

Nebraska Caregiver Responsibilities (NCR)

Child's Name: _____

Child's Master Case # _____

Today's Date: _____

Last Assessment Date: _____

Previous Score: _____

Assessment Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Request of Foster Parent | <input type="checkbox"/> Change of Placement |
| <input type="checkbox"/> Reassessment (6 months from date of previous tool) | <input type="checkbox"/> Request of Agency/Department | <input type="checkbox"/> Permanency Plan Change |
| | | <input type="checkbox"/> Change of Child Circumstance |

Worker Completing Tool: _____

Service Area: _____

Caregiver(s): _____

Child Placing Agency: _____

CPA Worker: _____

The Nebraska Caregiver Responsibility document is to be completed within the **first 30 days of a child's placement in out-of-home care or when there are changes that may impact the responsibilities of the caregiver as defined above.**

Forms should be filled out during a face-to-face meeting with the foster parent, the assigned worker, and the child placing agency worker (if applicable). **Foster parents and the child placing agency worker (if applicable) should receive copies of the tool.**

The first level (L1) is considered essential for all placements and the minimum expectation of all caregivers. **For each of the responsibilities, indicate the level of service currently required to meet the needs of the child (based on results of SDM and CANS). The focus is on the caregiver's responsibilities, not on the child's behaviors.** Each level is inclusive of the previous one. Outline caregiver responsibilities in the box provided for any area checked at a 2 or higher.

LOC 1 Medical/Physical Health & Well-Being	
L1	Caregiver arranges and participates, as appropriate in routine medical and dental appointments; Provides basic healthcare and responds to illness or injury; administers prescribed medications; maintains health records; shares developmentally appropriate health information with child.

	<p>Definition: Caregiver follows established policies to ensure child's physical health needs are met by providing basic healthcare and response to illness or injury. Caregiver contributes to ongoing efforts to meet the child's needs, by arranging, transporting and participating in doctor's appointments that is reflected in required ongoing documentation. Caregiver will administer medications as prescribed, keep a medication log of all prescribed and over-the-counter medication, understand the medications administered, and submit the medication log monthly.</p>	
L2	<p>Caregiver arranges and participates with additional visits with medical specialists, assists with treatment and monitoring of specific health concerns, and provides periodic management of personal care needs. Examples may include treating and monitoring severe cases of asthma, physical disabilities, and pregnant/parenting teens.</p> <p>Definition: Additional health concerns must be documented and caregiver's role in meeting these additional needs will be reflected in the child's case plan and/or treatment plan. Caregiver will transport and participate in additional medical appointments, including monthly medication management, physical or occupational therapy appointments, and monitor health concerns as determined by case professionals.</p>	
L3	<p>Caregiver provides hands-on specialized interventions to manage the child's chronic health and/or personal care needs. Examples include using feeding tubes, physical therapy, or managing HIV/AIDS.</p> <p>Definition: Any specialized interventions provided by the caregiver should be reflected in the child's case plan and/or treatment plan. Case management records should include narrative as to the training and/or certification of the caregiver to provide specialized levels of intervention specific to the child's health needs. Caregiver will provide specific documentation of specialized interventions utilized to manage chronic health and/or personal care needs.</p>	
Outline the caregiver responsibilities:		

LOC 2 Family Relationships/Cultural Identity		
L1	<p>Caregiver supports efforts to maintain connections to primary family including siblings and extended family, and/or other significant people as outlined in the case plan; prepares and helps child with visits and other contacts; shares information and pictures as appropriate; supports the parents and helps the child to form a healthy view of his/her family.</p> <p>Definition: Caregiver follows established visitation plan and supports ongoing child-parent and sibling contact as outlined in case plan. Caregiver provides opportunities for</p>	

	the child to participate in culturally relevant experiences and activities. Caregiver works with parents and youth in ongoing development of youth's life book.	
L2	<p>Caregiver arranges and supervises ongoing contact between child and primary family and/or other significant people or teaches parenting strategies to other caregivers as outlined in the case plan.</p> <p>Definition: Caregiver provides and facilitates parenting time in accordance with the established parenting time plan and case plan. Caregiver provides regular instruction to parent outlining parenting strategies. This feedback must be reflected in Caregiver's required ongoing documentation.</p>	
L3	<p>Caregiver works with primary family to co-parent child, sharing parenting responsibilities, OR supports parent who is caring for child AND works with parent to coordinate attending meetings AND appointments together. Examples include attending meetings with doctors, specialists, educators, and therapists together.</p> <p>Definition: Caregiver partners and collaborates with parents to ensure both caregiver and parent attends child's appointments and activities. Caregiver allows parental interaction in the foster home and provides support to the parent while the child is in the parent's home. Caregiver allows the parent to participate in daily routine of the child in the foster home (i.e. dinner, bedtime routine, morning routine). Documentation should illustrate caregiver's efforts to engage parent and shows examples of a transfer of learning to the parent.</p>	
Outline the caregiver responsibilities:		

LOC3 Supervision/Structure/Behavioral & Emotional		
L1	<p>Caregiver provides routine direct care and supervision of the child, assists child in learning appropriate self-control and problem solving strategies; utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change, adapts schedule or home environment to accommodate or redirect occasional outbursts.</p> <p>Definition: Caregiver provides age and developmentally appropriate supervision, structure, and behavioral and/or emotional support. Caregiver utilizes constructive discipline practices that are fair and reasonable and are logically connected to the behavior in need of change. Caregiver can provide examples of strategies and interventions implemented.</p>	
L2	Caregiver works with other professionals to develop, implement and monitor specialized behavior management or intervention strategies to address ongoing	

	<p>behaviors that interfere with successful living as determined by the family team.</p> <p>Definition: Caregiver provides beyond age and developmentally appropriate supervision, structure, and behavioral and/or emotional support in accordance with a formal treatment or behavioral management plan as identified by the child's needs. Caregiver can provide examples of strategies and interventions implemented.</p>	
L3	<p>Caregiver provides direct care and supervision that involves the provision of highly structured Interventions such as using specialized equipment and/or techniques and treatment regiments on a constant basis. Examples of specialized equipment include using alarms, single bedrooms modified for treatment purposes, or using adaptive communication systems, etc.; works with other professionals to develop, implement and monitor strategies to intervene with behaviors that put the child or others in imminent danger or at immediate risk of serious harm.</p> <p>Definition: Caregiver follows established treatment plan to ensure child's safety and well-being. Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Strategies and interventions are developed in accordance with treatment plan and in consultation with case manager and must be followed to ensure child's immediate and ongoing safety and well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.</p>	
Outline the caregiver responsibilities:		

LOC 4 Education/Cognitive Development		
L1	<p>Caregiver provides developmentally appropriate learning experiences for the child noting progress and special needs; assures school or early intervention participation as appropriate; supports the child's educational activities; addresses cognitive and other educational concerns as they arise, participation in the IEP development and review.</p> <p>Definition: Caregiver ensures child meets established education goals. Routine educational support includes structured homework routine and help with homework; maintaining regular, ongoing contact with school to ensure age-appropriate performance and progress. This includes participation in regularly scheduled parent-teacher conferences with the parents (as appropriate). For non-school age children, the caregiver will ensure the child is working on developmental goals (i.e. colors, ABCs, counting, etc.)</p>	

L2	<p>Caregiver maintains increased involvement with school staff to address specific educational needs that require close home/school communication for the child to make progress AND responds to educational personnel to provide at-home supervision when necessary; or works with others to implement program to assist youth in alternative education or job training.</p> <p>Definition: Educational goals may include both school-based as well as job training goals (for older youth). Caregiver implements monitoring in the home to reflect established learning plan objectives or collaborates with professionals to ensure child's educational goals are met. Caregiver provides examples of efforts to support education. Caregiver provides support and structure for child if suspended or expelled from school.</p>	
L3	<p>Caregiver works with school staff to administer a specialized educational program AND carries out a comprehensive home/school program (more than helping with homework) during or after school hours.</p> <p>Definition: Caregiver implements interventions per an established alternative education plan, IEP or 504 plan which involves specialized activities and/or strategies outside of the educational setting. Implementation of this plan requires regular communication with school and is not considered routine educational support. Caregiver may require specialized training or certification in order to meet the child's educational and cognitive needs.</p>	
	<p>Outline the caregiver responsibilities:</p>	

LOC 5 Socialization/Age-Appropriate Expectations		
L1	<p>Caregiver works with others to ensure child's successful participation in community activities; ensures opportunities for child to form healthy, developmentally appropriate relationships with peers and other community members, and uses everyday experiences to help child learn and develop appropriate social skills.</p> <p>Definition: Caregiver encourages and provides opportunities for child to participate in age-appropriate peer activities at least once per week. Caregiver can give examples of the child's participation the activity. Caregiver transports to activity if needed. Caregiver monitors negative peer interactions. Examples may include: school-based activities, sports, community-based activities, etc.</p>	
L2	<p>Caregiver provides additional guidance to the child to enable the child's successful participation in Community and enrichment activities AND provides assistance with planning and adapting activities AND participates with child when needed. Examples include shadowing, coaching social skills, sharing specific intervention strategies with other responsible adults, etc.</p>	

	<p>Definition: Caregiver’s intervention and participation further ensures child’s participation in the activity. The child may not be able to participate without adult support. Caregiver can give examples of the child’s participation in the activity.</p>	
L3	<p>Caregiver provides ongoing, one-to-one supervision and instruction (beyond what would be age appropriate) to ensure the child’s participation in community and enrichment activities AND caregiver is required to participate in or attend most community activities with other responsible adults, etc.</p> <p>Definition: Caregiver must participate and fully supervise child during all community and enrichment activities. Participation in the community and enrichment activities provides a normalized child experience. Caregiver can provide examples of child’s normalized involvement in the activity.</p>	
	<p>Outline the caregiver responsibilities:</p>	

LOC 6 Support/Nurturance/Well-Being		
L1	<p>Caregiver provides nurturing and caring to build the child’s self-esteem; engages the child in constructive, positive family living experiences; maintains a safe home environment with developmentally appropriate toys and activities; provides for the child’s basic needs and arranges for counseling or other mental health services as needed.</p> <p>Definition: Caregiver meets child’s established basic needs to assure well-being. Caregiver understands and responds to the child’s needs specific to removal from their home. Caregiver transports and participates in mental health services as needed.</p>	
L2	<p>Caregiver consults with mental health professionals to implement specific strategies of interacting with the child in a therapeutic manner to promote emotional well-being, healing and understanding, and a sense of safety on a daily basis.</p> <p>Definition: Caregiver follows established treatment plan to ensure child’s safety and well-being are addressed. Strategies and interventions are developed in accordance with the treatment plan and in consultation with case manager. Caregiver has regular contact with mental health professionals and participates in mental health services for the child. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.</p>	
L3	<p>Caregiver works with services and programs to implement intensive child-specific in-home strategies of interacting in a therapeutic manner to promote emotional well-being, healing, and understanding, and sense of safety on a constant basis.</p>	

	<p>Definition: Treatment plan requires immediate and ongoing (more than once daily) monitoring and interaction. Therapeutic strategies and interventions are developed in accordance with treatment plan and in consultation with case management staff and must be followed to ensure the child's well-being. If plan is not followed child is at risk of imminent danger. Caregiver maintains frequent contact with mental health professionals and actively participates in services and monitoring. Caregiver can provide examples of therapeutic interventions and demonstrates ongoing monitoring.</p>	
	<p>Outline the caregiver responsibilities:</p>	

LOC 7 Placement Stability		
L1	<p>Caregiver maintains open communication with the child welfare team about the child's progress and adjustment to placement and participates in team meetings, court hearings, case plan development, respite care, and a support plan.</p> <p>Definition: Caregiver works to ensure placement stability. Caregiver communicates openly and regularly with case manager, provides required monthly documentation and participates in family team meetings. Caregiver must actively participate in developing a support plan to eliminate placement disruption.</p>	
L2	<p>The child's/youth's needs require caregiver expertise that is developed through fostering experience, participation in support group and/or mentor support, and consistent relevant in-service training.</p> <p>Definition: Caregiver must utilize specialized knowledge, skills, and abilities to maintain child's placement. Child's needs warrant specialized knowledge, skills, and abilities. Interventions provided by caregiver must be in collaboration and consultation with other professions and case managers. Caregiver should provide examples of their specialized knowledge, skill, and abilities to ensure placement and participation in in-service training.</p>	
L3	<p>The child's/youth's needs require daily or weekly involvement/participation by the caregiver with intensive in-home services as defined in case plan and/or treatment team.</p> <p>Definition: Caregiver must collaborate with external supports in order to maintain placement. These external supports provide intensive interventions within the caregiver's home, without which child could not safety be maintained. Interventions must be selected and implemented in collaboration with the case manager. Caregiver collaborates with intensive service interventions and demonstrates specialized knowledge, skills, and abilities to maintain child's placement. Caregiver provides</p>	

	examples of their role in the intensive in-home service provision. Caregiver may require additional training to eliminate placement disruption.	
	Outline the caregiver responsibilities:	

LOC 8 Transition To Permanency and/or Independent Living		
L1	<p>Caregiver provides routine ongoing efforts to work with biological family and/or other significant adults to facilitate successful transition home or into another permanent placement. Caregiver provides routine assistance in the on-going development of the child/youth life book.</p> <p>Definition: Caregiver collaborates with case manager and other community resources to ensure child's permanency goal is met. Caregiver works with youth in ongoing development of youth's life book in preparation for permanency. Caregiver addresses developmentally appropriate daily life skills with the child.</p>	
L2	<p>Caregiver actively provides age-appropriate adult living preparation and life skills training for child/youth age 8 and above, as outlined in the written independent living plan and determined through completion of the Ansell Casey Life Skills Assessment. For those youth available for adoption or guardianship who have spent a significant portion of their life in out of home care, the caregiver (with direction from their agency and in accordance with the case plan), actively participates in finding them a permanent home including working with team members, potential adoptive parents, therapists and specialists to ensure they achieve permanency.</p> <p>Definition: For children 8 and above caregiver develops and monitors daily life skills activities. Caregiver assists the youth in completing the Ansell Casey Life Skills Assessment and uses the results to inform daily activities that promote development of independent living skills. Caregiver also supports efforts to maintain family relationships where appropriate. For children with goals of adoption and guardianship, the Caregiver regularly collaborates with the permanency staff to ensure child's permanency goals are met. If the caregiver will be providing permanency for the child, the caregiver is actively participating in adoption preparation activities. (examples include training, support group, mentor support, respite care) Caregiver can provide examples of ongoing efforts to ensure permanency.</p>	
L3	<p>Caregiver supports active participation of youth age 14 or above in services to facilitate transition to independent living. Services including but not limited to assistance with finances, money management, permanence, education, self-care, housing, transportation, employment, community resources and lifetime family connectedness.</p> <p>Definition: Caregiver partners with independent living resources to ensure youth is</p>	

	prepared for transition to independent living. Caregiver provides assistance and interventions on an ongoing basis and in accordance with established IL plan (for youth over age 15). Caregiver demonstrates role in preparing youth for independent living by providing concrete examples of provided intervention and child's skill acquisition.	
	Outline the caregiver responsibilities:	

Respite processes and payment should be discussed with the child's caseworker and/or your agency representative.

Transportation: Foster parents are responsible for the first 100 miles per month of direct transportation for foster children in their home and are eligible for reimbursement for all miles beyond the initial 100 miles. (Insert 2014 DHHS Administrative Memo ####, previously Title 479 2-002.03E1, Administrative Memo #1-3-14-2005).

Liability Insurance: Federal and state law mandate liability coverage for Foster Parents. For more information speak with your child's caseworker and/or agency representative (Program Memo-Protection and Safety- #1-2001).

SIGNATURES:

Youth: _____

Date: _____

NAME: _____
Foster Parent

NAME: _____
Foster Parent

DATE: _____

DATE: _____

NAME: _____
CFS Worker

NAME: _____
CFS Supervisor

DATE: _____

DATE: _____

NAME: _____
CPA Representative (if involved)

NAME: _____
Other Participant

DATE: _____

DATE: _____

Nebraska Caregiver Responsibility Tool Foster Care Rate Committee July 7, 2015

This report is submitted by DHHS-CFS upon the request of the Foster Care Rate Committee to provide information regarding the implementation of the Nebraska Caregiver Responsibility Tool, which went into effect on July 1, 2014. This tool was implemented in response to LB 530, which called upon the Foster Care Rate Committee to develop a standardized level of care assessment tool to maintain comparable foster care reimbursement rates.

Does the CANS gather the necessary information to identify the needs of the child and the resources needed as identified in the eight domains of the NCR?

Currently DHHS continues to have staff utilize the CANS in the pilot counties, which are Lancaster County, Lincoln County, Adams County and Platte County. The remainder of the state, including Nebraska Families Collaborative (NFC), utilizes the Family Strengths and Needs Assessment (FSNA). The CANS gathers the necessary information to identify the child's strengths and needs and the resources needed to meet those needs as identified in the eight domains of the NCR.

Does the SDM provide adequate information to identify the needs of the child as they relate to the eight domains of the NCR?

The SDM Family Strengths and Needs Assessment (FSNA) has eleven domains in which the child is rated according to the current level of functioning. The eleven domains are emotional/behavioral, sexualized behavior, physical health/disability, education, family relationships, child physical and cognitive development, substance abuse, cultural identity, peer/adult social relationships, delinquent behavior, and life skills. The domains of the FSNA correlate to the caregiver responsibility categories of the NCR. DHHS believes the FSNA provides adequate information to identify the needs of the child. Our current policy and practice is to require all CFSS to complete the FSNA on every family.

Is the CANS needed given the information provided by SDM?

DHHS does not believe that there is a need to continue to utilize CANS. DHHS believes that the SDM FSNA is adequate in gathering the necessary information to identify the areas of needs of the child. Utilization of CANS is a duplication of assessments. DHHS completed a survey with Child and Family Services Specialists (CFSS) regarding the utilization of the CANS and FSNA. The majority of staff surveyed preferred utilizing the FSNA,

and felt the CANS and FSNA were duplication of assessments. DHHS recommends that we discontinue the use of the CANS and utilize only the FSNA.

Does the NCR adequately identify the skills and responsibilities of the foster parent (s)?

Like NFC, DHHS believes the responsibilities of foster parents are adequately identified through the use of the NCR. The three levels of care, Essential, Enhanced, and Intensive are adequate descriptors of the level of engagement to which a caregiver is committed to meeting the needs of a child. The narrative entered below each level of care is used to clearly document how the caregiver will meet the unique and individualized needs of the child beyond the basic level of care. This section is also an appropriate location where the skills and specific training of a caregiver can be documented in order to support the Enhanced and Intensive level of care.

Does the NCR adequately ensure the child's needs are being met?

DHHS believes that the NCR adequately ensures the child's needs are being met by the caregiver. DHHS recognizes that other factors, too, are involved with ensuring that the child's needs are being met, such as selecting caregiver placements that are in close proximity to the child's home school, accessible to visitation with the child's parents and family members, and matches the caregiver's skills with the child's needs. These factors are largely monitored through placement support plans and recruitment and retention plans required by contract with the Child Placing Agencies.

Does the NCR meet the needs of DHHS, Probation, and NFC?

DHHS believes the NCR meets our needs for consistency of rate reimbursement statewide. The NCR is a tool that helps hold the caregiver accountable for meeting the level of care to which they are committed. The completion of the NCR involves collaboration with CFS, caregiver and Child Placing Agency when applicable.

Does the NCR meet the needs of Child Placing Agencies?

At the beginning of implementation of the NCR, there were many questions from Child Placing Agencies. In an attempt to address the initial questions uniformly, NCR trainings were conducted jointly by DHHS-CFS, NFC, and the President of the Foster Family Treatment Association (FFTA) in various locations across the state in order to provide Child Placing Agencies with the opportunity to attend and improve their understanding of the use of the NCR. Many Child Placing Agency staff attended these trainings. Right Turn staff also attended the training as they work with families on post adoption and post guardianship services and may be involved when an adoptive/guardianship parent is requesting a review of their subsidy. Today, DHHS rarely receives questions regarding the use of the NCR. The NCR provides clarity to the CPA's on what their caregivers are willing and able to do to meet the unique needs of the children in their care, and what needs remain to be met by the CPA staff.

How does the NCR impact subsidies?

When determining the amount for a subsidy, per 479 NAC 7-004, “the amount must be no more than payment would be if the child had remained in the Department’s care.” Prior to the implementation of the NCR and the new foster care rates in July 2014, some Child Placing Agencies were paying caregivers a much higher rate than what the prior assessment tool, Foster Care Pay Determination tool, had determined the rate to be based on the child’s behaviors and/or needs. It was difficult for caregivers to understand and accept a lesser rate of pay when it came time to establishing an adoption or guardianship subsidy. Now that there is consistency statewide with utilization of the NCR, DHHS has found that there are a fewer number of rate issues when subsidy negotiations occur.

Do the current rates work and are they reasonable?

DHHS believes the current rates utilized under the Essential, Enhanced and Intensive levels of care are reasonable. DHHS grandfathered-in, through August 31, 2014, those rates that exceeded what the reimbursement rate would have been upon completion of the NCR. This action to grandfather-in rates resulted in the need to enter into approximately 230 Letters of Agreement (LOA) to offset the higher payment. Many of these LOAs were in small amounts that covered an additional \$3.00 to \$30.00 per month. Currently, DHHS only has four youth requiring the need for an LOA to reimburse caregiver and the CPA at a higher rate than that which was determined by the NCR. Some examples of the need for an additional payment are for youth who are Developmentally Delayed (DD) and do not yet receive DD funding, youth with life threatening medical needs, and youth who are medically fragile. While a fourth level of care could be established to meet the higher needs of these youth, DHHS-CFS believes that it may be too early to move forward in this direction.

DHHS recommends the pre-assessment rate remain at the Essential Level of Care rate at the time of initial removal of the child from the home. Our data indicates that nearly 60% of the rates are determined to be at the Essential Level of Care upon the completion of the NCR.

DHHS’ Continuous Quality Improvement (CQI) team is reviewing the calculation of the NCR score and the completion of the NCR Tool on a quarterly basis. There are 95 cases reviewed each quarter statewide. All eight topics of the NCR are reviewed, as well as related questions pertaining to the individuals involved, timeliness, and needs assessment utilized. These reviews are completed by 2 CFS CQI unit staff and 1 CFS CQI Program Coordinator provides second level reviews on 25% of the reviews. Examples of information which CQI is reviewing are:

- Are the domain ratings supported by the NCR narrative?
- Did the worker engage the foster parent(s) in the completion of the NCR?
- Do the identified NCR responses reflect the identified needs/strengths in the formal needs assessment?
- Do the identified NCR responses reflect the information found in the case file?

DHHS data indicates there have been 7,281 NCR's completed from July 1, 2014 to June 1, 2015. This number reflects NCR's which are completed at initial placement of a child in foster care; after a child has been in placement for 6 months; upon the request of a caregiver; upon the request of a Child Placing Agency; upon the request of DHHS-CFS; and, upon any change in placement.

Our data indicated in January 2015, that 56% of completed NCR's were at the Essential Level of Care; 30% were at the Enhanced Level of Care; and, 14% were at the Intensive Level of Care. Our data indicated in June 2015, that 59% of completed NCR's were at the Essential Level of Care; 30% were at the Enhanced Level of Care; and, 11% were at the Intensive level of care. DHHS data continues to indicate the Level of Parenting falls primarily at the Essential Level of Care.

Our data also indicates in our Federal Composite Measure on Placement Stability that the COMPASS measure on June 30, 2014 was 101.3. The Placement Stability COMPASS measure as of June 30, 2015, was 109.5. This Federal Composite Measure reports on a rolling 12 month period. Placement Stability has improved this past year, however, it is unclear if the implementation of the NCR Tool has a direct influence on the Federal Composite Measure for Placement Stability.

The NCR tool has been an adjustment for foster parents, child placing agencies and DHHS-CFSS staff to utilize. The previous tool utilized by DHHS-CFSS to determine the maintenance payment for a foster parent, the FC Pay, was primarily based on the child's behaviors/needs. The NCR is based on what the caregiver is willing to provide to meet the needs of the child. DHHS believes that the process of completion of the NCR has shown great collaboration between the foster parents, child placing agencies, and DHHS-CFSS.



**Prepared by Nebraska Families
Collaborative for the
Nebraska Children's Commission
Foster Care Reimbursement Rate
Committee
July 1, 2015**



COUNCIL ON ACCOUNTABILITY

Nebraska Caregiver Responsibility Tool

- **Does the CANS gather the necessary information to identify the needs of the child and the resources needed as identified in the eight domains of the NCR?**
 - Because DHHS had designated specific pilot sites for testing the CANS tool, NFC does not utilize the CANS at this time so this information is not available.

- **Does the SDM provide adequate information to identify the needs of the child as they relate to the eight domains of the NCR?**
 - The SDM Family Strengths and Needs Assessment adequately identifies the areas of child strength and need.
 - There appears to be sufficient crossover between the SDM domains related to child need and the NCR domains related to caregiver (foster parent) responsibilities.
 - The area that is not covered and requires enhanced critical thinking is if the child has a need and the caregiver is not meeting that need within the home.
 - There is no mechanism in place to reimburse the Child Placing Agency at a higher Provider Administration and Support rate if the agency is supplementing the foster parent efforts to ensure that the needs of the youth are met.
 - For example: a youth who has significant support needs that would score at Intensive if the foster parent were to be able to meet all the needs, but in this example, the foster parent can't provide all the supports to meet the needs of the youth. In this situation, the foster parent is rated as providing Enhanced responsibilities, but the CPA is providing the other necessary supports.
 - NFC would like to see a mechanism for separating the maintenance rate from the Admin and Support rate to justify increases to CPAs if they are supplementing supports.
 - In order to do this type of separation it would require enhancements to the NCR that would include CPA efforts/responsibilities as well as those of the foster parents.
 - Critical thinking is also required to identify the level of support or activity required to meet the identified need.

- **Is the CANS needed given the information provided by the SDM?**
 - NFC does not recommend that there is the need for the CANS given that the SDM domains are thorough and adequately identify areas of need based on current level of functioning.

- **Does the NCR adequately identify the skills and responsibilities of the foster parent(s)?**
 - The NCR generally addresses the responsibilities of the foster parents with the exception of transportation.
 - The NCR reflects cooperation, collaboration and actions to support but does not adequately address foster parent responsibility or participation in transportation of the youth to the required supports if they take place outside of the home.
 - With respect to the skills of the foster parent, there is no measure that identifies the skill level or experience of foster parents.
 - There is reference throughout the NCR to the implementation of special programming and strategies, utilization of specialized equipment and level of involvement with various service providers to meet the needs of the youth.
 - The NCR should contain language regarding specific training the foster parent has received in order to adequately meet the needs of the youth. This should be specific to the individualized needs of the youth to include items such as:
 - Training on specific medical interventions and monitoring (diabetes).
 - Training on the care, maintenance and utilization of specialized medical equipment.
 - Training on behavioral interventions or modification.
 - These trainings should be verified through some proof of attendance and should be outside of the scope of trainings received as part of the support agency standard training requirements.

- **Does the NCR adequately ensure that the child's needs are being met?**
 - If utilized correctly, it would appear that the NCR would support the youth's needs being met within the foster home.
 - It would further ensure the needs of the youth are being met if there was a method to identify the responsibility of the Child Placing Agency supporting the foster home as well.
 - It would be helpful if the NCR was merged with the SDM Strengths and Needs assessment so as to document within the NCR the specific needs of the child so that it is available for reference when completing the assessment.
 - Information directly embedded into the NCR regarding the youth needs would also assist with supervisory review, thus ensuring that the categories selected within the NCR directly relate to the needs of the individual youth.

- **Does the NCR meet the needs of NFC?**
 - The NCR reflects a move toward ensuring that foster parents are being reimbursed for the services and supports they are providing to youth.

- The NCR helps NFC in managing foster parent accountability and compliance to contractual agreements.
 - This tool holds providers and foster parents more accountable to provide supports, interventions, and strategies that better meet the individualized needs of the child(ren).
 - The NCR has been helpful to NFC in reducing and eliminating bartering by agencies and foster parents for increased rates in order to secure placement for youth.
 - The NCR supports the needs of NFC by creating a more measureable and increasingly defined method of ensuring that foster parents are reimbursed for the services and supports they are providing to youth.
 - The NCR supports consistency in foster parent reimbursement between Child Placing Agencies thus minimizing foster parent movement between agencies to obtain higher reimbursement rates.
- **Does the NCR meet the needs of Child Placing Agencies?**
 - While this would be best answered by the Child Placing Agencies, NFC has noted that there have been situations where the Child Placing Agencies are in disagreement with rates or levels of care identified.
 - This has been predominately due to interpretation of the provided definition, thus more enhancements to the NCR definitions and some requirement of supporting documentation for identified L3 areas would be beneficial.
 - It may also reduce disagreements if there were a method to increase or decrease the Provider Administration and Support rate based on supplemental services provided by the Child Placing Agencies to accommodate those areas where the foster parent is not able to meet the needs of the youth.
- **How does the NCR impact subsidies?**
 - NFC has noted that there are remaining issues similar to those experienced with the Foster Care (FC) Pay checklist. This would include rates being approved at higher levels than allowed within the subsidy determination.
 - Subsidies require supporting documentation that is not required as part of the NCR process, thus there are continued struggles with rates having to decrease upon subsidy determination.
 - Specifically when FPS and/or foster parents are asked to provide documentation to support higher levels they are either unable to provide the supporting documentation or the documentation is insufficient to meet the needs of DHHS in the subsidy determination.
- **Do the current rates work and are they reasonable?**
 - NFC is in support of the continued rates related to Essential, Enhanced and Intensive and feels that they are reasonable.

- NFC recommends that the pre-assessment rate be increased to reflect the initial proposed rate identified by the Children’s Commission.
 - Support for this recommendation would include having little knowledge about youth needs upon initial placement.
 - Continued struggles making initial placement of youth at the minimal rate given that little information is available.
- NFC has identified a need for one additional rate of Level of Care related to youth with more significant needs.
 - Populations identified with these needs would include:
 - Youth who are Developmentally Delayed and have a co-occurring mental health diagnosis that have not yet received DD funding;
 - Youth with significant behaviors that are stepping down from an out of state or PRTF placement who require a stabilization period and enhanced services and supports to be successful in foster care;
 - Youth with extreme, life threatening medical needs who require enhanced care to maintain quality of life.

The information below is to be considered an estimate based on information available:

Total Number of Tools Completed

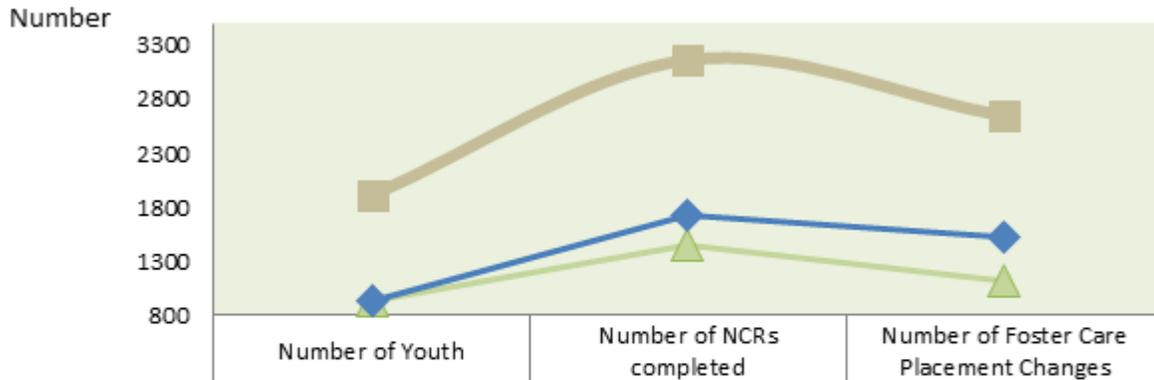
- An estimated total of 3,164 NCR tools were completed during the time period of July 1, 2014 through May 15, 2015 on an estimated total of 1,913 youth.
 - Of these youth, 44% (n=852) had one NCR completed.
 - 563 youth experienced at least one foster care move.
 - A move is defined as only movement between foster homes. Movement to other placement types is not included.
- Of youth experiencing moves:
 - 28% (n=158) experienced a level move

Number of foster care moves	Number
0	1351
1	405
2	114
3	30
4	9
5 or more	4

Number NCRs completed	Number
1	852
2	737
3	226
4	35
5	4

Number of foster care moves	Number
Up one level	108
Up two levels	13
Down one level	35
Down two levels	2

NCRs completed June 1, 2014-May 31, 2015



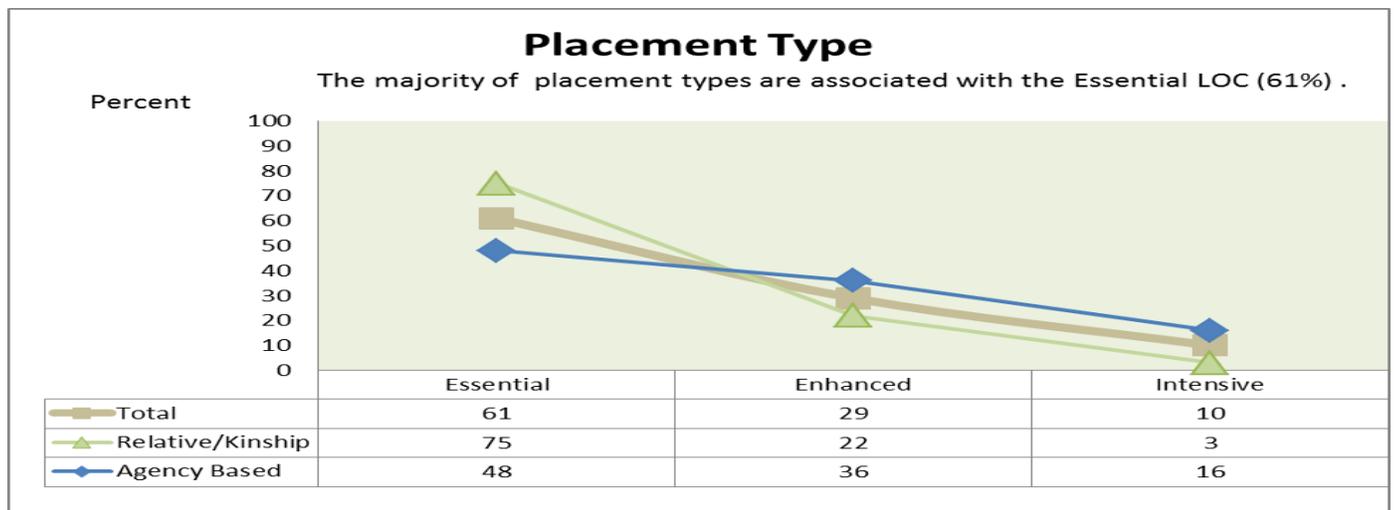
	Number of Youth	Number of NCRs completed	Number of Foster Care Placement Changes
■ Total	1913	3164	2645
▲ Relative/Kinship	929	1443	1116
◆ ABFC	939	1721	1529

Category/Percent

Below is information regarding the percentage of youth based on NCR Level.

- 61% are at the Essential LOC
- 29% are at the Enhanced LOC
- 10% at the Intensive LOC

For both Kinship and Agency Based Foster Care, the majority of placement types are associated with the Essential level. The majority of Enhanced and Intensive are with Agency Based Foster Care:



Recommendations for Future Consideration

- Mechanism for separating Provider Administration and Support rate from Maintenance Rate so that when CPAs are supplementing the supports provided by the foster parent to ensure youth needs are met this can be compensated.
- Add a section to the NCR that specifically addresses the transportation needs of the youth and the foster parent ability/follow through in meeting these needs.
- Require supporting documentation to justify some of the areas within the NCR.
 - This will assist in ensuring that there is less transition of reimbursement and levels during times for subsidy determination.
 - It will also reduce grey areas when determining scoring on the NCR.
- Youth who have already received a scoring on the NCR tool should transition from one home to another home at their current level, as opposed to having to move youth to the pre-assessment level if the NCR cannot be completed at the time of placement.
 - FPS/CFS are already aware of the needs of the youth.

- Placement should not be made unless a foster parent and agency can accommodate the needs of the youth.
- A NCR rate above the Intensive rate that would address youth with more significant/persistent conditions such as:
 - Youth with Developmental Disabilities or similar traits that are not funded by DD.
 - Youth with significant behaviors that are stepping down from an out of state or PRTF placement who require stabilization and enhanced supports to be successful in foster care.
 - Youth with extreme life threatening medical needs who require enhanced care to maintain quality of life.



ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

Corey R. Steel
State Court Administrator

Ellen Fabian Brokofsky
State Probation Administrator

To the Nebraska Children's Commission and Foster Care Reimbursement Rate Committee,

Legislative Bill 530 occurred prior to the juvenile justice reform efforts, however Probation has been represented and engaged in the Foster Care Rate Committee. Probation is aligned with the foster care rate structure in that we implemented a single rate, most closely associated with the older age and higher risk/needs of youth served in the juvenile justice system. Therefore, Probation does not use the Structured Decision Making (SDM) process, the Nebraska Caregiver Responsibility Tool (NCR), or Child and Adolescent Needs and Strengths (CANS) to quantify needs of the child and necessary resources. The rate utilized by Probation is that of the intensive parenting level. The daily administrative rate is also aligned.

Probation relies on the Foster Care System administered by the Department of Health and Human Services, who oversees licensure and recruits homes. It is essential for statewide Foster Care services to be coordinated in order to adequately meet the needs of Nebraska youth. Probation registers Agency Supported Foster Care entities for payment through the Fee for Service Voucher System.

This report outlines data related to youth who are supervised by probation and are placed in relative/kinship and foster care. Also included in this report as requested by the committee, Probation has collected information regarding barriers to placement and experiences with providers.

Relative/Kinship and Foster Care Data:

Probation's data collection for out of home youth underwent changes and improvements that were implemented on January 1, 2015. This report outlines relative/kinship and foster care data from January 2015 – June 24, 2015.

- Number of youth in relative/kinship and foster care:
 - 130 as of 6/24/15
 - 49 relative/kinship and 81 agency
- Relative/kinship and agency supported foster care since January 1, 2015:
 - 270 youth as of 6/24/15
 - 98 relative/kinship and 172 agency
- Average length of stay:
 - For discharged youth = 147 days per placement
- Average age:
 - 15 years old for all placements active since Jan 1, 2015. (Including those currently placed)

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Report to the Committee – Probation Feedback:

To compile the requested information on barriers to placement and experiences, Probation Administration provided a questionnaire to Juvenile Justice Resource Supervisors (JJRS) that represent the twelve Probation Districts in Nebraska.

The responses below represent recurring themes present within the questionnaire responses:

- **What have been the barriers to placing probation youth into foster care in your area?**
 - Lack of service providers
 - Capacity building (Girls' homes always full, no one taking older male youth, youth with aggression or sexual charges are difficult to place)
 - Many homes are unwilling to take probation youth
 - Homes not in communities close enough to keep family and school engaged
 - Length of time the referral process takes
 - Difficulties to place youth due to transportation issues
- **What has been your experience with working with the agency supported foster care?**
 - The overwhelming response was very positive (engaged with probation, supportive of youth, and willing to help out)
 - Some concern that the DHHS process to approve a youths placement is time consuming and may be discouraging to possible foster families
 - Needed clarification for foster families regarding probation placed youth versus abuse/neglected youth. Confusion on the differences between child welfare and juvenile justice placement; especially when families are engaged in the foster care placement
- **What needs to be done to improve the availability and usage of foster care by Probation in your area?**
 - Targeted recruitment. Potentially, probation specific homes or homes that are looking for older youth and maybe more open to shorter lengths of stay
 - Education regarding probation's role in the placement and how that might be different from DHHS
 - Additional education for foster parents (dually supervised youth, criminogenic risk reduction)
 - Improvement regarding transportation: many foster families are struggling with transportation expectations
 - Simplification of the DHHS process to get a Probation youth placed into a foster home especially when a DHHS youth is currently placed there.

Report to the Committee – Provider Feedback:

To compile the requested information on barriers to placement and experiences, Probation Administration contacted six providers across the state to determine their perspective on barriers to placement and experiences.

The responses below represent recurring themes from the providers:

- **What barriers have you seen in placing probation youth into foster care in your area?**
 - Difficulty placing youth in a home where there is already a state ward. This process takes a long time and makes things difficult in emergency or urgent situations
 - Trouble recruiting beds due to the stigma of Probation youth and a lack of understanding about the needs of Probation youth
- **What has been your experience with working with Probation as it relates to foster care in your area?**
 - Overall there was a positive response to working with probation officers
 - In a few areas are seeing struggles in Probations case management of youth in foster care in the areas of family team meetings and service implementation
 - Most providers experienced some struggles early on regarding the voucher system and have since gotten more familiar with its usage
- **What needs to be done to improve the usage of foster care in your area by Probation?**
 - There is a need to coordinate with DHHS on foster care in hope of creating some consistency
 - Improved service utilization by probation with youth while in foster care
 - Need for recruitment of probation specific homes
 - Seeing some youth in foster care who don't need to be or that could be served in a relative/kinship placement
- **What has been the impact of the new rates as it relates to usage by Probation specifically?**
 - No problems noted as reference to the rate
 - One payment is appreciated

Probation – Next Steps:

1. Collaboration with DHHS and Providers in relation to recruitment
2. Increased education of Agency Supported Foster Care regarding the juvenile justice population
3. Increased training of Probation staff to best practices in case management of youth in Foster Care