled and opened on May 31, 2004.

The goal continues for all of the centers in Nebraska to become a full member of the National Children’s Alliance by meeting certain standards and criteria established by the Alliance. The Nebraska State Chapter of Child Advocacy Centers is recommending that future grant awards be made based on a center’s membership status, i.e. full member centers receive one level of funding and associate member centers receive a second level of funding. Two of the centers are full members of the National Children’s Alliance (Omaha and Lincoln), Kearney is an associate member and there are three that have no status at this time (Grand Island, Scottsbluff and Norfolk). Gov. Johanns will designate $350,000 in each of the two fiscal years ($700,000 total) to fund coordinators at each of the six Child Advocacy Centers in the state (Omaha, Lincoln, Grand Island, Kearney, Norfolk and Scottsbluff) and for the development of an additional Child Advocacy Center in North Platte.

CAPTA funds will continue to be used to support the state’s Child Abuse and Neglect Investigation and Treatment 1184 Teams. Every county or contiguous group of counties in the State of Nebraska is required by state law to have a child abuse and neglect investigation and treatment team. The teams can be separate or combined. Of the 93
counties in the State of Nebraska, not every county has an operational 1184 team. The investigation teams are required to develop protocols that, at a minimum, include procedures for:

- Conducting joint investigations of child abuse and other child abuse and neglect matters that the team deems necessary;
- Ensuring that a law enforcement agency will participate in the investigation;
- Conducting joint investigations of other child abuse and neglect matters that the team deems necessary;
- Reducing the risk of harm to child abuse and neglect victims;
- Ensuring that the child is in safe surroundings, including removing the perpetrator when necessary;
- Sharing case information; and
- How and when the team will meet.

All members of the investigation and treatment teams are required to have at least eight hours of training annually on the following topics:

- Child abuse and neglect investigation procedures as provided by law enforcement standards;
- Legal requirements and procedures for successful prosecution of child abuse and neglect cases;
- Roles and responsibilities of child protective services, law enforcement agencies, county attorneys, and judges;
- Characteristics of child development and family dynamics;
- Recognition of various types of abuse and neglect;
- Duty of public and private individuals and agencies, including schools, governmental agencies, physicians, and child advocates, to report suspected or known child abuse;
- Multidisciplinary approaches to providing services to children; and
- Weaknesses in the current child protection system.

The Nebraska Department of Health and Human Services continues to collaborate with Nebraska Children and Families Foundation and the Center on Children, Families, and the Law at the University of Nebraska to provide services to support development and ongoing operation of the investigation and treatment teams.

CAPTA Funds will be used in part to support the Prevent Child Abuse Nebraska office with its annual statewide child abuse/neglect conference. This conference will continue to focus on providing participants with strategies on child abuse prevention in their local area.
3. Description of the services and training to be provided under the State Grant as required by section 106(b)(2)(C) of CAPTA

A. Citizen Review Panels
CAPTA funds will be used to support the Citizen Review Panels (1184 Teams, Child Death Review Team, and Governor’s Commission on the Protection of Children) established to examine the policies, procedures and where appropriate, specific cases handled by the state as well as local child protective service agencies. The purpose of the Citizen Review Panels is to determine whether state and local agencies are effectively discharging their child protection responsibilities.

B. Training for Protection and Safety Supervisors
For the past three years, CAPTA funds have been used in part to support an annual training conference for Protection and Safety Administrators and Supervisors. These trainings have been beneficial and will continue to be provided.

C. Prevent Child Abuse Nebraska Annual Conference
CAPTA money will be used to support the annual conference. The conference will be open to nurses, educators, protection and safety staff and other service providers who work with children and child abuse and neglect issues. Speakers with expertise in the area of child abuse and neglect or related topics will be asked to speak at the conference.

D. Child Abuse Activities
CAPTA money will be used to support Child Abuse Awareness Month activities.

E. Child Abuse Prevention Fund Board
CAPTA funds will be used in part to pay for the Nebraska Child Abuse Prevention Fund Board to have a part time staff person. The staff person provides technical assistance to grantees, evaluates programs that received grants, assists the Board in reviewing proposals for grants and assists in preparing the Board’s annual report.

4. 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. Assurances for Attachment E were submitted to ACF Regional Office on June 25, 2004.
5. 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 have been no substantive changes in State law that could affect eligibility.


Chafee Foster Care Independence and Education and Training Vouchers Programs

1. Education and Training Vouchers Program

An Education and Training Vouchers Program Stakeholders Meeting was held March 17, 2004, with key representation coming from youth, Department of Education Secondary Education Counselors Division, and Association of Financial Aid Officers.

- 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.

Youth in all 93 Nebraska counties and 4 recognized Tribes may apply for assistance. All youth will be required to submit ETV applications directly to the administrative agency awarded the contract, Central Plain Center for Services. The contractor 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.

Youth receiving ETV funds will be allowed 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. Each school’s published cost of attendance will be used as a standard to ensure that ETV awards do not exceed the cost of attendance. Each youth will be eligible to receive up to $5000 per year.

Case planning and on-going review is necessary for assuring that the educational needs of the youth are met. Efforts will be made to involve each participating youth in developing and designing an approved education and training plan that will assist their transition to self-sufficiency as an adult. The plan will identify the connections to educational personnel, resources, and supports. The plan will identify the requirements of a
satisfactory level of performance and that each recipient will recognize and accept their personal responsibility for participation in the program.

The ETV application will require supporting documentation, including a copy of the youth’s Free Application for Federal Student Aid (FAFSA), an award letter from the youth’s chosen post-secondary school showing financial aid, and the youth’s personal living expenses budget and income. These application materials will allow reviewers to compare the cost of a post-secondary school with an applicant’s other financial aid, estimated living expenses budget and estimated income from employment. This will assure that an ETV award actually fills an unmet need, and when added to other financial aid awards, does not exceed the cost of attendance.

Duties contracted include:

- Development of an outreach program, training/informational materials with the assistance of Department to inform eligible youth about the Education and Training Voucher program and how to make application.
- Application assistance for youth who are interested in the ETV program
- Determination of applicant’s eligibility for the ETV program.
- Work with educational institutions and programs to determine costs of each individual program and voucher amount.
- Monitor successful completion of each individual’s ETV plan in order to establish reapplication eligibility.
- Plan and co-facilitate with HHS, a stakeholders meeting, to assist with planning, developing, implementing, monitoring and evaluating the ETV program.
- Provide monthly reports regarding financial expenditures and statistical data during the month and year to date by individual and state.
- Provide a semi-annual and annual report to HHS on the ETV program including expenditures, demographics, successful completion or failure data and narrative summarizing these categories. Report must also include an overall description of the ETV program, with recommendations on any programmatic improvements.
- Maintain a database of youth currently and formerly involved in the ETV program and their status

2. 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.

These age ranges are not hard and fast. Flexibility in programming is essential when working with young people maturing into adulthood. Preparation activities are begun much younger than 16 years of age and self-sufficiency is a life-long learning process.

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

**Preparation** is 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.

The Nebraska Chafee Foster Care Implementation Plan (CFCIP) Stakeholders Planning Team identified that in any transitional living service one needs an adequate assessment and community involvement in solutions. Nebraska intends to make this transition to self–sufficiency through the following strategies.

Nebraska has one full-time staff dedicated to the implementation of programming in response to the Chafee Foster Care Independence Act and Youth Development activities.

1. Nebraska will continue to contract with a statewide service delivery provider for Nebraska’s Preparation for Adult Living Services (PALS). The current provider employs 2 Administrative staff, along with 12.5 full-time equivalents who work one-to-one with youth in traditional foster care, or other out of home settings, and youth living on their own in the community. These PALS Specialists conduct life skills assessments, lead a team which includes the youth, care provider, case manager, and others to develop the youth’s transitional living plan, provides life skills training, and referral to other resources or on-going supportive services. Nebraska has added and will continue to offer a vocational component as part of these services. This includes job preparation and readiness and job coaching and monitoring.

2. Group Homes are required under contract to provide the PALS program components to all youth in their care 16 and older, including conducting the Ansell Casey Life Skills Assessment with each youth over 16. Contracts
continue to be enhanced to include language stating that the group home will comply with any reporting requirements in conjunction with the Chafee Act. Nebraska plans to encourage a greater role for current care providers (foster parents and residential providers) in preparing youth for Adult Living. Nebraska philosophy believes the largest part of preparation for adult living takes place where the youth lives through teaching by caregivers. Other preparation takes places through activities and classes offered through schools, churches and community agencies.

3. Some levels of Foster Care are also provided in our state by private agencies through contracts. These contracts include the language and expectations as mentioned above in the Group Homes Contracts.

4. Youth residing in out of home care in our state, who are age 16 and older, will also be assessed for having a plan to prepare for adult living. This is an area where youth who have had the most disruptions in their lives may have been under-served. We will be developing strategies for assuring our youth moving in and out of our Emergency Shelter systems are having adult living needs will also be addressed.

5. Collaboration between agencies and service providers is encouraged at every level to ensure comprehensive service delivery. We intend to focus on a greater connection to Medicaid/Medicaid Managed Care service providers. For example, expectations that an assessment and plan regarding the youths transitioning to independence will be expected for youth in Residential Treatment, Treatment Group Homes, and Treatment Foster Homes. We intend to continue to collaborate with our Youth Rehabilitation Treatment Centers for Juvenile Offenders, who also must include components of preparing a youth for adult living, in the services and programming they provide.

6. Nebraska has identified that youth involvement in the planning, development, implementation, and evaluation of youth services on an on-going basis is essential. Youth are 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, participation in stakeholders planning meetings, and involvement on the selection team for contractors when the state has done Requests for Proposals (RFP’s) to develop new services. We plan to continue to enhance our level of youth involvement in such activities. We also have a Governors Youth Advisory Council that includes foster youth in its membership that advises the Governor and the Legislature on potential legislation affecting youth.

7. Program design will include services to all youth expected to age out of the foster care system at the age of 18 or 19 (Nebraska’s age of majority), in addition to those youth who have aged out of foster care, up to their 21st
birthday. Strategies will include broadening our base of support for this initiative beyond the scope of what can be provided through the Chafee Act.

8. The CFCIP Planning Team meetings were a positive beginning in developing a plan of action. We envision development of additional, time-limited work groups to carry initiatives further, i.e., focus on alternative funding sources, policy revisions, training, service development advisory, etc. When the Federal outcome data is released, Nebraska will incorporate this data collection into our already existing state teams, which focus on child welfare and juvenile service contract integration and performance and accountability measures of those contracts. Nebraska has done preliminary work with the design for collection of the proposed Chafee data elements and plan to work with the Casey Foundation to further these efforts.

9. 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.

Foster Parents are involved in planning for the youth in their care on an individual basis. We will include a Foster Parent representative on our selection team when we issue RFP’s for development of future services for our youth preparing for and transitioning to adulthood. We will continue to connect with our state foster parent association in planning for services, provision of training, and assisting in the dissemination of information. The annual statewide conferences for foster parents provide another opportunity for information sharing, feedback, and training. Nebraska has placed articles in the Foster Parent Newsletter identifying the role of foster parents related to independent living, and will continue to offer support and guidance for them related to preparing youth for independent living.

1. Nebraska plans to begin more intensive work to provide for permanence for youth, specifically housing. Work will begin in the Omaha area to seek housing vouchers through the local housing authority council and to explore seeking vouchers through the federal Family Unification Program.

2. Nebraska will begin meeting regularly with the States federally funded Transitional Living Programs and Runaway and Homeless Youth Shelters to ensure collaboration with Chafee services offered to youth.

b. Help youth receive the education, training and services necessary to obtain employment
Nebraska’s Chafee Program is involved in collaborative partnerships with the Department of Labor’s Workforce Investment Act through Nebraska’s Workforce Development Youth Councils and through partnerships with Job Corp (Labor). Additionally, we work with Vocational Rehabilitation, Youth Build (HUD), State Department of Education, and School to Work, Welfare to Work, state and private college systems, and public/private partnerships that support education, job training, and employment services. These collaborations can be enhanced. They occur at varying degrees of involvement across the state. We want to continue these efforts and expand upon the examples of “good practice” by implementing communication of these initiatives to all areas of the state. We also will be reaching out for enhanced connections at the state level of planning. Nebraska offers vocational services through both its Preparation for Adult Living Service (statewide) and Independent Living Programs (6 locations across the State, Norfolk, Scottsbluff, North Platte, Lincoln, Omaha, Kearney.) These services include job preparation and readiness and consulting with employers once a youth attains a job.

Key agencies or initiatives which we will continue to connect with include: 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.

Nebraska will continue to emphasize job attainment and career planning and establishment as essentials to living successfully independently.

c. Help youth prepare for and enter postsecondary training and educational institutions

Nebraska has contracted with an agency to provide the Education and Training Vouchers Program. We will continue to work within the framework of this program to get youth enrolled in post secondary education, to support them while they are enrolled, and to successfully graduate them. We believe that a large part of the effectiveness of this program will be the support of the youth after they are enrolled. Each youth will be connected with an educational support person to help the youth with any issues that impact school performance.

Nebraska has and 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 plans to look further into expanding eligibility for this program.
In addition to the information provided under “b” above, youth are involved in initial and on-going formal and informal assessments to identify their personal strengths and needs in a variety of areas. These assessments are readily available to youth in typical school settings. We need to raise awareness of the services that do exist for all of our youth. We also need to connect with alternative school educators to gain a better understanding of what currently exists now with these youth as far as connecting them to further education.

PALS Specialists who are working with youth focus not only on a formal assessment of educational and employment needs but also on values and beliefs regarding education and employment. A young person who has not had adults modeling the need for education and employment may have different values relating to these issues and opportunities. PALS Specialists work hard at establishing goals with youth that have meaning to them and offer both direct gratification and elements of learning delayed gratification needed for working on and achieving goals throughout their lives.

d. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults

Nebraska’s TeamMates a mentoring program is located in 69 communities across the state, with approximately 2400 matches, beginning in school year 2002-2003. Their goal is to be available to youth statewide. Nebraska also has six communities with chapters of Big Brother and Big Sister, (located in three of our six state service areas). Parent Aide/Project Kids matching mentors with adults and youth are in three communities among three of our six service areas. There are many other community based mentoring initiatives targeted at recruiting mentors for youth, for example the greater Omaha area has approximately 35 programs. Heartland Big Brother and Big Sister Program receives funds through the Community and Mental Health grant to recruit specifically for “at risk” youth in their Lancaster County Chapter. This project is just getting started so it is too early to tell how successful they are at reaching out and establishing an adult pool of mentors for these youth.

Mentoring relationships that are built upon mutual interest and that are focused on skill coaching or job coaching seem to be most likely to continue and offer the youth greater success in sticking with a chosen field of interest. Mentoring programs network at the local level to maximize their impact and best utilize their resources. Cooperation has led to less time a youth is “waiting to matched up” because programs communicate and make cross referrals for services to best match a youth to a program or discuss who might get the young person matched up quicker. Programs work together by sharing training ideas, forms, work processes, and in advocating for needed resources to serve our youth.

Some of our state contracts with service providers offering community alternatives or aftercare services to youth offenders include a component for establishing mentoring relationships for these youth. This includes funding for supporting such activities. These contracts tend to bundle services and offer cost reimbursement payment structures, which allows for more flexibility in service planning using “wraparound” service philosophy.
Incentives to adults to participate in mentoring are helpful in attracting mentors. Time off from work to mentor or time at the office to mentor a student, along with paid activities are all examples of such incentives to mentors. An assessment or gap analysis needs to occur to fully understand the need for capacity building in the area of mentoring statewide. Both these issues are the targets of discussion in local and statewide mentoring networks in which HHS is a collaborative partner.

Nebraska will include mentoring or connecting as a major part of the youths Discharge Planning and Exit Conference with each youth. Many times the youth are the best source in identifying individuals who may be best suited for becoming a supportive positive role model.

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

Collaboration with state and local agencies, service providers, faith organizations, and others who serve, or could serve this population of youth, will have the greatest impact on delivering a coordinated, seamless system of services and supports. One of Nebraska’s primary focal points in the next 5 years will be in the area of housing options for those under the age of majority, 19, and those who have reached the age of majority.

State agencies include: Departments of Labor, Education, Housing, Economic Development, Health and Human Services (multiple programs such as health, prevention, Medicaid, juvenile services, child welfare, welfare to work, TANF, child support, child care, food programs, aging, etc.) Our plan will be to connect with each one to look for potential areas of support for these young people.

Local agencies and programs include, but are not limited to: Transitional Living Programs, Runaway and Homeless Youth Shelters, Head Start, Youth Development Initiatives, Faith-Based Programs, Employment and Job Training Opportunities, Prevention Programs, Street Outreach, and other private/public services and agencies identified to meet the needs this older population of youth.

The state CFCIP work team identified some key areas to focus on related to improving services for this age group. The team wanted to take a look at allowing the age of emancipation to be 18 for the purposes of signing leases for housing when necessary for some youth while leaving the age of majority in the state at age 19. (This would require a statutory change). A legislative bill was introduced during the Unicameral 2004 session to change the age of majority. This bill did not advance into law. Nebraska may seek changing the age of majority during the 2005 legislative session.

Policy and statute around licensing needs further interpretation and possible revisions as it relates to, and allows for, congregate youth transitional living programming.
Training targeted for Protection and Safety workers, Tribal Staff, Resource Development staff, Foster Parents, Adoptive Parents, Providers, YRTC staff and other HHS staff on Former Ward issues, work force development, and Chafee programs, needs to be developed further and implemented.

Nebraska will focus efforts at better planning for youth that have mental health or other disabilities and who are aging out of our foster care system. We need to connect with Adult Service Providers in these areas to better assure transition of these young people to adulthood without periods of gap in service delivery.

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

Services to Youth Ages 18 – 20:

A mailing was sent to all youth in the Former Ward Program indicating the additional assistance available through the Education and Training Vouchers Program. All Education and Training Vouchers materials and documents indicate that former wards are eligible to receive assistance prior to their 21st birthday, and up to their 23rd birthday if they are in the participating in the program when they turn 21.

Youth who were adopted or entered into a guardianship agreement after age 16 are also eligible, and some are currently participating in the program. Nebraska will continue to reach this specific population through newsletters, direct mailings and training of Department staff.

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 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.

3. Describe how youth of various ages and at various stages of achieving independence are to be served, particularly with regard to services for (1) youth under 16, (2) youth 16 - 18 and (3) youth 18 through 20.

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.

Youth under age 16 learn independent living from their caregivers. 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.

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: the Nebraska Foster/Adoptive Parent Association, Federation of Families (six chapters), Nebraska Association of Homes and Services for Children, Nebraska Association for Family Based Services, Nebraska Foster Family Treatment Association, Tribal Contacts, and community based service centers, HHS newsletters and e-mail lists, etc. Youth ages 16-18 (19 is the legal age in Nebraska)

Nebraska will continue working with our statewide PALS Specialists (contracted) to carry out one-to-one, individualized services to youth. We will be exploring how preparation for adult living through assessment and training strategies can extend beyond the leadership PALS Specialists have traditionally provided in this area. With some other alternatives/resources now available, i.e. ACLSA, foster parents and contracted out-of-home providers such as group home and shelters can utilize this tool which follows the youth when they move from one placement to another and allows for all providers to speak a more common language of assessment and planning. Nebraska plans to encourage a greater role of the current care providers (foster parents and residential providers) in preparing youth for independent living. Connections must occur with our Treatment Service Providers to ensure independent living skills are addressed for youth in these out of home settings, as well as our state operated Youth Rehabilitation and Treatment Providers (Juvenile Offenders which are in the care and custody of Nebraska Health and Human Services).

We want to strengthen the focus of the PALS Specialists on transitional services which will allow for youth in this age range to have personal contact and the support they require when transitioning to independent living. We see this phase as “practicing” adult skills. We will need enhanced support to our out-of-home service providers to offer transitional services for youth in scattered site or congregate living situations. Independent Living Programs do exist as communities and service areas have attempted to grapple with this unmet need for our youth. Pooled and varied funding streams will be required to establish the array of service options required.

Youth 18-20 (19-20 in Nebraska)
Youth will continue to receive support available to them through Nebraska’s Former Ward Program Education and Training Vouchers Program. Nebraska will be reviewing the eligibility requirements for these services for making recommended changes which would offer a greater opportunity for young people to practice independence, offer connection to people and resources which enhance their chances of being successful. Again, Nebraska will be connecting at systems level on policy, funding, and opportunities for greater collaboration. Key players include traditional adult service providers, HUD, SSI, Medicaid, educational institutions, etc. Youth involved in post secondary education will participate in the health care plans offered by the individual institutions.

Additionally, transitional living services that we establish to primarily serve youth 17 and 18 years of age could be a resource for youth who have now become young adults. We could provide independent living support and some minimal mentoring support from such programs to offer a “safety net” for those youth who would need this to re-establish themselves in an independent or self-sufficient living situation that may not have succeeded on an earlier attempt. By the time a young person reaches the ages of 18-20 (up to the 21st birthday) they should have in place some adult(s) who offer a “connection”, a positive relationship, someone else who cares about their well-being. We will focus the efforts of our case managers, caregivers, and PALS specialists, on identifying these positive adult relationships with each young person with whom they work. Bridges must occur here with formal and informal support systems in both the youth and adult service “worlds”.

Across all ages and stages of these young people’s lives we must have ongoing methods of planning, collaboration, communication, ongoing and repeating training of case managers, caregivers, and youth. We must have ongoing youth involvement, tribal collaboration, and stakeholder involvement, for greater opportunity to succeed in our efforts.

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

Nebraska’s Chafee program collaborates with the public and private sectors to co-sponsor events and programs. Many, if not all, of our Independent Living Programs have boards that help guide the mission of the program and, to various degrees, provide in-kind, or financial support. All the programs receive various donations that assist the youth in achieving self sufficiency. Relationships our also established with public housing agencies, and landlords to obtain housing for youth transitioning to independent living. Nebraska intends to establish a statewide advisory board composed of various public and private sector participants as well as youth to guide the direction of the Chafee program over the next 5 years.
5. 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.

A Chafee Stakeholders meeting was held on May 13, 2004 with representatives from the Tribes, public agencies, private agencies (including Chafee contractors), current and former foster youth and foster parents being invited. An overview of the current Chafee services was presented and then people were asked to comment on the quality and efficiency of services as well as where perceived gaps in services are. The projected budget was presented as well. The group identified housing and emancipation legislation as two key issues, as well as more independent living weekend conferences. Nebraska plans to have more in depth stakeholders meetings in the future on a regional basis, and from that effort establish a Nebraska Chafee Advisory Team.

6. 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.

Efforts were made to coordinate with “other Federal and State programs for youth”; specifically participation was sought from local housing programs and school-to-work programs, such as HUD, Job Corps, and Youth Build. Cedars Youth Services, who has a transitional living program funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, was actively involved in much of the Chafee Foster Care Independence Program Planning Team’s recommendations. Nebraska will continue efforts of collaboration with these key contributors to youth initiatives.

7. The CFSP should describe how the State has utilized, or is coordinating efforts to utilize, the option to expand Medicaid to provide services to youth ages 18 to 20 years old who have aged out of foster care.

Medicaid eligibility for youth transitioning to adulthood in Nebraska warrants further assessment. Nebraska will be reviewing the state’s definition of “former ward” and exploring the possibility of expanding Medicaid eligibility to include “all young people under the age of 21 who were in foster care under the responsibility of the state on their eighteenth birthday, or to “reasonable categories” of this group.
8. Discuss the objective criteria the State uses for determining eligibility for benefits and services under the programs, including the process for developing the criteria.

Finally, for those youth who have reached ages 18-21, the group identified who need a little support to get through a rough time period such that this service phase operates somewhat like an “emergency fund” of support dollars. The group discussed developing a maximum amount that one youth can access in a year’s time. A work group for room and board allocation will further define the maximum allocation available for a youth in a year’s time. The CFCIP team had further clarified how room and board dollars will be accessed, as was previously described in Section 3 (e).

Supporting the youth 18-21 could include accessing some supportive services sought by traditional adult service providers or by service providers for youth such as transitional living service providers. We hope to expand support for this population of our youth by expansion of our Former Ward services, by allowing more youth to become eligible through expanding the time frame a youth may opt to get involved with school after aging out of foster care, and/or offering eligibility to youth who have left state’s custody because of establishing a “guardianship”. We would like to see dollars allocated to Independent Living available to support some of those youth who aren’t served through former ward, i.e. working but not in school. We plan to have PALS specialists focus on providing the support and planning with youth bridging preparation to transition services, transition services to independence.

Further work needs to occur in determining eligibility after accessing additional data with regards to numbers of eligible youth. Ongoing planning is also occurring with our tribal leaders. Nebraska’s current and developing pilot projects providing transitional and independent living services will offer additional information that can be used in determining and adapting eligibility criteria.

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

As we progress, we plan to utilize representative advisory committees to guide our work. Our tribal program specialists and leaders are making plans for service delivery under the same federal rules and requirements as the state is accountable to.

Advisory committees will be needed in further defining guideline criteria for the best utilization of services. We will be using our data across the state and that which is provided by the tribes to understand where our youth are located and will be trying to match our dollar allocation as closely as possible to regional and tribal needs. We will continue working with our statewide PALS service provider which has offered a consistency in overall programming yet enough flexibility to allow for meeting regional differences.

10. Describe how the comments received from the public (both written and oral), influenced the contents of the Plan.
Comments received from the public come to the Chafee Coordinator in various ways. All are considered for potential change in policy and procedure. Formally comments were received via the Stakeholders meetings for Chafee overall and the Education and Training Vouchers Program. The issues that were raised most are the need for transitional and independent living housing arrangements (including legislative changes that would enhance the availability of housing for young people age 18-21), health care coverage for the 18-21 (or 23) year old population, and a desire for more variety in preparation formats. Nebraska intends to conduct further in-depth Stakeholders meetings later this year on a regional basis to obtain increased participation.

**Current Executive Initiatives**

**Nebraska Healthy Marriage Initiative**

Upon notification of the grant funding award, the Nebraska Healthy Marriage Initiative proceeded with its strategic plan to promote safe and stable families by strengthening marriages in Nebraska.

In addition to the progress task schedule submitted previously to the ACF Central Office for the period ending 3/30/04, the following planning and/or implementation activities were completed during the reporting period:

**Contractual Staffing**

Contracts were finalized with the Doral Group, Inc., Center for Marriage and Family and Aim institute to provide grant coordination, programmatic and evaluation services as outlined in the grant.

**Nebraska Healthy Marriage Kickoff Event – Marriage Proclamation**

The Nebraska Health Marriage Initiative held an initial kickoff event in November, 2003 at the Governor’s Mansion whereby the Honorable Mike Johanns issued the Nebraska Healthy Marriage Proclamation Nationally known Marriage Education experts and ACF staff presented to a target audience of over 50 key participants representing leaders/stakeholders throughout Nebraska. Presenters included ACF Central Office staff members Bill Coffin, Grant Collins and Carlis Williams. Princeton University presented on Fragile Families. Marriage Education Experts, Dr Howard Markman and Dr. Barbara Markey presented information to the group on the PREP Marriage Education Curriculum and the FOCCUS Couples Inventory

**Community Survey**

The project team developed and mailed community baseline surveys February 24, 2004 to 501 households in Omaha’s Enterprise Community, the project’s target service area.
As of Friday, March 12, 2004, the project received a total of 122 surveys, North Omaha – 76 and South Omaha 46. Telephone follow-up has begun. March 25th is the last day for the baseline community surveys to be postmarked. The ‘final’ survey report was finished the end of April 2004. The evaluation team consulted with Bell and Associates.

Selection of Intervention/Prevention Tools
The Nebraska Healthy Marriage Initiative will utilize FOCCUS inventory, PREP and When Families Marry curriculums. The PREP curriculum has a pre and post test that will measure certain indicators related to levels of conflict. Planning meetings will be held with Child-Welfare Workers to review the proposed intervention tools and their impact on outcomes associated with the agency’s measurement of child and family safety associated with client couples referred to the Nebraska Healthy Marriage Initiative.

Development of Management Information System
Design of the client-couples enrollment forms, mentor couple forms and referral forms have been completed. Data from the forms and pre and post test associated with the curriculums will generate the following information:
- Number of Client Couples receiving services
- Number of Mentor Couples
- Client Demographic Profile
- Completion of Inventory
- Completion of Marriage Education Curriculums
- Source of Referral – measuring partnership activities
- Source of Community Awareness Activity that generated self referral – measure community awareness campaign effectiveness
- Reported levels of conflict prior to intervention
- Reported levels of conflict after intervention
- Reported levels of communication prior to intervention
- Reported levels of communication after intervention
- Marriage Decision Status

Mentor Couple Recruitment Activities
In an effort to solicit support of the Nebraska Healthy Marriage Project and identify mentor couples and referral of client couples, a group presentation was made to 25 members of the Omaha Baptist Pastors and Ministers Association. Members of this association are located in the Omaha Enterprise Zone, the project’s target area. FOCCUS Training for members of the Association has been scheduled for May, 2004. In addition to the group presentation, individual meetings were held with faith-based organizations located in the Omaha Enterprise Community. Resulting in the following mentor couple commitment goal:

<table>
<thead>
<tr>
<th>Church</th>
<th>Number of Mentor Couples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Star Baptist Church</td>
<td>30</td>
</tr>
<tr>
<td>Pilgrim Baptist Church</td>
<td>10</td>
</tr>
<tr>
<td>Zion Baptist Church</td>
<td>10</td>
</tr>
</tbody>
</table>
Paradise Baptist Church           5 mentor couples
Mt. Nebo Baptist Church           5 mentor couples

Client Couple Recruitment Activities
In an effort to establish a systematic marriage education referral system among fragile families residing in Omaha’s enterprise community the following results occurred:

• Met with Omaha Healthy Start Director to discuss partnering activities and client couple referrals of participants in the Healthy Start Program including its Fathers for A Lifetime Project. Omaha Healthy Start agreed to integrate relationship and marriage education sessions as part of the Fathers for A Lifetime Project.

• Meetings have been scheduled with Urban League, and Goodwill Industries. NDHSS Welfare to Work Contractors to discuss client couple recruitment.

• Client couples will also be recruited from Faith and Community Based Partners and medical providers. Method of recruitment from medical providers will include information sessions via medical rounds with providers and social workers.

• Client Couples will be recruited utilizing community awareness campaign

Community Awareness Campaign
The marketing plan has been developed and is on file. Activities are fully described including timeframes and costs.

The “Healthy Marriages Matter in Our Community” awareness campaign is comprehensive in its design and responsive to grant requirements. Print, radio, television and outdoor media will be utilized to reach all target audiences. Other vehicles include family resource centers, Healthy Marriage WEB Site, VIP Mail campaigns, a Healthy Marriage Television Show and Traveling Display. The campaign is culturally appropriate, relevant and most important within budget guidelines.

Website Development
The Website was developed and is accessible online with construction continuing for certain sections. The website address is:

www.nebraskahealthymarriage.com

Development of Advisory Committee
A diverse, statewide community advisory committee to the Nebraska Healthy Marriage Initiative has been established. Meetings will be held quarterly beginning May 5 2004.
Advisory members include representation from Child Welfare Agencies, Healthy Start, Education, Housing, Labor, Nebraska Fatherhood Initiative, Nebraska Abstinence Only Pregnancy Prevention Project, Health Departments, United Way, Faith and Community Based Agencies, Hispanic Center, Native American Commission and Marriage Researchers. It is anticipated that three sub-committees will be established - Data and Evaluation Committee, Community Awareness, and Policy Integration.

**PREP-CONNECTIONS MARRIAGE EDUCATION TRAINING FOR OMAHA PUBLIC SCHOOLS**
The Nebraska Healthy Marriage Initiative sponsored the PREP-Connections Marriage Education Training for Nebraska’s largest and most diverse school district servicing the majority of students living in Omaha’s enterprise community – the project’s target population.

**ISSUES**
Modifications in the original project plan are referenced in project task chart.

The Nebraska Healthy Marriage Initiative is a statewide project with specific funding to carry out a pilot project in Omaha. While the state of Nebraska would like to encourage community mobilization statewide, we cannot allocate funds to local communities. It is uncertain if the proposed federal bill to address the national marriage initiative will be approved. The Nebraska Healthy Marriage Initiative will provide technical assistance to communities in trying to assist with alternative funding, sharing of information gathered from pilot project, and invitations to local communities to participate in Healthy Marriage Conference.

**Activities Planned for Next Reporting Period**
For the period April 1 through September 30, the following activities are planned:

- Implement Healthy Marriage Initiative Awareness Campaign
- Deliver overview training of NHMI to NDHSS Staff, Advisory Committee Members, Partners, Faith-based Organizations and Social Service Providers
- Update Project’s website with activities, marriage education session dates, etc.
- Continue with recruiting of married mentor couples – target goal 50 couples
- Continue with recruiting of client couples - 100 couples
- Provide FOCCUS training to 15 members of the Omaha Baptist Ministers Association
- Provide FOCCUS training to 50 mentor couples
- Provide When Families Marry training to 50 mentor couples
- Provide PREP training to 50 mentor couples to serve as coaches for PREP
- Conduct marriage inventory of 100 client couples
- Provide marriage education to 100 client couples using “When Families Marry” curriculum using trained mentor couples
• Provide PREP marriage education curriculum to 100 client couples using trained PREP facilitators.
• Sponsor Healthy Marriage Initiative Conference
• Continue work with the Nebraska Legislature regarding improving marriage policies in Nebraska.
• Hold community forums on marriage

FATHERHOOD INITIATIVE

During the past two years, the mission of the Nebraska Fatherhood Initiative has been to enhance the well being of children and families by supporting responsible and committed father involvement. Much progress has been made in establishing the initiative across the state.

There are 226,599 families in Nebraska with children less than eighteen years of age; out of those families 43,172 children live in a home with no male present. Among all families, 55.2% of all black families had no male present in the home, compared to 16.6% for White families and 19.9% for Hispanic families. The momentum continues to build as more programs take shape in many communities.

Summary of Activities and Accomplishments
• Establishment of a collaboration with the Department of Health and Human Services, the University of Nebraska, the Gallup Organization, and Nebraska Head Start, Nebraska Community Action Programs and the formation of an Executive Committee to provide oversight and direction.
• Development of the Nebraska Network for Fathers and Families
• Development of the website: www.nebraskafatherhood.org
• Establishment of six new community fatherhood Initiatives
  1. Northwest Community Action Program, Chadron
  2. Mid Nebraska Community Action Program, Kearney
  3. Siouxland Family Center, Dakota City
  4. Lincoln Action Program, Lincoln
  5. Lincoln Fatherhood Coalition, Lincoln
  6. Omaha Healthy Start, Omaha

• Hosted the two statewide conferences on fatherhood.
• Hosted statewide workshops from the National Fatherhood Programs
  The Father Friendly Check-Up
Social Marketing for Fatherhood Programs
Understanding Maternal & Paternal Parenting Styles
Improving Gender Communication
Talks My Father Never Had With Me
(2) Community Fatherhood Forums

- Inventory of existing fatherhood programs.
  - Fathers for a Lifetime, Omaha
  - Lincoln Fatherhood Coalition, Lincoln
  - Father Matters, Ogallala
  - Boot Camp for New Dads, Kearney
  - Foundations for Fatherhood, Kearney
  - Boot Camp for New Dads, North Platte
  - Hastings Head Start, Hastings

- We gathered data from the 2000 census, providing information about the effect of fatherless ness in the many counties across the state.

- Numerous trainings and presentations across the state on the importance of father involvement. Some to the trainings include:
  - Creating a Father Friendly environment
  - The Principles of Fatherhood
  - The Foundations of Fatherhood
  - Why are Father Important?
  - The 5 R’s to male involvement
  - Making Room for Daddy

- We became an Affiliate of the National Fatherhood Initiative February 2003.

- Prevention of early fatherhood activities
  - Promotion of curriculum “Talks My Father Never Had with Me” to schools and organizations across the state.
  - Partnership with Teammates, The Midland Mentoring Partner, Big Brother & Big Sisters, Boys To Men, Young Men In Development, Lighthouse Youth Center, Lancaster County Juvenile detention Center, Girls and Boys Town, Nebraska Foster Youth Initiative, Nebraska Governors Youth Council and many others

- Technical assistance to fatherhood programs to increase father involvement

- Collaboration with Nebraska Department of Corrections, Lancaster County Youth Detention Center, Kearney YRTC, and Douglas County Youth Center to increase opportunities for incarcerated fathers
GOALS

1. To create, sustain, and strengthen a statewide clearinghouse for research and best practice information on fathering and fatherhood programming. This will be a collaborative effort between the Nebraska Children and Families Foundation (NCFF) and the University of Nebraska. The NCFF’s role will be to collect data from existing programs; best practice information; and to maintain a resource center of information, brochures, parenting materials, curricula, etc. that can be used by communities and programs. The University’s role will be to serve as a clearinghouse of information on results of current research in the field.

2. Influence public policy to remove barriers to positive and healthy father involvement. What can be done to support fathers who genuinely want to be good Dads and demonstrate their abilities in good faith? We will continue raise this question during meetings, forums, in our work with state and local public policy leaders and in our work with communities.

3. To bring the fatherhood involvement lens to institutions and systems in Nebraska. Are there things that can be done to help large institutions and social systems think both mother and father when talking about parents?

4. To develop a small-grant program which will help grow locally-conceived and locally-created programs to enhance fathers’ involvement in the lives of children. (The achievement of this goal is dependent upon obtaining grant funds from another source in the amount of approximately $100,000.) The small grants would support planning and service development activities in communities. Local efforts would present their project results at the annual Nebraska Fatherhood Conference, sharing ideas that work around the state for others to emulate.

5. Continue to provide training to programs around the state to increase their effectiveness in serving fathers. The Nebraska Fatherhood Initiative has developed partnerships with other local and nationally recognized fatherhood programs in order to enhance and improve the services, resources and programs it offers to communities. The following training programs will be offered to help programs in Nebraska serve fathers in their communities more effectively:

   - 24/7 Dad is a unique fatherhood program developed by a team of nationally and internationally recognized fathering and parenting experts and with input from fatherhood practitioners. It includes a basic fathering level (Level 1) and a more in-depth level (Level 2), each consisting of 12 two-hour sessions. The program can be implemented in a group setting or in a one-on-one home-based setting. In between the levels, fathers and mothers come together to discuss the developments the father has gone through and how it has affected their relationship and family life.
• The Father Friendly Checkup allows staff of public and private organizations to assess the degree to which their organization is “father-friendly” toward dads as clients and employees.

• Social Marketing for Fatherhood Programs will help equip community programs to engage fathers in their programs and to retain their participation.

• Foundations of Fatherhood is a general fathering-skills curriculum and program that teaches fathers everything from how to communicate with their children, to anger management, to basic budgeting skills. The Nebraska Fatherhood Initiative will offer the program at least three times per year, using a train-the-trainer model, to build the capacity of programs to use the curriculum with the fathers they serve.

• Long Distance Dads is a fathering-skills curriculum and program designed for incarcerated fathers. It teaches fathers basic skills and helps them connect with their children while incarcerated. For those fathers who will be released from confinement, it helps them develop a family reintegration plan to ease their transition back into the lives of their family and children.

• Boot Camp for New Dads is a basic healthcare and safety workshop for new and expectant fathers. The workshop is taught by a medical professional and is aimed at helping new and expectant fathers learn how to care for an infant or toddler and to administer basic medical care for their children. Research shows that fathers who are involved in the earliest stages of child development are more likely to stay involved with their children as they age and grow.

6. Continue to support efforts to prevent early fatherhood. The curriculum Talks My Father Never Had With Me will be shared with mentoring programs to help young men before they start to think about being a father.

7. Convene and lead a statewide network of professionals working with fathers. We will provide information and training to professionals working with fathers through regular regional meetings.

8. Engage the media to forward a positive image of fathers. We will work with the Department of Health and Human Services to repeat the media campaign that was developed in June 2002 to promote the importance of dads’ participation in the lives of their families. We will also work to develop brochures and posters that can serve as another medium to get the message out.

Evaluation – Measuring Processes and Outcomes
Evaluation measures will include:
• Tracking the use of the Resource Center
• Feedback from communities and programs
• Pre and post-assessment surveys of the skills of the fathers that participate in programs
• Self-assessment and peer review processes by programs
• Participation in network meetings and feedback from participants
• Tracking the number of programs serving fathers
• Evaluations completed by participants in the Nebraska Fatherhood Initiative Working Conference.

YOUTH INITIATIVE

Progress in Achieving Objectives as set forth in Grant Agreement

Nebraska’s Foster Youth Councils have continued to grow and develop into supportive environments where members feel welcome and motivated to make changes. At the meetings, members are able to temporarily set aside their individual circumstances to work together towards promoting positive change for all youth in care. All three councils have had opportunities to meet and collaborate with each other, which helps to give the members a statewide focus and the chance to hear about issues and concerns from other areas of the state.

The grant management team consists of Mary Jo Pankoke and Debbie Dominick, both from the Nebraska Children and Families Foundation (NCFF); and Todd Reckling and Mark Mitchell who are both from the Nebraska Department of Health and Human Services (NDHHS), Protection and Safety Administration. This team oversees the initiative and explores additional partnership opportunities between NCFF and NDHHS. Mr. Reckling and Mr. Mitchell have shared information about this initiative with NDHHS administrators, supervisors and case managers. This information sharing has aided in recruiting members for our youth councils, siblings for camp, and given the initiative opportunities to be heard.

The Gallup Organization continues to support the initiative by providing their StrengthsFinder survey for our council members and customizing supporting activities and materials. On May 20th, Ms. Dominick and Cindy Filip, NCFF Program Coordinator for the Youth Development Project, received a day of personalized training from Gallup on coaching youth to fully utilize their strengths. Also in May, council members were given individual online surveys to assess their strengths; and through leadership retreat and regular meetings, the members continue to learn how to utilize their top five strengths.
Council Meetings

The Brighter Tomorrows Youth Council (BTYC), representing the eastern areas of Nebraska, met in Lincoln on May 17th, July 11th-13th (leadership retreat – see below) and September 27th. At the May meeting in Lincoln, the elected officers took more of a lead in both planning the day’s agenda and in facilitating the meeting. Council members decided to target their input towards NDHHS Administrators, State Senators, and the Governor. Members completed the Gallup StrengthsFinder survey and discussed their strengths with each other. Afterwards, members went horseback riding at the University of Nebraska’s rodeo grounds. For many members, this was a first time opportunity that not only allowed them to ride a horse, but also helped to build self-esteem and confidence within themselves.

During the September meeting in Lincoln, the council welcomed three new members and learned more about their strengths. Members gave input on the philosophical statement for the HHS Recruitment and Retention of Foster Parents Workgroup. Members also talked about their experiences in the court system for use in a presentation by their council president to members of Nebraska’s Court Improvement Project. Council members broke off into workgroups for the afternoon, with one group focusing on completion of the web page on www.fyi3.com and the second group planning the direction of the council.

The UNIFY council, representing the central areas of Nebraska, met on May 31st, July 11th-13th (leadership retreat – see below) and September 20th. At the May meeting, the council decided their focus for the upcoming year will be to educate care providers and caseworkers about their foster care perspective. Council members also took the Gallup StrengthsFinder online survey and shared their strengths with the group. Members were surprised to see the many strengths they have in common, as well as the variety of strengths represented among council members.

In September, the UNIFY council met in conjunction with the Foster Youth for the Future (FYF) council that represents western Nebraska. The FYF council requested to meet jointly with UNIFY, because they are having difficulty maintaining members in their area. This will give them the opportunity to build relationships with more youth in care, and to combine their forces to make change. During the meeting, members gave input on the philosophical statement for the HHS Recruitment and Retention of Foster Parents Workgroup. Members also shared their personal experiences in the court system that will be utilized by another council member for presentation to members of the Nebraska Court Improvement Project in November.

The all-council leadership retreat was held July 11th-13th at Camp Timberlake in Marquette, Nebraska. Many members had never been to camp before, or
had the opportunity to ride a horse, swim in a lake, ride a hayrack or challenge themselves on a high ropes course. Through these and other team building activities, council members strengthened their relationships with each other while gaining courage to conquer their fears.

In addition to these outdoor activities, council members learned more about their Gallup strengths through an interactive workshop which included training on “filling others buckets” through encouraging words. Throughout the retreat, members wrote positive messages about other members’ strengths on “drops” for each members bucket. (See attached handout).

Members also participated in workshops they had chosen, which were led by trainers from the National Resource Center for Youth Development. Those workshops were on advocacy, self-esteem, action planning, and dating violence. Members learned the difference between lobbying and educating, and how to effectively advocate for themselves and others. With this knowledge, they began planning how their councils can educate foster parents, caseworkers and policy makers.

Following the retreat one council member, Jami B., said that the retreat helped her “to see that (she is) not the only one who wants to help foster children and families, but that others do too”. The councils have begun planning for a retreat next summer.

**Results to Date and Supporting Activities**

Council members have spoken about their experiences in care and recommendations for improvement to various groups, including Foster Parents, Care Providers, Caseworkers, Court Appointed Special Advocates, State Senators, and HHS Administrators. These opportunities not only provide invaluable information to those who are working with/for youth, but give the youth validation that they can be empowered to take positive action in spite of their pasts. After attending the workshop on the “Top Ten Suggestions for Foster Parents”, a couple reported that they had reconsidered their decision to have a youth removed from their home and were going to give it another try.

Members have built supportive relationships with one another. At leadership retreat, a young female council member told others that she was in an abusive relationship and wanted out. One of the members offered her a place to stay and helped her to find a job after she left the relationship. Unfortunately, after a few weeks that member returned to her former abuser – but at least she knows that she has the support of others in times of need.
Developing each member’s individual strengths has been a focus for our councils over the past several months. They are becoming familiar with the terminology and comfortable with talking about their strengths. During a recent job interview, one council member talked about her number one strength, Relator, and how she would utilize that strength if she were to get the position.

Supporting Activities

Members often have the opportunity to participate outside of regularly scheduled council meetings. In June, seven members worked as paid staff at Nebraska’s first ever sibling camp, Camp Catch-Up. Those members were: Theresa P., Alana W., Jessica H., Michaela D., Casey E., Holly M., and Jennifer N. As staff, they were in charge of matching sibling groups to their preferred activities – a very large task that took them several hours to complete. The next day they manned the activities stations, passing out life jackets, helping campers in and out of boats, providing directions to the stations and assisting with craft projects. They also rallied the campers by involving them in a skit about how they wanted to be treated and how to treat others at camp.

The Nebraska Foster and Adoptive Parent Association (NFAPA) requested that a panel of our council members speak at two of their foster parent training conferences. This gave an opportunity to eight youth to speak about their experiences to approximately 650 foster parents. Those youth are: Alana W., Mark M., Theresa P., Sandy G, Michaela D., Jami B., Rebecca B., and Jessica H. The youth helped to develop a “top ten” for foster parents and presented their suggestions during a workshop. The Executive Director of NFAPA reported that the workshop and youth panel received excellent remarks on the conference evaluations, and was a highlight of the conferences for many who attended.

Alana W. is serving as a member on the HHS Recruitment and Retention of Foster Parents Workgroup. Four youth council members have been nominated by a member of the Board of Directors of NCFF for membership on Nebraska’s Juvenile Justice Crime Commission. Those youth are Luis E., Becky F., Mark M., and Jennifer N. If appointed by the Governor, the youth will meet quarterly to voice their opinions on the juvenile justice system and work with the other members on a plan to make improvements in the system.

Four council members will be involved in the review of the state’s Request for Proposal applications for the Chaffee Educational Training Vouchers. These youth, who make up over half of the team of reviewers, will receive payment for their work. This work will entail reading and scoring each proposal, and
meeting in person or via conference call with the other reviewers to discuss each proposal.

Ms. Dominick is working with NFAPA and NDHHS to incorporate youth voice into pre-service foster parent trainings. As part of that effort, two council members, Alana W. and Aaron W., presented at a pre-service foster parent training session in Lincoln, on October 6th. Recognizing the challenges of having youth physically present at each pre-service training across the state, we are exploring other ways to incorporate their voice; such as video taping a panel of youth council members that could be played at each training.

Aaron also participated in a panel representing diverse families as part of diversity training for HHS caseworkers on October 7th. In addition, Alana and Aaron are both working with Ms. Dominick in the development of a mentoring program for youth who are transitioning out of foster care.

Elected officers of the councils were given the opportunity to attend the “It’s My Life” conference in Austin, Texas, on October 15th –17th. Those participating included Theresa P., Council Co-Lead; Aaron W., BTYC President; Alana W., BTYC Secretary; Mark M., BTYC; and Beatriz C., UNIFY Vice President. Council members not only learned about what other states are doing to support youth transitioning out of foster care, but this was a huge personal experience for many. Beatriz had never flown on an airplane before. Theresa was able to visit with a younger brother she’s only met once before, who happens to live in Austin. Mark was thrilled that he got to meet Stephen J. Pemberton, one of the keynote speakers. Aaron plans to keep in touch with several youth he met from other states. Alana’s former Preparation for Adult Living Skills worker was also in attendance at the conference and offered to help her get desperately needed new tires for her car.

Two issues of the Nebraska Connected newsletter have been published during this reporting period. It includes an opinion poll, advice column, independent living tips, puzzles, and an article written by a successful Nebraska youth. Youth who submit articles that are published receive a gift card to Wal-Mart in the amount of $10-$20. The newsletter is directly mailed to approximately 2300 young people in foster care between the ages of 14-21, as well as service providers, NDHHS case managers, and foster parents. The newsletter is also available online at www.neyouth.com and www.fyi3.com.

**Challenges**

Our greatest challenge continues to be recruiting and retaining council members. It seems like every time we’re able appoint a new member, a current member is saying goodbye. We continue to distribute information about our councils to eligible youth through newsletters, our websites, communication to caseworkers, and presentations at foster parent conferences. Some of the youth who were appointed have never
made it to a single meeting. Other reasons youth leave the councils include leaving the state to pursue their college education, placement changes that won’t allow them to participate on the council, and financial needs that require them to work instead of attending a meeting.

Another challenge that we face is a budget shortage. The councils would like to meet more often and carry out the project they designed to help youth who are transitioning out of foster care. We are currently seeking additional funding from HHS and are confident that they will supplement the funding we have received from the Jim Casey Youth Opportunities.

**Planned Activities**
Activities planned for the next reporting period previously mentioned in this report include:

- Youth council members will review and score RFP’s for the state’s ETV’s;
- A council member will present youth experience in the court system as part of a training for Nebraska’s Court Improvement Project;
- We will continue to explore ways to incorporate youth voice at all pre-service foster parent trainings as part of the state’s plan for the recruitment and retention of foster parents; and
- Two issues of the Nebraska Connected newsletter for youth will be published and distributed to youth in care.