

**Boys and Girls Home of Nebraska and its Subsidiaries  
Central Service Area**

**Quarterly Report for Child Welfare and Juvenile Services**

<b>Lead Agency Name:</b> Boys and Girls Home of Nebraska, Inc.		
<b>Address:</b> 1404 East 39 <sup>th</sup> Street, Kearney, NE 68848		
<b>Lead Agency Contact Person:</b> Kristie Stricklin		<b>Telephone Number:</b> 402-564-4949
<b>Quarter</b>	<b>Reporting Periods</b>	<b>Due Dates</b>
<input type="checkbox"/> Quarter 1	July 1 – September 30	October 15
<input checked="" type="checkbox"/> Quarter 2	October 1 – December 31	January 15
<input type="checkbox"/> Quarter 3	January 1 – March 31	April 15
<input type="checkbox"/> Quarter 4	April 1 – May 30	June 15
<input type="checkbox"/> Quarter 4 (update)	April 1 – June 30	July 15
<b>Date Submitted:</b> 1-15-10		<b>Date Received:</b>

**1) Quarterly Summary**

a) **General Overview**

Boys and Girls Home of Nebraska, Inc. officially began transition of families on December 1, 2010 and will continue a transition of families over the next several months in Central Service Area. With this transition has come a gamut of identified strengths, accomplishment and barriers that maintain discussion, planning and revision status amongst our implementation team. We envision that our team will experience these diverse and complex issues, both those that are positive and those that are not, for several years. However, as quickly as barriers arise, also are immediate responses and processes to support these identified issues long term. In an effort to streamline the multitude of issues and situations that are new to our agency and this contract, an agency implementation team has been established that consists of all integral departments that play both direct and indirect roles in the success of the Reform.

**Accomplishments:**

A strong and consistent agency mission has helped guide our team, new staff included, in the program development and implementation phase. The mission of **Boys and Girls and Family Services, Inc. and Its Subsidiaries** is “to improve the lives of children and families” and is supported by the agency’s vision to be an innovative leader in revitalizing humanity by restoring hope; building stability; and creating connectedness for children, families, and communities. The priority of the organization is to provide unconditional care to children that have serious mental illness and behavioral challenges and their families so that they may have the opportunity to live healthy and meaningful lives. The core values of Boys and Girls Home are fourfold:

- o Accountable to self and others
- o Creating and nurturing healthy interactions
- o Excellence and quality

## **Boys and Girls Home of Nebraska and its Subsidiaries**

### **Central Service Area**

- Learn, teach, and model

Much focus has been devoted to the initial training and acclimation of Service Coordinators, Team Leaders, Youth and Family Specialists, Team Assistants, Care Management Coordinators, CQI Specialists, and Resource Coordinators. The Central Service Area is also home to the 24/7/365 call center that serves Central, Western, and Northern Service Areas, and is covered by trained call center professionals. Initial discussions regarding the implementation of this contract reflected the devout need to emphasize the paradigm shift that must occur on all levels that will allow partnering with families in order to assist them in reaching outcomes. This shift will take time to occur through training, mentoring, leadership and example, but will be maintained as a priority in all service provision activities. A conscious decision was made to devote significant time and effort to training new staff as they are hired, as described in more detail in the Training Plan and update. This investment includes two weeks of core training in addition to the new worker training that Service Coordinators complete. Though this, at times, appears cumbersome, we view enhanced skill building and knowledge an accomplishment that ultimately benefits families.

Other accomplishments include the development of various processes that support making positive changes in our system, which includes a process for management of all out-of-home placements by a Care Management Team that monitors and manages all non-treatment beds in our three service areas to ensure appropriateness of placement occurs and encourages Service Coordinators to identify safe and creative mechanisms for keeping children in their homes. The Care Management Coordinator also assists with collaborating with managed care and placement sub-contractors within and outside of our three service areas to reduce out-of-home placements and more appropriately manage the fiscal impact. It has been noted that within the month of December, Residential shelter placements have significantly reduced in all three service areas, a notable trend that demonstrates success.

The list of successes continues, with examples including (but not limited to): creation of a new independent living program (GPS) that has been designed to more adequately enhance the development and transition of youth ages 8-21 years through inventive and evidence supported efforts; application of family and youth assessment tools that guide service provision by family; creative use of flexible funding; development of a new foster care system that promotes foster parent involvement in directly influencing and supporting permanency as a partnership with families; collaboration with the Federation of Families to advocate and informally support families through service provision and aftercare; partnership with NFAPA to support and improve the foster care system-placing emphasis on the use of more informal kinship placements when possible; partnership with CFSS staff to support families jointly; and a plethora of identified successes and accomplishments.

#### **Barriers:**

With the implementation of any new program, and specifically a new program of this magnitude, barriers are inevitable. However, these barriers are also successes as they provide opportunity for growth and improvement. Our agency focuses on identification of barriers on all levels with a streamlined method of collecting input on barriers as they arise so that solutions can be found both immediately and long term.

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Examples of identified barriers on the direct contact level have included difficulty learning a very complex process that includes child welfare policy and procedure, our agency policy and procedure, federal requirements, program plan requirements, best practice and various model practices. Though staff has certainly voiced frustration and fear, the processes becomes more clearly refined each day as they are applied to various situations that occur with children and families. Our agency has had a steep learning curve on various levels, but the mixture of management staff and direct staff that has come to the agency from various walks of life has proven to be a dynamic blend of cultures all adapting and infusing rich knowledge into system development. Agency culture has proven to be dynamic with the 300 plus additional staff that have already been added to the agency total within 4 months, thus proving both challenging and beneficial to the ongoing adaptations any agency must make to meet the demands.

Other barriers have varied in degree of potency and effect on service provision, but have included not receiving adequate information at the time of transition, some lack of cooperation between system partners; discrepancies in roles and responsibilities, power struggles and learning how to move away from crisis in order to effectively assist families in planning for permanency.

### **b) Description of Strategic Partnerships /Collaborations**

Partnership with community stakeholders, system partners, families, youth, sub-contractors and other diverse organizations that make up a community culture are not only instrumental in the success of partnering with families for successful outcomes, they are imperative. Boys and Girls Home relays these relationships as an integral and vital benchmark towards agency success and overall sustainability. In order to assist families to meet their needs, connections must be sought on every level necessary to meet those needs. These needs vary by individual and family and may include specific interactions or common communication or services related to physical health, mental health and substance abuse, faith based relationships, educational connections, financial assistance connections, informal and formal service and support connections and advocacy. In order to help a family find these lasting connections, it is important for Boys and Girls Home to first facilitate discussion and mutual working agreements in each community in order to develop relationships based on trust and mutual outcomes. In order to immerse the agency and its representatives in such a culture, Boys and Girls Home has asked for assistance from various system partners, who include (but are not limited to): the Federation of Families and the affiliate Family Organizations, NFAPA, the Behavioral Health Regions, System of Care Team, Youth Network Teams, various community partnership team, etcetera. Additionally, the agency believes that being a part of the community on all levels leads to better working relationships-giving back and sharing resources. This venture is shared with families that may utilize community resources by asking them to, in turn, share of their skills and abilities in their community through community service and volunteer activities.

In February, 2010, Boys and Girls Home will attend the initial Advisory Committee meetings in which the agency has requested assistance in facilitating from the Federation of Families and NFAPA. There will be community Advisory Teams set up geographically, initially in the larger communities, but with ability to span out into the more rural areas of all three service areas. The committee will be responsible to acting as an advisory team to Boys and Girls as specifically related to the Reform

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contract. Members will include various providers, stakeholders, partners, families and youth that will be empowered to provide feedback and recommendations in addition to managing various projects such as the Community Resource Guidebook for families and children. This endeavor serves various purposes with priority on community engagement and the continual feedback loop that assists our agency in ongoing improvement efforts.

Many adaptations to the original plan of utilization of various subcontractors have been adapted over the past several months. These adaptations have had to occur due to changes in allotted dollars provided for the Reform primarily, though various system issues have also played a role in making decisions regarding use of subcontractors. Though Boys and Girls Home believes that use of strong, competent and reliable subcontractors helps ensure appropriate management of a system of care approach, best practice program planning and financial ability have prevented the occurrence of all previous plans to utilize subcontractors in a manner that supports our system fully. Due to this, a small number of subcontractors have been selected to provide services for Boys and Girls Home within each Service Area (this list has been submitted to DHHS for approval). Though we will continue to subcontract for Group Home and Enhanced Specialized Foster Care Services, we will be employing the majority of Youth and Family Specialists instead of utilizing Family Support Workers and Visitation Aides with various agencies. However, some agencies have agreed to provide "Leased Staff" that will act as Youth and Family Specialists that will report to Team Leaders within each Geopod. Additionally, some Subcontractors will be utilized for a transitional period, such as Central Plains for Services, who continued serving PALS and TLP youth in December, and will manage existing PALS youth through March with all new Independent Living youth being served by Boys and Girls Home as of January 1, 2010. Other subcontracts include supportive services such as with the Federation of Families and the affiliate Family Organizations and NFAPA.

Barriers that have come into play in regards to subcontractors has been the limited funding available, which prohibits the essential existence of dual administrative entities and their related expenses, such as that of our agency and various subcontractors. Communication with the subcontractors regarding contract extensions has caused some difficulty as there was uncertainty as to whether or not every existing DHHS subcontractor would maintain a contract through implementation and fear that our agency may not proceed with a subcontract or would provide an alternate rate. Though in some cases, we have negotiated lower rates, it has been more typical that we have asked more of subcontractors, including expecting group home staff to assist with a youth's transition home by facilitating weekend visitation or asking foster parents to provide Intentional Family Interaction-Parenting Time with biological parents. Various subcontractors have openly shared that they are not pleased with the lack of communication from DHHS and the confusion this entailed when our agency could not provide specific details for a period of time. Many subcontractors also opted not to sign the "Leased Staff" contract that provided a monthly rate that included salary, benefits, taxes, insurance and mileage, stating that they were uncomfortable with loss of control and the difference between the flat rate and the hourly rate. Though Boys and Girls Home was disappointed and fearful of the outcome when losing many small subcontractors that have made up the culture in small communities, a decision was made to move forward with Leasing from those willing and hiring Youth and Family Specialists where subcontractors could not proceed,. The accountability outside of Leasing was more tangential than having our Team Leaders directly supervise Service Coordinators

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and Leased Youth and Family Specialists. It was deemed more important to stay true to our proposed model which includes single point of contact and having one Youth and Family Specialist assigned to a family or a set of families as opposed to attempting to continually locate various providers to fill in on visits with little accountability to ensure that the visit occurred. With the model we will maintain, the bottom line is that the team will be responsible for ensuring all visits (Parenting Time sessions) occur as scheduled.

Other community relationships will continue to need special attention, such as the court system. Though our Administrative team has met with county court judges regarding our program, what to expect, etcetera, it is clear that communication and relationship building will need to remain prioritized.

c) **Results of the utilization of identified service models**

At this juncture, results are unclear due to only have a portion of the families transitioned into the program over the past month, though these will begin to become clearer by 3<sup>rd</sup> quarter.

d) **Future Plans / Next Steps**

Boys and Girls Home originally developed an implementation plan after making the decision to move forward with the Reform contract. This plan has been utilized as a tool to help direct us and bring us back to a focus area, when necessary. The plan continues to assist us in the ongoing identification of barriers and solutions to those barriers.

System Complexity in the learning environment for staff is being addressed in various ways. Though all staff have received the core training and process training following that, it has been determined that more emphasis on practice is needed for full competency. This is being achieved by providing additional support to Team Leaders related to process and complexities so they can guide their team more effectively. Additional, more intensive training will be provided on process to new staff attending core training and ½ day trainings will be scheduled each month with Service Coordinators specifically related to process, policy and procedure.

Integration of cultures into our agency has and will be addressed through initial training of staff on our agency values, principles, beliefs, mission and vision. Staff are asked to create their personal mission statement and share this regularly in meetings with peers in order to better understand each other. Individual's cultures are both respected and appreciated when guidance towards working within our agency mission is achieved. The personality adaptations and rapid growth are the larger issues at hand and are being addressed by bringing the team together often and working through barriers.

Receiving lack of information from CFS staff at the time of transition is being addressed within each service area. Service Areas have been open and receptive to solutions and have promoted improvement amongst their teams as readily as Boys and Girls Home.

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**2) Contractor Employment Information**

- a) **Contractor allotted FTE's for Service Coordinators:**  
CSA: 40
- b) **Contractor Service Coordinator positions that are filled and able to carry a full caseload:**  
CSA: 19
- c) **Contractor Service Coordinator positions that are currently in training**  
CSA: 5
- d) **Contractor Service Coordinator positions that are vacant:**  
CSA: 16
- e) **Contractor allotted FTE's for Supervisor:**  
CSA: 5
- f) **Contractor Supervisor positions that are filled:**  
CSA: 5
- g) **Contractor Supervisor positions that are vacant:**  
CSA: 0
- h) **Average length of employment for Service Coordinators:** NA-will report for 3<sup>rd</sup> quarter when we have conclusive data
- i) **Average length of employment for Supervisors:** NA-will report for 3<sup>rd</sup> quarter when we have conclusive data

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Employment Information					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
a. Allotted FTE's for Service Coordinators		40			40
b. Filled Service Coordinator Positions		19			19
c. Service Coordinator positions currently in training		5			5
d. Vacant Service Coordinator positions		16			16

**3) Foster Parent Recruitment and Retention Update**

- a) A description of the diligent recruitment activities this quarter of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the Service Area for whom foster and adoptive homes are needed. Boys and Girls Home began providing and managing foster care in December, 2009. Though Foster Parent Recruitment is considered vital to the success of this project, emphasis was placed on implementation. Recruitment activities are being developed in coordination with NFAPA and providers to ensure availability of foster homes in all three service areas. Recruitment efforts will include, but not be limited to
  - i) **Number of foster homes licensed this quarter: 6**
  - ii) **Number of foster homes closed this quarter: 0**

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There were no new homes licensed this month and there were no foster homes closed this quarter.

- b) **A description of individualized recruitment of homes activities** this quarter including relative placements to support children, families and resource families to meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs, etc)
  - i) **Number of individualized foster homes approved this quarter:** 100
  - ii) **Number of individualized foster homes licensed this quarter:** 6
  - iii) **Number of approved individualized foster homes closed this quarter:** 0
  - iv) **Number of licensed individualized foster homes closed this quarter:** 0

This month we worked on updating our Foster Parent Recruitment Plan and on the transfer of 322 licensed and approved homes.

- c) **A description of foster homes transferred to your organization from another organization and transferred from your organization to another organization**, including the reasons for the transfers.
  - i) **Number of foster homes transferred to your organization:** 322
  - ii) **Number of foster homes transferred from your organization to another organization:** 0

322 licensed and approved foster homes were transferred to the Boys and Girls home from the Department of Health and Human Services.

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<b>Foster Parent Recruitment and Retention</b>			
Licensed Foster Homes	# of Families		
	New	Ongoing	Closed
	0	0	0
Approved Foster Homes	# of Families		
	New	Ongoing	Closed
	4	100	0

- d) **Any updates to the protocol that “matches” children and youth with resource families**

None at this time.

- e) **Any updates to the protocol that required to actively search and identify non-custodial (both maternal and paternal) and other relatives for possible placement and as life long connections**

When a Service Coordinator contacts the Resource Developer for a placement they are asked if there are any non-custodial or other relatives that might be able to provide a possible placement.

- f) **A description of the supports and education/ training** for foster and adoptive parents and relatives and kin-care providers provided this quarter
  - i) **a brief, one-paragraph syllabus of the training activity**

Boys and Girls Home will require potential foster parents to attend the PRIDE (Parent Resource for Information, Development, and Education) pre-service training program. PRIDE is a competency-based program consisting of 9 three-hour sessions, and covers topics ranging from attachment issues, loss issues,

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discipline, effects of abuse and neglect, sexual abuse, and the effects of fostering and adopting on the family. PRIDE is taught through a co-trainer model that consists of an agency trainer and a foster or adoptive parent trainer. PRIDE is designed to train prospective foster and adoptive parents together.

**ii) indication of the setting/venue for the training activity**

Potential Foster parents will be provided PRIDE training within the Service Area in which they reside in order to ensure access and ease, as well as providing them an opportunity to build relationships with trainers from their service area and other foster parents. Much training activity will occur over the next several months, including:

PRIDE: February 5<sup>th</sup>, 6<sup>th</sup>, 11<sup>th</sup> and 13<sup>th</sup> in Grand Island, March 13<sup>th</sup>, 20<sup>th</sup> and 27<sup>th</sup> in Kearney, April 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup> and 27<sup>th</sup> in Hastings, April 29<sup>th</sup>, May 5<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27 and June 3<sup>rd</sup>, 8<sup>th</sup> and 10<sup>th</sup> in Grand Island.

Connect Orientation: February 15<sup>th</sup> in Kearney.

In-service Training: Life Book Training in Hastings on March 8<sup>th</sup>. Respite training will also occur in each service area in the next quarter, followed by Documentation training, Respite Provider Training and Family Organization training- working with birth families.

There will continue to be PRIDE training occurring in each Service Area, with a plan to have 8 in the Central Service Area in the next year.

**iii) indication of the duration of the training activity**

Each training will vary in duration, and hours will be reported as they occur in the quarterly report.

**iv) provider of the training activity**

Boys and Girls Home has subcontracted with NFAPA to provide the majority of training activity for Traditional and Kinship Foster Parents, though Boys and Girls Home will also provide training opportunities and partner with Agency Based Providers, as well.

**v) indication of the audience to receive the training**

The audience will include all foster parents from relative/kinship, traditional, respite providers, agency and enhanced foster home and adoptive homes.

There was no training provided in the month of December because of the holidays.

**4) Licensing Waivers (case-by-case waivers of non-safety licensing standards)**

a) **Number of case-by-case waivers granted this quarter: 0**

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<b>Licensing Waivers (case-by-case waivers of non-safety licensing standards)</b>					
	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Annual Total</b>
Number of case-by-case waivers granted	N/A	0			0

- b) An assessment of how granting such waivers have affected children in foster care, including their safety, permanency and well-being**

This item will be thoroughly reported on in quarter 3.

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

This item will be thoroughly reported on in quarter 3.

- d) Actions the Contractor plans to take or is considering taking to increase the percentage of relative foster family homes that are licensed while ensuring the safety of children in foster care and improving their permanence and well-being; and**

This item will be thoroughly reported on in quarter 3.

- e) Suggestions the Contractor has for administrative and/or legislative actions to increase licensed relative care.**

This item will be thoroughly reported on in quarter 3.

There were no Licensing Waivers granted this quarter.

**5) Child and Family Services Plan Update**

Goal: Strengthen the Nebraska Safety Intervention System

- Objective: Improve Absence of Maltreatment Recurrence (Standard 94.6)
  - 99% of children served by BGH were absent of maltreatment recurrence based on the current data
- Objective: Improve Absence of Maltreatment in Foster Care (Standard 99.68)
  - Baseline: 99.56
    - 99% of children were absent of maltreatment in Foster care in December 2009 under the supervision of BGH.

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

- Objective: Decrease total number of state wards
  - BGH served 46% of state wards in-home in December 2009 under the OOHR Contract based on the current data,

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

- Objective: Achieve and Maintain Timeliness and Permanency of Reunification (Standard 122.6)
  - Baseline: 108.6

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- Since services to families did not begin until 12-1-2009 insufficient data is available to provide accurate data for this goal.
- Objective: Achieve and Maintain Timeliness of Adoption (Standard 106.4)
  - Baseline: 102.6
    - Since services to families did not begin until 12-1-2009 insufficient data is available to provide accurate data for this goal.
- Objective: Maintain Permanency of Children in Foster Care (Standard 121.7)
  - Baseline: 149.9
    - Since services to families did not begin until 12-1-2009 insufficient data is available to provide accurate data for this goal.
- Objective: Achieve or Exceed and Maintain Placement Stability (Standard 101.5)
  - Baseline: 89.9
    - Since services to families did not begin until 12-1-2009 insufficient data is available to provide accurate data for this goal.

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

- Objective: To implement Nebraska's Child Welfare and Juvenile Services Reform
  - Implementation Contracts signed 12/1/09 and activities that were done to develop the Continuum of Care are listed below:
    - New Service for BGH Family Group Conferencing Training-29 present including our staff, family partners and NFAPA
    - ICWA Training and Awareness
    - By serving entire families as opposed to individual clients this will increase the ability and advocacy for healthcare access.
    - ICWA Training and Awareness
    - By serving entire families as opposed to individual clients this will increase the ability and advocacy for healthcare access. In the Q3 report we will include the data for children who received a physical exam within 14 days of placement
    - Boys and Girls Home as made considerable advances in developing the structured independent living program. They have incorporated a structured career & job-hunting, educational, subsidized living, and structure transitional living program. The program will begin implementation in the first quarter of 2010.

### Success Stories in achieving the CFSP goals:

#### Story #1:

Our Service Coordinator took part in a removal of a little boy. His house was a disaster and he was not attending school regularly. Because of the OOHR contract our Service Coordinator was able to be more involved, Mom got the house cleaned up and signed herself up for therapy and parenting classes in a matter of days. The Service Coordinator was able to go out and see the house, confirm her classes, and the little man was back home on just 8 days after the removal! The things we were able to take part in with this family, are roles that never could have been accomplished under the roles of Family Support Worker and CFS worker. I feel that the new "freedom" as service coordinator, and the willingness to get their little boy back home, leads to his quick reunification! I couldn't be happier!

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Story #2:

The daughter of the family was getting out of YRTC and our staff worked hard to get her home before Christmas, that was good but the better part was we took over one our staff that speaks Spanish and the Mother was so thankful to have a voice finally. Before the only communication was with the father of the family so the mother never had a voice and the HHS worker had talked to him and not the Spanish-speaking mother. By involving the whole family not just who was English speaking it will increase the success for this entire family. The mother was very thankful and said "Thank you Boys and Girls home for giving me a voice and for bringing our daughter home, thank you, thank you"

**6) Disaster Plan Updates**

The Disaster Plan submitted has not yet been approved and Boys and Girls Home will be submitting revisions for approval in January, including any updates for December.

**7) Chafee Foster Care Independence Update**

This initial plan will be submitted to DHHS by the established contract date of April 1, 2010.

**8) Training Update**

**a) A description of the additional types of new worker training offered and provided by the Department and the Contractor for Service Coordinators**

The following course is required for all Service Coordinators prior to initial contact with families:

- Blood Borne Pathogens
- CQI
- Driver Safety- DDC-4
- Ethics
- Family Centered Assessment
- Family Centered Practice
- HIPAA
- HR Orientation
- Intentional Family Interaction/Parenting Time Guidelines
- Mandatory Consultation Points
- Service Strategies
- TACT 2-Descalation
- Understanding the Service Array

**b) The number of contract staff who completed initial training requirements**

As of December 31<sup>st</sup>, 2009 29 new employees have been hired and continue to be trained based upon training requirements.

**c) The number of new employee training hours delivered**

Resource Coordinators: 47.5 hours per staff  
Service Coordinators: 51 hours per staff  
Youth and Family Specialists: 47.5 hours per staff

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Team Leaders: 53 hours per staff

Team Assistants: 28.5 hours per staff

Care Management Coordinators: 49 hours per staff

CQI Specialists: 13.5 hours per staff

Call Center Staff: 10.5 hours per staff

Independent Living Specialists: 50.5 hours per staff

**d) A description of the types of on-going training/in-service training made available for service coordinators**

Boys and Girls Home requires all staff to complete a core training that includes HR specific issues and model related philosophy. Below is a list of the available training that is currently available and has been provided in the training plan. Each employee has training requirements based upon their position that they must complete prior to client contact, within 3 months, 6 months, 12 months, annually, or as a continued education opportunity. The below trainings are in addition to the New Worker training provided by DHHS and CCFL. Below is the current course work available:

- Blood Borne Pathogens
- CQI
- Driver Safety- DDC-4
- Ethics
- Family Centered Assessment
- Family Centered Practice
- HIPAA
- HR Orientation
- Intentional Family Interaction/Parenting Time Guidelines
- Mandatory Consultation Points
- Service Strategies
- TACT 2-Deescalation
- Understanding the Service Array
- CANS
- CFSR Measures
- Conflict Resolution
- Critical Thinking/Decision Making
- Evaluating Team Meeting Quality
- Genopro
- NCFAS
- Report Writing and Documentation
- Site Based Safety
- Systems of Care
- Ansell-Casey Life Skills Assessment
- Boys Town IFP
- Supervisory Training
- Collaboration/Communication with System Partners

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- Cultural Competency
- Effective Communication and Team Building
- Love and Logic
- Mental Health and Substance Abuse Issues
- Parent-Professional Partnering
- Trauma Informed Care
- HIPAA Review
- Driver Safety Review
- BBP Review
- CANS Recertification
- Family Centered Practice Review
- Data Management and Team Performance
- The Role of the Team Leaders on UM/CQI Teams
- The Role of the Core Team
- Independent Living Guidelines
- Legal Lingo 101
- Finding Resources for Families and Youth
- Adoption/Approval/Licensing
- Adoption Website Management
- Home Study Overview
- Indian Child Welfare Act
- Licensing Overview
- Life Books
- Multi-Ethnic Placement Act
- Placement Types
- Recruitment and Retention

**e) Number of on-going/in-service training hours delivered to staff**

As of December 31<sup>st</sup>, 2009 - 19 Service Coordinators have been fully trained or began training and there are 51 required hours for initial training, so 969 hours of training have been provided to Service Coordinators. This number does not include the other program positions.

No ongoing hours have yet been provided due the contract beginning December 1, 2009.

**f) Cost of training provided by the Contractor to Service Coordinators**

Comprehensive data could not yet be provided for this timeframe, but will be fully reported to include December in the 3<sup>rd</sup> quarter report.

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<b>Training Report</b>					
	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Annual Total</b>
Number of New Employee Training hours Delivered		969.00			969
Number of On-going /In-Service Training hours Delivered		0			0
Cost of Training Provided by Contractor		NA			0

**9) EBP/NON-EBP**

**Overview**

Boys and Girls Home employs several interventions that are Evidence Based or Best Practices. Overall, the implementation of the Systems of Care approach guides these interventions. A system of care is not a program — it is a philosophy of how care should be delivered. Systems of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs.

The overarching principle for our interventions is the Wraparound Model. The criteria for the program are for services to support youth in achieving a stable permanent placement with an adult committed to maintaining the permanency. The guiding principles place decision making in the hands of a team where families have a high level of decision making. Although the Court often drives the process with its authority, the Department of Health and Human Services has oversight. However, case plan goals can and should be driven by the family’s commitment to the process.

Wraparound efforts are based in the community and encourage natural supports and resources. The principle is to reduce formal supports as natural supports increase. It is a team driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized service plan.

Wraparound was designed for children and youth with severe emotional, behavioral, or mental health difficulties and their families. Most often these are young people who are in, or at risk for out of home, institutional, or restrictive placements; and who are involved in multiple child and family-serving systems (e.g. child welfare, mental health, juvenile justice, special education, etc.)

Wraparound is widely implemented in each of these various settings; however, because the youth have multi-system involvement, wraparound participants have many similarities across settings. The model is designed to increase Placement Stabilization, increase Permanency placement and improve child/family well-being. Other goals to be addressed include (but are not limited to) meeting the complex needs of children who are involved in various systems, placing families, providers and key members of the family’s social support network in a collaborative role to build and create a plan that responds to the particular needs of the child and family.

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Service and supports are individualized, should build on strengths, and meet the needs of children and families across life domains to promote success, safety, and permanency in the home, school and the community. The process should be culturally competent, building on unique values, preferences, and strengths of children, families, and their communities. The plan should be developed and implemented based on a collaborative process. Outcomes are determined and measured by the system, for the program, and for the individual child and family.

BGH has employed several assessments to help measure that process. They include the Family Centered Assessment (FCA), North Carolina Family Assessment Scale (NCFAS), Child and Adolescent Needs and Strengths (CANS), Ansell Casey Life Skills Assessment (ACLSA), and Chaffee Assessment. These assessment tools help guide the focus of decision making for evidence based and best practice interventions. It is important to remember that these tools are data driven and meant to focus our decision making for implementation of services and supports based on strengths and needs.

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**Program Quick Indicator (QI) Packet**

**Evidence Based and Promising Practice EBP**

***One form must be submitted once for each current program (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative.***

**Contractor:** Boys and Girls Home of Nebraska

**Name of Program:** Wraparound

**Service Area:** Central

**Program Summary/Description:**

*Wraparound* has been rated by the CEBC in the area of Placement Stabilization. *Wraparound* is a team-based planning process intended to provide individualized and coordinated family-driven care. *Wraparound* is designed to meet the complex needs of children who are involved with several child and family-serving systems (e.g. mental health, child welfare, juvenile justice, special education, etc.); who are at risk of placement in institutional settings; and who experience emotional, behavioral, or mental health difficulties. The *Wraparound* process requires that families, providers, and key members of the family's social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal *Wraparound* process is no longer needed.

The values associated with *Wraparound* require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent and community-based. Additionally, the *Wraparound* process should increase the "natural support" available to a family by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. Finally, *Wraparound* should be "strengths-based," helping the child and family recognize, utilize, and build talents, assets, and positive capacities.

**Topics/Areas of interest:**

Placement Stabilization individualized and coordinated family-driven care.

**Outcomes:**

Child Welfare Outcomes: Permanency and child/family well-being.

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**Study Populations:**

Wraparound was designed for children and youth with severe emotional, behavioral, or mental health difficulties and their families. Most often these are young people who are in, or at risk for, out of home, institutional, or restrictive placements; and who are involved in multiple child and family-serving systems (e.g. child welfare, mental health, juvenile justice, special education, etc.) Wraparound is widely implemented in each of these various settings; however, because the youth have multi-system involvement, wraparound participants have many similarities across settings.

**Settings:**

*Wraparound* is typically conducted in a (n): Adoptive Home, Birth Family Home, Community Agency, Foster Home, and Residential Care Facility. *Wraparound* was not designed to be conducted in a group. *Wraparound* has not been tested for use in a group setting.

**Level of Evidence:**

Please check the appropriate box in accordance with the program.

**Not Evidence Based/Informed/Emerging**

**Evidence-Informed/Emerging**

- Ongoing collection of pre/post data
- Peer Review
- Document all implementation activities

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS:

- Does the program...
  - Have a logic model?
  - Have a guide, training materials, or manual?
  - Follow practices accepted by peers as appropriate?
  - Follow practices known not to cause harm?

X

**Promising Practice**

- **Wraparound** is rated a "3 - Promising Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available. The practice must have at least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) establishing the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice. For more information on the rating of a "3 - Promising Research Evidence," please see the Scientific Rating Scale. \*See Attached.
  - Have at least one study using quasi-experimental study design with control or comparison group?
  - Demonstrate model fidelity?

**Supported Evidence-Based Practice**

- All elements of promising plus:

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- Two randomized trials or two group studies (or comparable methodology)
- One year sustained effect

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS

- Does the program use a model that:
  - Meets all the previous criteria?
  - Has research showing sustained effects for at least one year?
  - Used reliable and valid measures (two rigorous randomized control trials or two between group design studies?)
  - Is followed with fidelity?

**Well-Supported Evidence-Based Practice**

- All elements of Supported plus:
  - Multiple site replication

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS;

- Does the program use a model that:
  - Has all the elements of the previous
  - Research has shown the same positive results in multiple site replications?
  - Do you follow the model with rigorous fidelity?
  - Have you made adaptations to the mode? (Document in the adaptations section below).

**Implementation/Research History/References:**

Walker, J. S., Bruns, E. J., Rast, J., VanDenBerg, J. D., Osher, T. W., Koroloff, N., et al. (2004). *Phases and activities of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Presented as pages 5-16. Retrieved on September 3, 2009, at <http://www.rtc.pdx.edu/PDF/PhaseActivWAProcess.pdf>.

Bruns, E. J., Walker, J. S., Adams, J., Miles, P., Osher, T. W., Rast, J., et al. (2004). *Ten principles of the wraparound process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Retrieved on September 4, 2007, at <http://www.rtc.pdx.edu/PDF/TenPrincWAProcess.pdf>.

**Adaptations:**

None at this time

**Description of Measures for each outcome:**

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*The outcomes achieved through the Wraparound Approach will be measured using the following tools: CANS ASSESSMENT, FAMILY CENTERED ASSESSMENT, NCFAS ASSESSMENT, ANSELL CASEY AND CHAFEE LIFE SKILLS ASSESSMENT*

**CANS ASSESSMENT**

**PURPOSE**

**Description of Measures for each outcome:**

The CANS is a tool developed to assist in the management and planning of services to children and adolescents and their families with the primary objectives of permanency, safety, and improved quality in of life. The CANS is designed to be used either as a prospective assessment tool for decision support during the process of planning services or as a retrospective assessment tool based on the review of existing information for use in the design of high quality systems of services. This flexibility allows for a variety of innovative applications. The CANS can be used for retrospective file reviews for planning purposes. Retrospective review of prospectively completed CANS allows for a form of measurement audit to facilitate the reliability and accuracy of information (Lyons, Yeh, Leon, Uziel-Miller & Tracy, 1999).

The CANS is designed for use at two levels-for the individual child and family and for the system of care. The CANS provides a structured assessment of children along a set of dimensions relevant to service planning and decision making. Also, the CANS provides information regarding the child and family's service needs for use during system planning and/or quality assurance monitoring. Due to its modular design the tool can be adapted for local applications without jeopardizing its psychometric properties

The dimensions and objective anchors used in the CANS are developed by focus groups with a variety of participants including families, representatives of the provider community, case managers, and staff. The goal of the measurement design is to ensure participation of representatives of all partners to begin building a common assessment language. The CANS measure is then seen predominantly as a communication strategy. Testing of the reliability of the CANS in its applications for developmental disabilities and mental health indicate that this measurement approach can be used reliably by trained professionals and family advocates.

***Criteria for use***

The CANS primarily is recovery focused, engages families & youth, supports direct care decisions (plans of care and intensity of service), communicates, monitors outcomes, and improves quality by focusing case management decisions on strengths and needs of youth.

**About Utilizing the Tool:**

There are 5 Indiana CANS Tools:

1. Comprehensive Birth to 5
2. Comprehensive 5 to 17 (this will be the primary assessment used)

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3. Reassessment Birth to 5
4. Reassessment 5 to 17
5. Crisis Assessment Tool

Manuals & Rating Forms are posted at:

<http://dmha.fssa.in.gov/darmha/mainDocuments.aspx>

***Timeline for Assessment***

The CANS should be completed soon after the initial visit with the identified child. It should be completed every 30 days until case closure.

**FAMILY CENTERED ASSESSMENT**

**PURPOSE**

The purpose of the Family Centered Assessment is to identify and consider weighing factors that affect child safety and well being through engaging the family and extended family in a focused dialogue. The assessment determines safety and risk concerned, as well as exploration of connections, community resources, and permanency considerations.

Through this assessment, families are engaged in identifying their needs, strengths and current resources to achieve and maintain well-being, family connections and permanency for the child, directly linking to the case planning process by contributing to key decisions regarding steps to be taken, resources to be used and outcomes achieved.

Other assessments focus on gathering information and often exclude essential relationship building, as well as, focus on the substantiation of whether or not maltreatment has occurred.

The Family Centered Assessment helps gather information in a way that fosters a relationship with the child/family and determines how to support the family and how to remedy any harm that may have already occurred. Instead of collecting a body of evidence around the alleged abuse, it identifies the child and family needs, strengths, resources and goals. There is more emphasis on collaboration with families, their existing support networks and other community based providers instead of insular decision-making, with Child Protective staff making decisions independently of families and others who have a stake in what is going on.

The assessment process provides more flexibility to address individual family needs and respond to each family's varied backgrounds and experiences instead of a routine approach to child protection that consists of essentially the same methods and often results in the same set of service options.

The Family Centered Assessment is based on the following core values of all family centered practice:

- 1) Ensuring safety of children and other family members.
- 2) Working as partners with families
- 3) Recognizing and building on families' strengths, capacities and resources- using those as the basis for mobilizing change.
- 4) Creating a climate where families are free to make decisions and develop skills that contribute to their families' safety and well-being.

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- 5) Respecting and being sensitive to cultural differences and supporting diversity.

Assessment forms the foundation of effective practice with children and families. Family-centered assessment focuses on the whole family, values family participation and experience, and respects the family's culture and ethnicity. Family-centered assessment helps families identify their strengths, needs, and resources and develop a service plan that assists them in achieving and maintaining safety, permanency, and well-being.

***Criteria***

This assessment will be part of initial contact visits with the family. It is not a form to be completed (by taking to the visit and completing in front of the family) as part of the intake process, but rather a tool for the service coordinator to identify strengths and protective capacity to mitigate safety threats in the family structure. It is recommended that the service coordinator focus on two or three areas per visit and facilitate a dialogue with the family that will increase the ability of the service coordinator to assess in the areas chosen.

***Timeline for Assessment***

It should be completed within the first 30 days of case referral. The information gathered will be helpful in guiding the development of the Protective Capacity Assessment, Case Plan and BGH Service Provision. A review should be done at minimum every 90 days.

**NCFAS ASSESSMENT**

**PURPOSE**

The NCFAS was designed to work intricately with intensive family preservation services (IFPS) to assess family functioning at the time of intake and again at case closure. The 39-item instrument was designed to assist caseworkers in case planning, monitoring of progress, and measuring outcomes. The NCFAS provides ratings of family functioning on a six-point scale ranging from “clear strengths” to “serious problems” in the following five domains: (1) environment, (2) parental capabilities, (3) family interactions, (4) family safety, and (5) child well-being. Internal consistency and construct validity have been established for early versions as well as the most recent version of the NCFAS (Version 2.0; Reed-Ashcraft et al., 2001, Kirk et al., in press) and the instrument is able to detect changes in functioning over time. The instrument also appears to have some degree of predictive validity in relation to placement prevention.

(NCFAS-R), a collaborative effort between the National Family Preservation Network and the University of North Carolina at Chapel Hill, is an assessment instrument used to assist caseworkers using intensive family preservation service strategies to successfully reunify families where children have been removed from the home due to substantiated abuse and or neglect, juvenile delinquency, or the receipt of mental health services in a “closed” treatment setting (Reed-Ashcraft et al., 2001). The scale provides family functioning assessment ratings on seven domains relevant to reunification: (1) environment, (2) parental capabilities, (3) family interactions, (4) family safety, (5) child well-being, (6) caregiver/child ambivalence, and (7) readiness for reunification. Like the NCFAS, change

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scores for the NCFAS-R illustrate the amount of measurable change that is achieved during the service period from intake ratings through closure ratings. Internal consistency and concurrent validity in relation to the success or failure of reunification cases have been established for this measure.

**CRITERIA**

- The tool was designed to be used with families where children have been removed following substantiated abuse and or neglect, juvenile delinquency, or to receive mental health services in a “closed” treatment setting. Used primarily for Family Support and Intensive Family Preservation (IFP).
- Staff performing the NCFAS must have a Bachelor’s Degree or Two years experience working directly with families.
- Intake Ratings
  - Provide a framework for team meetings/case reviews
  - Focus resources to alleviate problems
  - Prioritize issues for intervention
  - Permit incorporation of strengths in case plan
  - Focus periodic reassessments on key issues and components of case plan.
- Closure Ratings
  - Provide outcome measures of services
  - Provide indication of unresolved issues
  - Inform the case decisions made at Closure
  - Inform step-down service planning or referral needs
  - Permit computation of change scores which reflect progress made or not made

***Timeline for assessment***

The NCFAS assessment must be given at the start of a case and at closure. The midway assessment should occur when the services are at their peak (just prior to decision to begin stepping down services) as this will allow the service coordinator to make an informed decision about how to proceed with stepping down services.

***ANSELL CASEY AND CHAFEE LIFE SKILLS ASSESSMENT***

***Purpose***

The purpose of a life skills assessment is to provide the youth, youth’s caregiver, and Case Manager comprehensive information that will assist the youth with preparing for self-sufficiency. The assessment is to be used in conjunction with other information available to focus specifically on those areas of the youth’s life that are, or will impact on their preparation for self-sufficiency. The assessment will assist in gaining understanding of the youth’s strengths and challenges so practical, concrete efforts can be made to achieve the goals to which the youth seeks.

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The ACLSA is a youth-centered, web-based, secure tool for gauging current life skills, available in youth self-report and caregiver report formats. For each format, there are three age-related levels: Level 1 (8-10 years), Level II (11-14 years) and Level III (15-18 years). There is also a fourth level, a Young Adults (18-25 years) that does not have a caretaker format. It is possible for a youth to take more than two different levels assessments.

The ACLSA assesses life skills using the youth's and the caregiver's perception about a youth's abilities in several important life skill areas or domains. The Level II ACLSA consists of five domains consist of Daily Living Tasks, Self-care, Social Development, Work and Study Skills, Money Management. Levels III and IV have the additional Housing and Community Resources domain.

The youth format contains items to measure self-reported knowledge, behaviors and a brief performance section to test actual knowledge of life skills. The caregiver form asks a parent or other adult to rate the youth in his/her care on the same set of knowledge and behaviors items used in the youth self-report. The ACLSA takes about 15-25 minutes to complete, depending on which ACLSA level is used and the youth's reading level. Preferably, the ACLSA is completed electronically via the Internet, but copies can be printed from the ACLSA web site at [www.caseylife skills.org](http://www.caseylife skills.org) and taken by hand and the response entered into the web site at a later time.

The purpose of using the ACLSA is to provide the youth, caregiver and staff with an indication of the youth's life skills accomplishment. It is a flexible tool that can be used for individualized case planning, but is not meant to assess all the skill the youth needs to live successfully on his/her own. Once the youth and the caregiver have completed the assessment, the Case Manager can receive an Individual Report (IR), which summarizes the youth and caregiver's responses and the assessment score. The IR provides both a summary of the actual responses to each question as well as the domain scores, overall scores, and a performance score. This ACLSA IR is useful for practice as it can help youth, caregivers, and staff acknowledges youth strengths, develop a realistic picture of youth readiness for emancipation, and identify areas in which youth may need to learn more or develop additional skills. This can create opportunities and facilitates increased understanding among all team members.

All youth currently referred to the current or upcoming Life Skills training sessions have been or will be administered the ACLSA by the ILP Specialist or their designee. Staff may be contacted by the ILP Specialist or their representative Service Coordinator or YFS to assist in either the completion of the caregiver's form or asking their youth's placement provider to complete the youth's life skills accomplishments, within seven (7) days of when the youth completes their assessment. More than one adult can complete the caregiver format, but is important the adult completing the assessment, is someone who knows the youth well. The ACLSA will be administered to the youth in Life Skills training at least twice, a pre-test at the beginning and a post-test at the end of the training. The youth may complete the assessment additional times throughout the Life Skills training to assess his progress. It is recommended that assessment be no closer six (6) month intervals.

### ***Goals of the Chafee Program***

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1. To know which youth stay in foster care until their 18th birthday.
2. To provide these youth with tools that could help them develop better education, vocation, and life skills.
3. To prepare these youth for education after high school.
4. To support their personal and emotional needs.
5. To support former foster youth ages 18-21 with a variety of supports.
6. To help youth access funds for education and training.

Additionally, the Wraparound Fidelity Index will be utilized to assess the adherence to the wraparound approach by Boys and Girls Home staff.

**Fidelity Measures:**

Boys and Girls will be contracting with the Federation of Families to collect the Wraparound Fidelity Index,

In order to provide **Wraparound** with high fidelity—as measured by the Wraparound Fidelity Index below—the following elements are required:

- Practice that confirms the "Ten Principles of the Wraparound Process"—citation below—which specify that care should be family-driven and youth guided, community- and strengths-based, individualized, outcome oriented, culturally competent, collaborative, and so on. The document provides information about what these principles “look like” when applied to the Wraparound process.
- Practice must also include the activities outlined in the “Phases and Activities of the Wraparound Process” document—citation below. The phases and activities are listed below. A more detailed description of each phase and activity is provided in the document.

**PHASE 1: Engagement and team preparation**

- Orient the family and youth to wraparound and address legal and ethical issues.
- Stabilize crises: Elicit information from family members, agency representatives and potential team members about immediate crises or potential crises, and prepare a response.
- Explore strengths, needs, culture, and vision during conversations with child/youth and family, and prepare summary document.
- Engage and orient other team members.
- Make necessary meeting arrangements.

**PHASE 2: Initial plan development**

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- Develop an initial plan of care: Determine ground rules, describe and document strengths, create team mission, describe and prioritize needs/goals, determine outcomes and indicators for each goal, select strategies, and assign action steps.
- Create a safety/crisis plan to ameliorate risk and respond to potential emergencies.
- Complete necessary documentation and logistics.

**PHASE 3: Implementation**

- Implement action steps for each strategy of the wraparound plan, track progress on action steps, evaluate success of strategies, and celebrate successes.
- Revisit and update the plan, considering new strategies as necessary.
- Maintain/build team cohesiveness and trust by maintaining awareness of team members' satisfaction and "buy-in," and addressing disagreements or conflict.
- Complete necessary documentation and logistics.

**PHASE 4: Transition**

- Plan for cessation of formal wraparound: Create a transition plan and a post-transition crisis management plan, and modify the wraparound process to reflect transition.
- Create a "commencement" by documenting the team's work and celebrating success.
- Follow up with the family.

**Processes and any measures used to ensure appropriate implementation:**

All Service Coordination staff and Team Leads will receive initial and ongoing training in the Wraparound approach.

**New Program Implementation Plan/Time line:**

*If installing a new program, fill in the following questions. New program is defined as an EBP or non-EBP any program that is not fully implemented by the beginning of the DHHS contract period (November 1<sup>st</sup>).*

<b>Broad Tasks</b>	<b>Subtasks</b>	<b>Target completion date</b>
Selecting/hiring all required staff to implement the	List specific staff position to be filled:	03-31-2010

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<p>program (include the total number of staff and the credentials required: direct service staff, administrative staff, supervisory staff, and so on.)</p> <p>Most Wraparound programs require staff to be at least at the Bachelor's level for care coordinator and supervisory positions. Requirements for family partners are flexible. The most important qualification is expertise in multi-agency collaboration and the program itself.</p> <p>CMC have a minimum of a Master's Degree, Service Coordinators &amp; Team Leads, and above have a minimum of a bachelors degree, Resource Coordinators CQI, C2s and Team assistants have a minimum of a high school diploma or GED</p>	<ul style="list-style-type: none"> <li>• By end of March Boys and Girls Home should have 40 BA level Service Coordinators,</li> <li>• 21 (BA/Non BA) Youth and Family Specialists (Leased and employed) that will provide the majority of interventions.</li> <li>• 4 BA level Team Leaders,</li> <li>• 9 (BA/Non BA) Team Assistants</li> <li>• 1(BA)Service Area Managers</li> <li>• 6 (BA) Service Managers</li> <li>• 1 (BA), State Director</li> <li>• 1(MS) Care Management Coordinators</li> <li>• 1 (BA) RD manager</li> <li>• 1 (BA) RD Leads</li> <li>• 3 (BA), Resource Coordinators</li> <li>• 1(BA/Non BA)CQI staff,</li> <li>• 1 (BA)Quality Manager</li> </ul> <p>Between 10/01/2009 and 12/31/2009 Boys and Girls has trained all 4 team leads, the CMC and 19 members of the Service Coordination/Team Assistant staff in Wraparound, CANS, NCFAS, and Family Centered</p>	
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	Assessment.	
Initial training of program staff	<p>List training topics: <b>Wraparound/Family Centered Practice</b></p> <p>The Wraparound Approach is being trained utilizing materials under the name Family Centered Practice in order to keep language consistent between DHHS and Boys and Girls Home staff.</p> <p>Wraparound/Family Centered Practice is a part of the initial training requirements of the following staff positions: Team Leads, Services Coordinators, Independent Living Specialist, Youth and Family Specialists, Family Partners, Care Management Coordinators and Resource Coordinators.</p> <p>Wraparound/Family Centered Practice Training is required for the following positions within 12 months of employment: Team Assistants, and CQI staff. In the CSA 47 staff have been trained in Family Centered Practice in the 2<sup>nd</sup> quarter.</p> <p><b>CANS</b></p> <p>CANS Training is required for the following positions within 3 months employment: Team Leads, Services Coordinators,</p>	11-1-2009 through 03-31-2011

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	<p>Leadership Team, and Care Management Coordinators.</p> <p style="text-align: center;"><b>Child and Adolescent Strengths and Needs Assessment (CANS)</b></p> <p><b>Purpose:</b> This is an introduction to the CANS assessment tool. Participants will learn what this tool can assess, how it can be used in service planning, and how to score the child using the CANS. In the CSA 20 staff have been trained in CANS in the 2<sup>nd</sup> quarter.</p> <p><b>Goals:</b> Upon completion of this class participants should be able to:</p> <ol style="list-style-type: none"><li>1. Identify the population Boys and Girls Home intend to use the CANS on.</li><li>2. Understand how the scoring affects service planning.</li><li>3. Use the scoring definitions and glossary to complete a CANS on a training vignette.</li><li>4. Be able to navigate the certification website.</li><li>5. Be able to navigate the website to retrieve updated materials.</li></ol> <p><b>Competency:</b> Participants will complete an on-line</p>	
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	<p>assessment and score a .70 or higher on a certification vignette. Proof of certification will be maintained in the employee's file. Certification must be renewed annually.</p> <p><b>Venue:</b> Electronic Conference, Face to Face (Classroom style), On-line via Website</p> <p style="text-align: center;"><b>Child and Adolescent Strengths and Needs Assessment (CANS) Overview</b></p> <p><b>Purpose:</b> This is an introduction to the CANS assessment tool. Participants will learn what this tool can assess, and how it can be used in service planning.</p> <p><b>Goals:</b> Upon completion of this class participants should be able to:</p> <ol style="list-style-type: none"><li>1. Identify the population Boys and Girls Home intend to use the CANS on.</li><li>2. Understand how the scoring affects service planning.</li></ol> <p><b>Competency:</b> Participants will complete a written exam with 80% or higher.</p> <p><b>Venue:</b> Electronic Conference, Face to Face</p>	
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	<p>(Classroom style)</p> <p><b>Family Centered Assessment</b></p> <p>Family Centered Assessment is a part of the initial training requirements of the following staff positions: Team Leads, Service Coordinators, Independent Living Specialists, Youth and Family Specialists, Family Partners, Care Management Coordinators, and Resource Coordinators. In the CSA 27 staff have been trained in Family Centered Assessment during the 2<sup>nd</sup> quarter.</p> <p style="text-align: center;"><b>Family Centered Assessment</b></p> <p><b>Purpose:</b> To educate new employees on how to conduct and adequately document Family Centered Assessments and Family Team Meetings.</p> <p><b>Goal:</b> After attending this session, participants should be able to:</p> <ol style="list-style-type: none"><li>1. Conduct a Family Centered Assessment;</li><li>2. Facilitate a Family Team Meeting;</li><li>3. Adequately</li></ol>	
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	<p>document Family Centered Assessments;</p> <ol style="list-style-type: none"> <li>4. Adequately document Family Team Meetings;</li> <li>5. Identify participants of a Family Centered Assessment;</li> <li>6. Identify participants of a Family Team Meeting.</li> <li>7. Understand the dynamics of family decision-making in Family Team Meetings</li> </ol> <p><b>Competency:</b> Participants will demonstrate competency by completing a test with 80% accuracy.</p> <p><b>Venue:</b> Face to Face / Classroom Style</p> <p>Leadership Team receives a Family Centered Assessment Overview with in 3 months of hire.</p> <p align="center"><b>Family Centered Assessment Overview</b></p> <p><b>Purpose:</b> To provide employees with a basic understanding of the Family Centered Assessment.</p>	
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	<p><b>Goals:</b> Upon Completion of this class participants should:</p> <ol style="list-style-type: none"><li>1. Have a general understanding about the Family Centered Assessment.</li><li>2. Understand how Boys and Girls Home will be using the Family Centered Assessment.</li><li>3. Understand how the Family Centered Assessment drives other assessments or impacts/influences service planning decisions.</li></ol> <p><b>Competency:</b> Participants will be able to verbalize understanding of the above goals.</p> <p><b>Venue:</b> Face to Face / Electronic Conference</p> <p><b>NCFAS</b></p> <p>NCFAS training is required for the following positions with in 3 months employment: Team Leads, Services Coordinators, Care Management Coordinators.</p>	
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	<p>In the CSA 34 staff have been trained during the 2<sup>nd</sup> quarter.</p> <p style="text-align: center;"><b>North Carolina Family Assessment Scales (NCFAS &amp; NCFAS-R)</b></p> <p><b>Purpose:</b> This training is intended to prepare service providers to complete a NCFAS or a NCFAS-R for a family they work with.</p> <p><b>Objectives:</b> Upon completion of the training, participants will:</p> <ol style="list-style-type: none"><li>1. Be able to indicate when it is appropriate to use the NCFAS or the NCFAS-R</li><li>2. Be able to complete a NCFAS on a training vignette</li><li>3. Be able to identify needs and strengths to begin service planning.</li></ol> <p><b>Competency:</b></p> <p style="text-align: right;">Established by completion of a</p>	
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	<p align="right">separate training vignette.</p> <p align="center"><b>Venue:</b> Classroom Style</p> <p>Leadership Team will receive an Overview Training of the NCFAS with in 3 months of employment.</p> <p><b>ACLSA</b></p> <p>ACLSA is a part of the initial training requirements of the following staff positions: Independent Living Specialists,</p> <p>ACLSA training is required for the following positions with in 3 months of employment: Youth Family Specialist, Family Partners and Resource Coordinators.</p> <p>ACLSA training is required for the following positions with in 6 months employment: Services Coordinators</p> <p><b>Purpose:</b> To educate new employees on how to conduct Ansell Casey Life Skills Assessments and how to utilize the results of the Assessment.</p> <p><b>Goal:</b> After attending this session, participants should</p>	
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	<p>be able to:</p> <ol style="list-style-type: none"> <li>1. Identify the website address where the Assessments are found;</li> <li>2. Determine when to administer the Assessment;</li> <li>3. Determine who may take the Assessment;</li> <li>4. Identify how the Assessment results may be used when working with families and youth;</li> <li>5. Identify when it is appropriate to use Assessment Supplements.</li> </ol> <p><b>Competency:</b> Participants will demonstrate competency by completing a test with 80% accuracy.</p> <p><b>Venue:</b> Electronic Conference, Independent Study, Classroom Style</p>	
<p>Ongoing training of program staff</p>	<p>List training topics: <b>Wraparound/Family Centered Practice</b> Annually, a review over the Wraparound Approach/Family Centered practice is required for Team Leads, Services Coordinators, Independent Living Specialists, Youth and Family Specialists, Team Assistants, Family Partners, all members of Leadership</p>	<p>03-31-2011</p>

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	<p>Team, Care Management Coordinators, Call Center Staff and Resource Coordinators.</p> <p><b>CANS</b> Annually, a review/recertification over the CANS is required for Services Coordinators and Care Management Coordinators</p>	
<p>Training for staff supervisors:</p>	<p><b>Wraparound/Family Centered Practice</b></p> <p>Wraparound/Family Centered Practice is a part of the initial training requirements of Team Leads.</p> <p><b>CANS</b> Annually a review/recertification over the CANS is required for Team Leads</p> <p><b>Family Centered Assessment</b></p> <p>Family Centered Assessment is a part of the initial training requirements of Team Leads.</p> <p><b>NCFAS</b></p> <p>NCFAS training requirements for Team Leads specify the requirement must be met within 3 months of hire.</p>	<p>03-31-2010</p>

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<p>Collecting data (outcome measures as indicated by the EBP/program)</p>	<p><b>Data Collection</b></p> <p><b>CANS</b> The CANS Assessment will be available in a database on the R drive for the Service Coordinator to complete and create a chart to track the child's progress until discharge. The computerized database for the CANS assessment is located in the Service Coordinator Folder: This Access database automatically scores and tracks the child's monthly progress</p> <p><b>Family Centered Assessment</b> A data base reflecting the Service Area Clients and Assessments will be stored on the hard drive for ongoing analysis. It can be viewed by service coordinators and team leaders, but will only be able to be accessed for revision by the Care Management Coordinator. Service Coordinators must e-mail there summary scores to the Care Management Coordinator within 5 days of completion.</p> <p><b>NCFAS</b> The NCFAS database will be</p>	<p>12/01/2009-ongoing</p>

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	<p>located on the R Drive by service area. Service Coordinators will have access to the database to complete and score their assessment electronically. The Care Management Coordinator will assist Service Coordinators in the data collection process when necessary.</p> <p><b>ACLSA</b></p> <p>The assessment is given online. The results can be e-mailed to the service coordinator who will forward them to the Care Management Coordinator.</p> <p>Casey Life Skills provides ongoing data collections when the web based application of the assessments is used.</p> <ul style="list-style-type: none"><li>▪ ACLSA aggregate data reports for states, counties, social service agencies, schools, and all other organizations.</li><li>▪ Summaries of aggregate scores across all ACLSA domains and demographic</li></ul>	
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	<p>information.</p> <ul style="list-style-type: none"> <li>▪ Paired T-Test: "Pre and post" comparisons for program evaluation.</li> <li>▪ A comparison of youth and caregiver aggregate scores.</li> <li>▪ Raw data for organizations doing their own data analysis</li> </ul> <p>Boys and Girls Home will access the ongoing data collection by Casey Life Skills, interpret and include in the annual reporting for Evidence based practices.</p> <p>Additionally, the WFI will be collected by the Federation of Families.</p>	
<p>Documenting expectations for how the program will be delivered (such as creating a manual or protocol)</p> <p>Boys and Girls is developing a service manual which not only addresses wraparound as an intervention, but in which the elements of wraparound are incorporated into the processes and procedures.</p>	<p>The manual is partially completed. As internal processes are finalized and approved they will be added to the service manual which will be available to Boys and Girls staff electronically via the R Drive.</p> <p>The Care Management Coordination staff is tracking to ensure the information is being recorded in the interim. As</p>	<p>04/01/21010</p>

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	soon as the processes are finalized the CQI team will take on this responsibility to ensure proper/timely documentation of assessment tools.	
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**Program (EBP/PP) Quarterly Report Form:**

***This form must be submitted each quarter for all current programs (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative. Reports will be submitted by the last day of each quarter.***

**Submit the following information for the fidelity, outcomes and implementation measures indicated:**

**Data:** Limited data is available to aggregate at this time as families have only begun to transition to Boys and Girls for the Out of Home Reform contract since 12/1/2009.

**Summary:** Between 10/01/2009 and 12/31/2009 Boys and Girls has trained all 4 team leads, the CMC and 39 members of the Service Coordination/Team Assistant staff in Wraparound, CANS, NCFAS, and Family Centered Assessment.

**Strengths:** Since data has only begun to be collected for youth and families served through the Out of Home Reform contract, it is premature to identify strengths of the tools or processes other than those identified by the research identified in the quick indicator packet.

**Weaknesses:** Since data has only begun to be collected for youth and families served through the Out of Home Reform contract it is premature to identify weaknesses of the tools or processes other than those identified by the research identified in the quick indicator packet.

**Points for Improvement & Plan of Action:** Boys and Girls must finalize the contract with the Federation of Families to collect the WFI by 03/31/2010. Data pulls for the evaluation tools will begin 04/01/2010.

**Program Quick Indicator (QI) Packet**

**Evidence Based and Promising Practice EBP**

***One form must be submitted once for each current program (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative.***

**Contractor:** Boys and Girls Home

**Boys and Girls Home of Nebraska and its Subsidiaries  
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**Name of Program:** Intensive Family Preservation (Boys Town Model)

**Service Area:** Central Service Area

**Program Summary/Description:**

Intensive Family Preservation was designed to address permanency for children and families within the child welfare system. It specifically addresses emotional abuse, physical abuse, physical neglect and sexual abuse related concerns within family units. The target population is families with children (birth to 18) at imminent risk of placement into, or needing intensive service to return from, foster care, group or residential treatment, psychiatric hospitals, or juvenile justice facilities. The goals of Intensive Family Preservation are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent placement or successfully reunify with their children. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning. Reunification cases often require case activities related to reintegrating the child into the home and community.

**Topics/Areas of interest:**

Emotional abuse, physical abuse, physical neglect and sexual abuse

**Outcomes:**

The goals of Intensive Family Preservation are to reduce child abuse and neglect, family conflict, and child behavior problems; and to teach families the skills they need to prevent placement or successfully reunify with their children.

**Study Populations:**

- A. Gender: Male and Female
- B. Race/Ethnicity: Intensive Family Preservation was not designed for specific racial/ethnic/cultural groups.
- C. Ages: Intensive Family Preservation was designed for children birth to 18 years.
- D. Geographic Location (e.g. Urban, Rural, Frontier): None determined

**Settings:**

The setting most broadly utilized to provide Intensive Family Preservation Services is the home in which the child either currently lives in or will be reunified to. Skill building is done in the family environment.

**Level of Evidence:**

*Please check the appropriate box in accordance with the program.*

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**Not Evidence Based/Informed/Emerging**

X

**Evidence-Informed/Emerging**

- Ongoing collection of pre/post data
- Peer Review
- Document all implementation activities

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS:

- Does the program...
  - Have a logic model?
  - Have a guide, training materials, or manual?
  - Follow practices accepted by peers as appropriate?
  - Follow practices known not to cause harm?

**Promising Practice**

- All elements of Evidence-Informed/Emerging plus:
  - One study, quasi-experimental design with control or comparison group
  - Model fidelity

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS:

- Does the program:
  - Meet all the requirements for Evidence-Informed/Emerging?
  - Have at least one study using quasi-experimental study design with control or comparison group?
  - Demonstrate model fidelity?

**Supported Evidence-Based Practice**

- All elements of promising plus:
  - Two randomized trials or two group studies (or comparable methodology)
  - One year sustained effect

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS

- Does the program use a model that:
  - Meets all the previous criteria?
  - Has research showing sustained effects for at least one year?
  - Used reliable and valid measures (two rigorous randomized control trials or two between group design studies)?
  - Is followed with fidelity?

**Well-Supported Evidence-Based Practice**

- All elements of Supported plus:
  - Multiple site replication

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS;

- Does the program use a model that:
  - Has all the elements of the previous
  - Research has shown the same positive results in multiple site replications?
  - Do you follow the model with rigorous fidelity?
  - Have you made adaptations to the mode? (Document in the adaptations section below).

**Boys and Girls Home of Nebraska and its Subsidiaries  
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**Implementation/Research History/References:**

- Friman, Ph.D., Patrick, C., Father Flannagan's Boys' Home, "The Influence or Intensive Family Preservation Services on Child Behavior Problems: A Pilot Investigation", (1993).
  
- Ingram, S., Shaw, T., Munger, R., Thompson, R.W., & Simpson, A. (2007). Development and testing of a model fidelity assessment package for an ecological family-based intervention program. In C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds.), Proceedings of the 19th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base (pp. 407-410). Tampa: University of South Florida.
  
- Thompson, R.W., Sinisterra, D., North, T., & Castrianno, L. (2001). An evaluation system for community-based, family-centered services. In C.C. Newman, C.J. Liberton, K. Kutash, & R.M. Friedman (Eds.), Proceedings of the 13th Annual Florida Mental Health Institute Research Conference. A system of care for children's mental health: Expanding the research base (pp. 363-364). Tampa: University of South Florida.

**Adaptations:**

None at this time.

**Description of Measures for each outcome:**

Reduce child abuse and neglect as evidenced by compliance with CFSR standards.

Reduced family conflict and child behavior problems as evidenced by child, family and service coordinator report.

To teach families the skills they need to prevent placement or successfully reunify with their children as evidenced by compliance with CFSR standards.

**Fidelity Measures:**

Boys and Girls Home Service Area Training Coordinators have been provided training by Boystown IFP Trainers and they will assume the status of official trainers within Boys and Girls Home and be permitted, by Boystown, to train all OOHR staff in Nebraska. Boystown will monitor the fidelity of the model by reviewing and observing training efforts to ensure that all Boys and Girls staff remains proficient in the use of the model.

Additionally, Boys and Girls Home will assist in meeting measures and outcome process of Boystown model to ensure continued fidelity.

**Processes and any measures used to ensure appropriate implementation:**

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Boys Town has provided Boys and Girls Home with information related to staffing and program requirements to ensure appropriate implementation, which will begin in April, 2009, with current Safety and In-Home Services staff and providers.

Boys Town IFP is an adaptation of the Homebuilders model and the Boys Town Family Home Program. The program provides intensive in-home treatment for families ‘in crisis’. The program provides individualized, behaviorally-oriented teaching focused on skill-building and lasts six to eight weeks and involves approximately 15 hours of face-to-face contact a week. The program is delivered to families by consultants who complete a competency-based, specialized training from Boys Town. Each consultant has a minimum of a Bachelor’s degree and is directly supervised by a Master’s level individual who oversees the treatment aspects of the case, including direct contact with involved families. The staff will also be trained to use the NCFAS tool to assess the families needs related to service deliver and will continually participate in competency-based training updates for model fidelity.

The IFP program will be monitored on a local and state level by the Agency’s CQI team and Management, reviewing outcomes of the IFP program, and continually making determinations as to whether permanency is being reached in a timelier manner due to initiation of the program. Chart reviews and one-on-one supervision with direct line staff providing IFP will be ensured, as well. Families served will be given the opportunity to discuss any concerns or strengths of the program with satisfaction surveys or through the dispute management process.

**New Program Implementation Plan/Time line:**

*If installing a new program, fill in the following questions. New program is defined as an EBP or non-EBP any program that is not fully implemented by the beginning of the DHHS contract period (November 1<sup>st</sup>).*

<b>Broad Tasks</b>	<b>Subtasks</b>	<b>Target completion date</b>
<p>Selecting/hiring all required staff to implement the program (include the total number of staff and the credentials required: direct service staff, administrative staff, supervisory staff, and so on.)</p> <p>CMC have a minimum of a Master’s Degree, Service Coordinators &amp; Team Leads, and above have a minimum of a bachelors</p>	<p>List specific staff position to be filled:</p> <ul style="list-style-type: none"> <li>• By end of March Boys and Girls Home should have 128 BA level Service Coordinators,</li> <li>• 64 (BA/NonBA) Youth and Family Specialists (Leased and employed) that will provide the majority of interventions.</li> <li>• 15 BA level Team</li> </ul>	<p>04/01/2010</p>

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<p>degree, Resource Coordinators CQI, C2s and Team assistants have a minimum of a high school diploma or GED</p>	<p>Leaders,</p> <ul style="list-style-type: none"> <li>• 32 (BA/NonBA) Team Assistants</li> <li>• 3 (BA)Service Area Managers</li> <li>• 6 (BA) Service Managers</li> <li>• 1 (BA), State Director</li> <li>• 3 (MS) Care Management Coordinators</li> <li>• 1 (BA) RD manager</li> <li>• 3 (BA) RD Leads</li> <li>• 12 (BA), Resource Coordinators</li> <li>• 3 (BA/NonBA)CQI staff,</li> <li>• 1 (BA)Quality Manager</li> </ul> <p>Between 10/01/2009 and 12/31/2009 Boys and Girls has trained all 15 team leads, all 3 CMCs and 76 members of the Service Coordination/Team Assistant staff in CANS, NCFAS.</p> <p>All Service Coordinators, Independent Living Specialists, Youth Family Specialists and CMCs are required to be trained in the Boys town IFP model within 6 months of hire.</p>	
<p>Initial training of program staff</p>	<p>List training topics: All staff will attend the Boystown IFP training provided by the Service Area Training Coordinators.</p>	<p>04/01/2010 – 12/31/2010</p>

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Ongoing training of program staff	Service Area Trainers will provide updates to training to ensure fidelity.	
Training for staff supervisors:	<p>List training topics:</p> <p><b>CANS</b> Annually, a review/recertification over the CANS is required for Team Leads</p> <p><b>NCFAS</b></p> <p>NCFAS training requirements for Team Leads specify the requirement must be met within 3 months of hire.</p> <p>All team leads are required to be trained in the Boys town IFP model within 6 months of hire.</p>	04/01/2010
Collecting data (outcome measures as indicated by the EBP/program)	<p>How collecting data, what tool is being used, how going to analyze and report</p> <p><b>CANS</b> The CANS Assessment will be available in a database on the R: drive for the Service Coordinator to complete and create a chart to track the child's progress until discharge. The computerized database for the CANS assessment is located in the Service Coordinator Folder: This Access database automatically scores and tracks the child's monthly progress</p>	

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	<p><b>NCFAS</b> The NCFAS database will be located on the R: drive by service area. Service Coordinators will have access to the database to complete and score their assessment electronically. The Care Management Coordinator will assist Service Coordinators in the data collection process when necessary.</p>	
Documenting expectations for how the program will be delivered (such as creating a manual or protocol)	Boy's Town has already created and will share with Boys and Girls.	
Assessing the consistent delivery of the program	<p>What are the fidelity measures, identify at what point will be assessed Boys Town will be continually reviewing our fidelity to the model.</p> <p>Boys Town is committed to expanding and carefully studying the evidence base for In-Home Family Services. In an effort to support Boys Town's strategic plan, multiple evaluations are being conducted, including an independent evaluation of these services.</p>	
Other Necessary Tasks		

**Boys and Girls Home of Nebraska and its Subsidiaries  
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**Program (EBP/PP) Quarterly Report Form:**

***This form must be submitted each quarter for all current programs (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative. Reports will be submitted by the last day of each quarter.***

**Submit the following information for the fidelity, outcomes and implementation measures indicated:**

**Data:** There is no data collected at this time for the Out of Home Reform contract.

**Summary:** Boys and Girls has completed the train the trainer curriculum with Boy's Town trainers. The next steps are to be observed by the Boys Town trainers training the model. Trainings are scheduled and will occur beginning in January 2010.

**Strengths:** Since Boys and Girls has not trained Service Coordinators or Youth Family Specialist in the IFP model at this time, the practice has not been implemented and it is premature to identify strengths of the intervention or processes other than those identified by the research identified in the quick indicator packet.

**Weaknesses:** Since Boys and Girls has not trained Service Coordinators or Youth Family Specialist in the IFP model at this time, the practice has not been implemented and it is premature to identify weakness of the intervention or processes other than those identified by the research identified in the quick indicator packet.

**Points for Improvement & Plan of Action:** The action plan at this time is to continue with the training plan regarding the IFP model in order to implement the model by 04/01/2010.

**Program Quick Indicator (QI) Packet**

**Evidence Based and Promising Practice EBP**

***One form must be submitted once for each current program (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative.***

**Contractor:** Boys and Girls Home of Nebraska

**Name of Program:** Love and Logic

**Boys and Girls Home of Nebraska and its Subsidiaries  
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**Service Area:** Central Service Area

**Program Summary/Description:**

A *Love and Logic model* has been reviewed by the CEBC in the area of Prevention (Secondary). The Love and Logic Institute, Inc. developed training materials designed to teach educators and parents how to experience less stress while helping young people learn the skills required for success in today's world. This approach is called *Love and Logic* and is based on the following two assumptions: 1) that children learn the best lessons when they're given a task and allowed to make their own choices (and fail) when the cost of failure is still small; and 2) that the children's failures must be coupled with love and empathy from their parents and teachers. This model has been used by parents and teachers for 30 years and has been applied to a wide range of situations.

**Topics/Areas of interest:**

The program is designed to reduce emotional abuse, exposure to domestic violence, and physical abuse and is rated as high on a relevance scale of 1-3. The overall outcome will be enhanced parental skill level and ability to manage parental stressors in order to more effectively parent children.

**Outcomes: Reduced Parental Stress, Increase child well being, Increase positive parenting practices, Reduce harmful parenting practices**

- 1) Build the self-concept: Help children feel good about themselves.
- 2) Share the control: Give children choices that do not cause problems for others.
- 3) Provide the empathy: Provide a strong dose of empathy before delivering consequences.
- 4) Share the thinking: Allow the child to think and solve their own problems.

**Study Populations:**

- E. Gender: Male or Female
  
- F. Race/Ethnicity: No specific racial/ethnic/cultural groups
  
- G. Ages: Best used with children birth to 18 (or as long as child lives with parents)
  
- H. Geographic Location (e.g. Urban, Rural, and Frontier): There is not a designated location that is found to be more successful or relevant than another.

**Settings:**

Love and Logic was designed to be conducted in a group setting related to the following:

- 1) Community Daily Living Settings, 2) Religious Organizations, and/or 3) school setting.
- 2) *Love and Logic* has not been tested for use in a group setting. **The recommended group size is:** Any size group may be used.

**Level of Evidence:**

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Please check the appropriate box in accordance with the program.

**Not Evidence Based/Informed/Emerging**

X **Evidence-Informed/Emerging**

**Love and Logic** has been reviewed and it was determined that this program lacks the type of published, peer-reviewed research that meets the CEBC criteria for [scientific rating of 1 – 5](#). Therefore, the program has been given the classification of "NR - Not able to be Rated". It was reviewed because it was identified by the topic expert as a program being used in the field, or it is being marketed and/or used in California with children receiving services from child welfare or related systems and their parents/caregivers. Some programs that are not rated may have published, peer-reviewed research that does not meet the above stated criteria or may have eligible studies that have not yet been published in the peer-reviewed literature

**Promising Practice**

- All elements of Evidence-Informed/Emerging plus:
  - One study, quasi-experimental design with control or comparison group.
  - Model fidelity.

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS:

- Does the program:
  - Meet all the requirements for Evidence-Informed/Emerging?
  - Have at least one study using quasi-experimental study design with control or comparison group?
  - Demonstrate model fidelity?

**Supported Evidence-Based Practice**

- All elements of promising plus:
  - Two randomized trials or two group studies (or comparable methodology).
  - One year sustained effect.

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS

- Does the program use a model that:
  - Meets all the previous criteria?
  - Has research showing sustained effects for at least one year?
  - Used reliable and valid measures (two rigorous randomized control trials or two between group design studies)?
  - Is followed with fidelity?

**Well-Supported Evidence-Based Practice**

- All elements of Supported plus:
  - Multiple site replication

AND ANSWERS YES TO ALL THE FOLLOWING QUESTIONS;

- Does the program use a model that:
  - Has all the elements of the previous
  - Research has shown the same positive results in multiple site replications?
  - Do you follow the model with rigorous fidelity?
  - Have you made adaptations to the mode? (Document in the adaptations section below).

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**Implementation/Research History/References:**

Fay, C. (2005). *Effects of the Becoming a Love and Logic Parent training program on parents' perceptions of their children's behavior and their own parental competence: A preliminary investigation*. Retrieved December 4, 2007, from the World Wide Web:  
[http://www.loveandlogic.com/pdfs/research\\_data\\_bllp.pdf](http://www.loveandlogic.com/pdfs/research_data_bllp.pdf).

Fay, C. (2005) *Effects of the 9 Essential Skills for the Love and Logic Classroom training on teachers' perceptions of their students' behavior and their teaching competence: A preliminary investigation*. Retrieved December 4, 2007, from the World Wide Web:  
[http://www.loveandlogic.com/pdfs/research\\_data\\_9e.pdf](http://www.loveandlogic.com/pdfs/research_data_9e.pdf)

**Contact name:** Charles Fay, PhD

**Affiliation/Agency:** Love and Logic Institute, Inc.

**Email:** [drcfay@loveandlogic.com](mailto:drcfay@loveandlogic.com)

**Phone:** 800-338-4065

**Fax:** 800-455-7557

**Website:** <http://www.loveandlogic.com>

**Adaptations:**

*Love and Logic* was not developed for children with developmental delays. *Love and Logic* has not been tested for children with developmental delays.

**Description of Measures for each outcome:**

- Reduced Parental Stress as evidenced by outcomes of pre and post tests, as well as, satisfaction surveys.
- Increase child well being as evidenced by child, parent and service coordinator report.
- Increase positive parenting practices as evidenced by pre and post tests, as well as, service coordinator report/documentation.
- Reduce harmful parenting practices as evidenced by compliance with CFSR standards regarding recurrent maltreatment.

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**Fidelity Measures:**

*Love and Logic does not offer a tool to track fidelity to the Model. Fidelity will be ensured through on site observation by Boys and Girls Home staff who are certified as trainers for Love and Logic.*

**Processes and any measures used to ensure appropriate implementation:**

Training competency review of all staff trained to either utilize in field or to train families, creation of a network of available, experienced and skilled trainers and facilitators, use of the curriculum by guidelines developed through Love and Logic Institute, surveys on effectiveness and usefulness of training (from families), random sample of session notes completed by staff utilizing Love and Logic curriculum and goal setting with families.

**New Program Implementation Plan/Time line:**

*If installing a new program, fill in the following questions. New program is defined as an EBP or non-EBP any program that is not fully implemented by the beginning of the DHHS contract period (November 1<sup>st</sup>).*

<b>Broad Tasks</b>	<b>Subtasks</b>	<b>Target completion date</b>
<p>There is a manual that describes how to implement this program.</p> <p>There is training available for <b>Love and Logic</b>.</p> <p><b>Number of days/hours:</b> 3-6 days, all day workshops</p> <p><b>Training is obtained:</b> Onsite and in the field</p> <p>The typical resources for implementing <b>Love and Logic</b> are: One instructor, TV monitor, VHS/DVD player, overhead projector, and space large enough to hold the number of participants.</p> <p>There are no minimum qualifications for parents or</p>	<p>List specific staff position to be filled:</p> <p>3 Lead Trainers will be employed to train other agency staff (who will be able to train families). All direct staff will be trained in this model.</p>	<p>10-31-2010</p>

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<p>teachers who implement this program, aside from reading one of the core programs.</p>		
<p>Boys and Girls Home already has several on-staff certified trainers, in addition to several sub-contractors, that will be able to provide training sessions across the three service areas for various groups of parents, educators, and staff members. All of the trained facilitators possess the full training curriculum of:</p> <ul style="list-style-type: none"> <li>▪ <i>9 Essential Skills for the Love and Logic Family</i></li> <li>▪ <i>Becoming Love and Logic Parent</i></li> <li>▪ <i>Easy Childhood Parenting Made Fun</i></li> </ul> <p>In addition, some of the facilitators also have additional curriculum based upon special needs, such as parenting children with mental health concerns.</p>	<p>Core Love and Logic Curriculum.</p>	<p>10/31/2010</p>
<p>Ongoing training of program staff</p>	<p>Will be determined once initial training is completed.</p>	<p>On going</p>
<p>Training for staff supervisors:</p>	<p>Core Love and Logic Curriculum.</p>	<p>10/31/2010</p>
<p>Love and Logic offers a pre and post test for participants  Satisfaction surveys will be</p>	<p>Pre and Post test scores will be collected and aggregated and reported out quarterly.</p>	<p>11/01/2010 and ongoing</p>

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completed after each group training to ensure that families feel as though they have learned specific skills to alleviate the reasons for which they are involved in the program.	Satisfaction surveys will be collected and aggregated and reported out quarterly.	
The Love and Logic curriculum is already developed and a manual is provided by the company.		
Coordinators utilizing this training will be supervised by a Team Lead who will assist with ensuring model fidelity is continually reviewed and maintained.	The use of the curriculum will be reviewed ongoing by trainers and managers, the individualized nature of the skill set learned and utilized by each family will maintain its individuality based upon specific parental need, and evaluated by the direct staff working with the family.	10/31/2010 and on going
Other Necessary Tasks		

**Program (EBP/PP) Quarterly Report Form:**

***This form must be submitted each quarter for all current programs (EBP/PP) and any new/added programs. Download this form and drop in or enter the text needed electronically, then print out completed packet. Send completed packet to proper DHHS Service Area Representative and DHHS Central Office Representative. Reports will be submitted by the last day of each quarter.***

**Submit the following information for the fidelity, outcomes and implementation measures indicated:**

**Data:** Limited data is available to aggregate at this time as families have only began to transition to Boys and Girls for the Out of Home Reform contract since 12/1/2009. Love and Logic has been trained to all Team Leads, Service Coordinators, Youth Family specialists and Independent living Specialists.

**Summary:** Boys and Girls has purchased and received the training materials for Love and Logic and

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will begin training direct service staff over the next several months. All staff should receive training by 10/31/2010 with full implementation 11/1/2010.

**Strengths:** It is premature to identify strengths of the materials or processes other than those identified by the research identified in the quick indicator packet.

**Weaknesses:** It is premature to identify weaknesses of the tools or processes other than those identified by the research identified in the quick indicator packet.

**Points for Improvement & Plan of Action:** Training to begin in February 2010 and continue through the end of October 2010 for all direct contact staff.