

Quarterly Report for Child Welfare and Juvenile Services

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Quarter	Reporting Periods	Due Dates
<input type="checkbox"/> Quarter 1	July 1 – September 30	October 15
<input checked="" type="checkbox"/> Quarter 2	October 1 – December 31	January 15
<input type="checkbox"/> Quarter 3	January 1 – March 31	April 15
<input type="checkbox"/> Quarter 4	April 1 – May 30	June 15
<input type="checkbox"/> Quarter 4 (update)	April 1 – June 30	July 15
Date Submitted: 1/18/2011		Date Received:

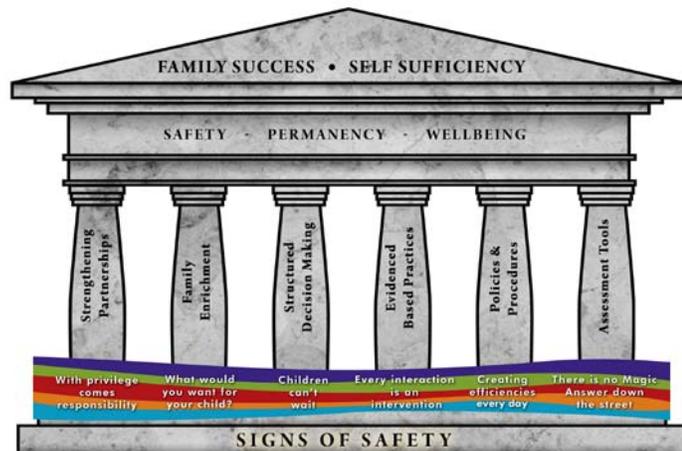
General Overview

1. Accomplishments and Barriers:

a) Accomplishments and Barriers:

KVC believes that every child and family has potential and that children grow best in strong, healthy families which are promoted through its Pillars of Practice. KVC is dedicated to enriching the lives of children and families through Nebraska's *Families Matter* Initiative and we continue our efforts to serve children safety in the home and put families on the forefront of making positive changes. KVC continues to be committed on improving outcomes, building partnerships with stakeholders, and empowering families to achieve higher levels of self-sufficiency and community connectedness.

KVC Nebraska Pillars of Practice



KVC fully supports the Families Matter Initiative and supports Nebraska's vision of being a national leader in serving children and families by investing in enriching and enhancing the lives of Nebraska's children and families. With the announcement at the beginning of the quarter that case management responsibilities would transfer to Lead Agencies, many of our activities and accomplishments were focused on the transition. The following are highlights of our accomplishments supporting the Families Matter Initiative along with identified barriers including steps to address those barriers.

Accomplishments:

With the announcement of service coordination transferring to case management, KVC prioritized the identification of specific training to assure staff preparedness with the new responsibilities involving case management. The Center for Children, Families, and the Law (CCFL) provided KVC with power point presentations, handouts, and other resources related to case management for the purpose of providing consistent training and education for Family Service Coordinators (FSC) (now named Family Permanency Specialists (FPS)) and Supervisors. KVC utilized the curriculum for case management training from CCFL when possible and developed additional training curriculum in order to successfully transition from service coordination to case management. The "gap training" included additional training in the following areas:

- Nebraska Safety Intervention System (NSIS);
- Court and Legal Issues;
- General Case Management;
- Placement;
- Documentation;
- Roles and Responsibilities.

Training of FPSs and Supervisors was provided by the KVC Training Department, trainers identified within the KVC Leadership team who have extensive history working within Nebraska's Child Welfare System, (e.g., proficiency and knowledge in NSIS), and experts from the Nebraska child welfare community. Training was completed in conjunction with CCFL who generously provided resources in order to assure staff preparation in teaching Family Permanency Specialists and Supervisors the skills necessary to perform effectively in the case management role. Training was provided by KVC's training coordinators, two of whom recently completed the NDHHS Training for Trainers program for Service Coordination and were FPSs prior to their new role within KVC. It should be noted that due to the time constraints associated with the implementation date, these trainings could not have been accomplished without the collaboration and assistance from stakeholders in the community, including NFC, attorneys, DHHS staff, experts from Nebraska's child welfare community and KVC's numerous employees (many in leadership positions).

KVC is dedicated to the Families Matter goal of using evidence based/promising practices to provide services to ensure that children are safely maintained in their homes whenever possible and appropriate. KVC achieves this outcome through the utilization of our Dyad Model of service provision, Signs of Safety (SoS), and Structured Decision Making (SDM).

SDM is a research-based assessment approach used with children and families at high risk of maltreatment. SDM provides a consistent approach to identifying strategies and interventions which reflect the strengths and needs of families. SoS focuses on looking for signs of safety that exist within the family and, in conjunction with the family, creates solutions for meeting a child's needs for protection. SoS uses "safety mapping" as a way to gather and organize information regarding safety concerns, identifying what's working well, and working with the family to develop a plan. Child welfare research indicates that the integration of SDM with SoS provides better outcomes for children and families. These two approaches are complementary with SoS safety mapping providing information that helps with SDM assessments (http://www.nccd-crc.org/crc/crc/pubs/sdm_news_apr10.pdf). Both SoS and SDM provide core practice values, shared commitments, priorities and integral family centered approaches to engaging and working with families

Below is a brief explanation of how we provide services to ensure child safety:

- Dyad Model of Service Delivery: This model utilizes a team approach where the FPS and Program Support Worker (PSW) work closely together to meet the needs of the family. This approach allows implementation of strategies to help families meet their goals, while at the same time allowing for continuity of care with consistent workers in the family's lives. This has also helped in decreasing the use of historical menu based services with movement toward a more fluid, needs-based method of providing support and services to youth and families. This is consistent with the Families Matter goal of providing "*individualized service plans vs. a limited menu of specific services*" and provides the opportunity to make timely adjustments with respect to supportive strategies in an effort to enhance parent's protective capacities and improve upon the family's strengths.
- Signs of Safety: This solution-focused approach uses safety mapping to gather and organize information about the family. The tool looks for threats to safety and provides an active, deliberate, and conscious effort to identify protective capacities that exist with a family. The FPS works alongside the family to identify family strengths, needs, and strategies for meeting a child's need for protection. All FPSs, Supervisors, Program Managers, and Directors have been trained on using Signs of Safety with the expectation that this tool be used during Family Team Meetings and case consultations.

- Structured Decision Making: SDM training was provided to all FPSs, Supervisors, and Program Managers and Directors. FPSs began implementing this tool shortly after training. SDM is completed by Family Permanency Specialists and their supervisors for use in evaluating families shortly after the initial case referral.

Supportive Services

KVC is continually evaluating the efficiency and effectiveness of supportive strategies and interventions offered to children and families. During this reporting period, KVC enhanced strategies and interventions to youth involved with the Office of Juvenile Services by internally implementing strategies such as electronic monitoring and tracker. This allows us to provide these strategies in accordance with our Dyad Model; thereby decreasing the number of people involved with the family and allowing for continuity of services. The purpose of these interventions is to ensure community safety, minimize the use of detention centers, and, in combination with other strategies, allow the youth and their family an opportunity to remain intact while addressing identified goals and objectives for overall stabilization. KVC understands that informal support can make a significant impact on a youth, and works with the youth and their family to create strategies and goals that will assist the youth with overall success

Additionally, during this reporting period, KVC implemented the Drug Screening Call-In Line which utilizes an efficient approach to screening and testing parents for drugs and alcohol. The implementation of a color-coded system assures randomness as all clients who have an identified issue of drug and alcohol use in their case plan are assigned a color upon referral. Clients are assigned a color based on their testing frequency, ranging from semi-weekly, weekly, semi-monthly, or monthly. Adult clients are required to come to a designated KVC office in order to provide a urine sample on their assigned day. We also implemented the Drugs of Abuse Patch. This patch is worn on the individual for up to ten days and will test for drug usage within that time frame. The patch uses sweat as the specimen source and provides an alternative to urine collection. The patch is waterproof and upon removal can be tested for the following substances: Cocaine, Opiates, Amphetamines, PCP, and Marijuana.

KVC also implemented Family Interaction Time which combines family support, supervised visitation and monitoring into a single strategic intervention. Given KVC's core belief that "every interaction is an intervention", it was critical to develop an approach that allows our staff an alternative to providing inconsistent, dissected approaches to working with children and families. A Family Interaction workbook was developed through the use of Parenting Wisely resources, one of our EBPs, to improve upon interactions between children and their parents while emphasizing skill application for parents. This workbook helps to teach and promote the learning of specific skills that will enhance the protective capacities of parents.

Foster Care

When there is a need for out of home placement, KVC staff have been trained on the following protocol:

- Assessing if there are identified strategies and interventions that could be implemented to prevent the out of home placement;
- Identifying appropriate family members as possible placement options to minimize the negative impact on children;
- Identifying individual(s) whom the child may have a relationship with that would be willing to accept placement (e.g., previous care takers).

This effort is accomplished through the collaboration of KVC's Child Placing Agency (CPA), Family Permanency Specialists, and DHHS. During this reporting period, the KVC CPA department has streamlined the process for approved and child specific homes and the completion of home studies in a timely manner. Kinship Specialists continue to provide support to these homes.

The CPA Department has also been making diligent efforts to recruit foster homes that reflect the needs of the children in need of placement. These efforts have provided KVC with several new foster homes. Additionally, in an effort to provide children with community connectedness, KVC has targeted several neighborhoods and communities where foster homes are needed.

CPA staff is diligently working on addressing foster homes on hold for reasons other than an allegation of abuse or neglect. In the Eastern Service Area, staff was able to reduce the number of homes on hold to 13 from approximately 35 at the beginning of this reporting period. This resulted in 19 additional placement options.

CPA and Admissions staff received training on the required components regarding placement of children and youth. These trainings include:

- 474-NAC
- 390-NAC
- ICWA
- MEPA/IEPA

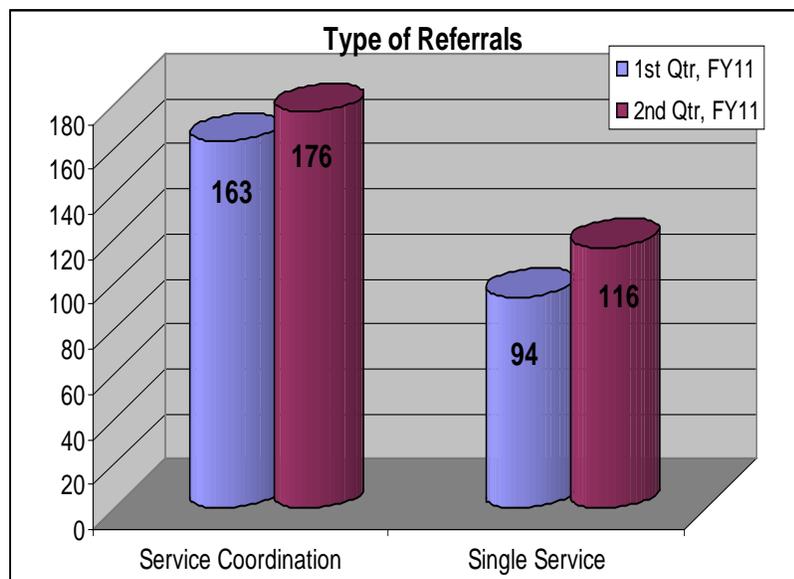
Aftercare

Aftercare continues to see a less than 1% re-entry rate in the Eastern Service Area. Aftercare has implemented the SDM risk re-assessment for all cases, as well as Signs of Safety. Additionally, an Aftercare Plan is completed on all Aftercare families to ensure safety, permanency, and well-being. Aftercare has been able to keep up with the influx of case closures and there has been solid communication between Aftercare Specialists and Family Permanency Specialists to ensure the needs of families are being met. There has been an increase in cases being referred to

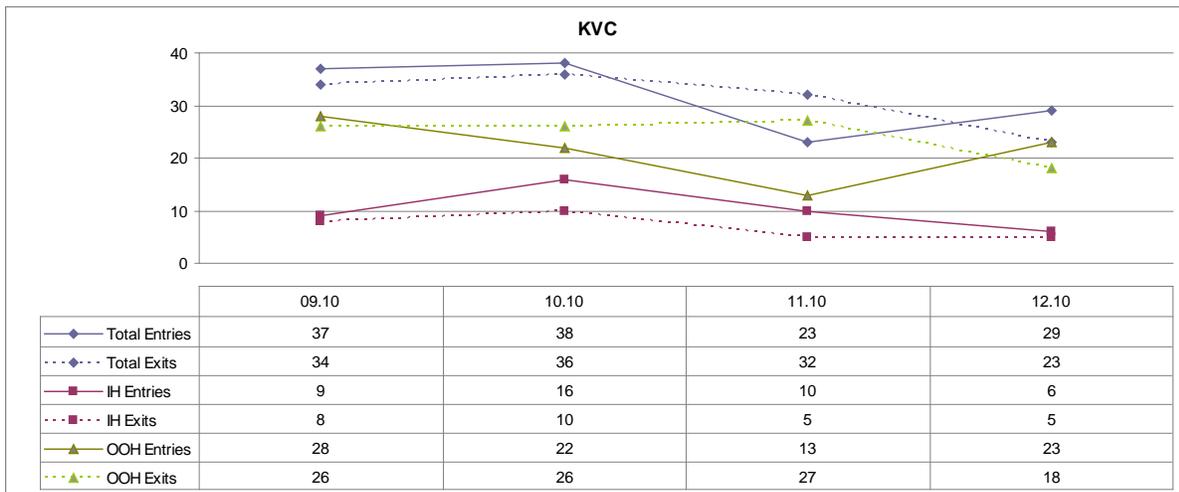
Aftercare prior to case closure and all Aftercare referrals are staffed within 48 business hours of receipt.

Service Coordination

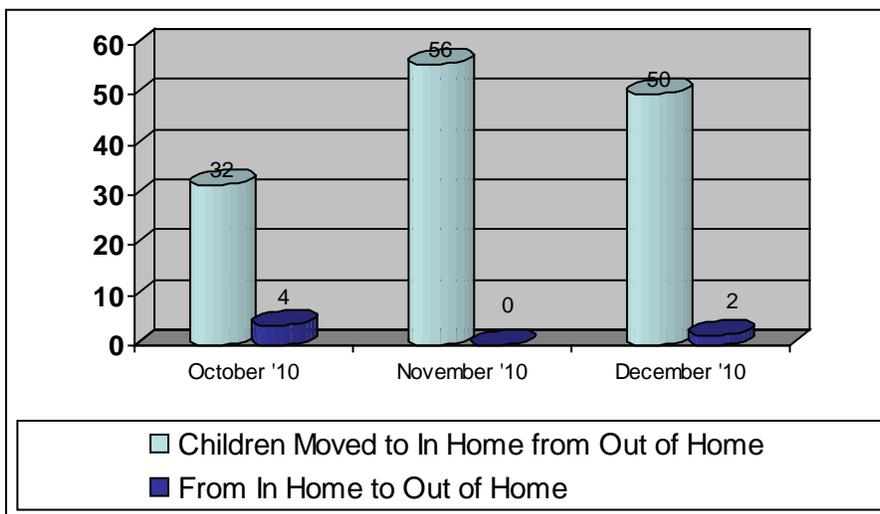
During the reporting period there has been a concentrated focus in using data to inform reform efforts. This effort has resulted in the creation of a task group to develop reports that will best inform the collective progress in meeting the outcomes of DHSS. KVC, NFC, and DHSS have been meeting on a regular and frequent basis to develop reports and understand the data. In addition, KVC has been looking at its data internally as well which is consistent with the Families Matter goal of *"Shared ownership in achievement of outcomes by public-private connections"*.



One of the goals of the Families Matter Initiative is to have *"More children served safely at home rather than in out-of-home care"*. 176 new referrals for Service Coordination were received during 2nd Quarter compared to the previous quarter's 163 new referrals. During this reporting period, overall in-home referrals made up 40% of the total number of referrals while out of home referrals made up 60%. This reflects an increase in the number of out of home referrals from first quarter of fiscal year 2011 where overall in-home referrals made up 45% of the total number of referrals while out of home referrals made up 55%. This is a trend we will be looking at closely as it appears as though there were more referrals to service coordination where children were removed from their homes. In order to meet this goal we would hope to see more referrals for in home services than out of home so KVC can provide supportive services in the home to prevent out of home placement if possible.



¹Data trends suggest that that there are more case closures than referrals for this quarter which is a key indicator for successful reform. Of concern is data showing that of the cases being referred a higher number of cases are being referred for out of home placements than in home supports. This spike is particularly noticeable for the month of December; it remains to be seen whether this represents a trend or an anomaly.

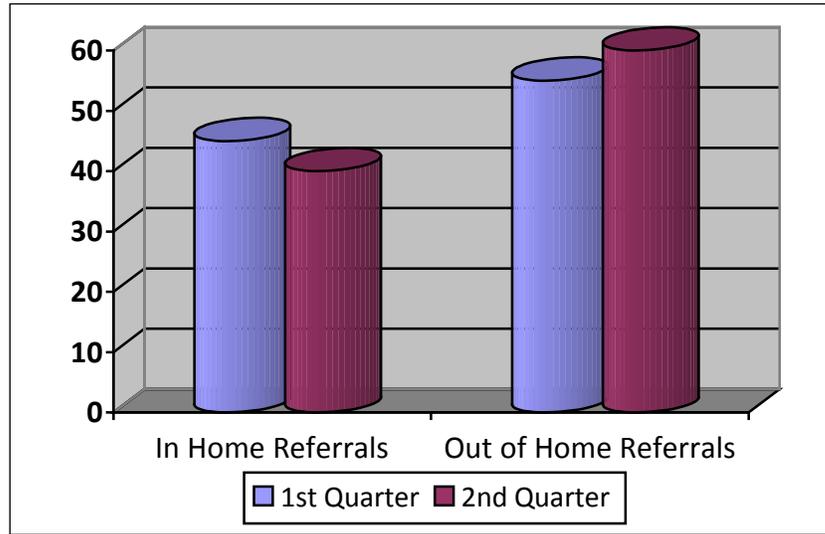


The graph above also shows that KVC has been successful in moving children back home after being removed from their home and helping families to maintain children safely in the home.

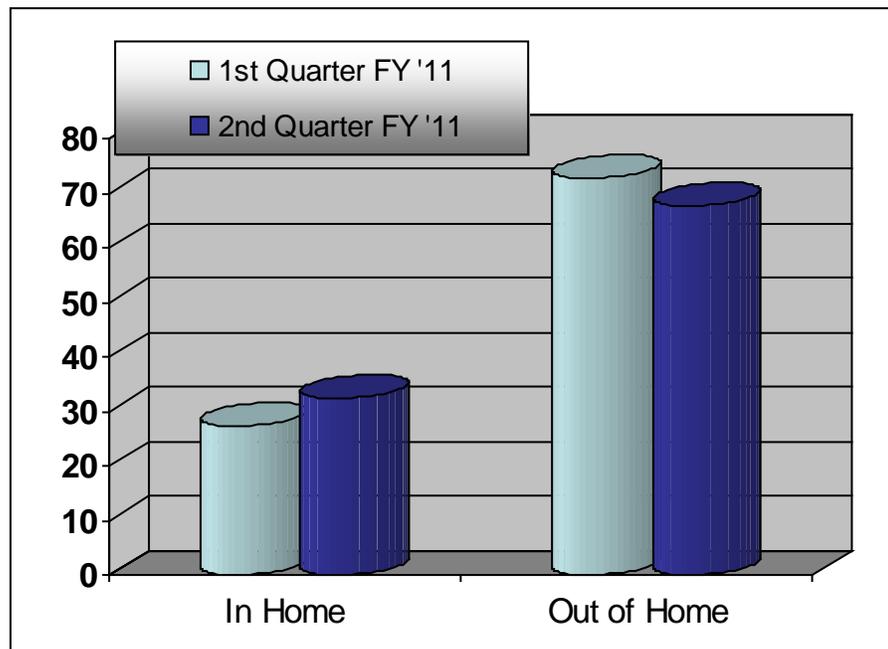
One of the goals of the Families Matter reform initiative is to invert the pyramid where 70% of children are served in out of home placements than at home. KVC has worked hard to move youth who were in an out of home placement to home. The data graphs shows progress in helping children to return home and also shows

¹ This graph is based on DHHS data and is still being reconciled internally as our initial examination of the data indicates that there are a number of discrepancies in the data. However, there is agreement on the trend so comments regarding the data will refer to the overall trends. The other graphs in this document are created from internal data.

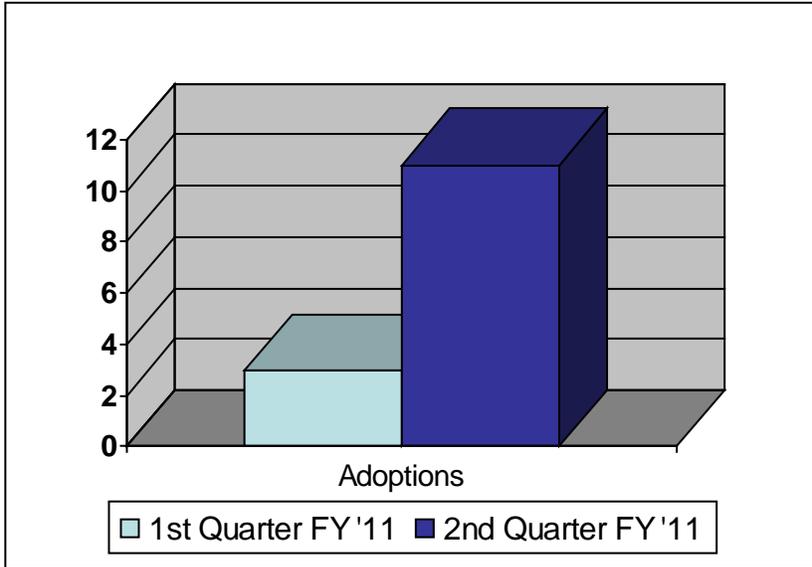
slow progress towards serving more kids in their home than in out of home placements despite having more out of home referrals than referrals for in home services. The graph below displays the data for in home and out of home referrals and shows the increase in out of home referrals for 2nd quarter.



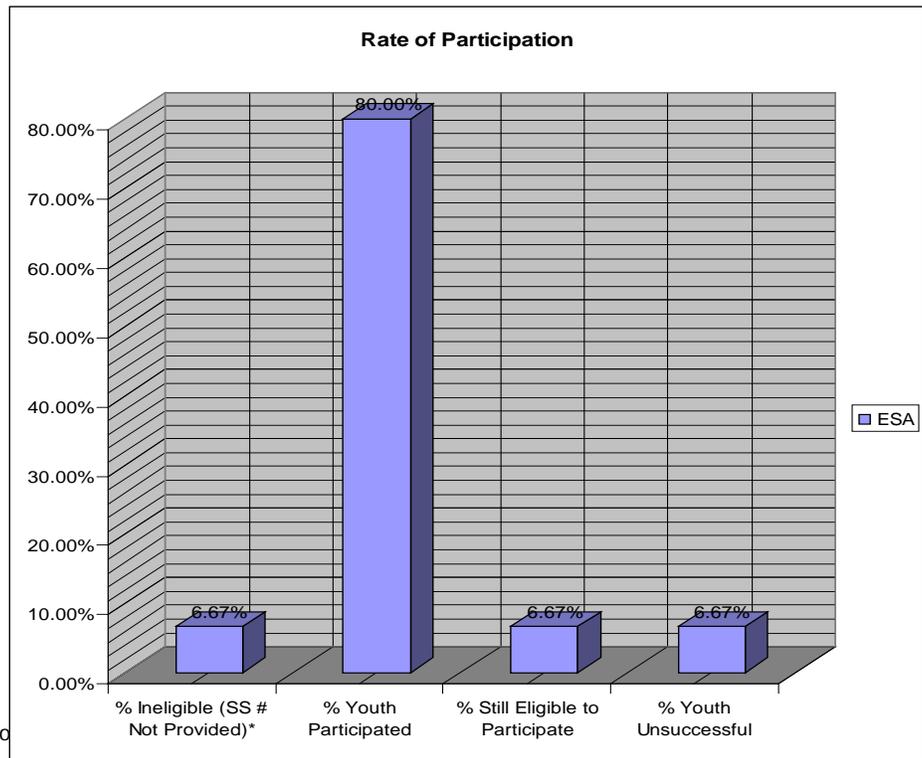
The graph below shows a slight increase in the number of youth we are serving the home and a corresponding decrease of youth served in out of home placements.



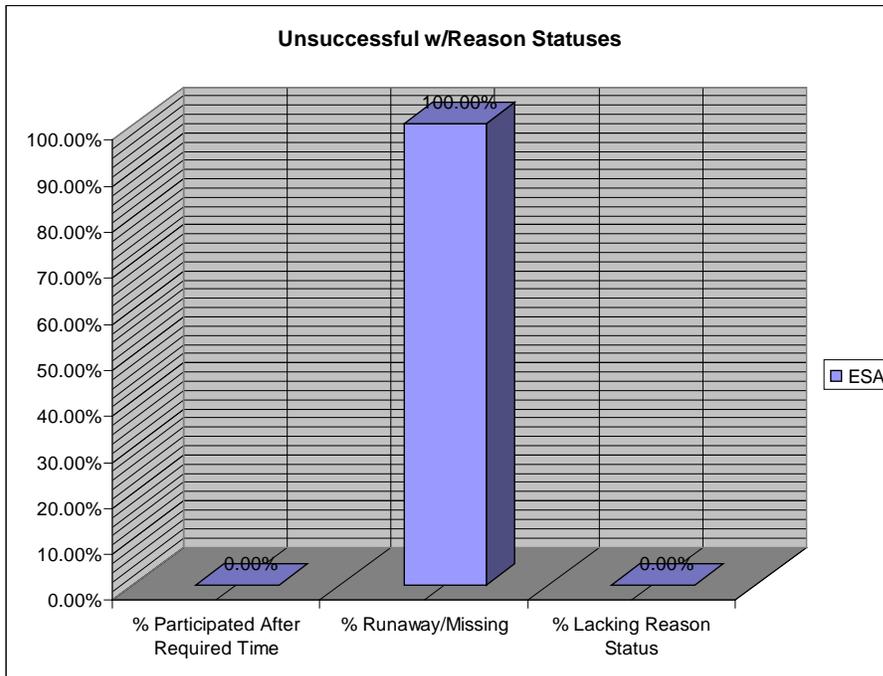
KVC believes that every child deserves a forever family and during this reporting period, thirteen (13) children found permanency through adoption. Seven (7) of these children were adopted on National Adoption Day which occurred on November 20, 2010 at the Douglas County Courthouse. Families were invited to commemorate this day with food, fun, and festivities at the Omaha Children’s Museum.



In October of 2010 the National Youth in Transition Database (NYTD) survey began. This requires that KVC approach each youth that is eligible to participate in the survey and request that they take the survey. During this quarter fifteen (15) youth were deemed eligible for the survey. Of those fifteen (15) youth, twelve (12) of them successfully submitted to the NYTD Survey while only one (1) did not resulting in a success rate of 80%. One (1) other youth did not have a social security number and the other youth was a runaway and could not be located.



This graph shows the reasons that youth did not complete the survey.

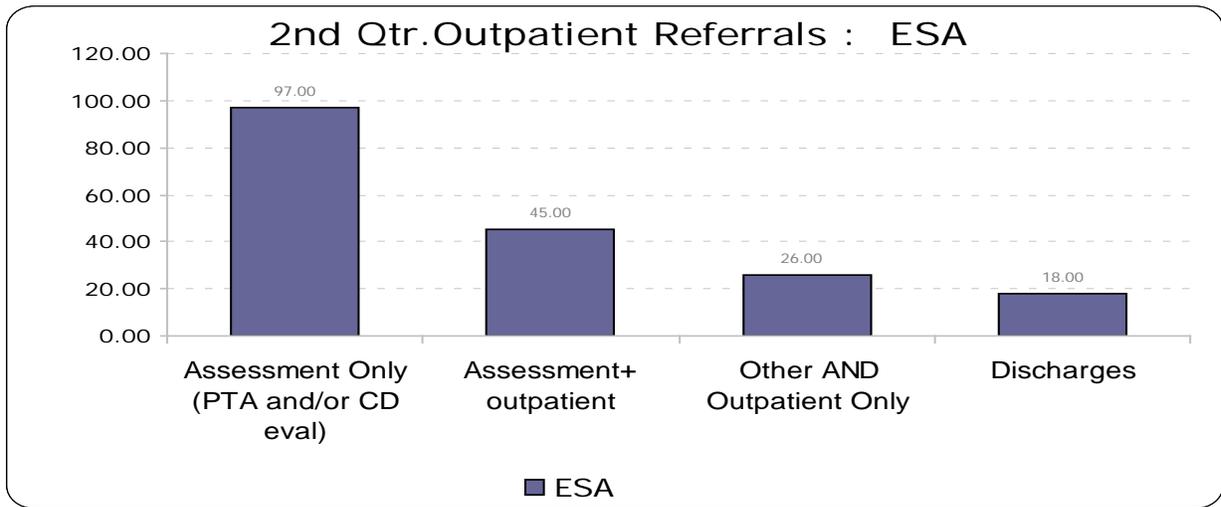


Behavioral Health

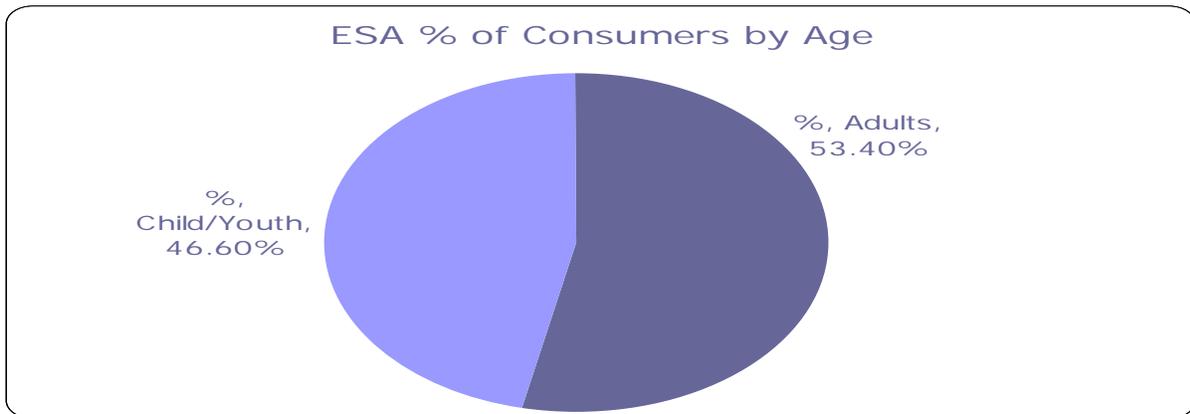
KVC Behavioral Health continued its efforts to develop a strong outpatient clinical program in Nebraska. KVC is fully credentialed with Nebraska Medicaid and Magellan Behavioral Health. We are currently in the process of submitting proposals to implement Community Treatment Aide (CTA) and Intensive Outpatient Programs (IOP). Magellan has previously indicated that they are closed to adding new CTA and IOP programs; however, our ongoing conversations and representation as a Lead Contractor added to their decision to reconsider.

KVC Behavioral Health has the capacity to serve consumers in its seven (7) practice locations in Nebraska. KVC currently has five (5) FTE clinicians in ESA with the plan to hire two (2) more FTE's by the end of the fiscal year. ESA added a part-time contracted psychiatrist, Dr. Michael Coy to provide psychiatric evaluations and consultation of up to eight (8) hours a week. Additionally, due to the increased numbers of parents and youth identified with substance abuse issues, it is KVC's goal that 50% of staff will be dually credentialed in mental health and substance abuse.

KVC's Clinical Services Department predominantly receives referrals for assessment and outpatient services. In the second quarter, our referral for services is represented in the following illustration:



KVC's consumer population is varied serving children, youth and adults. The percent of youth versus and adult as the primary identified client is represented in this chart:



KVC's Clinical Services Department has been integral in developing and implementing our parenting class curriculum which is primarily based on Parenting Wisely. Parenting Wisely is an EBP that is a parenting skills education system designed to facilitate the learning of necessary skills for the healthy well-balanced raising of children from age 3 to 18. Proven to reduce problem behaviors and increase communication and family unity, Parenting Wisely offers well documented and tested programs that guarantee results. Parenting Wisely has the flexibility of being provided in various formats. KVC has chosen to provide eight (8) weeks of sessions, two hours a week and has scheduled its first Parenting Group in ESA in January 2011. This session is open to all parents whose children are receiving case management services from KVC.

Other Accomplishments

KVC Nebraska hosted its first Resource Family Conference on December 3-4, 2010. This Conference was critical in providing educational training to our foster parents on various topics throughout the weekend event. Parents attended keynote presentations and workshops receiving inspiration and instruction from nationally known speaker(s). More information about the conference is found in foster care section. Foster parents were provided the opportunity to receive up to six (6) training hours which help them meet state licensing requirements

KVC Health Systems was identified in OPEN MINDS which featured 15 organizations in the nation making improvements in organizational efficiency and effectiveness (www.openminds.com). OPEN MINDS is a market research and management consulting firm specializing in the mental health, addictions, social services, disability support, and related public health sectors of the health and human service field.

Sandra Gasca-Gonzalez, KVC's President, was recognized by the Midlands Business Journal in November as one of the "40 Under 40" outstanding young entrepreneurs, business owners, managers, and professionals, each of which are under the age of 40. Winners are chosen based on their contribution to their business and community.

At the end of the quarter KVC received permanent case files associated with the cases we are serving in ESA. All files that were received were checked in and QA'ed to ensure that paper documentation was in the file. This process required a minimum of ten (10) staff over the course of three (3) days.

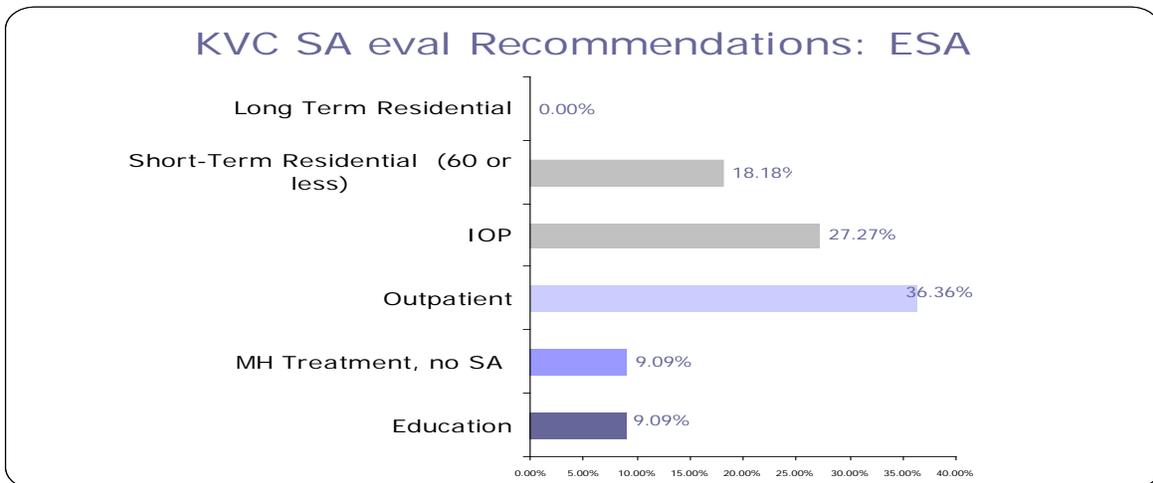
Barriers

Placements

Placement barriers have been identified primarily with the OJS population. The continued trend reflects limitations on the ability to place youth in the least restrictive, most appropriate level of care as well as the ability to identify community based supports and services that can be utilized to maintain youth at lower levels of care. Youth continue to be ordered to specific placement types and, on occasion, to specific placements to provide treatment services which conform to the Court's level of treatment determination. The emergence of the overlap in role between Juvenile Probation and Service Coordination has become increasingly more pronounced during this quarter. Often times the Juvenile Court will order both Probation and Service Coordination to seek placement. Juvenile Probation often times will secure placement, thus resulting in increased out of state placements and non-indicated treatment placements. On occasion arrangements for these placements have been made before the Family Permanency Specialist has exhausted all appropriate levels of care or in-state placements. An opportunity exists to work with Probation to develop plans to wrap services around youth within their own community.

Family Permanency Specialists have been asked to present alternative plans to the Juvenile Court for placements to assist with the over utilization of congregate care. While this has been successful to some degree, feedback from the judicial system has been provided on how to strengthen the alternatives presented so that more approvals can occur.

The KVC Behavioral Health Clinical program is providing substance abuse and mental health assessments for court-ordered unfunded adults. However, because KVC is responsible for paying for adult IOP or residential services, there is a concern that we may be biased “against” recommending these services when needed. To facilitate transparency, KVC is reporting the number of evaluations and recommendations by type to any interested party.



Data

With the emphasis on data driven decision making it is imperative that we understand and identify the data associated with N-FOCUS. Although we've made tremendous progress this past quarter in identifying data definitions and reports there are still some significant areas where the data is not easily reconciled. As we build our reports and use the data in our daily decision making we need to ensure our understanding of the data is consistent across both contractors and DHSS, that the data definitions are well understood, and that the data is accurate and timely. One of the concerns with N-FOCUS is the timing related to when a case closes and when it is captured in N-FOCUS. Although a case may officially close on any date during the month N-FOCUS does not officially record this closure until the latter part of the month and in some instance may not record this until the next month. Given that one of the DHSS primary goals is to “*decrease the number of youth entering the system and increase the number of youth exiting the system*” we need to have a method of capturing this data in a timely manner.

2. Description of Strategic Partnerships /Collaborations:

KVC believes that the success of the Reform is built on partnerships and collaborations with a variety of stakeholders statewide. KVC continues to be active in groups developed through DHHS Child and Family Services and we are committed to improve the child welfare system to ensure that all children maintain safety, permanency, and well being. KVC was active in the following groups:

- Data Integrity Reporting Team (DIRT)
- Licensing Subgroup
- National Resource Center for Data & Technology
- Families Matter Management Team
- Families Matter Evaluation Team
- Roles and Responsibilities Charter
- Peer Review Team
- N-FOCUS Workgroup
- DHHS Continuous Quality Improvement Group
- Child and Family Service Reviews
- Family Team Meetings
- Eastern Service Area Contract
- 1184 (Douglas and Sarpy County) Treatment Team Meeting
- Douglas County Drug Court
- Douglas County Model Court
- Foster Care Review Board
- Foster Parent Stakeholder
- Foster Youth Council
- Through the Eyes of Child
- DHHS new worker training for CFS specialists

Subcontract Management

The KVC Department of Provider Relations (hereinafter referred to as "Provider Relations") is responsible for negotiating, managing and implementing various subcontracts, and those currently in effect. The last Quarter of 2010 marked the one year anniversary of many of the foster care, group home and services contracts. All foster care and group home contracts that were previously in effect remain so. The new services, foster home, and group home contracts informed providers of the CFSR and Lead Contractor goals. Providers are aware of their duty to partner with KVC and DHHS in meeting CFSR goals.

In reviewing the goals of service provision and KVC's dyad model, a majority of services including family support, visitation, drug screens, electronic monitoring and tracker services have been transitioned internally in order to provide consistency of workers with our families. Service contracts were extended until January 31, 2011

for subcontracted services in order to provide adequate notice to Providers of the pending termination of service contracts, and to facilitate the transition or closure of cases. In order to allow for special circumstances where it may be detrimental to a family to terminate services by a particular provider, certain cases will continue receiving services by the current provider although a contract may not be in place." KVC continues to subcontract for services to these providers:

- Owens and Associates:
 - family support,
 - visitation,
 - drug screening and testing,
 - electronic monitoring and tracker services;
- Child Connect:
 - family support,
 - and visitation;
- Uta Halee:
 - drug screening and testing,
 - electronic monitoring, and
 - tracker services for Drug Court involved youth.

During this Quarter, Provider Relations met frequently with providers to review concerns, define processes, and discuss current and future program needs. Many of the providers meet regularly with Provider Relations to ensure a good line of communication and that all pending issues are resolved in a timely manner. The following providers met with KVC during this Quarter:

Date	Provider
10/12/2010	Boys Town
10/22/2010	Beneficial Behavioral Health
10/22/2010	Boys Town
10/25/2010	Child connect
10/25/2010	Omni
10/25/2010	Rodney Miller
10/27/2010	Cornerstone families
10/27/2010	Owens Companies
10/27/2010	Uta Halee
11/3/2010	Cornerstone Families
11/4/2010	Boys Town
11/4/2010	Grace Children's home
11/5/2010	Release Ministries
11/6/2010	Omni

11/8/2010	Child Saving Institute
11/9/2010	Omni
11/10/2010	Cornerstone Families
11/10/2010	Midwest Transportation
11/12/2010	Christian Heritage
11/15/2010	DHHS
11/17/2010	Boys Town
11/17/2010	Heartland Family Services
11/23/2010	Christian Heritage
11/30/2010	Christian Heritage
11/30/2010	Salvation Army
12/6/2010	Better Living
12/6/2010	Omni
12/14/2010	Christian Heritage
12/15/2010	Boys Town
12/16/2010	Uta Halee
12/17/2010	Midwest Transportation
12/17/2010	Provider Meeting*
12/20/2010	Omni
12/22/2010	Release Ministries

KVC held a Provider Meeting on December 17, 2010. The topics centered the transition of case management functions to Lead Contractors. KVC distributed information on the transition and links to the DHHS website for providers to review at their leisure. The most pressing question from providers was: "who is going to sign releases of information and who is going to approve medication changes?" The Provider Meeting was attended by representatives from the following organizations:

- Nebraska Children’s Home,
- Community Action Partnership,
- Better Living Counseling,
- Beneficial Behavioral Health,
- Omni Behavioral Health,
- Child Connect,
- Owens Companies,
- Epworth Village,
- Boys Town,
- Midwest Special Services,
- Families Inspiring Families,
- Pathfinder Support Services,
- Release Ministries,
- Cornerstone Families,
- Central Plains Center for Services,
- Cedars Youth Services,
- Christian Heritage,
- The Mediation Center,
- NOVA,
- Heartland Family Services,
- Blue Valley Behavioral Health,
- WICS, and
- Lutheran Family Services.

Provider Relations developed and implemented new provider report standards with reports being submitted electronically to maintain ease of distribution. Providers send one (1) copy to the Family Permanency Specialist, one (1) copy to DHHS and one (1) copy to Provider Relations for archiving. This method increases the timeliness that DHHS and Family Permanency Specialists receive reports and allows for an archive of all reports to be cross- checked against authorized placements and services. Providers are using the new email ProviderRelationsNE@kvc.org to submit reports to KVC.

Service and placement providers submitted approximately 875 reports in October 2010 through Provider Relations. Many stakeholders expressed the concern that they were not receiving reports from providers. After the new process was put into place, Provider Relations received approximately 3,200 reports in November and approximately the same for December.

The ESA pilot program to take the Lead agency out of reviewing the foster home licensing packet has reduced the ‘middle man’ function for the subcontractor liaison; however, it does not relieve KVC of the oversight obligation when there are concerns regarding the actions of a subcontractor foster home or an agency staff member. KVC continues to monitor subcontractors in that regard.

ESA	Oct-10	Nov-10**	Dec-10
Home Studies QA	*	0	0
FP in training	*	1	8
Packets submitted	*	4	7
Newly licensed	*	0	4
Licenses Extended	*	3	11
Homes Closed	*	3	11
Homes on Hold	*	1	11
Disruptions	*	1	2
New Allegations	*	0	0
* Data was not tracked			
**NOVA only			

There are opportunities to assist providers in developing new programs and services to fill the gaps that our internal services do not cover. Providers are willing to develop new services and continue serving youth involved with DHHS. As the shift continues from the menu of services to a more intervention based strategy, there remain specialized groups of youth and families that would be underserved if specialized programs were left undeveloped. We are constantly reviewing the needs of our families, and encouraging providers to develop ways to meet those needs. The following providers have discussed developing the following possible services:

- o Better Living is considering a foster care program;

- Owens and Uta Halee are developing potential after school programs;
- Steps to Recovery is in the process of developing the Stepping Stones Emergency Shelter – will have 12 beds for SESA; they are in the process of getting licensed by the State of Nebraska.

Barriers:

Provider Relations has identified two barriers from the Provider's perspective, especially placement providers. The concerns that KVC is addressing include:

- Not being invited to Family Team Meetings
 - Identified Problem: the consequences are that Provider staff and foster parents sense a lack of communication, a lack of inclusion in family teams, and the inability to be involved in the decision making process regarding the child(ren) that they are caring for on a daily basis.
 - Next Steps: Action steps for improvement include: inviting providers to family team meetings, which may in turn lead to fewer disruptions and difficulties surrounding misunderstandings.
- Not being involved in Child Needs Assessments (CNA's)
 - Identified problem: as a result of not being involved with Child Needs Assessments, providers have not been able to accurately gauge the rates of pay for their out-of-home providers.
 - Next Steps: To solve this dilemma, all Family Permanency Specialists are being required to involve placement providers when a CNA is up for review.

Community Engagement

KVC's Department of Public Affairs consists of three program areas: 1) Government Affairs, 2) Development and Communications, and 3) Outreach/Recruitment. The Director of Public Affairs implements government affairs programming and is responsible for development with assistance from the Community Outreach Staff, and the Communications Associate. These functions do not have staff assigned by Service Area. Community outreach programming is implemented by a team of four employees, a Community Outreach Coordinator (the team leader) and three Community Outreach Specialists (two in the ESA, and one in the SESA).

During this reporting period, several events occurred and are highlighted below:

A Halloween Carnival was held for children and families on October 29, 2010, which provided games, activities and treats for participants.

An open house event was held on Wednesday, November 3, 2010 to provide an update on "The State of Child Welfare from KVC's Perspective." Approximately 100 participants, including representatives from two senator's offices, local political officials and community stakeholders gathered to hear a presentation of the strengths, areas of needed improvement and next steps for the Reform. A question and answer session was held at the end of the event and local television and print media representatives collected information and provided stories through the media.

One family holiday event was held in the ESA. The celebration was held on December 15, 2010, at the KVC Mill Valley office in Omaha, Nebraska. Approximately 350 people were in attendance (225 children and 125 adults). Gifts for the children were provided through donations from many generous community partners and food was donated by Papa John's Pizza, Wal-Mart, Baskin Robins, and Dairy Queen. Community business partners also donated items to be raffled to adult participants.

In an effort to provide visibility and branding for KVC, the following was provided:

- Advertisements consisting of billboards in three (3) locations in the Omaha area.
- Monthly print advertising in *Family Spectrum*.
- Monthly print advertising in *El Perico*.
- Monthly press releases outlining KVC's successes.
- Participating in advertising agency events in *Strictly Business Magazine*, and sponsorship of the *Strictly Business 40 Under 40 Supplement*.

KVC hosted Nebraska's first Resource Family Conference on December 3-4, 2010. Approximately 115 KVC licensed homes and 20 approved homes participated in the event which hosted more than 200 adults and 300 children at the DoubleTree Hotel in Omaha, Nebraska. Friday evening events included registration, a welcome and announcement session, acknowledgement of the ESA Foster Family Advisory Boards, family photos, time with Santa, and buffet style dinner for families. More information about the conference is found in the foster care section.

An Advocacy Training was held on Saturday, December 18, 2010 to provide basic tips to members of KVC's Foster Parent Advisory Boards for members who have expressed an interest in advocating for KVC's mission and services with state and local elected officials. The training hosted ten participants.

A tailgated fundraiser was held on November 13, 2010 for the Nebraska vs. Kansas football game at the KVC Lincoln Color Court Office. The event provided an opportunity to raise awareness for KVC's mission and services to game goers. About 50 cars were parked in our lot for the event which raised \$900 to support the children and families KVC serves.

A "Please Hear Our Voices" postcard was created and distributed to foster parents attending the Resource Family Conference offering them the opportunity to be advocates and supporters for KVC's mission and services to their state senators. Approximately 50 postcards were completed and will be forwarded to senators when the Legislative Session begins.

c) Utilization of Service Models

Our focus this past quarter was developing and providing training for our new role with case management responsibilities. We were also focused on training Structured Decision Making (SDM) and implementing this EBP. As mentioned earlier, all FPSs and Supervisors were trained by the end of the quarter and were beginning to use the assessments associated with this approach.

Child welfare research indicates that the integration of SDM with SoS provides better outcomes for children and families. KVC utilizes the SoS model in assessing family strengths, needs and barriers (complicating factors). KVC provided additional training opportunities for the utilization of this tool and has the expectation that this tool be used to assess all KVC families during Family Team Meetings, case consultation, and other critical points in the case to guide decision making and support recommendations. Additionally, SDM was implemented through a series of trainings provided to staff to initiate the introduction of the tools and process. SDM is completed by Family Permanency Specialists and their supervisors for use in evaluating families shortly after opening a case. These two tools provide assistance in determining the family's progress towards successful completion of case plan goals and outcomes, as well as identify needs and strategies.

In keeping with the model of providing necessary services to families in the least intrusive manner, as well as taking into consideration that resources in the community are limited, KVC continues to provide supportive services to families by providing them internally. This past quarter saw growth in providing internal services being provided to families which include Electronic Monitoring, Tracker, Drug Screens and Testing, and Family Time. This works hand in hand with our dyad model in which Program Support Workers are assigned to a Family Permanency Specialist and work directly with the families assigned to their dyad. This allows for continuity of care and familiarity of staff with our families and the flexibility to respond to changing needs of the family.

In addition, we have identified a need to develop specialized foster placements. Three potential services are in various stages of research and/or implementation which include Professional Foster Parenting, Treatment Foster Care, and Multi-dimensional Treatment Foster Care (MTFC). Our Professional Foster Parenting program is intended to be used as an alternative for group home or residential care. Treatment Foster Care and MTFC are in the development stages.

d) Future Steps/Next Steps

KVC will continue to provide training to Family Permanency Specialists with respect to case management roles and responsibilities. Several trainings have been scheduled for early January and will continue throughout the quarter. We will continue to provide ongoing training on a variety of topics as we and DHSS identify needs. We are working with a collaborative DHHS training committee to identify training curriculum.

Reconciliation of data will continue throughout this quarter so that data reports are accurate. We will continue to partner with DHSS and NFC to create quality data reports.

As we go forward with the new case management responsibilities we will work with DHSS and NFC to identify areas of the Operations Manual that need to be revised to clarify expectations of the contract.

KVC is working to update our foster care brochure to show the need for care providers of youth 12 and older.

KVC continues to create and implement a plan for recruiting professional foster parents. This program provides a successful alternative for youth who are difficult to place due to their highly specialized needs with the focus of assisting the youth in changing unwanted behaviors and developing skills to promote their success in the community. This is accomplished by providing the foster home and youth with support from 24-hour crisis response, a foster care specialist, mental health services, clinical reviews, respite, and medication management. These youth will be served by Family Permanency Specialists experienced in working with youth with who have highly specialized needs.

Contractor Employment Information

KVC hired approximately 30 employees to assist with the changes to the service contract and the ever-growing responsibilities of the Family Permanency Specialist position in the ESA. Along with an additional Training Coordinator, KVC hired several more workers to assist with the foster and relative placements within our care. The Foster Care Specialist and Kinship Specialist roles are vital to providing support to the families in which we have children placed. It is also noted that the average length of employment for Supervisor and Service Coordinator shown significant improvements in average length of employment for FPSs and Supervisors.

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Employment Information					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
a. Allotted FTE's for Service Coordinators	58	57			58
b. Filled Service Coordinator Positions	52	54			53
c. Service Coordinator positions currently in training	6	0			3
d. Vacant Service Coordinator positions	0	3			2
e. Allotted FTE's for Supervisor	8	9			9
f. Supervisor positions that are filled	8	9			9
g. Supervisor positions that are vacant	0	0			0
h. Average length of employment for Service Coordinators	7.69	9.59			9
i. Average length of employment for Supervisors	10.16	13.41			12

Foster Parent Recruitment and Retention Update

It is KVC's belief that children are best served in their homes; unfortunately, there are situations where a child cannot safely remain in their home. KVC continued to make diligent efforts to recruit a diverse group of foster and adoptive homes to provide these children with a temporary, safe, and nurturing environment. These efforts include:

- Media advertising: KVC continues to promote our foster care and adoption message through our website, as well as through posters, brochures, and magnets. KVC CPA staff are working with KVC Public Relations to update our foster care brochure to show the need for care providers of youth 12 and older.
- Providing information to prospective foster and adoptive parents: Persons inquiring about becoming a foster parent speak to the KVC Recruitment Coordinator and/or Supervisor regarding the advantages of foster care and adoption. The Recruitment Coordinator meets with prospective foster parents and they are invited to attend an orientation session before beginning PS-MAPP to assist them in understanding the expectations and potential needs of youth needing placement. Potential foster parents are then invited to attend the PS-MAPP foster and adoptive parent training to provide them with an opportunity of making an informed decision about becoming a foster or adoptive parent.

- Promotion of foster care by current foster parents: Foster parents continue to be effective recruiters by sharing the need for additional foster homes through word-of-mouth and their presence in the community.
- Recruitment bonus for employees and foster parents: KVC implemented a recruitment bonus for KVC employees and foster parents once the referred foster parent has taken their first placement.
- Spanish speaking PS-MAPP classes: An identified need was the lack of bi-lingual foster families. Recruitment efforts concentrated on this need and KVC had 11 Spanish speaking foster families complete training during the previous quarter which is a tremendous asset for KVC in meeting the needs of our diverse client population. The one barrier KVC has experienced is ensuring Spanish speaking families are aware of the immigration status requirements of DHHS in becoming a licensed foster home. Caregivers must either be permanent residents or legal citizens of the United States in order to becoming a licensed home. Unfortunately, KVC has had to deny at least seven (7) of these homes because this requirement was not met
- Recruitment of Older Youth/Youth With Specialized Needs: During this reporting period, KVC's Recruitment Coordinator focused on identifying homes to serve older youth and youth with specialized needs. Recruitment Coordinators are also targeting specific zip codes and school districts in an effort to increase the number of homes across the service area to ensure youth can remain placed in their home schools/communities.

Additionally, KVC continued to collaborate with subcontracting agencies that provide their own recruitment efforts to ensure a diverse population of foster parents.

i) Number of foster homes licensed this quarter

A total of seven (7) new foster homes were licensed this quarter. Two (2) homes were licensed in October, two (2) in November and three (3) in December.

KVC also licensed one (1) relative foster home during this quarter.

ii) Number of foster homes closed this quarter

Nine (9) foster homes were closed this quarter by KVC. One (1) home closed in October due to transferring to another agency. Four (4) homes closed in November; one (1) transferred to another agency, one (1) moved out of state, and two (2) of the homes did not meet KVC standards and expectations. Four (4) homes also closed in December; all four (4) homes did not meet DHHS and KVC standards.

KVC's number of closed homes this quarter is much higher than in the past. As KVC continues to get to know the many families that transferred to KVC, we as an agency have discovered that some of these homes were not meeting standards established by both DHHS and KVC. KVC strives to license and sponsor quality homes that will ensure safety, permanency and well being of our youth. KVC does understand the significant need for foster homes in our service area; however, KVC is committed to supporting quality foster parents as opposed to just focusing on quantity.

b) A description of individualized recruitment of homes activities this quarter including relative placements to support children, families and resource families to meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs, etc.)

KVC continued to assess the needs of each child on an individualized basis. Family Permanency Specialists actively worked with CFS Specialists and families to search for appropriate placement options that included a relative and child-specific placements. Strategies used to accomplish this included the use of Genograms and Ecomaps.

KVC recognizes the need for foster families who are committed to fostering youth with diverse and highly specialized needs and engaged in planning strategies to meet this need. Planning strategies included training provided by licensed mental health practitioners, internal staff, and members of the community with specialties in specific areas such as, but not limited to, youth with gang involvement, training on common mental health diagnoses, caring for the developmental disability population, attachment disorder, and medical professionals to address specific needs. KVC is planning to sponsor trainings regarding universal precautions, CPR, medication management, just to name a few. The KVC Child Placing Agency is working closely with the designated training coordinator to assist with training needs of foster parents, including verbal de-escalation techniques of MANDT training. MANDT builds on skill development by providing alternatives for de-escalating persons. MANDT also promotes positive communication skills and conflict resolution techniques.

KVC continued to create and implement a plan for recruiting professional foster parents. This program provides a successful alternative for youth who are difficult to place due to their highly specialized needs with the focus of assisting the youth in changing unwanted behaviors and developing skills to promote their success in the community. This is accomplished by providing the foster home and youth with support from 24-hour crisis response, a foster care specialist, mental health services, clinical reviews, respite, and medication management.

These youth will be served by Family Permanency Specialists experienced in working with youth with who have highly specialized needs.

i) Number of individualized foster homes approved this quarter

Twenty-four (24) foster homes were approved during this reporting period by KVC as either a relative or child specific placement.

ii) Number of individualized foster homes licensed this quarter

One (1) relative home became licensed during this reporting period by KVC.

iii) Number of approved individualized foster homes closed this quarter

Eighty-four (84) approved foster homes were closed this quarter.

iv) Number of licensed individualized foster homes closed this quarter

No licensed relative homes were closed this quarter and a total of nine (9) licensed foster homes were closed.

c) A description of foster homes transferred to your organization from another organization and transferred from your organization to another organization, including the reasons for the transfers.

i) Number of foster homes transferred to your organization

Six (6) foster homes were transferred to KVC from other agencies. These homes transferred because the foster homes were not happy with support provided from other agencies as well as their desire to be sponsored by a lead agency.

ii) Number of foster homes transferred from your organization to another organization

Two (2) foster homes transferred from KVC to another organization. One (1) foster home transferred to another agency due to frustrations with how KVC handled the hold placed on the home. This was a home that had transferred from Visinet and had in fact been on hold for some time, once the hold was addressed the home decided to transfer. The other home transferred to an

agency that was faith based as the foster parents felt that this agency's philosophy better matched their own view.

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Foster Parent Recruitment and Retention			
Licensed Foster Homes	# of Families		
	New	Ongoing	Closed
	7	115	9

Does not include
Dec

Approved Foster Homes	# of Families		
	New	Ongoing	Closed
	24	161	84

Individualized Foster Homes Licensed (Lisensed Specific Relative Care)	# of Families		
	New	Ongoing	Closed
	1	1	0

Transferred
Homes from
Another
Organization

of Families

6

Transferred
Homes to
Another
Organization

of Families

2

Number of KVC Foster Care Homes					
	FY11 QTR 1	FY11 QTR 2	FY11 QTR 3	FY11 QTR 4	Annual Total
Newly Licensed Foster Homes	10	7			
Approved Child Specific Foster Homes	50	161 (total) - 24 new			
Child Specific Foster Homes Recommended for Licensure	0	1			

Closed Foster Homes	3	9			
Approved Child Specific Foster Homes Closed	0	84			
Licensed Child Specific Foster Homes Closed	0	0			
Foster Homes Transferred to KVC	2	6			
Foster Homes Transferred to Another Organization	0	2			

d) Any updates to the protocol that “matches” children and youth with foster families.

In an effort to ensure that children are placed in homes that best meet their needs, KVC has provided the following updates during this reporting period:

- KVC leadership and staff continue to work closely with Corporate Admissions to streamline the protocol on placements of children in out-of-home care.
- The Child Needs Assessment is utilized by Family Permanency Specialists to provide Corporate Admissions a clear picture of the child’s needs to ensure a successful out-of-home placement.
- KVC Admissions Liaisons assist the placement process of children and youth and assist Corporate Admissions in obtaining clarification on the best possible placement. The Admissions Liaisons also provide assistance to Family Permanency Specialist by assisting in Child Needs Assessments and to research any previous placements that might be suitable for the child.

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

There are no updates to the protocol to actively search and identify non-custodial parents and relatives for possible placements. Family Permanency Specialists continue to work closely with the CFS Specialist and the family to actively search for individuals known to the child for consideration of placement through the use of Genograms and Ecomaps, as well as through discussions during monthly family team meetings.

f) A description of the supports and education/ training for foster parents, adoptive parents, relatives, and kin-care providers provided this quarter.

During this reporting period, KVC utilized the following supports, education, and training for foster parents, adoptive parents, and relative and kinship providers:

- KVC provided PS-MAPP training for prospective foster parents to inform and prepare for placement of a child into their home while ensuring safety, permanency, and well-being of the child.
- Ongoing training to support the training requirements for licensure. Topics included trauma and attachment, changes in the licensing process and regulations and KVC Nebraska's First Annual Resource Family Conference.
- The Foster Parent Advisory Council continues their efforts to advise KVC Leadership of the needs of foster families and children in their care and elected officers for the Council. The Council meets once per month in the Eastern Service Area. In December, members of the Advisory Council met at the KVC office for an Advocacy Training, presented by Sandra Gasca-Gonzalez, Tami Soper, Kyle Kessler (KVC Corporate) and Todd Reckling and Barry DeJong from DHHS. The intent of the meeting was to educate board members of the need for advocacy at the state and local level regarding foster care and the overall reform efforts. Many members of the Advisory Council are willing to assist KVC and DHHS in providing a foster parent perspective.

i) a brief, one-paragraph syllabus of the training activity

PS-MAPP develops five abilities that are essential for foster parents to promote children's safety, permanence, and well-being. Once training is completed foster and adoptive parents will be able to:

- Meet the developmental and well-being needs of children and youth coming into foster care or being adopted through foster care.
- Meet safety needs of children and youth coming into foster care or being adopted through foster care.
- Share parenting with a child's family.
- Support concurrent planning for permanency.
- Meet their family's needs in ways that ensure a child's safety and well-being.

ii) Indication of the setting/venue for the training activity

All PS-MAPP and ongoing training activities provided by KVC occur at the KVC Omaha office. KVC's Resource Family Conference was provided at the Double Tree Hotel in Omaha on December 3-4, 2010.

iii) indication of the duration of the training activity

The list below represents the duration of each training activity:

- PS-MAPP: one three hour class each week for ten weeks.
- Several PS-MAPP overviews were provided to currently licensed foster and adoptive parents as a refresher to the PS-MAPP material and the importance of shared parenting among many other important and crucial topics. These overviews were four hours in length,
- Ongoing monthly training is provided to foster and adoptive parents. Each 1.5 hour training is provided to foster and adoptive parents on a variety of topics to support the training hours of licensure. These topics included the following:
 - Trauma and Attachment by Jayne Stickman, PLMHP
 - Foster Home Licensing Changes by Ashley Palmer, LCSW, and Andray Job.
 - First Annual KVC Resource Family Conference; training included:
 - **Key Note Speakers: Shane Salter** the Founder and Executive Director of CASA for Children of DC, Shane Salter served as a Chief of Staff for Mayor Anthony Williams in Washington, DC. In this capacity, he supported the Deputy Mayor for Children, Youth, Families and Elders in providing oversight for the following District Government Agencies: Department of Human Services, Department of Health, Department of Mental Health, Child and Family Services, Office of Aging, Department of Parks and Recreation, Office of Human Rights, The State Education Office and The Public Library System. He has also served as Director of Foundation Giving where he played an integral leadership role. He holds an undergraduate degree in Human Services from Elmira College, an undergraduate degree in Health Care Management from Southern Illinois University at Carbondale, and a Masters Degree in Organizational Leadership and Management from Webster University.

Salter has lectured as guest faculty at numerous universities and conferences.

Salter has provided recommendations for systems reform to Senator Hilary Clinton, Mayor Rudy Giuliani and many other politicians. He's made significant contributions to legislative and systemic reforms in trans racial adoptions, sibling placements and restructuring of services for youth transitioning out of juvenile and child welfare systems. Shane Salter provides practice tips that are published on forgiveness in children, serves on numerous advisory committees. He's an author of "Restoring Hope" the critically acclaimed depiction of an easy to read journey, shared by countless children who've been neglected or abused. Salter offers his perspective from the lens of that child, a teen dad and single parent, adoptive parent of children with special needs, human service administrator and national advocate. His latest book, "Fostering Hope: A journey from foster care to realizing a dream," was released in September 2009.

Quatez Scott shared his compelling story of the benefits and challenges of foster care. This young man entered into the child welfare system in the state of Ohio at the age of 5 and bounced in and out of foster homes for more than a decade. At the age of 17 just as he was entering his junior year of high school, he was placed in an independent living program. For two years he lived alone, got up every day, went to school, became an all-conference football player, and worked 30 hours a week. Against the odds, Scott graduated Xenia High School in Ohio. He now attends Wilmington College (in Wilmington, OH) where he majors in language arts education, and works as a campus safety officer. In his free time, Scott is one of the 26 diverse members of SingCinnati Choir which won two silver medals in the World Choir Games 2010 in Shaoxing, China. He also serves as Board Member of CHOICES, Inc., a foster care agency in Dayton, Ohio.

WORKSHOPS

Session Topics Included:

Judges panel moderated by the Concord Mediation Center;

Life Books with "Creative Memories",
Co-Parenting with Biological Parent(s) & Foster Parent(s),
Cultural Diversity,
Drug & Alcohol Addiction,
Financial Planning with Wells Fargo Bank,
Attachment Disorders and
Foster Youth Council.

KVC Foster Parents had the opportunity to earn six (6) training hours at our Resource Family Conference during the weekend of December 3-4, 2010.

- KVC continues to provide membership for our families to the Nebraska Foster and Adoptive Parent Association annual conference held each summer.

iv) provider of the training activity

All PS-MAPP and ongoing training is provided by the following KVC staff:

Ashley Palmer, MSW, Director of CPA

Andray Job, CPA Supervisor

Miranda Heitman, Foster Care Specialist

Patricia Samuel, Foster Care Specialist

Alberto Cervantes, Community Outreach Coordinator

In December KVC also sent 10 additional CPA staff members through certification classes for PS-MAPP:

Jason McGee, Training Coordinator

Jorge Ambriz – Foster Care Specialist

Javier Ovalle – Foster Care Specialist

Sherman Easter - Foster Care Specialist

Lauren Ronfeldt – Licensing Specialist

Jennifer Roeber – Licensing Specialist

Anthony Bradley – Kinship Specialist

Lanette Kinne – Licensing Specialist

Jayne Stickman – Recruitment Coordinator

Shawn Riddle – Licensing, Kinship, and Adoption Supervisor

v) indication of the audience to receive the training

All licensed foster parents, relatives, child specific foster parents, and foster parents transferring from another organization are invited to receiving the training.

Licensing Waivers

a) Number of case-by-case waivers granted this quarter

There were no licensing waivers by KVC this quarter.

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Licensing Waivers (case-by-case waivers of non-safety licensing standards)					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Number of case-by-case waivers granted	0	0			0

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

KVC had no licensing waivers during this reporting period KVC had no licensing waivers during this reporting period. KVC understands the importance of granting such case-by-case waivers to provide children and youth needing out of home placement an opportunity to maintain family and community connections and to allow for the home to become licensed for those particular children. KVC's CPA department has a better understanding of this process and will be pursuing more licensing waivers moving forward.

Family Permanency Specialists, Kinship Specialists and Licensing Specialists all work in collaboration to provide education to families about becoming licensed and walk families through the process. KVC feels that granting such waivers for families with a strong understanding of the child welfare process and parenting experience should have little effect on children's safety, permanency and well being. KVC will not recommend training waivers for families that would meet licensure standards but would benefit from additional training.

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.

The KVC Child Placing Agency developed a fully operational department and also streamlined the licensing and home study processes to ensure the efficient and timely licensure of relative and child specific foster homes. Barriers to licensure of relatives include, but are not limited to, families in homes not meeting licensure regulations and families not having an interest or willingness to comply with anything more than the bare minimum to maintain placement of the children.

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.

KVC intends to increase the number of approved homes who can be licensed by engaging these homes in conversations relating to the importance of PS-MAPP training. Kinship Specialists have been hired by KVC and they will be providing regular support to all relative and child specific placements.

KVC has developed a plan to increase the number of relative licensed foster family homes. When a placement occurs in a relative home, the licensing specialist will take the appropriate licensing documentation to the home. In the event that a home does not qualify, documentation will be required to reflect that the home attempted the licensing process and allow the licensing specialist to address issues that are concerning or problematic. A licensing packet will be completed as identified below:

- W-9 (required)
- Compliance Review: Completed on every approved home and allows KVC the required documentation in the event that a home is out of compliance and address those issues to ensure compliance and safety.
- Application: Required on all approved home placements to provide documentation of individuals living in the home.
- References: Required for a completed home study.
- Discipline Policy: This is a KVC policy requirement for all placements.
- Training Waiver: This already occurs upon placement of a child.
- Health Information Report: This is a barrier to licensing relative foster homes due to the cost of a doctor's office visit. KVC is exploring various options to eliminate this barrier.

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

The required Health Information Report is a barrier to licensing relative foster homes due to the cost incurred by household members. It would be beneficial to explore the possibility in changing policy and regulations for requirements of licensed relatives to have a completed health report. Looking at altering the square footage requirements may also increase the number of relatives that would qualify to be licensed with training waived.

Child and Family Services Plan Update.

KVC partnered with DHHS and NFC to complete Mini Child and Family Service Reviews (CFSR) in the Eastern Service Area. Nineteen cases were reviewed and findings were entered into the DHHS database to measure progress of the program improvement plan.

KVC provided training to new and current FPS's and Supervisors to increase their knowledge of the CFSR. This training provided information related to child safety, permanency, and well being and the CFSR standards. In addition, KVC coordinates the scheduling of Family Team Meeting observations and directly observes the Family Team Meetings and provides feedback to DHHS and to the KVC FPS and supervisor as one of the activities of Nebraska's Program Improvement Plan.

KVC participated in workgroups with NFC and DHHS with respect to specific program improvement areas targeted to the ESA. Regarding the CFSR outcome data, the following data is what is reported on the Nebraska COMPASS report. Unfortunately this data does not provide us with a good understanding of how well KVC's programs are working to improve these outcomes.

One of the areas of concern we have is with how the CFSR outcome data are reported both on the COMPASS report and on the individualized reports for KVC from N-FOCUS. These reports provide monthly indicators as to how individual contractors are performing in meeting the seventeen (17) measures associated with the Federal CFSR benchmarks. Our understanding is that the data does not represent monthly data that is specific to KVC; instead, the data is based on a rolling 12-month, 18-month, or 24-month period. Therefore, the outcomes associated with KVC on these reports is reflective of cases that we have had not full ownership of for the reporting period with respect to legacy cases. Furthermore, the outcomes associated with new cases referred to KVC are not distinguished from the legacy cases so there is not a way to determine how the newly referred cases, which are those that have been in KVC's control for the reporting period, are faring with respect to these outcomes. Consequently the data does not accurately reflect the outcomes associated with children and families that have been served by KVC. A specific example of how the outcomes reported are not directly related to KVC is provided in the footnote related to Timeliness and Permanency of Reunification.

CFSR Outcome Data

CFSR KVC Data 2nd Quarter 2011

1. Safety: Children are safe from abuse and neglect*

Measure 1: Absence of Maltreatment Recurrence

KVC – ESA	October	November	December
Target = 94.60%	88.90%	89.20%	88.60%

Measure 2: Absence of Maltreatment in Foster Care

KVC – ESA	October	November	December
Target = 99.68%	100.00%	100.00%	100.00%

2. Timeliness and Permanency of Reunification*

Measure 1: Exits to Reunification in Less Than 12 Months of First Entry

KVC – ESA	October	November	December
Target = 48.40%	28.00%	32.50%	35.00%

Measure 2: Median Months in Care

KVC – ESA	October	November	December
Target = 5.40	8.94	9.00	8.77

Measure 3: Exits to Reunification in Less Than 12 months of Most Recent Entry

KVC – ESA	October	November	December
Target = 75.20%	60.80%	59.30%	61.10%

Measure 4: Reentries into Care in Less Than 12 Months of Discharge²

KVC – ESA	October	November	December
Target = 9.90%	36.60%	36.00%	35.00%

² This measure is a prime example of how the CFSR does not reflect outcomes specific to KVC. According to the data associated with this CFSR measure KVC is not meeting this measure; however, when we look at the raw data associated with this we find that of the 33 cases that re-entered, 10 of these cases re-entered prior to the contract starting on 11/1/2009 and 23 of the cases that re-entered discharged prior to 11/1/2009 (the date KVC began taking cases) and re-entered during the twelve (12) month window and were assigned to KVC for the first time. This measure looks at cases that are currently assigned to KVC and does not take into consideration whether or not the re-entry occurred once the youth was discharged from KVC care. As the raw data shows, few of the cases reported are reflective of youth discharging from KVC care and re-entering. This data directly conflicts with our data which shows we have a less than 1% re-entry rate.

3. Timeliness of Adoption*

Measure 1: Exits to Adoption in Less Than 24 months

KVC – ESA	October	November	December
Target = 36.60%	23.50%	21.70%	19.20%

Measure 2: Median Months in Care

KVC – ESA	October	November	December
Target = 27.30	42.02	36.70	45.49

Measure 3: Children in Care 17 Plus Months and Adopted within 12 Months

KVC – ESA	October	November	December
Target = 22.70%	7.90%	9.60%	12.60%

Measure 4: Children in Care 17 Plus Months and Legally Free for Adoption within 6 Months

KVC – ESA	October	November	December
Target = 10.90%	2.30%	2.90%	8.50%

Measure 5: Children Legally Free for Adoption and Adopted in Less than 12 months

KVC – ESA	October	November	December
Target = 53.70%	16.30%	15.00%	15.00%

4. Permanency for Children in Foster Care for Long Periods of Time*

Measure 1: Children in Care 24 Plus Months and Discharged to a Permanent Home

KVC – ESA	October	November	December
Target = 29.10%	25.50%	25.70%	27.30%

Measure 2: Children Legally Free for Adoption and Discharged to a Permanent Home

KVC – ESA	October	November	December
Target = 98.00%	88.50%	96.60%	93.50%

Measure 3: Children in Care 3 Plus Years and Discharged to Independent Living or Turned 18

KVC – ESA	October	November	December
Target = 37.50%	18.40%	20.70%	19.10%

5. Placement Stability*

Measure 1: Children in Care for Less Than 12 Months with 2 or Fewer Placements

KVC – ESA	October	November	December
Target = 86.00%	84.10%	85.00%	No Data

Measure 2: Children in Care for 12 to 24 Months with 2 or Fewer Placements

KVC – ESA	October	November	December
Target = 65.40%	60.60%	64.30%	No Data

Measure 3: Children in Care for 24 Plus Months with 2 or Fewer Placements

KVC – ESA	October	November	December
Target = 41.80%	23.80%	23.30%	No Data

Disaster Plan Updates:

There were no changes made to the Disaster Plan during this reporting period.

Chafee Foster Care Independence Update

KVC Behavioral HealthCare Inc. utilizes a strengths-based approach in dealing with youth affairs. This approach focuses on youth participation, collaboration amongst the youth and service providers, involving family and community engagement. The Independent Living Plan is designed to provide for skills and support in seeking housing, life skills training, case management, mental health assessments and other support services for youth approaching adulthood. The goal is to provide them with the knowledge and skills necessary to live in self-sufficiency by providing service coordination, planning outreach, family team meetings and educational assistance. Youth are provided referrals and case management support to enable them to complete their education, obtain employment and move toward becoming responsible and productive members of the community. The Independent Living Plan is reviewed on an ongoing basis to help identify strengths and possible barriers. The goals of the Independent Living Plan are outlined below.

Youth will be able to identify careers of interest and strengths associated with career goals, understand how to search for and obtain employment, learn how to use common workplace equipment, learn how about workplace etiquette and appropriate dress for interviews and ongoing employment. Family Permanency Specialists, Aftercare Specialists, and Independent Living Specialists will assist youth with employment matters by assessing career goals, assisting in the search for employment, and making referrals to community resources.

Youth will understand how to ascertain the type of education needed for a desired career, how to develop an educational plan, the importance of education, study skills, time management and funding. Family Permanency Specialists, Independent Living Specialists, and Aftercare Specialists will assist youth with community resources that will review the completion of high school requirements, GED and secondary education. The team will assist the youth in the enrollment and transition process to a post-secondary education or vocational training program. Independent Living Specialists have identified community resources that will benefit the youth as they determine future educational and career goals

Youth will understand the basic tenets of building social skills, basic personal safety, building formal and informal supports, conflict resolution, cultural identity, and communication skills. Family Permanency Specialists, Independent Living Specialists, and Aftercare Specialists will ensure that youth are educated about topics such as personal safety, cultural resources, strengths identification and building formal and informal supports. Youth will be able to identify five formal or

informal supports upon whom they can rely on. Those supports include individuals such as family members, mentors, peers or teachers.

When it is identified that there is a need for more provision of services for youth, Independent Living Specialists will respond by creating additional community resources (i.e. independent living classes, support groups, etc). Needs will be identified by the completion of assessments such as Signs of Safety, the Ansell Casey Life Skills Assessment, and Structured Decision Making.

For more detailed information regarding the Independent Living Plan, please see the updated plan submitted during First Quarter, Fiscal Year 11.

Training Update

Training Update

a) A description of the additional types of new worker training offered and provided by the Department of Health and Human Services and the Contractor for Family Permanency Specialists:

The Training Department continues to make significant strides in implementing improved training for KVC, especially with New Employee Orientation. Competency demonstration for various topics is now included and a "Training Transcript" (a type of report card) is provided to Supervisors. This enables the Supervisors to continue to provide on-going coaching and training in specifically identified areas for development. Extensive time was utilized this quarter by providing Structured Decision Making (SDM) Training to all Family Permanency Specialists. SDM is one of KVC's Evidenced Based Programs that assist Family Permanency Specialists with making sound decisions by using a series of assessment tools. This assessment tools provide for measurement of families' progress with reaching their goals. SDM measures risk factors that assist with movement towards case closure.

KVC has enhanced the training for Family Permanency Specialists by expanding new hire training to include the Parenting Wisely program. This evidenced based model provides staff the tools to coach families on improving their parenting skills. Parenting Wisely enhances a parents ability to discipline a child in a safe manner and to cope with various child rearing issues. This type of support for our families collaborates with KVC's goal to offer the most support in the least intrusive manner.

To ensure that KVC is meeting the needs of all of our staff, we continue to use our Training Quality Improvement Committee to review training content and gather feedback on additional training that is needed. The Director of Training and the Vice President of Operations are members of a "Contract Sub Committee" along with NDHHS, NFC and the CCFL. In the committee meetings various issues

involving training for case management and service coordination are identified and action plans are created to address all issues.

New employees received the following trainings upon hire to ensure that all new employees, regardless of experience, were prepared to serve Nebraska families. Please note where the Presenter is identified as the "KVC Training Department", this includes Ellen McElderry LMHP, LADC, Director of Training, and four Training Coordinators: Jason McGee, Michelle Kosmacek, Tim Slagle, and Stephanie Bonnema.

Title	Description	Presenter	Amount
HR Orientation	History of KVC, Values, Mission, Organizational chart & Program descriptions, Benefits, Policies & Procedures, Web access.	Andrew Brookens, HR Manager	6 hrs
CFSR/CQI/JCAHO	Explanation of what is the CFSR and how it pertains to Nebraska. Goals of the CFSR and how KVC aims to reach those goals. What is CQI, performance measurements and how we use it to improve care for clients. JCAHO and purpose.	Dr. Lynn Castrianno, Director of Quality Management	1 hr
Confidentiality & HIPAA	Review rules & regulations for HIPAA and policies/procedures for maintaining confidentiality.	KVC Training Department	1 hr
Safety & Infection Control	Discussion of safety procedures for helping professionals in child welfare. Policy review for emergency situation & safety prevention. Infection control video and how to maintain personal health.	KVC Training Department	1 hr
Professionalism & Boundaries in Helping Professions	Standards of expectations for KVC employees to include dress code, conduct, role modeling, exchanging feedback and public presentation of the highest level. Identification of	KVC Training Department	1.5 hr

Title	Description	Presenter	Amount
	acceptable boundaries when working with families in the child welfare system to include physical, emotional, and financial lines. How to maintain healthy boundaries and report suspected violations.		
Suicide	Identify signs of potential suicide risks, safety plans, reporting process for suicide concerns.	KVC Training Department	1 hr
Cultural Diversity & Sensitivity	Review of special populations served by KVC to include diverse socioeconomic backgrounds, race, religion, sexual orientation, developmentally delayed clients etc. How to be culturally competent while providing services to families.	KVC Training Department	2 hr
Overview of Models of Care	Explanation of wrap around services & family centered practice and how they fit in the child welfare system. Description of the models used to help families involved with KVC: Signs of Safety, Structured Decision Making, Trauma Systems Therapy, Wrap around, MANDT, Parenting Wisely.	KVC Training Department	1.5 hr
Abuse & Neglect Issues	How to identify signs of abuse and neglect. The various forms & reporting process for abuse and neglect.	KVC Training Department	1.5 hr
Child Welfare System Overview	Education on the Nebraska child welfare system, its function, processes, and resources.	KVC Training Department	1.hr
Child Development	Discuss the various stages of	KVC Training	1 hr

Title	Description	Presenter	Amount
	growth for children, signs of normal development and what "age appropriate" is. Review how trauma effects normal development.	Department	
MANDT	Crisis intervention and verbal de-escalation techniques. A nonphysical approach to handling out of control clients.	Michelle Kosmacek Certified MANDT Trainer & Training Coordinator	6 hrs
Defensive Driving	Safe driving training for adults already licensed to drive.	George Oberman Certified National Safety Council Instructor with Thomas McGee LC- Risk Mgmt/Insurance Broker for KVC Corporate	3 hrs
Community Resources & Referral Process	Review of service definitions and referral services available for families. Discuss process for obtaining services for families	KVC Training Department	1 hr
Parenting Time (Visitation)	Discussion on definitions of the various levels/forms of Visitation. The role of the worker while supervising parenting time. How to support the family, ensure safety, and encourage positive interactions.	KVC Training Department	1 hr
Documentation	Demonstrate techniques for effective documentation. The purpose and outcomes of documentation. Legal responsibilities with documentation. Review of commonly used forms.	KVC Training Department	1 hr
Child Safety Seat Training	Explanation and demonstration of the various forms of child safety restraint devices for cars.	Stephanie Bonnema Certified Car Seat Safety Technician- KVC	3 hrs

Title	Description	Presenter	Amount
	Review of laws, policies & procedures for child safety with transportation.	Training Coordinator	
Aftercare Services	Discussion on community resources, informal supports, interventions and strategies available for families to ensure self sufficiency upon case closure. Process on how to access these services.	Michelle Bobier PLMHP KVC After Care Supervisor	1 hr
MEPA	Multi ethnic placement act	NDHHS, DVD	2 hrs
ICWA	Indian Child Welfare Act	Sheri Eveleth	6 hrs
Social Skills for Families	Identifying how clients benefit by increasing their skill base. Demonstrate "how" to teach clients social skills such as: communication skills, coping with anger, how to interview for a job, parenting suggestions and more.	KVC Training Department	3 hrs
Signs of Safety	KVC's EBP for working with families in the child welfare system. Strength based model with focus on safety and keeping children in families. Demonstrate techniques using solution focused interviewing strategies.	KVC Training Department	6 hrs
Family Team Meetings	The role of the Family Permanency Specialist in a Family Team Meeting using the Signs of Safety model.	KVC Training Department	1 hr
CPR and First aid	Basic first aid and CPR training using the American Red Cross Program.	Certified Red Cross Trainers- KVC Training Department	4 Hours
Parenting Wisely	Educating staff on Parenting	KVC Training	3 hrs

Title	Description	Presenter	Amount
	skills they can use to teach to families. This also enables staff to assist parents with homework they may receive while attending the formal Parenting Wisely class provided by the Behavioral Health Dept.	Department	
Structured Decision Making	This evidenced based program uses researched based assessment tools to be implemented with families to assist with making objective and sound decisions with case management.	SDM approved Trainers: Ellen McElderry LMHP, LADC, Dan Little MSW, Deb Larson BS, Carrie Kenney MSW. Michelle Bobier PLMHP	6 hrs

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

KVC added four (4) new Family Permanency Specialists in the Eastern Service Area

c) The number of new employee training hours delivered (Count the number of employees and multiply by the duration of the training class).

KVC provided 262 hours of new employee training in the Eastern Service Area.

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

KVC offered several ongoing trainings to Family Permanency Specialists during this reporting period:

Training Name	Training Date	Location	Presenter	Amount
What to Expect from Psychological Evaluations- Douglas County Brown Baggers	10/13/10	Omaha City/County Bldg- 1819 Farnam St- Roskens Room	Dr. Stephanie Peterson, Licensed Clinical Psychologist, Forensic Behavioral Health,	1 hr
Update on Child Protective Services: Current Status/Future Plans	12/8/10	Omaha City/County Bldg- 1819 Farnam St- Roskens Room	Ms. Camas Diaz, Administrator, Nebraska Health and Human Services, Child and Family Services	1 hr
Benchcard Training	10/20/10	KVC Omaha Old Mill Office	Judge Thomas	1.5 hrs
ICWA	10/25/10	Boys Town	Sherri Evelith HHS Expert	6 hrs
ICWA	10/28/10 and 11/10/10	KVC Lincoln South Office	Sherri Evelith HHS Expert	6 hrs

Additional Trainings were offered to staff as a result of contract Changes. These "GAP" trainings were created and presented in collaboration with NDHHS and the CCFL. Please note that where the presenter is identified as "KVC Leadership Team", this includes a combination of the following:

Ellen McElderry LMHP, LADC Director of Training,
Stephanie Bonnema Training Coordinator,
Tim Slagle Training Coordinator,
Robin Chadwell Director of Permanency,
Jodie Austin Director of Family Preservation,
Cari Kenney, Permanency Supervisor,
Kathleen Opitz, Permanency Supervisor,
Dan Little, Director of Family Services in the SESA,
Jenny Hill, Supervisor,
Megan O'Neill Supervisor,
Trevor Baer, Supervisor,
Darcy Thege, Supervisor.

Training Name	Training Dates	Location	Presenter	Amount
NSIS Day 1: Overview of intake and initial assessment, PCA Safety plans and Safety assessments, 14 safety factors/threshold	11/8, 11/17, 11/29, 12/7	KVC Training Rooms: Omaha Old Mill Lincoln South	Stephanie Bonnema and KVC Leadership Team	6 hrs
NSIS Day 2: Overview of case plan documents Case plans Conditions of return.	11/9, 11/18, 11/30, 12/8	KVC Training Rooms: Omaha Old Mill Lincoln South	Stephanie Bonnema and KVC Leadership Team	6 hrs
Court and Legal: Communicating with Legal Role in court Testifying in Court- Writing court reports	11/12, 11/15, 12/1, 12/9	KVC Training Rooms: Omaha Old Mill Lincoln South	KVC Leadership Team along with Guest Jon Bratten atty SESA and Amy Schuchman atty ESA	6 hrs
General Case Management Overview of potential roles and responsibilities Overview of policies, 390 NAC Special issues for children in custody Confidentiality and releases of information Best interest and reasonable/active efforts Independent Living (NYTD) Adoption and guardianship Consultation points Conditions of liberty BAM meetings	11/16, 11/22, 12/2, 12/6	KVC Training Rooms: Omaha Old Mill Lincoln South	KVC Leadership Team	6 hrs
Placement issues ICPC/ICJ	12/13/10	KVC Training Rooms: Omaha Old Mill Lincoln South	Guest Speaker Rita Krusemark of NDHHS	3 hrs
New Roles and Responsibilities	12/22/10 12/27/10 12/28/10 12/30/10	Omaha and Lincoln KVC	Jodi Austin, Robin Chadwell, and Dan Little	3 hrs
Documentation issues Nfocus Forms Evidenced based Model Overview	11/19, 11/23, 12/10	KVC Training Rooms: Omaha Old Mill Lincoln South	KVC Leadership Team	6 hrs

e) Number of on-going/in-service training hours delivered to staff (Count the number of employees and multiply by the duration of the training class)

The number of on-going training hours offered to Family Permanency Specialists outside of the routine new worker training is 51.5 hrs for this quarter. This equates to 620 hours for routine ongoing training, and over 1800 hours for "GAP" training.

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

The expense of providing training to employees is created in collaboration by the KVC Department of Training and Department of Finance. KVC's cost of training to Family Permanency Specialists during this reporting period is approximately \$42,000*.

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Training Report					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Number of New Employee Training hours Delivered	270	524			794
Number of On-going /In-Service Training hours Delivered	48	2420			2468
Cost of Training Provided by Contractor	17890	42000			59890

* Employees salaries, Trainers salaries, equipment, and mileage.

Aftercare

KVC works with families to provide Aftercare Services to ensure that children are safely maintained in their family home after case closure. The Aftercare Team assesses each family to determine the frequency and intensity of services. Each Aftercare case is re-evaluated at ninety (90) days for safety, stability, and well-being. In the event that families choose not to participate in the Aftercare program, the Aftercare Specialist will continue engagement efforts with the family in non-invasive ways such as phone calls and letters to inform the family about upcoming trainings and new resources.

During this reporting period, KVC has received 123 Aftercare referrals from Family Permanency Specialists and offered Aftercare services to 108 eligible families. KVC had 108 new families actively participating in Aftercare Services during this reporting period. Fifteen (15) families became ineligible for Aftercare Services when they met any of the following ineligibility criteria;

- The only services provided were related to an Initial Safety Assessment or an OJS Evaluation.
- The Family moved out of the State of Nebraska.
- The youngest child in the family has reached the age of majority (age 19).

The following services were provided to families who have been offered Aftercare Services:

- Referrals were completed by Family Permanency Specialists and staffed with the Aftercare Team prior to a case closing or immediately following case closure to determine the frequency and intensity of services. Frequency and intensity of support involves the following:
 - Intensity regards the frequency of weekly, face-to-face contact with the family (or as often as necessary), as well as random phone calls.
 - When a family has agreed to an "Active" level of support, then support can include face to face contact bi-monthly, monthly, every other month, etc. Phone calls are also included at this level but vary upon the need of each family.
 - When a family has agreed to an "Inactive" level of support, then support consists of phone calls from the Aftercare Specialist.
- Aftercare Specialists complete an Aftercare Plan with all families. This plan focuses on three goals of safety, well-being, and permanency. Aftercare Specialists write goals that address the issues brought to the attention of DHHS as well as other goals that will assist the families in being successful and reduce the risk re-entry into the system.

- Aftercare families are provided 24-hour crisis response through KVC Corporate Admissions; Aftercare Specialists have met with 100% of all families in crisis within 24-hours to develop a plan of intervention.
- The Aftercare team identified high risk/high intensity families in need of additional support and these cases are staffed weekly by Aftercare Supervisors.
- Aftercare Specialists provided monthly family team meetings, face-to-face visits, and phone calls based on the family's need.
- Aftercare Specialists identified community resources available to families in need of specific resources.
- A newsletter was mailed out to all Active and Inactive families receiving Aftercare Services during the months of October, November and December. Topics included domestic violence, preparing for cold weather, and homelessness prevention.

A breakdown of the cases is as follows:

Month	Number of Families Referred to Aftercare Services
October-10	60
November-10	33
December-10	30
Total	123

Aftercare Status of Eligible Families			
	Accepted	46	43%
	Declined	9	8%
	Independent Living	4	4%
	Unable to Locate	0	0%
	Engaging (Newly Referred)	53	49%
	Total of Eligible Families	108	
Aftercare Status of Ineligible Families			
	Initial Assessment or OJS Evaluation Services Only	6	40%
	Moved Out of State	4	27%
	Youngest Child has Reached Age 19	5	33%
	Case Closed within a 48 hour Law Enforcement Hold	0	0%
	Total of Ineligible Families	15	
Grand Total of All Families		123	

Evidenced Based Practice/Promising Practices and Non Evidenced Based Practice/Promising Practices

The following provides a summary of the progress made in implementation of the programs we utilize in our services. A more complete update on each of the programs can be found in our Annual EBP/PP report submitted in September of 2010.

Summary of Progress

Signs of Safety is a non-EBP/PP that KVC uses as a primary approach to working with families. All staff that work directly with children and families have been provided with this training.

Structured Decision Making is a series of research based assessment tools as a decision making tool regarding response priority, immediate threatened harm and the potential risk of future abuse and neglect. This is a tool used to identify strategies and interventions to mitigate safety risk. This approach has been trained to all Family Permanency Specialists in January of 2011. All tools used with this approach must be consistent with state policy and meet with the approval of the Children's Research Center.

Parenting Wisely is a parenting program that is provided to parents of the families KVC serves. This program was piloted in SESA during 1st Quarter FY11 and will be piloted in ESA in January 2011.

Trauma Systems Therapy is a program for therapists. All therapists have begun the training for the EBP.

Wraparound principles are included in initial and ongoing training with staff. It is reinforced in supervision and is used on a daily basis as one of our primary components of family centered practice.

Structured Decision Making (PP)

Fidelity/Implementation

Steady progress has been made with this EBP/PP as KVC has worked with the Children's Research Center (CRC) to ready the materials for Nebraska. One of the hallmarks of this EBP is that all materials are specific to the state using the tools.

Training of Family Permanency Specialists, Supervisors, and Directors began toward the end of quarter 1 and was completed in quarter 2. Implementation of the model occurred on a staggered basis throughout this quarter.

Data Quantity

At this time, the model was recently implemented. Meaningful data will not be available until the program has been used for twelve (12) months. The CRC requires that the data be scored and entered into a SDM database. This database is currently being built for use in Nebraska as the tools used are specific to the state of Nebraska which requires tweaking of the database to be consistent with our forms.

Data Quality

At this time, the model was recently implemented. Although data is being collected during the beginning states of implementation the data as it relates to successful outcomes will not provide meaningful results for at least twelve (12) months. There are several reasons for this. When a program is first implemented it takes time to ensure that the instrumentation is being used correctly and consistently; this is directly related to the fidelity of the approach is related to the next steps of the implementation process. As we start to look at the data as it relates to outcomes we want to ensure that there are a good number of data elements represented after the program has been implemented and there has been time to work out the kinks and ensure there is fidelity to the model. Any data reports during this time will not meaningful unless we are confident in the consistency and fidelity of the assessments. Once we have achieved that then we will want to ensure that there are a sufficient number of assessments completed over time to allow us to use the data and relate it to our outcomes. Therefore, it will take time before the data will be meaningful. The twelve (12) months mentioned earlier is an estimate – this process could take longer or could conceivably take less time as this is not an exact science.

Strengths

The assessment tools will help to target strategies and interventions at the family's level of need. When used in conjunctions with Signs of Safety this assessments is a powerful tool in identifying and targeting family needs.

Weaknesses

Implementation of the model takes time and will occur over the course of the next twelve months.

SDM is an assessment tool for child abuse and neglect cases. This assessment tool is not meant for the Office of Juvenile Services population.

Points for Improvement and Plan of Action

The CRC is developing case review tools to be used to monitor the quality and fidelity of SDM implementation. The CRC will review a random sample of cases and complete the review tool for each. Then the review tool will be trained with

supervisors and managers on the completion of the case review tool and provide an opportunity for them to practice using our own case files. This training and review of the tool is currently scheduled to occur at the end of March 2011.

Parenting Wisely (PP)

Fidelity/Implementation

The KVC Behavioral Health Clinical Department has been charged with the task of providing Parenting Wisely (PW) to KVC parents. Parenting Wisely is a parenting skills education system designed to facilitate the learning of necessary skills for the healthy well-balanced rearing of children from age 3 to 18. Parenting Wisely is proven to reduce problem behaviors and increase communication and family unity and can be conducted in various formats.

Data Quantity

This program was piloted in SESA and is beginning in 3rd quarter for FY'11 for ESA. We had originally planned for beginning this program in 2nd quarter of FY'11 but due to the need to provide case management training to staff with the upcoming contract changes in January of 2011 resources were reallocated to this activity.

Data Quality

This program was piloted in SESA and has not yet started in ESA.

Strengths

Our clinicians feel that the training material provided by Parenting Wisely is a helpful and easy to understand guide.

Weaknesses

We are not in a position to speak to this yet.

Points for Improvement and Plan of Action

As a result of the pilot program in SESA we have increased the series from six (6) sessions to eight (8) sessions with two hours per week sessions. A condensed version of Parenting Wisely will be created giving Family Permanency Specialists tools for supporting families. KVC plans to implement this program in the Eastern Service Area during 3rd quarter. Plans to implement during 2nd quarter were moved due to resources being allocated to the case management transition.

Trauma Systems Therapy (EBP)

Fidelity/Implementation

Implementation occurs in three phases: Phase One: Webinar Book Review; Phase Two: 2-day on-site training by Glenn Saxe; Phase Three: weekly telephone conference calls. A majority of our staff have completed Phase One. Phase Two was to occur in 2nd Quarter but to competing demands could not be scheduled. Phase Two training has been scheduled at this time but it is hoped that it will occur in early 4th quarter of FY'11.

Data Quantity

TST is an approach that is used when therapeutically indicated. There is no data tool associated with this approach.

Data Quality

TST is an approach that is used when therapeutically indicated. There is no data tool associated with this approach.

Strengths

We cannot speak to this as it is not fully implemented.

Weaknesses

We cannot speak to this as it is not fully implemented.

Points for Improvement and Plan of Action

Training of this tool is occurring with both the Nebraska and Kansas offices. Training had been scheduled for 2nd quarter of FY'11 but due to a conflict with other offices this training was cancelled. Behavioral Health has been diligently attempting to schedule Phase Two training.

Wraparound (PP)

Fidelity/Implementation

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 principles of Wraparound are included in initial and ongoing training with staff. It is reinforced in supervision and is used on a daily basis as one of our primary components of family centered practice.

Data Quantity

At this time, data collection has not occurred.

Data Quality

At this time, data collection has not occurred

Strengths

All workers are trained in wraparound and use the principles of wraparound in their case planning for families.

Weaknesses

We do not have data to report.

Points for Improvement and Plan of Action

We will be implementing the Wraparound Fidelity Index during 3rd Quarter of FY'11. We had been hoping to begin implementation of this index much sooner than this but were unable to due to competing demands. We recognize that this is a much needed tool and have prioritized this and will begin using the index during 3rd quarter.

Signs of Safety (non-EBP/PP)

Fidelity/Implementation

At KVC, our Pillars of Practice describes our approach to meeting the needs of children and families. Signs of Safety provides the foundation of our approach as it provides direction and structures with respect to the manner in which staff gather and process case information as it relates to family strengths, risks, safety, complicating factors, and next steps. Signs of Safety is used throughout daily practice during case staffing, at daily RED team to staff new cases within 24-hours and is our main tool for gathering information and family voice during monthly family team meetings.

Fidelity to this approach is not measured with any tools. It is measured in terms of DHHS data:

- Number of children in care;
- Number of in home cases;
- Number of out of home cases;
- Recidivism rate
 - KVC has a less than 1% re-entry rate;
- Staff Retention
 - Our contract has been in effect for 14-months. The average length of employment:
 - for FPSs is 9.59 Months
 - For Supervisors is 13.41 months
- Number of cases not closed.

There are DHHS/Contractor teams working together to ensure that the data being used is correct and that the data graphs adequately capture the trends associated with the reform.

Data Quantity

There is no fidelity measure associated with this non-EBP/PP. The tools used are for service planning and delivery and are part of the case file.

Data Quality

There is no fidelity measure associated with this non-EBP/PP. The tools used are for service planning and delivery and are part of the case file.

Strengths

Staff are implementing Signs of Safety with families, during family team meetings, and in team consultation. This helps KVC identify the strengths and needs of families being served. Signs of Safety also assesses the safety of the families served and the parents' protective capacities. This also assists KVC's Family Permanency Specialists in the case planning process.

Weaknesses

Before the Director of Training went through the Signs of Safety training of the trainers, the availability of Signs of Safety training was somewhat limited. This caused a more limited opportunity for Family Permanency Specialists to attend this training

Points for Improvement and Plan of Action

KVC was limited in the number of Signs of Safety training that was available to Family Permanency Specialists and other direct care staff. KVC is now able to provide a more routine and frequent series of Signs of Safety training to Family Preservation Specialists with having a trainer available. This also gives us the opportunity to provide refresher training to ensure proper use of the model.