DIVISION OF CHILDREN AND FAMILY SERVICES

CHILD PROTECTION AND SAFETY
Healthcare Oversight Strategic Plan
2015-2019

OUR VISION:

Children are safe and healthy and have strong, permanent connections to their families.

OUR MISSION:

Coordinated physical and mental health/substance use services will be provided to all children in the Child Welfare System.

OUR COMMITMENTS:

1. Children are our #1 priority

- We ensure children are healthy
- We recognize the importance of access to healthcare and service delivery for children
- We promote timely access to physical and mental health/substance use services for children

2. We respect and value parents and families

- We believe in parents' abilities to provide healthy and nurturing experiences for their children
- We recognize that parents want what is best for their children
- We empower parents to make informed health decisions for their families
- We identify, acknowledge and respect cultural differences

3. We value partnerships

- We respect our collaborative relationships with consumers, service and medical providers, community members and health experts that aspire to keep children and families healthy
- We establish strong partnerships with families and caregivers
- We advocate for families and caregivers to support each individual child's unique health needs

4. We are child welfare professionals

- We are diligent in our efforts to provide supports and services to ensure the health and wellness of children and families
- We promote the healthy development of children and families through training, prevention, diagnosis and treatment
- We aspire to use current best evidence-based approaches when making decisions about the care of children and families

Strategy Key Code

	In Process
	Slow Start
	Reconsider Strategy
	Has Not Started Yet
	Completed

OUTCOME STATEMENT 1: Every child in the child welfare system will have an established medical home.

Strategies	CFSP Strategy	Lead Supports	Start Date	Evidence of Completion *"How Do You Know?"*	Completion Date	Status Progress
1. Increase awareness of what medical homes provide.		D. Elwood	Sept. 2015	Medical Home requirements will be incorporated into the Managed Care Organizations contracts/requirements.		
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016:** **In March 2016, Medicaid will award the Managed Care Organization contracts. This strategy will be incorporated into the Managed Care Organization requirements.**						
2. Identify a medical home for all children who are Medicaid eligible.		A.Goedken M. Nunemaker D. Elwood	Nov. 2015	All children who receive Medicaid will have an identified Primary Care Provider in NFOCUS.		
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016:** **All children who are enrolled in Medicaid have a primary care provider (PCP) identified per Medicaid requirements.** **Need to:** **1. Coordinate with Medicaid to ensure capability of data sharing** **2. Obtain PCP assignments from Medicaid** **3. Cross reference with NFOCUS data to ensure each child's PCP is identified and documented on NFOCUS.** **Mar. 2016:** **DCFS obtained data regarding the number of children in the child welfare system who have an open active Medicaid case. As of 02/22/16 – 85.8% of children in the child welfare system receive Medicaid. DCFS will receive this data monthly.**						

3. Document medical, dental, and vision exams and any needed follow-up care in NFOCUS.		A.Goedken M. Nunemaker	Nov. 2015	100% of medical, dental and vision exams for each child will be documented in NFOCUS.	Ongoing Monitoring	

Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward.

Jan. 2016:

Partner with Quality Assurance Team to coordinate data collection.

This strategy is incorporated into Item 17 of the CFSR.

Continue to work with the field to ensure 100% compliance – data collected via the QA team will be utilized to monitor compliance.

4. Identify the number of children who are not Medicaid eligible to ensure every child has medical coverage and an identified primary care physician.		**A.Goedken M. Nunemaker**	Jan. 2016	Non Medicaid covered children will have a primary care physician documented in NFOCUS.	Ongoing Monitoring	

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Jan. 2016:

Obtain NFOCUS data identifying children/youth not eligible for Medicaid.

Coordinate and partner with the field to identify insurance coverage for non-Medicaid eligible children/youth.

March 2016:

The first monthly data report was received in February 2016 identifying the number of the children who are actively receiving Medicaid. As of 02/22/16, 745 children are not receiving Medicaid.

Next steps:

1. **Identify medical insurance for these children**
2. **Document their medical insurance in NFOUCS (check to see if there is a location for this in NFOCUS for non-court involved youth)-Protection and Safety Procedure #25-2015 requires the Child and Family Services Specialist to document in the Court Report narrative, "Court Report Person-Medical Conditions/Needs" if the child is eligible for health insurance, the insurance provider and next steps to secure health insurance if they do not currently have any.**
3. **Identify a primary care physician for each child**

OUTCOME STATEMENT 2: Each child in the child welfare system will be provided appropriate developmental, physical and mental health/substance use services.

Strategies	CFSP Strategy	Lead Supports	Start Date	Evidence of Completion *"How Do You Know?"*	Completion Date	Status Progress
1. Determine how physical health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home (ACF Federal Requirement)		Dr. Scott D. Elwood M. Nunemaker	July 2016	Passing CFSR items 12A (Needs assessment and services to children) and 17 (Physical Health of the Child).	Ongoing Monitoring	
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016:** **Administrative Memo 18-2015 specifies frequency of medical, dental and vision exam requirements. Additionally, this memo specifies CFS Specialist documentation requirements. Any follow-up requirements from a medical, dental or vision exam will be documented according to said memo.** **The identified needs and services of the child/youth will be addressed in the Family Strengths and Needs Assessment (FSNA) and the case plan.** **Progress towards achieving this strategies will be monitored through CFSR item 12A and 17 case reviews.** **Next Step – determine how emotional trauma for children will be screened and services provided based upon screening results. (Screening for Trauma is a strategy within the Trauma Informed Care Strategic Plan). No additional work is necessary, updates from the Trauma Informed Care Plan will be incorporated into this strategy.**						
2. Determine how developmental health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home		T. Kingsley	Nov. 2015	Passing CFSR items 12A (Needs assessment and services to children) and 16 (Educational needs of the child)	Ongoing Monitoring	
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016:** **Policy Memo 05-04, Early Intervention Service Referrals requires an Early Development Network referral to be sent within 2 working days of the allegation findings for any child under the age of 3 who is involved in a substantiated case of child abuse and/or neglect. This requirement is also incorporated into Admin Memo 16-2013.** **The Education Court Report program guidance memo is currently under development – the Education Court Report requires:** - **EDN referral completed – was assessment completed, results of assessment (birth to 5)** - **Started in September 2014 – added to NFOCUS in November 2015 which will enable DCFS to aggregate data and monitor the needs of children/youth** - **EDN referral currently under modification – to include trauma history within the referral** **This strategy is incorporated into the Education Strategic Plan and the Trauma Informed Care Strategic Plan (Outcome #3).**						

3. Determine how mental health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home		Dr. Brooks Dr. Scott M. Nunemaker	Nov. 2016	Passing CFSR items 12A (Needs assessment and services to children) and 18 (Mental/Behavioral Health of the child)	Ongoing Monitoring	

Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward.

Jan. 2016

Policy Memo #17-2013 states every open case will have a Family Strengths and Needs Assessment (FSNA) completed within the first 60 days of the intake being accepted for assessment and then every 90 days thereafter. This assessment is completed on both the parents and the children. When the children's mental health is identified as a need, this will be addressed in the case plan and referrals for various screenings will be made.

Progress towards achieving this strategies will be monitored through CFSR items 12A and 18 case reviews.

Next Step – determine how emotional trauma for children will be screened and services provided based upon screening results. (Screening for Trauma is a strategy within the Trauma Informed Care Strategic Plan). No additional work is necessary, updates from the Trauma Informed Care Plan will be incorporated into this strategy.

4. Identify culturally appropriate service providers		Josie Rodriguez	Nov. 2016	Culturally appropriate providers will be available		

Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward.

Jan. 2016

March 2016

Information is being collected from the field regarding currently used culturally appropriate service providers.

Next Steps:

Compile the information and identify gaps

OUTCOME STATEMENT 3: Psychotropic medications for children in the child welfare system will be appropriately prescribed and monitored (ACF Requirement).

Strategies	CFSP Strategy	Lead Supports	Start Date	Evidence of Completion *"How Do You Know?"*	Completion Date	Status Progress
1. Develop protocols for the appropriate use of psychotropic medications (ACF Federal Requirement)		A.Goedken	July 2015	Psychotropic Medication Protocols will be developed.	April 2015	

Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward.

Jan. 2016:

Nebraska Medicaid adopted 10 criteria to assure the proper use of psychotropic medication. These criteria were based on the recommendations made by the Nebraska Drug Utilization Review (DUR) Board which was adapted from the Texas Department of Family and Protective Services guidelines. As of April 2015, all of these criteria have been incorporated into Medicaid standard practice. A prescription claim will be denied by Medicaid when a prescription falls outside of the identified criteria (refer to Psychotropic Medication Guidelines for the Nebraska Department of Health and Human Services, Division of Children and Family Services for more details). An approval process for prescription outliers will be followed by any prescribing practitioner.

2. Develop protocols for the appropriate monitoring of psychotropic medications (ACF)		A.Goedken	July 2015	Psychotropic Medication Monitoring Protocols will be developed.		

Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward.

Jan. 2016

Protocols have been drafted and reviewed by the Healthcare Oversight Committee.

The psychotropic medication memo was sent to the field and legal for feedback in February 2016.

Mar. 2016

Psychotropic medication memo has been modified to include feedback from the field. It is anticipated this memo will be operational effective April 1, 2016.

Apr. 2016

The Psychotropic Medication Program Guidance Memo operational, effective April 1, 2016.

Next Step:

- **Determine how to monitor compliance with the memo.**

3. Review and revise current consent process		A.Goedken	July 2015	Consent form will updated and available to the field.	March 2016	

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Jan. 2016

Protocols have been drafted and reviewed by the Healthcare Oversight Committee.

The psychotropic medication memo was sent to the field and legal for feedback along with the consent process.

Mar. 2016

Psychotropic medication memo has been modified to include feedback from the field. It is anticipated this memo will be operational effective April 1, 2016.

The psychotropic medication memo does include a Psychotropic Medication Consent Form.

OUTCOME STATEMENT 4: Each youth transitioning out of the child welfare system will receive information and resources to ensure his/her health care needs can be met.

Strategies	CFSP Strategy	Lead Supports	Start Date	Evidence of Completion *"How Do You Know?"*	Completion Date	Status Progress
1. DCFS will partner with transitioning youth to identify options for health insurance (ACF Federal Requirement)		M. Nunemaker D. Breakage	Jan. 2016	Conversation regarding health insurance documented in N-FOCUS in the youth's Transitional Living Plan. This will be monitored through the Quality Assurance Process.	September 2015	
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016 – New Strategy** **Every youth transitioning out of foster care has a Transitional Living Plan (per federal requirements) – options for health insurance is required within the Transitional Living Plan. Protection and Safety Procedure #30-2015 outlines the requirement for the Child and Family Services Specialist to explain health care options required for enrollment in Medicaid coverage for former foster care children as available under the federal Patient Protection and Affordable Care Act.**						
2. DCFS will educate and support transitioning youth in the identification of a primary care provider and other medical professionals (vision, dental, etc.)		M. Nunemaker D. Breakage	Jan. 2016	Conversation regarding Medical Home documented in N-FOCUS in the youth's Transitional Living Plan. This will be monitored through the Quality Assurance Process.	September 2015	
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016 – New Strategy** **March 2016** **Every youth transitioning out of foster care has a Transitional Living Plan (per federal requirements) – options to create or maintain a Medical Home is required within the Transitional Living Plan. Protection and Safety Procedure #30-2015 outlines the requirement for the Child and Family Services Specialist to explain to the youth regarding Medical Homes and how to create or maintain one.**						
3. DCFS will partner with transitioning youth's medical professionals to determine if a guardian is needed and/or the level of his/her own medical decision making.		M. Nunemaker D. Breakage	Jan. 2016			

Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016 – New Strategy** **March 2016** **Have a conversation with the large group to determine if this strategy is needed as youth who are identified as needing ongoing developmental services are referred to Developmental Disabilities for services. This need would then be met through the youth's team.**						
4. DCFS will provide information to the transitioning youth regarding a health care proxy and the option to execute such a document (ACF Federal Requirement)		M. Nunemaker D. Breakage	Jan. 2016	Conversation regarding the Durable Power of Attorney for Health Care is documented in N-FOCUS and the signed acknowledgement is scanned into N-FOCUS. This will be monitored through the Quality Assurance Process.	September 2015	
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016 – New Strategy** **March 2016** **Every youth transitioning out of foster care has a Transitional Living Plan (per federal requirements) – a Durable Power of Attorney is required within the Transitional Living Plan. Protection and Safety Procedure #30-2015 outlines the requirement for the Child and Family Services Specialist to explain the Durable Power of Attorney for Health Care. The youth is provided with a form that states they have been explained what a Durable Power of Attorney for Health Care is and they will receive directions and form to appoint one if they so choose.**						
5. DCFS will create a transition plan to help the youth develop the skills to advocate for his/her own health care needs.		M. Nunemaker D. Breakage	Jan. 2016	Documentation in N-FOCUS under the youth's Transitional Living Plan. This will be monitored through the Quality Assurance Process.	September 2015	
Please report the amount of progress made in the past year with implementing this strategy and identify key activities, timeframes or data measures. If progress has not been (yellow or white status), please explain the reasons, barriers and resources needed to move the strategy forward. Indicate revisions or adjustments that need to be made to the strategy and include those stakeholders have or intend to partner with to move this strategy forward. **Jan. 2016 – New Strategy** **Every youth transitioning out of foster care has a Transitional Living Plan (per federal requirements). One of the goals that can be identified in the Transitional Living Plan is Health Education and Risk Prevention. Through this goal, the Child and Family Services Worker can assist the youth in developing the skills needed to advocate for his/her own healthcare needs to include referring the youth to various service providers who can support the youth with the necessary skills.**						