

**Boys and Girls Home of Nebraska and its Subsidiaries  
Northern 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> 2101 Court Street, PO Box 1197, Sioux City, IA 51102-1197		
<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 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 checked="" type="checkbox"/> Quarter 4 (update)	April 1 – June 30	July 15
<b>Date Submitted:</b> 7-15-10		<b>Date Received:</b>

**1) Quarterly Summary**

a) General Overview

Implementation can be measured in various manners, through having all staff hired to having all services in place, however in the spirit of developing a fully operational program, including demonstration of successful outcome measures, implementation can continue for an indefinite amount of time. Extending implementation allows for continual growth and improvement and ensures that the multitude of outcomes is continually be observed, measured, tested and improved. Boys and Girls Home, though technically fully implemented for six months, will continue ongoing implementation efforts. Efforts such as Continuous Quality Improvement allow reviews on a detail level, as well as organizationally and systematically within the service areas and the state. In the past quarter, the following implementation tasks have been more thoroughly reviewed and developed:

- CQI framework, including merging Training, QA, contract management and licensing
- Utilization framework, including development of a centralized intake system and care management
- Management re-organization
- Local level re-organization, including hiring of Placement Specialists and Youth and Family Specialist Leads
- Data management development
- Process, policy and procedure creation and review
- Integration of family advocacy and community resource development
- Recruitment planning for foster care

**Continuous Quality Improvement (CQI)**

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Boys and Girls Home employees two full-time CQI Specialists and a full time Foster Care Quality Assurance Specialist that are responsible for a gamut of quality related activities, which include:

- Corrective Action Planning
- Identifying strengths and barriers
- Trend analysis
- Family Team Meeting evaluation
- Satisfaction surveys
- Home Study QA reviews
- Personnel file reviews
- Foster Care licensing reviews
- NFOCUS data reviews and data integrity reviews
- Performance outcome reviews (internally and with subcontractors)
- Reporting
- Client file reviews (QA)
- On-site licensing reviews
- Critical incident reviews
- Quality improvement planning and updates
- Training quality review
- Substantiated complaint reviews
- Administrative penalty reviews
- Projected cost utilization reviews

Though many of the reviews are just beginning to occur, development of the processes that support service delivery has been paramount to involvement with CQI principles. The CQI department also includes the Training Team in order to complete the continuous feedback loop, as well as the Contract Coordinator. The various tiers of review have allowed the agency to create a baseline for data collection and review, and as more data elements begin to be tracked, the ability to identify common trends and make recommendations back to the management team regarding corrective actions and movement towards improving the systems, and creating new systems to meet the needs identified.

### **Utilization Framework**

Utilization management (UM) offers the system of care's attention to how services are being used by children and families, both at an individual level and at a system level, how much service is being used, what services are being used, the cost of those services, the effect those services are having on those using them in areas such as achieving permanency and increased safety, and whether children and families are satisfied with what they are using and experience the system as empowering. Utilization management's areas of concern are essential to address from both a quality and a cost standpoint. At a systems level, utilization management data can guide quality improvement. Monitoring and review of service provision at the level of individual children and families, i.e. managing utilization, ensures that children do not remain "stuck" in placements. For example, or that families do not have to continue using services that are no longer appropriate or helpful and that

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costs do not escalate. Family representatives are key partners in this review process to ensure that family and youth views are part of the service decision making process.

The basic principles for Utilization Management are:

- Must be understood and embraced by all key stakeholders, such as Children and Family Services Specialists, providers, families and managers
- Must concern itself with both the cost and quality of services and supports
- Structure needs to be tied to the quality improvement structure
- Structure needs to address/integrate CFSR objectives

In order for Boys and Girls Home to ensure that Utilization Management structures are used among Team Leaders, Service Coordinators, and Child and Family Teams, shared tasks will be performed, that include:

- Service Plans will have built in “trigger” dates or events for review
- Service Plans will have scheduled reviews, in addition to case plans and safety plans
- Service Plans will require regular “report backs” from Coordination team members or providers
- Families and youth involved with programming will review services
- Family and youth voice drives monitoring and reviews

Utilization management structures need to respect the circumstances and cultural diversity within families. When service plans are not authorized and service barriers and gaps arise as a result or when children are stuck in inappropriate placements, monitoring and review structures need to ensure appropriate changes in service authorization and service provision procedures. To be culturally competent, utilization management structures need to pay particular attention to service utilization among diverse children and families, This will ensure that there is not a perpetuation of either the under-service (i.e., lack of access to supportive services) or over- service in restrictive services such as residential treatment or other out-of-home placements that has characterized traditional service delivery to diverse populations. This may require a change in the way service data are collected and analyzed and outreach to diverse populations regarding service utilization issues.

Team Leaders are responsible for ensuring that program and client outcomes are achieved successfully. Consequently, supervisors need systems in place to track data on a consistent basis at three stages: the individual case level, the individual caseworker level (including caseload), and the unit level. Overall, program management and CQI will need to collectively review outcomes.

### ***Purposes for Monitoring at the Individual Case Level***

It is important to monitor individual case levels to determine if:

- Child safety is being accurately assessed and addressed
- Case decisions are effective, timely, and appropriate
- Services and interventions are addressing the needs of the children and family
- Progress is being achieved in a timely and effective manner

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- The family has been integrally involved in the casework process
- Positive outcomes are being attained for children and families
- Permanency is being achieved for children in the shortest time frame possible
- Policy requirements are being fulfilled in the case

### ***Purposes for Monitoring at the Individual Caseworker Level***

It is important to monitor caseload levels to identify:

- Achievement of the performance expectations and standards, as well as the policy and procedural requirements
- Strengths in the caseworker's performance
- Areas of problematic or unsatisfactory caseworker performance
- Trends in a caseworker's caseload
- Performance in terms of casework activities and outcomes
- Training needs

### ***Purposes for Monitoring at the Unit Level***

Monitoring on a unit level helps determine if the unit is:

- Achieving program outcomes and goals
- Functioning well
- Planning for trends
- Addressing problems effectively

Utilization management has allowed Boys and Girls Home to begin to capture relevant data that assists us in making agency and program decisions, both from a service and a financial standpoint. Though some resistance to this new process has caused some difficulty, there is confidence that implementation of these formalized processes will allow us to achieve desired outcomes. Trend identification, which ties into CQI, has allowed us to focus on some consistent barriers and strengths and are reported further in the below sections.

Creation of the Centralized Intake Unit has occurred within the last quarter and has provided an opportunity to streamline data, processes and resources. Staff in the call center have been trained to work collaboratively with the recently hired Placement Specialists, Intake Specialist and Care Management Coordinator to take referrals, complete initial assessments in order to identify appropriate interventions and levels of care, as well as to identify appropriateness of care for all children and families in collaboration with Service Coordinators, Team Leaders and CFS Staff.

### **Management Re-organization**

Re-organization of our internal framework for managerial oversight has been done within the last quarter in order to ensure appropriate accountability and streamlining of relevant services and programs. The key management areas include: Foster Care, Community-Based Services, Facility-Based Care, Utilization Management, Service Area Management, CQI, Human Resources, Training, and Contract Management. The services and infrastructure are broadly categorized into the Business Unit and the Services Unit.

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### **Local Level Re-organization**

In order to localize each of the Geopods in order to best utilize and collaborate with the local resources and expertise of the communities, agencies and staff, movement towards providing self-sufficient units has been developed. This includes a structure in each Geopod that includes: A Team Leader, a Youth and Family Specialist Team Leader, Service Coordinators, Youth and Family Specialists, Case Aides (clerical, billing and transport), Resource Coordinators, and oversight of a Service Area Manager. Additionally, other key staff play a role as a separate but combined unit with all Geopods, including Utilization Manager, Care Management Coordinators (one per service area), Placement Specialists (one per service area), Resource Coordination Team Leads (one per service area) and the additional centralized Intake Unit team that supports all three service areas.

### **Data Management and Development**

Boys and Girls Home has investigated the use of various utilization and data management systems to assist in providing the level of data needed to both make appropriate business decisions as well as to adequately report. Though an investment has not yet been made, use of our existing Unison system has allowed for some system modifications and provided the data we have thus far. More emphasis is being placed on adequate data collection and creation of databases that can provide us with very specific information sets and assist in the necessary development of our programs, finances and utilization. Further exploration in coming months will be pursued in order to address current barriers related to data management.

### **Process, Policy and Procedure**

The creation of best practice documentation and oversight in the past six months has led our agency to the present creation of solid policies, procedures and processes. Creation of these administrative documents has come from information obtained in the field with families, from DHHS policy and expectations, licensing requirements, and Joint Commission standards. Our Agency CQI team and Nebraska Management team has been intricately involved in this process, as well as direct line staff, supervisors, and, in some instance, the Family Organizations. In early months, a Service Delivery Manual was created to help guide training efforts and staff in the field. With the various changes that have been made to accommodate experience and necessary revisions, this manual is in the process of re-organization. All policies and procedures related specifically to Nebraska will be included in this manual and will be available on our Intranet and website in coming months.

### **Integration of Family Advocacy**

Boys and Girls Home contracts with the Federation of Families and the affiliate family organizations to provide advocacy and support to families served within the array. Included in the services provided by the Federation, in addition to oversight and data management are the following deliverables:

- Administrative collaboration
- Family involvement at all levels
- Advisory committee oversight and management

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- Satisfaction surveys
- Aftercare (which will be provided in full within the next contract)
- CQI involvement
- Support groups for families
- The resource database
- FCP training to our staff

**Recruitment for Foster Care**

Lack of foster homes in our three service areas has proven to be a sizeable challenge for placement outcomes. Foster home capacity has routinely been an issue when attempting to identify the most appropriate, least restrictive level of care for a child and Boys and Girls Home is acutely aware, after review of the first six months, of the need to improve recruitment efforts. One step towards ensuring increased recruitment is a change in contractual obligations and support, which will change as of August 1, 2010 in the NFAPA contract. NFAPA will begin the process of recruiting foster homes and connecting with Boys and Girls Home to ensure that adequate homes are available at all levels and in all three areas. Additionally, NFAPA will assist in the identification and support of relative and child-specific homes whenever possible and appropriate. Further details on the revised and improved recruitment plan will be available in the near future.

**b. Accomplishments:**

Many success stories have been shared within the agency that support the notion that the reform was both necessary and is moving in the right direction. Though some resistance to change is always likely in a new program, the benefits and successes have allowed the team to remain positive and hopeful that a positive impact will affect children and families in Nebraska. Increased incidence of teamwork has been noted across the board, as demonstrated through alliances and partnerships between CFSS workers and Service Coordinators, Team Leaders and Supervisors and Managers. It is more broadly understood that with a new program comes some level of fear that families will not be taken care of in an appropriate manner, and dispelling that fear only comes through continual demonstration of our ability to adequately care for those children and families on a daily basis. Though not every circumstance has been fruitful or positive in the process of new staff growing and learning, the changes being witnessed daily in their development and aptitude for adequately providing those services has immensely improved. The passion to partner with families is obvious in the field, both from the CFS staff, as well as the Service Coordinators and Youth and Family Specialists. Staff have the opportunity to learn the new processes together and work through solutions as a team, and have begun to learn that agreeing on all aspects is not nearly as important as working towards the same outcome, as a team. Each Service area has its own special culture and various accomplishments, which include:

**Northern Service Area:**

- The teams are more adequately addressing challenges together and working out solutions as a team
- Very dedicated Service Coordinators who are involved with their families

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**C. Barriers:**

Barriers are a natural mechanism for review of progress and strategizing in order to make improvement. Boys and Girls Home continually reviews both strengths and barriers in order to reflect an accurate picture of where we have gone and where we need to go- a natural progression towards achieved outcomes. Barriers have been identified within each Geopod, each Service Area and statewide and are identified in various manners, the most prevalent being through:

1) Quantitative and qualitative data collected through audits, reviews and data, and 2) through information presented by team members in various capacities, based on situational data.

Statewide barriers most commonly presented include:

- 1) Children being denied for treatment levels of care and given direction to place within the community and utilize community-based therapeutic services. Community based placement is priority, but with extraordinary therapeutic needs to address and a lack of therapeutic community options, children are begin underserved and mental health needs are being unmet. This also places a burden on non-treatment placement options to serve children with needs beyond their capacity to serve.
- 2) Inability to consistently access behavioral health services for parents on a sliding fee when Boys and Girls Home is involved, as these providers expect payment in full for services as opposed to application of the sliding fee based on their income. This most specifically applies to Pre-Treatment Assessments and Substance Abuse evaluations and has cost unnecessary cost shifting.
- 3) Specific services and placements being court ordered for children and families, lending to prescriptive services and reduction of flexible solutions to meet needs.
- 4) Discomfort or resistance to the creative use of informal supports
- 5) Inflexibility of NFOCUS to accommodate creative options for placement.
- 6) Over utilization of Group Home and Residential Safety beds (which has caused waiting lists and unavailability) due to various reasons, including insistence to place out of home instead of utilization of creative safety services to keep child in the home. There has also been an increased incidence of placement of youth that are under the influence or have therapeutic needs in Residential Safety.
- 7) Lack of understanding of Managed Care processes and how they relate to Boys and Girls Home
- 8) Safety threats and Safety Plans not consistently provided to the Call Center, at time of referral, and sometimes not provided to the assigned Service Coordinator.
- 9) Unclear understanding of the data that needs to be reported
- 10) Inability to control some of the outcome measures that are tied to the performance of CFS roles including, but not limited to removal and placement changes.

**Northern Service Area:**

Case loads are too high

Placements are not being found fast enough

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**a. 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, Nebraska Children and Families Foundation, the Behavioral Health Regions, System of Care Team, Youth Network Teams, various community partnership teams, 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.

Advisory Committee meetings have been occurring within each service area, and though each committee has the same chartered expectations, the culture of each service area has flavored the various strategies that they have identified and begun to work toward. For example, Central Service Area is utilizing the Advisory team to pair with the CQI team to review outcomes and indicators, and develop the CQI plan. The Federation of Families and affiliate Family Organizations and NFAPA have been designated as the key facilitators of these advisory boards, and are coordinating with these teams on specific objectives related to contract success, community success and children and family success. The committees are responsible to acting as an advisory team to Boys and Girls as specifically related to the Reform 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. The initial project defined in the Advisory Committee Charter is development of a Family Guidebook, which will be shared with all system partners through the stages of completion and posted on the Boys and Girls Home webpage when finalized.

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Another strategic partnership and action committee that Boys and Girls home is desirous of pursuing is that of bringing together the courts, DHHS, and the Lead Agencies in order to discuss the partnership needed to jointly meet outcomes.

**b. Future Plans / Next Steps**

Future plans include continuing to collaborate with DHHS to improve system outcomes for children and families, and all strategies fall below these identified and related outcomes.

Key strategies to improve internal infrastructure include:

- Streamlining and simplifying processes related to: access of interventions, placement, and utilization review.
- More emphasis on subcontractor performance, with attention to the number of denials for services, lack of services within remote areas and incentives for providing bundled services across the entire service area.
- Analyzing and revising the current training tracks for staff to be more process driven and less time-consuming with more practical application
- More emphasis on billing and fiscal practices and program and position parameters
- Data Management improvement related to access to data in order to improve systems and services
- Program fidelity measures
- Analytical review of Evidence-based practices and utilization and fidelity of those models

**2) Contractor Employment Information**

- a. **Contractor allotted FTE's for Service Coordinators: 40**
- b. **Contractor Service Coordinator positions that are filled and able to carry a full caseload: 31**
- c. **Contractor Service Coordinator positions that are currently in training: 1**
- d. **Contractor Service Coordinator positions that are vacant: 8**
- e. **Contractor allotted FTE's for Supervisor: 6**
- f. **Contractor Supervisor positions that are filled: 6**
- g. **Contractor Supervisor positions that are vacant: 0**
- h. **Average length of employment for Service Coordinators: 7.39 months**
- i. **Average length of employment for Supervisors: 7.83 months**

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<b>Employment Information</b>					
	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Average</b>
a. Allotted FTE's for Service Coordinators		32	43	40	38
b. Filled Service Coordinator Positions		28	35	31	31
c. Service Coordinator positions currently in training		2	8	1	4
d. Vacant Service Coordinator positions		2	0	8	3
e. Allotted FTE's for Supervisor		4	6	6	5

**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 over the past two quarters. Recruitment activities have developed in coordination with NFAPA and ASFC providers to ensure availability of foster homes in all three service areas. A revised Retention and Recruitment plan designed to increase the over all number of foster homes and more specifically to recruit homes that reflect the ethnic diversity of the 3 Service Areas served by Boys and Girls, older teens, parenting teams and sibling groups was submitted to NDHHS in March of 2010 and accepted by NDHHS in April of 2010.

**Northern Service Area:**

The NSA was challenged this quarter in regard to staff resources due several vacancies in the Resource Coordination Unit as well as an unexpected medical leave. The Resource Development staff still attended the Pride Training provided by NFAPA in O'Neill in May in an effort to support families through the pre service training in order to increase the percentage of families who follow through to licensure. Boys and Girls Home recognizes the importance of a strong recruitment effort and have therefore chosen to expand the contract with the Nebraska Foster and Adoptive Parent Association for the current fiscal year to include recruitment of foster homes.

- i. **Number of foster homes licensed this quarter:** 0 new
- ii. **Number of foster homes closed this quarter:** 26 licensed, 27 approved

**b.1 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:** 0\*
- ii. **Number of individualized foster homes licensed this quarter:** 0
- iii. **Number of approved individualized foster homes closed this quarter:** 0\*

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iv. **Number of licensed individualized foster homes closed this quarter: 0**

\*There were several child specific or relative homes created in the NSA over the past quarter. B&G is currently working in partnership with NDHHS NSA to finalize many of the home studies in order to have those numbers accurately reflected for the next quarterly report. This is a discrepancy in the previous report as identified by NDHHS in regard to how Boys and Girls was counting approved or child specific homes and when NDHHS was considering those approvals completed. A plan has been developed in partnership between Boys and Girls Home and the NSA to address the above issue and all outstanding discrepancies will be cleared up by 7/31/2010.

**c.1 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.**

- v. **Number of foster homes transferred to your organization: 0** in the NSA for the 4<sup>th</sup> quarter.
- vi. **Number of foster homes transferred from your organization to another organization: 0** in the NSA for the 4<sup>th</sup> quarter.
- vii.

564 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	265	26
Approved Foster Homes	# of Families		
	New	Ongoing	Closed
	0	81	27

- b. **Any updates to the protocol that “matches” children and youth with resource families**  
Boys and Girls Home implemented 3 placement specialist positions in May 2010. The placement specialist receive referrals from the Service Coordinators and then work with the B & G Resource Development Staff and ASFS subcontractors to identify appropriate potential placement options for children in need of an out of home placement. In order to facilitate communication between the Resource Coordinators and Placement Specialists an extensive data base has been developed which closely mirrors the matching function on NFOCUS to increase the ability to match youth with appropriate homes.
- c. **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. Placement recommendation follows the expectations outlined in B & G’s Child Placing License. The protocol is supported and enhanced by the B & G internal protocols for approval for seeking placement for youth.

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- d. 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, 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**

NFAPA held the following trainings in the Northern Service Area this reporting period:

**Parenting Time (1.5 hrs)** “Visitation” is a word that often is associated with an hour visit conducted in a room to maintain a child’s connection with their parents. “Parenting Time provides a planned, purposeful, and progressive visiting plan to achieve timely permanency for children. This workshop provides current research on deficits in parenting time, a review of policy for parenting time, a look at barriers to effective parenting time and solutions to reducing those barriers. This training was held in Columbus April 6th, 2010, Fremont April 12<sup>th</sup>, 2010 and Sioux City April 20<sup>th</sup>, 2010.

**FOCUS Respite Care - Take A Break! (1.5 hrs)**

Resource parents and the children in their care benefit from the regular availability of respite. By providing a needed break from the responsibilities of care giving, respite offers foster parents another incentive to continue doing the important work of caring for children and prevents disruptions. This workshop will outline the importance and goals of respite care, help resource parents identify informal and formal respite, and will promote respite as a supportive rather than a crisis service. This training was held April 4<sup>th</sup>, 2010 in O’Neill and April 22,2010 in Norfolk.

**Providing a Safe Home (1.5 hrs)** This workshop will look at the resource parent’s role in providing safety and placement stability through Nebraska Health & Human Services Policy. Participants will learn the changes that may occur in their daily life and within their extended family as foster/adoptive parents and will identify what type of placements will fit into their home. This training was held May 4, 2010 in Columbus

**Lifebooks – A priceless Gift ( 1.5 hrs)**

A lifebook is valuable tool to connect a child’s past, present and future in their journey towards permanency. Participants will be introduced to the WHAT and WHY of lifebooks-what exactly are lifebooks and why-are they so important for the children in my home? Information on how to work with children on their lifebooks as well as how to talk with them about their histories will be shared. This training was held in Columbus on June 18, 2010.

**Kin-nect Orientation Meetings (1.5 hrs)**

Kinship caregivers are dealing with family issues that are very private and personal. It is a huge undertaking to take in someone else’s children and care for them. The Nebraska Foster and Adoptive Parent Association is here to provide information and support to you and your family.

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We would like to extend an invitation to you to attend a Kin-nect Orientation meeting to help you understand the child welfare system and your role and responsibilities as a kinship caregiver. This program provides a meeting place for kinship caregivers to share their experiences, seek information and discover available resources. This training was held June 11, 2010 in O’Neill and June 22, 2010 in Wayne.

Topics include:

- Resources and supports available
- Question and answer time
- An overview of Foster Care and the Importance of Family connections
- Teamwork – Supporting Reunification
- Opportunity to connect with other families providing kinship care
- Introduction to PRIDE Training

Support Groups were held in Sioux City April 20<sup>th</sup> & May 11<sup>th</sup>, Columbus April 6<sup>th</sup> & May 4 and in O’Neill April 5<sup>th</sup> & May 20<sup>th</sup>, Fremont April 12<sup>th</sup> and Norfolk April 22, 2010.

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: May 21<sup>st</sup> and 22<sup>nd</sup> and June 11<sup>th</sup> and 12<sup>th</sup> in O’Neill. There were 13 attendees with 8 attendees completing training.

There will continue to be PRIDE training occurring in each Service Area, with a plan to have 10 in the Northern 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.

**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		0

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

Not applicable there were no licensing waivers requested or granted during the review period.

**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**

Boys and Girls Home continues to struggle with the volume of child specific and relative home approvals when paired with the vacancies on the RC unit which was experienced during the reporting period. Boys and Girls Home has focused attention on other aspects of resource development. With the contracting out of the Recruitment and Retention functions to NFAPA and being fully staffed Boys and Girls Home will review in August the relative foster homes to assess if they are appropriate to move forward towards licensure under the licensing waiver.

**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**

See response to the previous section.

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

None at this time. B & G will be in a better position to report out on this issue next quarter once we have approached the current relative and child specific providers to identify any action which would increase the number if licensed relative and child specific homes.

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

Goal: Strengthen the Nebraska Safety Intervention System

- Objective: Improve Absence of Maltreatment Recurrence (Standard 94.6)
  - 99.99% of children served by BGH in the OOHR contract were absent of maltreatment recurrence based on the current data
- Objective: Improve Absence of Maltreatment in Foster Care (Standard 99.68)
  - Baseline: 99.56
    - 99.9% of children were absent of maltreatment in Foster care in April through June 2009 under the supervision of BGH in CSA.
    - 100% of children were absent of maltreatment in Foster care in April through June 2009 under the supervision of BGH in NSA.

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- 99.9% of children were absent of maltreatment in Foster care in January through March 2009 under the supervision of BGH in WSA.

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 30.2%% of state wards in-home in CSA from April to June 2010 under the OOHR Contract based on the current data available.
  - BGH served 23.3%% of state wards in-home in WSA from April to June 2010 under the OOHR Contract based on the current data available.
  - BGH served 32.5%% of state wards in-home in WSA from April to June 2010 under the OOHR Contract based on the current data available.

*\*Please note we have some placement changes that must be updated so this number may not be accurate.*

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
    - 49 children reunified in <12 months of entry from April to June in CSA.
    - 16 children reunified in <12 months of entry from April to June in NSA.
    - 68 children reunified in <12 months of entry from April to June in WSA.
- Objective: Achieve and Maintain Timeliness of Adoption (Standard 106.4)
  - Baseline: 102.6
    - 4 children were adopted within 24 months of removal from home from April to June 20-10 in CSA.
    - 1 Children were adopted within 24 months of removal from home from April to June 20-10 in NSA.
    - 9 children were adopted within 24 months of removal from home from April to June 20-10 in WSA.
- Objective: Maintain Permanency of Children in Foster Care (Standard 121.7)
  - Baseline: 149.9
    - 84 children in care for <12 months had 2 or fewer placements on June 30, 2010 in CSA
    - 227 children in care for <12 months had 2 or fewer placements on June 30, 2010 in NSA
    - 303 children in care for <12 months had 2 or fewer placements during the period on June 30 2010 in WSA
- Objective: Achieve or Exceed and Maintain Placement Stability (Standard 101.5)
  - Baseline: 89.9
    - 10 children reentered out of home care during the period of April to June in CSA.

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- 3 children reentered out of home care during the period of April to June in NSA.
- 0 children reentered out of home care during the period of April to June in WSA.
- 26 children in new cases were placed in a family like setting with relatives or know to child for the period April to June 2010 in CSA.
- 52 children in new cases were placed in a family like setting with relatives or know to child for the period April to June 2010 in NSA.
- 29 children in new cases were placed in a family like setting with relatives or know to child for the period April to June 2010 in WSA.
- 94 children in legacy cases were placed in a family like out of home care placement with relatives or families known to the child from April to June 2010 in CSA.
- 52 children in legacy cases were placed in a family like out of home care placement with relatives or families known to the child from April to June 2010 in NSA.
- 29 children in legacy cases were placed in a family like out of home care placement with relatives or families known to the child from April to June 2010 in WSA.

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

- Objective: To implement Nebraska's Child Welfare and Juvenile Services Reform
  - Newly assigned cases are engaged in the program and receive services.
    - BGH Call Center received 41 new referrals for CSA Service Coordination no later than the next calendar day. 41 referrals received face to face contact by the next calendar day.
    - BGH Call Center received 40 new referrals for NSA Service Coordination no later than the next calendar day. 39 referrals received face to face contact by the next calendar day.
    - BGH Call Center received 52 new referrals for WSA Service Coordination no later than the next calendar day. 52 referrals received face to face contact by the next calendar day.
    - BGH Call Center received 37 new referrals for CSA concerning safety related Service Coordination within 2 hours and 37 referrals received face to face contact within 2 hours.
    - BGH Call Center received 40 new referrals for NSA concerning safety related Service Coordination within 2 hours and 40 referrals received face to face contact within 2 hours.
    - BGH Call Center received 64 new referrals for WSA concerning safety related Service Coordination within 2 hours and 64 referrals received face to face contact within 2 hours.
    - BGH Call Center received 10 new referrals for CSA Community safety related Service Coordination within 2 hours and 10 referrals received face to face contact within 2 hours.

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- BGH Call Center received 7 new referrals for NSA Community safety related Service Coordination within 2 hours and 7 referrals received face to face contact within 2 hours.
- BGH Call Center received 6 new referrals for WSA Community safety related Service Coordination within 2 hours and 6 referrals received face to face contact within 2 hours.
  
- BGH was serving 889 court involved and non court involved children on June 30, 2010 in CSA.
- BGH was serving 681 court involved and non court involved children on June 30, 2010 in NSA.
- BGH was serving 872 court involved and non court involved children on June 30, 2010 in WSA.
- 92% of BGH clients had a documented face-to-face contact with their service coordinator each and every month they are in out of home care in the child's place of residence from April to June 2010 in CSA.
- 97% of BGH clients had a documented face-to-face contact with their service coordinator each and every month they are in out of home care in the child's place of residence from April to June 2010 in NSA.
- 93.8% of BGH clients had a documented face-to-face contact with their service coordinator each and every month they are in out of home care in the child's place of residence from April to June 2010 in WSA.
- 100% All youth recommended for release from the Detention facility by the CFS Specialist or the court shall be placed in an alternative placement within 2 calendar days of the identified release date from April to June 2010.
- 100% youth identified for parole from a YRTC shall be placed in an alternative placement on the identified date for their parole from April to June 2010.

Overview: Although transitioning a large volume of cases in a short period of time affected the stability of placement, services to families for a short period of time. The last three months show a calming and upturn in the ability to provide adequate services to families. There still remain many challenges in tracking services, billing for services, and locating adequate staff and providers to do in home safety services under the reform. With the new contract many changes in roles and responsibilities should help streamline service provision making it possible to strengthen the service array and supports for children and families.

## **5) Disaster Plan Updates**

### **Updates to the Disaster Plan this quarter include:**

Updates to the Disaster Plan include finalizing the central data collection process, which includes all child and family living arrangement information, allowing for immediate response in a disaster situation, and ability to locate all children and families served. The Call Center will manage all placement changes and will update the database so there is a current data sheet reflecting placement and contact information. It will be printed weekly

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and held in hard copy with the Disaster procedures by each Geopod in the event that electricity and computers cannot be accessed. The Call Center will print weekly and be retained in all three service areas with the Service Area Manager also. It will be sorted by county and then by Geopod prior to printing. Continued efforts to ensure the Disaster Plan is being appropriately initiated included regular scheduled drills for fire and tornados, how staff should respond in various crisis situations, the role of the staff in regards to children and family served and related policies and procedures. Each Geopod is responsible to manage a monthly checklist of activities that will ensure practicing these skill sets, and will document this progress. Designated staff in each Geopod will be first responders and captains of the Geopod in disaster situations, and will lead the monthly reviews and checklists, and will report back to the CQI team for documentation, barriers and next steps.

**6) Chafee Foster Care Independence Update**

**Collaboration**

Throughout this process and programming development, Boys and Girls Home has worked very closely and sought the development assistance from NE Children and Families Foundation, as well as Central Plains. Both agencies have proven to be a tremendous resource and we hope to continue collaboration efforts with both agencies as we move forward on a statewide basis. In addition, the IL specialists in each area have made deliberate efforts in this quarter to build their local resources and develop relationships with community members, school officials, landlords, and other youth and family agencies.

**Youth Needs**

Each youth is assigned an IL Specialist or Youth and Family Specialist, depending on the program in which their needs fall into. Within that relationship, youth are provided with individualized on-going support and one-on-one interaction. Those youth living independently have 24 hours a day access to the specialist for support as needs arise, with on-going work in place to assist the youth in developing plans to work through situations on their own as they grow and learn to become more independent. Each life situation is seen as a learning opportunity for the future.

Youth are encouraged to become self-sufficient at a rate that is accommodating to their needs and independence level, based on the Ansel-Casey Life Skills Assessment. Boys and Girls home recognizes that successful long-term self-Sufficiency will require employment Readiness, educational development, and relationships with informal Supports, as well as connections within the community which includes but not limited to mental and physical health resources, housing, banking, post-secondary education institutions and financial resources, and mentorships. BGH is devoted to connecting youth with such opportunities in order to assist them with success. IL specialist are trained in assisting youth in accessing such resources, which begins with building a strong rapport with the youth.

**Ansel-Casey Life Skills Assessment**

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Boys and Girls Home recognizes the benefit for a need-based assessment, which clearly outlines the areas in which youth require continued assistance and utilizes the Ansel-Casey Life Skills Assessment in order to quantify this. The goal for this quarter was to identify all youth 15.5 and older and determine the status of the ACLSA and the Independent Living Plans. From this data, the goal is to meet a 90 percent completion rate of ACLSA and IL Plans within the upcoming quarter.

\*Currently, Boys and Girls Home has identified the following totals of youth ages 15.5-19 (state wards and wards in aftercare and currently being served in the former ward program): 172 in NSA.

Of these, 48% in NSA have a completed ACLSA. In addition, 24 % in NSA have a completed Independent Living Plan.

### **Staff Training**

All Independent Living Specialists were provided with position specific training in Mid-March which included model delivery, community collaboration suggestions and information, process, how to seek informal supports, team building, ACLSA overview, and presentations from Central Plains staff to share their experiences with independent living programming and the ETV program. The intention is to reconvene as a group with a follow-up training by the six month mark to review initial training and to further dive into independent living skills youth curriculum and to have an opportunity to meet with Central Plains staff again.

The next segment of the training has been to introduce the model to the Team Leaders, Service Coordinators and Youth and Family Specialists. The IL Specialists have been meeting with each Geopod within their region to assist in model and process presentation. By doing this, we are helping to create a smooth transition through the IL model as youth progress through the programming. Individually, the IL Specialists have also been assisting the Service Coordinators in writing IL Plans and training on the ACLSA.

A Youth and Family Specialist specific curriculum training is currently being developed with the intention to be delivered to staff by September 1, 2010. This training will assist the YFS in understanding IL curriculum, how to better support the youth, ACLSA training, and how to incorporate the IL support into the services with are being provided to the family.

### **Staff Retention**

Currently, Boys and Girls Home has identified a need for five IL Specialist positions across Western, Central, and Northern Service areas to serve those youth qualifying for the Atlas piece of the IL model, or more specifically that are sixteen to twenty-one years old living independently. Of those five positions that were identified and trained in Mid-March, all but one in CSA has been retained. BGH is currently seeking to replace the vacancy in CSA.

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**New Programming**

Boys and Girls Home continues to make minor adjustments to the programming as needs are discovered. One of the identified needs at this time is a need for more extensive Transitional Living Programming. BGH intends to continue to build relationships with community partners in order to collaborate efforts to meet this need, as well as look at other opportunities to better serve this population. The barriers at this time are both financial and liability concerns for this type of programming, which includes staffing ratios, supervision, housing costs, licensing and accreditation. Boys and Girls Home is currently studying other programs, as well as exploring several budget options to best fulfill the needs of the population.

\* Boys and Girls Home is in the process of completing an internal corrective action so that we can retrieve more consistent data in regards to Independent Living to ensure those 15.5 and older have IL plan across all Service Area's. This will go into effect by October 2010.

**7) 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**

**Service Coordinator Initial Training Course Descriptions**

- **Blood Borne Pathogens – 2 hours:** Explain all aspects of Hepatitis, how it is transmitted, vaccine etc. Explain all aspects of infection control at committee. Explain blood borne pathogens, what they are, how they are transmitted, and common types. Trainer: **BGH nurse**
- **CQI (Continuous Quality Improvement) – 1 hour:** To educate new employees in the purpose of: 1) CQI at the Boys and Girls Home, 2) the CQI process, 3) JCAHO, 4) state licensing, 5) staff in relation to these entities and identify the services offered in Iowa and Nebraska by the Boys and Girls Home. Trainer: **BGH trainer**
- **DDC4 (National Safety Council Defensive Driving Course – 4 Hours):** The purpose of the National Safety Council's DDC4 is to create self-awareness around the challenges associated with driving in today's society. Trainer: **BGH trainer by the National Safety Council**
- **Driver Safety - .5 hours:** Boys and Girls Home curriculum that addresses behaviors and practices that affect staff's ability to maintain safety while in a vehicle, i.e., cell phone usage, youth behaviors, etc. This class is a core requirement for all BGH staff, with annual updates required. Trainer: **BGH trainer**
- **Ethics and Diversity – 1.5 hours:** To educate new employees in regard to the NASW code of ethics and issues of diversity in the workplace. Trainer: **BGH trainer**

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- **HIPAA – .5 hours:** To educate new employees in the rules and policies regarding Personal Health Information. Trainer: **BGH trainer**
- **HR Orientation - 1.5 hours:** To familiarize and inform new employees about the agency’s mission, vision, values, service array, policies, procedures, and benefits. Trainer: **BGH trainer or BGH Human Resources staff**
- **Mandatory Child Abuse Reporting (Nebraska) – 1.5 hours:** To educate employees in the laws and requirements of the State of Nebraska regarding the reporting of suspected child abuse. To educate employees in:
  1. The legal definition of child abuse
  2. The categories of abuse and the definitions of those categories
  3. The responsibilities and procedure of reporting suspected abuse  
Responsibility of the Nebraska Department of Human Services, Court and Law Enforcement agencies.
  4. Awareness of indicators of possible abuse and the care takers’ behaviors.

Trainer: **BGH trainer**

- **Site Based Safety - .5 hours:** To educate employees in basic safety practices and familiarize them to the sites physical structure and equipment. Trainer: **BGH trainer or safety officers identified in each office**
- **Ansell Casey Life Skills Assessment (ACLSA) – 1 hour:** To educate new employees on how to conduct Ansell Casey Life Skills Assessments and how to utilize the results of the Assessment. This is the initial training Service Coordinators receive, however, the training is being revamped to incorporate on going follow-up to determine staff competency in the use of the tool, as well as ability to incorporate the ACLSA scores in writing the Independent Living Plan. Trainer: **BGH trainer and BGH Director of Community-based services**
- **Child and Adolescent Strengths and Needs Assessment (CANS) – 3 hours:** 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. Trainer: **BGH certified trainer**
- **Evaluating Team Meeting Quality – 2 hours:** To educate new employees on what constitutes a Family Team Meeting and how to evaluate Family Team Meetings. Trainer: **BGH trainer**
- **Conflict Resolution – 1.5 hours:** To educate new employees on how to effectively resolve conflict. Trainer: **BGH trainer**
- **Continuum of Care – 2 hours:** To educate participants so that they get a basic understanding of the out-of-home reform and the service array, available interventions and how to implement them while using a family centered approach and inform participants about Systems of Care. Trainer: **BGH trainer**
- **Family Centered Practice – 8 hours:** This class is designed to educate and inform new employees on the characteristics, principles, and values of Family Centered Practice. Trainer: **BGH trainer or qualified trainer from the family organizations**

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- **GenoPro – 2 hours:** This class is designed to give the participant hands on experience navigating and working with the GenoPro software program. Trainer: **BGH trainer**
- **Independent Living Guidelines – 4 hours:** This class is designed to educate new employees on the requirements, services, resources and philosophies associated with Independent Living Plans. Trainer: **BGH trainer and BGH Director of Community-based services**
- **Intentional Family Interaction & Parenting Time Guidelines – 3 hours:** To educate new employees on what Family Time is and the steps taken to be successful with it. Trainer: **BGH trainer**
- **Mandatory Consultation Points – 1 hour:** To educate new employees on situations in which consultation with a supervisor is required, as determined by the Nebraska Department of Health and Human Services-Children and Family Services Policy and Guidebook. Trainer: **BGH trainer**
- **Multi-ethnic Placement Act (MEPA) – 3 hours:** This training is delivered through an independent study, with an affidavit signed by the trainee stating an understanding of the requirements, which is then placed in the employee's personnel file. **Independent study, verified by BGH trainer**
- **North Carolina Family Assessment Scales (NCFAS & NCFAS-R) – 3 hours:** This training is intended to prepare service providers to complete a NCFAS or a NCFAS-R for a family they work with. Trainer: **BGH certified trainer**
- **Nebraska Safety Intervention System, NFOCUS, Supervising Juvenile Offenders, Working with the Legal System:** Training for this curriculum is currently being delivered by the NE DHHS trainers. Boys and Girls Home trainers have either completed, or are in the process of completing Phase I of the Training of Trainers, in order to meet the January 1, 2011 deadline to assume full responsibility for delivering the training. This curriculum has been developed by Nebraska's CCFL (Center for Children, Families and the Law). For more information visit [www.ccf.unl.edu](http://www.ccf.unl.edu) Trainer: **CCFL and service area HHS trainers until 01/01/11, at which time BGH will assume this responsibility**
- **Report Writing/Documentation – 1.5 hours:** To educate new employees on how to accurately and adequately document contacts, where to document them, as well as the timeframes under which they are to be completed per contract requirements. Trainer: **BGH trainer**
- **T.A.C.T.-2 – 16 hours:** Therapeutic Aggression Control Techniques (T.A.C.T.-2) is taught according to the guidelines set forth by the author of the material, Steve Parese, Ed.D.
  - Day One: Crisis Prevention
  - Day Two: Verbal InterventionInformation on this course can be found on the web site: [www.TACT2.com](http://www.TACT2.com)  
Trainer: **BGH certified trainer**

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- **Drug Screening and Testing – 2 hours:** Employees will learn how to determine if drug screening is appropriate, and how to administer and interpret a drug screen. Trainer: **BGH trainer and BGH Director of Community-based Services**
- **Operations Manual/Roles and Responsibilities/ Contract:** will include pertinent information about which responsibilities fall to BGH employees and which remain with the State. This will also provide the attendee with basic knowledge in the Operations Manual so that they can advocate for themselves, and their clients surrounding service provision. Trainer: **BGH trainer in collaboration with HHS service area staff**
- **Field Training Days – 24 hours:** A minimum of three training days are spent shadowing experienced service coordinators, prior to assignment of any cases. This process is critical, so new service coordinators can learn many of the day-to-day processes, as well as meet judges, CFS Specialists and other professionals with whom they will be working closely. Trainer: **BGH local office staff**

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

In all positions there were 8 Service Coordinators and 16 staff filling other positions that completed training this quarter

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

2590 total training hours were provided to new employees

Service Coordinators – 1519.5 Hours

Youth & Family Specialists, Resource Development, Case Aides – 617 Hours

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

- **Supervisory Training:** This class is designed to prepare new supervisors understand policies and procedures related to supervising staff.
- **ICWA (Indian Child Welfare Act):** Conducted by Sherri Eveleth, in addition to the ICWA training all service coordinators receive during their CCFL/HHS training.
- **Trauma Informed Care:** Trauma Informed Care is the core of Boys and Girls Home practice and philosophy in the way we interact and deal with children and families. This training teaches staff how to support our clients in feeling safe and relaxed while in our presence, by understanding that behaviors generally have evolved from trauma which has been experienced earlier in life.
- **Magellan:** The purpose of this training is to acquaint new service coordinators with the process of accessing mental health services for their clients. Service coordinators also learn the services that qualify for Magellan payment, the authorization processes, transportation, etc.

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- **CFSR Measures:** This class gives an overview of those benchmarks in the Child and Family Services Review (CFSR) which the contractor and HHS, jointly, are expected to meet.
  - **Love & Logic:** This series of 6 sessions is designed to teach service coordinators how to support parents in teaching responsibility to their children and effective parenting by learning appropriate discipline, aimed at consistency and follow-through.
  - **Diversity:** Creative curriculum designed by Tonya Bauman, BGH training specialist, to be used during regular team meetings to enhance staff awareness of biases regarding diversity in cultures, life styles, faith, values, gender roles, etc. The curriculum is self-directed and encourages discussion among participants.
- e. **Number of on-going/in-service training hours delivered to staff**  
354 Hours of on-going/in-service training hours were delivered to staff this quarter
- f. **Cost of training provided by the Contractor to Service Coordinators**  
In the Northern Service Area the cost of training provided this reporting period was \$ 26,568.45.

Double Click to Populate and Expand

<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		1,530.00	4111.5	1519.5	7161
Number of On-going /In-Service Training hours Delivered		0	192	354	546
Cost of Training Provided by Contractor		NA	\$98,674	\$26,568.45	125242.5

**g. Summary**

Ongoing evaluation of the training delivery system has been conducted throughout the first six months of the contract, examining not only the effectiveness of the training curriculum, but how it is delivered and where. Given the rural nature of the 3 service areas in which Boys and Girls Home is the contractor, several issues have been identified and addressed:

1. There is significant need for broad-base coverage, even in the most remote, less-populated areas. Many times, it is part time staff that can best fill this void; however, training availability and accessibility is a challenge. Many of the part time staff has other employment, so BGH began weekend training in May. Thus far, training has taken place in O'Neill, Gering and North Platte. Staff can meet all of the training requirements within 3 weekends.

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2. “Not all staff needs everything” – while we support as much training as possible, we have learned that our curriculum must be appropriate for the positions. We determine interventions for each family, based on the family’s unique needs, but BGH began with a somewhat “cookie-cutter” approach when determining training needs for our various positions. Basically, we overwhelmed many of our support staff with training not pertinent to their jobs. We are tailoring the training matrix to give all staff the tools they need to effectively meet families’ needs. When completed, any changes identified will be submitted to HHS for approval.

Trauma Informed Care training took place in Scottsbluff, Lexington and Norfolk during this reporting period. On July 15<sup>th</sup>, training will be offered in Grand Island. Approximately 133 BGH staff and 33 partners (family orgs, NFAPA, subcontractors and HHS) attended the 8-hour sessions, totaling 1328 hours.

**8) 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

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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.

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.

Though, throughout implementation, some emphasis has been placed on these models, the primary emphasis was focused on safety of the children. Boys and Girls Home is currently creating a performance plan to address the lack of data available to adequately report on these practices. Though assessments are being completed and models being utilized, adequate documentation has not been demonstrated so that thorough data can be reported in this report. Measures to improve this process of documentation are being addressed, and include the development of a database with the capacity to retain all scores of assessments to ensure fidelity.

### **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

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**Name of Program:** Wraparound

**Service Area:** Northern

**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.

**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.

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**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 know 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:
  - 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?)

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- 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:**

*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*

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**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)
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>

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***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.
- 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,

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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 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.

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**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.

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

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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***

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

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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**

- Develop an initial plan of care: Determine ground rules, describe and document strengths, create team mission, describe and prioritize needs/goals, determine

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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 program (include the total	List specific staff position to be filled: <b>Currently Boys and Girls Home has:</b>	03-31-2010

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<p>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>• 31 BA level Service Coordinators,</li> <li>• 27 (BA/Non BA) Youth and Family Specialists that will provide the majority of interventions.</li> <li>• 6 BA level Team Leaders,</li> <li>• 17 (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>• 5 (BA), Resource Coordinators</li> <li>• 1 (BA/Non BA)CQI staff,</li> <li>• 1 (BA)Quality Manager</li> </ul> <p>Boys and Girls has trained all of the above positions in Wraparound, CANS, NCFAS, and Family Centered Assessment.</p>	
<p>Initial training of program staff</p>	<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</p>	<p>11-1-2009 through 03-31-2011</p>

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	<p>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, CQI staff</p> <p><b>CANS</b></p> <p>CANS Training is required for the following positions within 3 months employment: Team Leads, Services Coordinators, Leadership Team, and Care Management Coordinators.</p> <p><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.</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</li></ol>	
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	<p>certification website.</p> <p>5. Be able to navigate the website to retrieve updated materials.</p> <p><b>Competency:</b> Participants will complete an on-line 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 (Classroom style)</p>	
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	<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, Resource Coordinators,</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 document Family Centered Assessments;</li><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>	
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	<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 style="text-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> <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>	
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	<p>NCFAS training is required for the following positions within 3 months of employment: Team Leads, Services Coordinators, Care Management Coordinators.</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> Established by completion of a separate training vignette.</p> <p><b>Venue:</b> Classroom Style</p> <p>Leadership Team will receive an Overview Training of the NCFAS within 3 months of employment.</p>	
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	<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 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</p>	
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	<p>completing a test with 80% accuracy.</p> <p><b>Venue:</b> Electronic Conference, Independent Study, Classroom Style</p>	
Ongoing training of program staff	<p>List training topics:</p> <p><b>Wraparound/Family Centered Practice</b></p> <p>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 Team, Care Management Coordinators, Call Center Staff and Resource Coordinators.</p> <p><b>CANS</b></p> <p>Annually, a review/recertification over the CANS is required for Services Coordinators and Care Management Coordinators</p>	03-31-2011
Training for staff supervisors:	<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></p> <p>Annually a review/recertification over the CANS is required for Team Leads</p> <p><b>Family Centered Assessment</b></p> <p>Family Centered Assessment</p>	03-31-2010

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	<p>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 with in 3 months of hire.</p>	
<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></p>	<p>12/01/2009-ongoing</p>

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	<p>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> <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 information.</li><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</li></ul>	
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	<p align="center">organizations doing their own data analysis</p> <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 soon as the processes are finalized the CQI team will take on this responsibility to ensure proper/timely documentation of assessment tools.</p>	<p>04/01/21010</p>

**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.

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**Summary:** Boys & Girls Currently has all Service Coordination/Team Assistant staff trained in Wraparound, CANS, NCFAS, and Family Centered Assessment.

**Strengths:** Since data has only began 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 began 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

**Name of Program:** Intensive Family Preservation (Boys Town Model)

**Service Area:** Northern 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

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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.*

- 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 know not to cause harm?
- Promising Practice**
  - All elements of Evidence-Informed/Emerging plus:

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- 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).

**Implementation/Research History/References:**

- Friman, Ph.D., Patrick, C., Father Flannagan's Boys' Home, "The Influence of 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

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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:**

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, 2010, 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.

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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 degree, Resource Coordinators CQI, C2s and Team assistants have a minimum of a high school diploma or GED</p>	<p>List specific staff position to be filled: List specific staff position to be filled:</p> <p><b>Currently Boys and Girls Home has:</b></p> <ul style="list-style-type: none"> <li>• 31 BA level Service Coordinators,</li> <li>• 27 (BA/Non BA) Youth and Family Specialists that will provide the majority of interventions.</li> <li>• 6 BA level Team Leaders,</li> <li>• 17 (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>• 5 (BA), Resource</li> </ul>	<p>04/01/2010</p>

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	<p align="center">Coordinators</p> <ul style="list-style-type: none"> <li>• 1 (BA/Non BA)CQI staff,</li> <li>• 1 (BA)Quality Manager</li> </ul> <p>All members of the Service Coordination/Team Assistant, Are trained 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>	
Initial training of program staff	List training topics: All staff will attend the Boystown IFP training provided by the Service Area Training Coordinators.	04/01/2010 – 12/31/2010
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 with in 3 months of hire.</p> <p>All team leads are required</p>	04/01/2010

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	to be trained in the Boys town IFP model within 6 months of hire.	
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> <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	What are the fidelity	

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delivery of the program	<p>measures, identify at what point will be assessed Boys Town will be continually reviewing our fidelity to the model.</p> <p>Boys Town has advised they will no longer provide training or allow us to train our staff in their model. BGH is evaluating this situation and utilizing existing staff trained in this model to provide the service.</p>	
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:** 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.

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**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

**Service Area:** Northern 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.

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**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:**

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

- Not Evidence Based/Informed/Emerging**  
 **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.

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- 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).

**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

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

**Email:** [drclfay@loveandlogic.com](mailto:drclfay@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.

**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:**

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*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><i>Love and Logic</i></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><i>Love and Logic</i></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 teachers who implement this program, aside from reading one of the core programs.</p>	<p>List specific staff position to be filled: 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>
<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</p>	<p>On going</p>

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	once initial training is completed.	
Training for staff supervisors:	Core Love and Logic Curriculum.	10/31/2010
Love and Logic offers a pre and post test for participants  Satisfaction surveys will be 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.	Pre and Post test scores will be collected and aggregated and reported out quarterly.  Satisfaction surveys will be collected and aggregated and reported out quarterly.	11/01/2010 and ongoing
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 ongoing
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***

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*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 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.

## **9) Aftercare Service and Activities Report:**

This is a new section to the Quarterly Report according to the 2/16/2010 version of the Operations Manual

### **I. Administrative Overview**

#### **A. Policy**

Boys and Girls Home of Nebraska, Inc. (BGH) will provide aftercare services to families and individuals upon case closure and prepare every family to utilize community resources and supports to minimize the need for supports from the system. Additionally, Aftercare is designed to prevent further intakes or concerns for the family. A written after care program will be developed based off the court report making recommendations for case closure.

The after care plan will be developed and submitted at the time of case closure. A team meeting will be held prior to closure to determine goals and length of involvement for the after care program. The closure packet will have the following data in the folder.

- a. goals for after care,
- b. support systems,
- c. current safety plan,

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- d. emergency numbers,
- e. supports,
- f. community
- g. resources,
- h. de-escalation techniques,
- i. and coping skills.

The goals for after care will be submitted with the final court report requesting case closure. The report will be submitted to the CFSS for court preparation.

**B. Philosophy and Vision**

One of the tasks is for all families to meet the expectation of no further involvement with the system, to have no intake or safety concerns after case is closed. This is a life long change of behavior to prevent generation cycle of entry into the abuse neglect system.

The family members (extended and internal), the school system, foster placements, family organizations, parents place of employment, organizations and support groups, as well as community members, and other people important to the family play an important role is assisting the family in providing safety, permanency and well-being for their children.

**Vision:**

Families in our care will have developed the skills to keep the family safe and allow permanency to be achieved. The family will develop community resources and take steps to prevent involvement in the system. These connections will support and guide the families in developing healthy relationships in their home and community.

**Safety and Well-Being:**

- First and foremost, families are protected from abuse and neglect.
- Children are safely maintained with their families whenever possible and appropriate.
- Families are psychologically and emotionally safe, have a sense of internal authority, and have the ability to exercise self-control and self-discipline. All family members are able to share their strengths and have their cultural and religious beliefs and sexual orientation respected.
- Families are supported and empowered to make safe and positive decisions that will impact their family.
- Families will participate and develop the safety plan to be put in place at time of case closure.
- Family will develop support programs, groups, community resources, and important people to be part of the after care plan.
- Family will work with staff performing after care supports, to embrace a safe environment.
- Family will call support members and resources at time of need.

**Permanency**

- Family preservation is maintained
- Families have permanency and stability in their living situations
- Family is involved in after care goals prior to case closure.
- All families have identified a support person to assist them in keeping the family in the home.

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- All members involved in after care plan will utilize coping skills, life skills and de-escalation skills to maintain family in the home setting.

### **Family Engagement**

- Family is involved in planning and decisions-making processes prior to case closing.
- Family will utilize family time and build on family strengths as outlined in court report prior to closure.
- Family will utilize coping skills, stress management and other systems put in place to help them take care of their family.
- Family will utilize community supports such as parent to parent, community based programs, social activities and other community programs.
- Family will develop a support system within their family and friends to assist them at times of stress and concern.

### **Community Engagement**

- Community resources are utilized to support the family.
- Families have in place supportive relationships and are able to access services in the community needed to achieve their personal goals.
- Families are actively engaged in contributing to their own communities.
- At times of concern, the family will utilize program developed in after care plan

### **Physical and Mental Health**

- Families will apply for Medicaid if no health insurance is in place or available to them and their family.
- Families have access to high quality physical and mental health services, as well as services to treatment.
- Families will be recommended for therapy and Community treatment aids (if Medicaid eligible) to assist in support after case closure.
- Families are engaged in developing family time that would involve recreational and other activities that promote social well-being.

### **Teaming as a means of achieving Permanency**

Permanency practice is based on the theory that by building strong family relationships, families will have the necessary foundation on which to build their lives. Permanency teaming puts those most involved in a problem or situation-in this case, the family and there identified support system- at the center of decision-making. Permanency teaming is based on a belief that the family must be central to planning and decisions about their lives: and families have strengths, are experts on themselves, and with support can make well-informed decisions about keeping their children safe. Not only can outcomes for families improve when they lead the process of identifying their team members, but the process of collaboration can result in better solutions than when responsibility rests on one person or the agency alone.

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Permanency teaming is the primary means by which Service Coordinators and Youth and Family Specialists will conduct case coordination activities. Permanency teaming supports the family and assists the Service Coordinator/Youth and Family Navigator by engaging families natural network as an active planner and decision maker and is documented in the Service Plan. Though Boys and Girls Home staff have provided aftercare services internally, beginning August 1<sup>st</sup>, The Federation of Families and affiliate Family Organizations will manage all aftercare services and supports. Family Navigators will facilitate the on-going Teaming process through monthly contact after case closure.

- focus team members on understanding and meeting the family needs
- understand and address the traumatic loss and separation youth experience when they enter and grow-up in foster care due to abuse and neglect;
- explore other community connections to involve the family
- achieve and support family permanence;
- use creative family search strategies and concurrent planning to develop permanency options for the family ;
- develop and support coping skills for each family member
- Connect the family with support groups and organization of their choice
- Provide monthly visits to empower the family
- Assist family in finding resources outside of the system to meet their basic needs and
- Support the family in positive family interactions.

The teaming process continues monthly for 12 months after case closure. The teaming process will take place immediately and involve at a minimum family, family partners of their choice, YFS's and Service Coordinators, as well as a Family Navigator.

Boys and Girls Home has begun the process of more thorough data collection related to Aftercare Services Program components and will report, in detail, in the next quarter report when sufficient data and trends can be articulated. As of August 1, 2010 the Federation of Families will take on all Aftercare Services as part of a Subcontract with the Boys and Girls Home, and will assist in providing the required data elements.