Quarterly Report for Child Welfare and Juvenile Services

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Quarter	Reporting Periods	Due Dates
☒ Quarter 1	July 1 – September 30	October 15
☐ Quarter 2	October 1 – December 31	January 15
☐ Quarter 3	January 1 – March 31	April 15
☐ Quarter 4	April 1 – May 30	June 15
☐ Quarter 4 (update)	April 1 – June 30	July 15

Date Submitted: 10/15/2010 **Date Received:**

General Overview

1. Accomplishments and Barriers:

KVC continues to grow and develop during the reform and remains focused on improving outcomes, building partnerships with stakeholders, and empowering families to achieve higher levels of self-sufficiency and community connectedness. KVC is committed to serving children and families at the highest level possible, while working to establish a system that will ensure the sustainability of outcomes. To further our work towards this goal, KVC undertook an effort to decrease Family Service Coordinator caseloads to approximately 14 families. KVC also transitioned all families previously receiving service coordination from Cedars and DHHS. This massive transition included working closely with DHHS and Cedars on transition planning, case staffings, development of new sub-contractor agreements, and the hiring and training of new staff. An additional 40,000 square foot office space was opened in Lincoln that houses direct care staff, provides family meeting rooms, conference rooms, and training rooms. Renovations have been in process in our Beatrice, Seward, and Nebraska City office to double their office size. In this same quarter of 2009, KVC Nebraska had five (5) staff and two (2) temporary office spaces. We now have close to 450 staff and seven (7) offices throughout Southeastern and Easter Nebraska. The following are a few additional highlights of our accomplishments and barriers.

Accomplishments

KVC has implemented the Dyad Model of Service Delivery in which a Program Support Worker (PSW) and Family Service Coordinator (FSC) work closely together to meet the needs of the family. Fifty-seven (57) PSW's were hired and trained during this quarter. This team approach is intended to efficiently and effectively implement strategies to help families meet their goals and to strengthen trust and professional relationships between staff and family members. As a result of the team approach, the number of providers involved with a family is reduced allowing for continuity of care with consistent workers in the family's lives. When the team approach is not used the number of different people involved with the family could include a visitation worker, a family support worker, another who does drug screening, a transportation provider, and at times an outside interpreter.

During this reporting period, KVC established the position of Court Liaison. The Court Liaison participated in various stakeholder meetings and provided individual and group training related to the

Service Coordination role in court. Further enhancement in this area is the development of a Court Competency Assessment that serves as both a training component and as an evaluation tool to determine areas of strength and need for Family Service Coordinators. Individual observation by the Court Liaison and supervisors is a key element of the Court Competency Assessment.

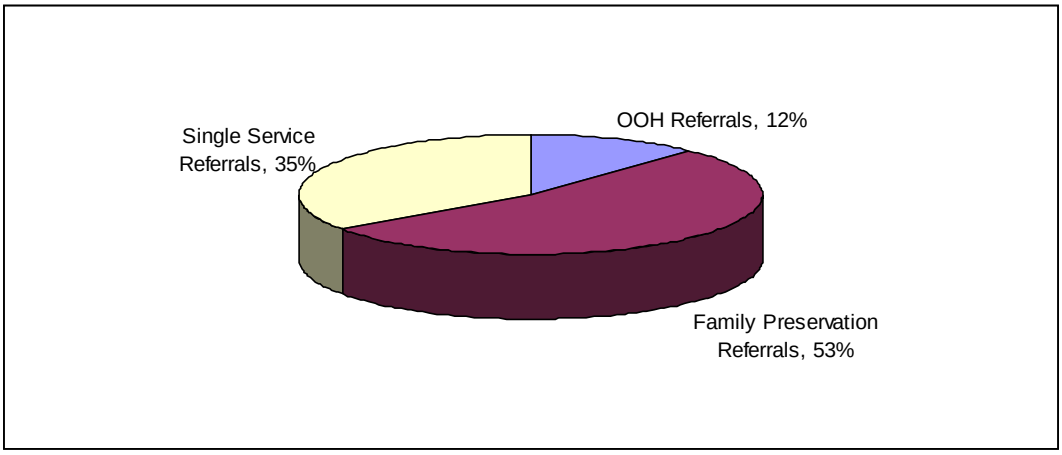
KVC utilizes the Signs of Safety in assessing family strengths, needs and barriers (complicating factors). During this reporting period, KVC has increased training opportunities for the utilization of this tool and has increased expectations that this tool be used to assess KVC families. It is utilized as a guide to the case planning process and helps identify strategies and interventions that support youth and families in achieving their case plan goals while maintaining safety.

During this reporting period, KVC has begun to diligently prepare for the implementation of Structured Decision Making, one of our Evidence Based Practices, through the Children's Research Center (CRC). The CRC reviewed Nebraska statutes and made adaptations to the decision making tools and training materials. A core group of staff received initial training of this approach and our primary trainers have attended Training of Trainers training. Service Coordination teams are beginning training in team groups. Tool implementation will occur on a staggered basis throughout the next quarter. Structured Decision Making tools will be used at key decision point in cases to assess family stability, assess aftercare needs, and guide implementation of strategies to maintain safety and achieve permanency. Continued monitoring of the Structured Decision Making Model as well as the Signs of Safety Model will continue to enhance the available interventions for youth and families served.

The KVC Behavioral Health Clinical Department has been charged with the task of providing Parenting Wisely (PW) to KVC parents, another one of our evidenced based practices. 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. KVC chose to provide six (6) weeks of sessions, two hours a week. KVC conducted its first 6 week session August 24, 1010 through September 28, 2010 and had eight (8) parents complete the course. Our next session will expand the Parenting Wisely program to an eight (8) week session, rather than a six (6) week session.

KVC in the Southeast Service Area received 355 referrals for Service Coordination and 233 referrals for single services during this reporting period. During the reporting period, overall in-home referrals made up 53 % of the total number of referrals while out of home referrals made up 12%.

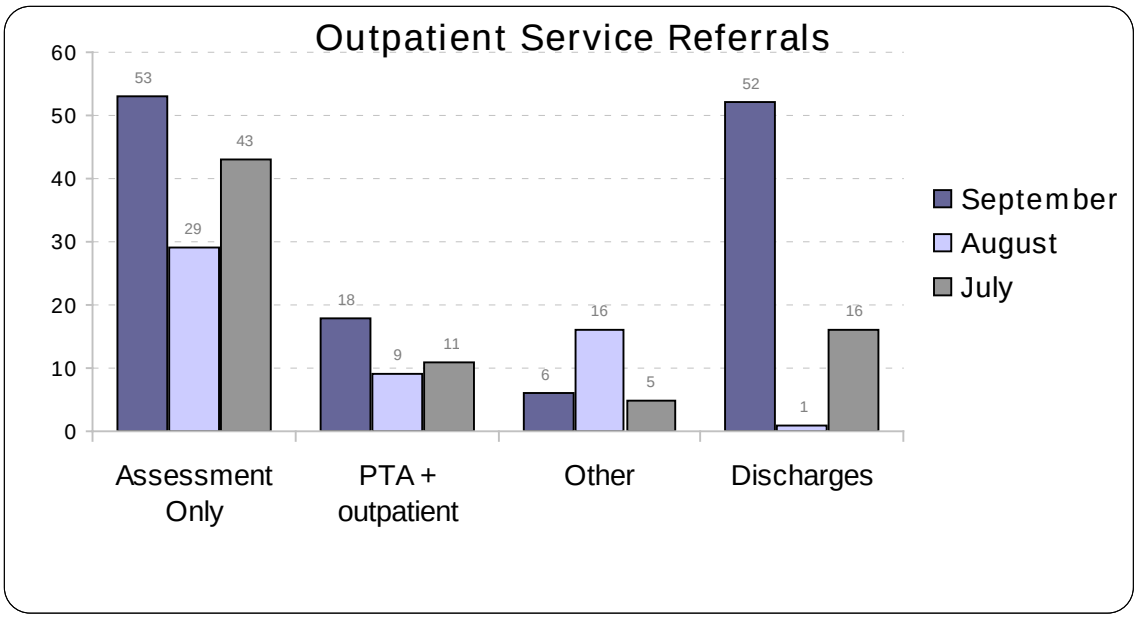
These numbers demonstrate KVC's commitment to working with DHHS to manage safety and provide supports within the family home. KVC has been and is committed to supporting the most family like, community based placements for youth who cannot reside in the parental home and has identified a need to enhance these options statewide.



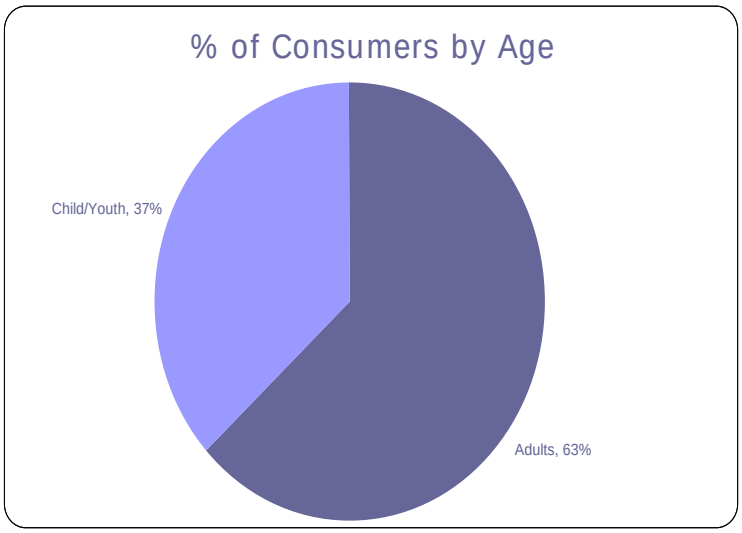
In addition to working with DHHS in providing services and care to the families served, KVC is working with the sub-contracted providers to provide quality placements and services to meet the needs of children and families.

KVC has continued to create additional resources for families by initiating efforts to develop the Behavioral Health Program where clinicians serve both Medicaid-eligible and non-Medicaid eligible children and adults. The program currently has seven (7) outpatient therapists and one (1) Program Manager in addition to the Behavioral Health Manager.

KVC Behavioral Health was formally contracted as a Nebraska Medicaid Magellan provider September 6, 2010. KVC receives referrals for assessment and outpatient services. During this reporting period, KVC's referral for services is represented in the chart below:



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



Barriers

During this reporting period, KVC experienced barriers in relation to placement in court involved cases. Placement barriers have been identified primarily with the Office of Juvenile Services (OJS) population. The basic trend or pattern reflects that youth are often court ordered to specific placement types and, on occasion, to specific placements. The ordering of specific placement types or specific placements causes referrals to treatment levels of care that could be utilized for youth who have pressing clinical and treatment needs.

KVC's future plans include the reviewing of placement and non-placement services. KVC has begun to move forward with a more comprehensive, less fragmented system of service delivery. This movement includes the construction of a more streamlined approach to supporting and enhancing the lives of children and families. Specific focus is being placed on eliminating barriers created by service menus and placing increased focus on strategies and interventions. This also includes an increased focus on family self-sufficiency and family responsibility and decreasing their reliance on a state funded system to pay for parent services such as drug testing, treatment, rent, and transportation.

During this reporting period, KVC had addressed the unique and individualized needs of youth and families involved with DHHS through the Office of Juvenile Services. It has become increasingly apparent that the limited service array does not support the needs of the family as a whole and is not sufficient to meet the needs of all youth who fall within this service array.

Throughout the last quarter, KVC worked with sub-contractors to clarify billing procedures and ensure timely authorizations for services. This included one on one issue resolution, monthly provider meetings, individual provider meetings, a contract addendum outlining billing expectations, a redesign of the billing template to gather appropriate information, a detailed letter outlining billing expectations, and a review of billing processes with various stakeholder groups. KVC continues to provide internal training to staff on the appropriateness of using external services and providing accurate and timely referrals and authorizations.

2. Description of Strategic Partnerships /Collaborations:

Subcontract Management

KVC created a Provider Relations Department in order to meet the customer service needs of the vast provider network in the Southeast Service Area. This department is comprised of the Director of Provider Relations along with two (2) Subcontractor Liaisons. This department is responsible for managing contracts, monitoring compliance with requirements, developing new providers, and overseeing foster care licensing for subcontractors. Other responsibilities of this department include negotiating letters of agreement for non-contract agencies, monitoring Subcontractor agencies for compliance with contract terms including conducting Personnel file audits of subcontractors, the coordination and distribution tracking of over 1,200 monthly provider reports, coordinating foster home investigations and facilitating communication between subcontractors and internal KVC departments on issues such as finance, MIS, contract issues, and staff/provider concerns.

KVC has continued to work with organizations throughout Nebraska, as well as out of state providers to meet the needs of children and families. In the Southeast Service Area, we have partnered with various providers, including placement facilities, substance abuse and mental health treatment facilities, individuals, interpreters, tutoring and behavioral health organizations in an effort to meet the needs of the families we serve. This strategy of collaborations with external providers and developing KVC's ability to provide services internally has allowed KVC to develop a comprehensive array of service providers that are efficient and timely.

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

7/20/10 Central Plains
7/26/10 Child Connect
7/30/10 Epworth Village
8/5/10 Owens
8/5/10 Cedars
8/19/10 DHHS regarding Licensing
8/26/10 Cornerstone Families
8/26/10 Heartland Family Services
8/26/10 Cedars
8/27/10 Apex
8/31/10 Cedars
9/17/10 Cedars
9/21/10 Omni Behavioral Health
9/23/10 Boys Town
9/24/10 Nebraska Boys Home
9/27/10 Omni Behavioral Health

KVC's current partnerships include the following:

Service	Type	Number of Partnerships
Adoption	Service	5
Developmental Disabilities	Placement	2
Drug Screening Testing	Service	8
Education	Service	2
Emergency Shelter	Placement	5
Foster Care	Placement	9
Group Home	Placement	18
Independent living	Program	2
Interpretation	Service	11
Juvenile Services (Tracker, Electronic Monitoring, Day Reporting)	Service	16
Mental Health	Support	317
Residential Treatment	Placement	10
Reunification / Preservation Services	Service	90
Substance Abuse Evaluation	Service	43
Substance Abuse Treatment Center	Placement	2
Transportation	Service	1
Treatment Foster Care	Placement	2
Treatment Group Home	Placement	7

The process for staff to access services externally has required adjustment. However, with the development of KVC's Nebraska Utilization System (NEU), training staff to use this electronic format allowed for a more streamlined method of identifying service utilization. In order to ensure that services were not being provided without authorization, providers were asked to make adjustments that would enforce the need to for service authorizations prior to service provision. Over the last quarter, the Finance, Accounting, MIS, and Provider Relations Department have worked diligently with providers to ensure that these processes were communicated and that any related issues were resolved.

KVC has held monthly provider meetings for specific topics over the last quarter:

- July 23, 2010 Topic: Transition - Contract Addendums, Transition Youth and Placement Agreements, and Authorizations.
    - This meeting was attended by representatives from Boys Town, Capstone, Lutheran Family Services, Christian Heritage, Better Living, Child Connect, WICS, Owens, Child Saving Institute, Epworth Village, Mark of Honor Lodge, Nebraska Children's Home as well as KVC representatives from various departments.

- August 27, 2010 Topic: Foster Care Providers –Admissions procedures, Child Needs Assessments, and Changing Levels of Foster Care.
    - Respite care rules were discussed. There appears to be several foster homes on hold and providers were asked to provide a list of the homes on hold and will work with KVC on resolving those issues in order to open up more placement options. Small group discussions were held about solving the issue of timeliness with regards to background checks. Providers determined that if allowed, they would be willing to complete those steps on their own, rather than go through KVC. Attendees were presented with information on contract requirements including each subcontractor's responsibility to provide transportation, clothing updates, and to attend family team meetings. Providers were also reminded to send monthly reports to the Director of Provider Relations for distribution. Personnel file reviews will begin during the month of January 2011.
        - This meeting was attended by Nova, Epworth Village, Nebraska Children's Home, Omni, Cedars, Cornerstone Families, Heartland Family Services, Child Saving Institute, Child Connect, Apex, Boys Town, Lutheran Family Services, Christian Heritage, Uta Halle, Better Living and Nebraska Family Support Network were present.

- September 24, 2010 Topic: Group Home and Residential Placement Providers:
    - Discussed admissions processes. Members of the Behavioral Health Services department spoke about Magellan processes and how to go through reconsideration. This is required for those youth at the treatment level. Attendees were presented with information on contract requirements including the Subcontractor's responsibility to provide transportation, clothing updates, and to attend family team meetings. Providers were also reminded to send monthly reports to the Director of Provider Relations for distribution.
        - This meeting was attended by Omni, Epworth village, Cedars, Uta Halle, Nova, Grace Children's Home, Child Saving Institute, Nebraska Boys Home and Salvation Army were present.

A new foster care provider signed a contract with KVC to provide placement in the Southeast Service Area. Dave Krogman, CEO of Cornerstone Families and KVC President Sandra Gasca-Gonzalez signed this contract in September 2010. Cornerstone hopes to provide family, enhanced, and specialized services in Nebraska and has been approved by the DHHS contract liaisons. Cornerstone is in the process of licensing and training foster parents, and is expected to begin accepting new placements by the end of October 2010.

Community Engagement

KVC's Public Affairs Department 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).

The Public Affairs Department has been working diligently to build networks and to strengthen partnerships in the community. During this quarter, KVC participated in many community outreach activities and began building relationships with agencies, businesses, and schools in the Southeast Service Area. These activities included:

- University of Nebraska - Lincoln
  - Booth at Big Red Welcome Week
    - Sharing with students about opportunities to be a part of our Volunteer Department.
    - Sharing with the community members that attended about our need for Foster Parents.
    - Sharing with students and community members about our need for more Employees.
  - Booth at the Volunteer Fair
    - Sharing with students about opportunities to be a part of our Volunteer Department.
  - Chili Cook-off at UNL East Campus
    - Took a chili to the competition and talked with the community and students about being a part of our Volunteer Department and the need for foster homes.
  - Involvement Fair: Freshman Athletes
    - Sharing with students about opportunities to be a part of our Volunteer Department.
- Lincoln Berean Church
  - Became a part of the Church Unleashed Program (Their form of a Community Outreach Program)
- Southeast Community College - Lincoln
  - Sharing with an instructor that we have opportunities for students to be a part of our Volunteer Department.
- American Red Cross
  - Gave us 8 free manikins (4 adults and 4 infants) to get our CPR and First Aid Training started at KVC.
- Union College
  - Beginning to build a relationship with their Career/Internship/Practicum Department and will attend their Career Fair in October.
- Nebraska Wesleyan University – Lincoln Campus
  - Attended their Volunteer Fair and shared with students about the opportunities to be a part of our Volunteer Department.
- Festival de las Americas
  - Attended this event and shared with the community about our need for Foster Parents and Volunteers.
- People's City Mission
  - Building a partnership with their Volunteer Coordinator so we can help each other know about activities in the community that would benefit both of us.
- MADD
  - Building a partnership with their Volunteer Coordinator so we can help each other know about activities in the community that would benefit both of us.
- Combined Federal Charity Campaign
  - Connecting with the coordinator in order to pursue this opportunity for KVC being a part of this campaign next year.
- Ameritas
  - Building a relationship with them so we can be a part of their Volunteer Fair.

In addition KVC has been working to create a KVC Nebraska Advisory board with members from the community and from the Foster Parent Advisory Board, with representatives from both ESA and SESA. Two members of the community have made this commitment and we are actively pursing others. KVC has obtained funding for the development of foster care recruitment efforts and the development of new programs for Nebraska through Wal-Mart, the Sherwood Foundation, Wells Fargo, Woods Charitable Trust, and the Building Strong Families Foundation.

Barriers:

One barrier to partnering with a large number of agencies is that there can often be many services involved in a family's life that it could become cumbersome and ineffective to coordinate. This requires all service providers working with a family must communicate with each other to ensure they are all working on the same goals.

An additional systems issue that has been identified is that the new contract mandates Subcontractors to provide reports within seven days of the child – parent contact. Providers were initially sending reports as required, but many CFSS staff or Family Service Coordinators were not receiving these, or were receiving them haphazardly. Providers have been informed of this process, but as it is a significant change from former process the process has not yet been implemented. Provider Relations developed a centralized distribution system for the receipt and distribution of reports to KVC staff, DHHS and for reconciliation with the NEU. Providers will be meeting with KVC in October to review and revise the processes meant to ensure a timely distribution of service provision reports is implemented.

Utilization of service models

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 is enhancing services to families by providing them internally. This past quarter saw growth in providing internal services being provided to families which Drug Screens and Testing, Electronic Monitoring, and Breathalyzer monitoring. This works hand in hand with our dyad model in which Program Support Workers are assigned to a Family Service Coordinator and work directly with the families assigned to their dyad. This allows for continuity of care and familiarity of staff with our families.

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. Two professional foster families began training in SESA this quarter and we are hopeful we will have additional families attend training in both service areas during quarter two. Treatment Foster Care and MTFC are in the development stages. We were invited to submit a grant to the Sherwood Foundation for the purpose of developing and implementing a MTFC program in Nebraska. Should our proposal be successful we expect to be able to begin recruiting and training foster parents when the grant cycle begins.

In addition to our identified service needs, we also recognized a need to add positions to help facilitate the development of our programs, service provision, and accessing treatment services. To attend to that need we added a number of new positions which are identified below.

Kinship Specialist positions were added to provide initial and ongoing support to Kinship/Approved Foster Families as well as works with the Licensing Specialist to assist with possible licensure. The Kinship Specialist will provide a minimum of monthly face to face contact, assist with resource identification, and work collaboratively with the Family Service Coordinator to assure successful placement of the youth. The Kinship Specialist will also provide advocacy and education to assist the Kinship/Approved home in navigating the child welfare system.

Program Development Specialists were added to assure that services provided by program support workers meet all KVC and DHHS requirements. The Program Development Specialist routinely assess effective and efficient use of program support workers in service delivery and partner with family service coordinator supervisors to develop and implement local programs at the community level appropriate with the agency mission, vision, and values.

Recruitment coordinators were added as a result of the tremendous growth of our foster care program and the anticipated future growth as our programs expand. This position actively coordinates recruitment efforts and provides initial and ongoing training to prospective Foster Families. The Recruitment Coordinator coordinates all recruitment efforts within KVC's CPA Department by assessing the specialized placement needs and targeting specific homes to meet these needs.

Care Support Specialists were also added to our Behavioral Health team to ensure that KVC is a good steward of Nebraska's finances. The role of Care Support Specialists is to assist Family Service Coordinators and families with accessing appropriate funding for treatment services families are in need of through several means: 1) educating Family Service Coordinators on appropriate levels of care provided by community treatment providers; 2) assisting treatment providers with applying for Magellan funding; and 3) helping with clinical audits for clients that have been in a treatment level of care for a prolonged period of time to ensure that they meet medical necessity for treatment placement.

Contractor Employment Information

KVC hired 147 employees to adapt to the changes within the service contract and the growing Child Placing Agency Department. During this quarter, KVC has hired members of for the Behavioral Health department, Clinical Services Department, which included the hiring of the Behavioral Health Services Manager and an additional Outpatient Therapist. It is also noted that the average length of employment for Supervisors has had a significant increase. The average length of employment for Supervisors increased approximately 43%. Also noted is that the average length of employment for Service Coordinators has slightly decreased. This is attributed to the significant growth KVC experienced as of the July 1, 2010 transition to being the sole contracted agency in SESA.

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Employment Information					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
a. Allotted FTE's for Service Coordinators	120				120
b. Filled Service Coordinator Positions	113				113
c. Service Coordinator positions currently in training	7				7
d. Vacant Service Coordinator positions	0				0
e. Allotted FTE's for Supervisor	17				17
f. Supervisor positions that are filled	17				17
g. Supervisor positions that are vacant	0				0
h. Average length of employment for Service Coordinators	4.31				4
i. Average length of employment for Supervisors	8.17				8

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. The Southeast Service Area Recruitment Coordinator hosts a cable television program where foster care is promoted and was invited to talk on radio 97.7 once per month regarding the need for foster and adoptive homes.

- 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. Prospective foster parents are invited to attend the PS-MAPP foster and adoptive parent overview and 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.

- Hiring of Community Outreach Specialists: One Community Outreach Specialist was hired in the Southeast Service Area to increase awareness of and recruit potential foster homes for KVC's Child Placing Agency (CPA). Specific recruitment activities included presenting at local civic and community groups, staffing vendor and sponsorship booths and public events, and building partnerships with local schools, churches, neighborhood associations, community and cultural centers and businesses, for the purpose of recruiting foster homes.

- 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.

- Completion of two 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 Quarter 1. This is a tremendous asset for KVC in meeting the needs of our diverse client population.
- Hiring of a Recruitment Coordinator: One Recruitment Coordinator was hired in the Southeast Service Area to recruit foster parents and adoptive parents in an effort to enhance the availability of foster and adoptive placement options

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 ten foster homes were licensed this quarter. Three homes were licensed in July, five homes in August, and two homes in September.

ii) Number of foster homes closed this quarter

Four foster homes were closed this quarter. Two foster homes chose not to renew their licensed, one closed due to the license lapsing, and one home was closed due to concerns of appropriate care without any substantiated findings.

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 Service Coordinators 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. The KVC Child Placing Agency was also allotted a monthly .75 FTE from the training department 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 is also in the planning and developmental stages 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 Service Coordinators that have experiences with who have highly specialized needs.

Finally, a Recruitment Coordinator was hired to increase placement options for youth that are the most challenging to place. Areas of immediate focus include but are not limited to: adoptive families, homes interested in taking youth twelve years of age and older, and homes interested in serving our specialized populations (e.g., medically fragile, severely and emotionally disturbed (SED), sexual offending, developmental disability, etc.).

i) Number of individualized foster homes approved this quarter

204 foster homes were approved during this reporting period by KVC.

ii) Number of individualized foster homes licensed this quarter

Ten (10) foster homes were approved during this reporting period by KVC.

iii) Number of approved individualized foster homes closed this quarter

No approved foster homes were closed this quarter.

iv) Number of licensed individualized foster homes closed this quarter

Four licensed foster homes were closed this quarter.

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

Four foster homes were transferred to KVC from other agencies.

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

No foster homes transferred from KVC to another organization.

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Foster Parent Recruitment and Retention			
Licensed Foster Homes	# of Families		
	New	Ongoing	Closed
	10	79	4

Approved Foster Homes	# of Families		
	New	Ongoing	Closed
	204		0

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

	# of Families
Transferred Homes from Another Organization	4

	# of Families
Transferred Homes to Another Organization	0

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				
Approved Child Specific Foster Homes	204				
Child Specific Foster Homes Recommended for Licensure	0				
Closed Foster Homes	4				
Approved Child Specific Foster Homes Closed	0				
Licensed Child Specific Foster Homes Closed	0				
Foster Homes Transferred to KVC	4				
Foster Homes Transferred to Another Organization	0				

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 worked with Corporate Admissions to streamline the protocol on placements of children in out-of-home care.

- The Child Needs Assessment was updated to provide Corporate Admissions a clear picture of the child's needs to ensure a successful out-of-home placement.

- KVC hired two Admissions Liaisons in the Southeast Service Area to assist the placement process of children and youth and to assist Corporate Admissions in obtaining clarification on the best possible placement. The Admissions Liaisons also provide assistance to Family Service Coordinators by assisting in Child Needs Assessments and to research any previous placements that might be suitable for the child. One Admissions Liaison works from 8:00 a.m. to 5:00 p.m. and another works from 1:00 p.m. to 9:00 p.m.

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 Service Coordinators worked closely with the CFS Specialist and family to actively search for individuals known to the child for consideration of placement through the use of Genograms and Ecomaps.

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 essential 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. Two PS-MAPP trainings were specific to the Spanish-speaking population.

- Ongoing training to support the training requirements for licensure. Topics included burn out protection and reform updates.

- KVC hired additional staff to support foster, relative, child-specific and adoptive families. These positions include Kinship Specialists, Adoption Specialists, Licensing Specialists, and Foster Care Specialists.

    - Kinship Specialists provide regular support to all relative and child specific placements. Support includes regular face-to-face contact as well as phone contact.
    - Adoption Specialists ensure resources are located for youth without permanent placement options. They provide support to prospective adoptive families and complete adoptive home studies.
    - Licensing Specialists complete all initial and renewal paperwork for licensed foster homes. They also complete homes studies for approved foster homes and follow up on assessments and complaints on homes.

- The Foster Parent Advisory Council continued 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 Southeast Service Area.

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 Lincoln office.

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.
- Two PS-MAPP overviews were provided to prospective foster and adoptive parents to learn more about becoming a foster or adoptive parent. 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:
    - CPR
    - Nurturing Parenting
- KVC provided membership for foster parents to attend the Nebraska Foster and Adoptive Parent Association annual conference in Grand Island and Lincoln. This conference provides foster parents with ongoing training to meet licensure requirements, in addition to networking with other foster parents.

iv) provider of the training activity

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

Larry Crippen – Licensing Specialist
Matthew Drevo – Foster Care Specialist
Patrice Jackson – Administrative Assistant
Sara Whittman – Community Outreach Specialist

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

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 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.

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.

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.

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

There are no recommended administrative or legislative actions to increase licensed relative care during this reporting period.

Child and Family Services Plan Update.

KVC has developed and implemented an enhanced system of service delivery. Services are delivered to meet the individualized needs of each family. KVC services are categorized in the following manner:

Family Services: KVC Family Services department combines both Family Preservation and Permanency under one department.

- Family Preservation services are model are designed to utilize wraparound services with the family in an effort to prevent children from being removed from their family homes. Child and community safety is continually assessed while services are coordinated and supports utilized to strengthen the family.

- Permanency services provide the necessary supports for families to help them move towards family preservation. When this is not possible, the Permanency team provides assistance by providing permanency for a child, youth, or sibling group in a family environment. Permanency options for children and youth include adoption, guardianship, and independent living.

Child Placement Agency: KVC provides placement services for children and youth who cannot safely remain in their family home. Foster families, both relative and non-relative, provide 24-hour substitute care for children and youth. KVC believes that relative and kinship foster homes known to the child or youth is essential to maintaining family connections. It is the role of the child or youth's placement to provide a safe and nurturing environment that supports family in moving towards permanency.

Aftercare: KVC Aftercare Services are offered following reintegration, successful family preservation, finalization of adoption or completed time in the Juvenile Justice System. Aftercare support consists of regular and ongoing communication and contact with the families to assess safety and ensure ongoing success after case closure. Active implementation of Aftercare services will begin and continue for twelve (12) months post discharge from DHHS. The intensity of aftercare services is based on family need.

Independent Living: KVC Independent Living Services assist youth in developing their own plan for living on their own. The Ansell Casey Life Skills Assessment is used to determine areas of strength and need. While working on the Independent Living Plan, youth are assisted by an Aftercare Specialist in seeking educational opportunities, developing a community support network, and developing skills to move into successful adulthood.

Behavioral Health: KVC Behavioral Health Services includes clinical therapeutic services by licensed mental health practitioners. This may include Pre-Treatment Assessments, drug and alcohol evaluations, individual, group, and family therapy for both adults and children. KVC provides clinical consultation to Family Service Coordinators and DHHS to ensure the family's success. Behavioral Health also provides utilization review of treatment services, training for Family Service Coordinators on mental health issues and resources.

The following tables shows the service referrals and case closures during this quarter:

SESA	Number of non-single service case referrals	Number of single service referrals	Single service referrals that go into full cases	Number of case closures
Total	*2853*	*233*	*75*	*69*
Out of Home	86		8	
In-Home	355		54	26
Legacy	2361		11	36
Non-referred siblings	23	1		
No identifying data	6	231		7

CFSR Outcome Data

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. KVC is committed to working toward meeting these outcomes and would be interested in working with DHHS to help identify a reconciliation process for identifying whether the outcome was met or not.

Disaster Plan Updates shall include at minimum any changes to how you:

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

Chafee Foster Care Independence Update shall include at a minimum any changes to how you:

Independent Living Services will be provided in the Eastern Service Area. The Independent Living Program is overseen by the Director of Family Preservation with day to day supervision provided by Family Service Coordinator Supervisors or Aftercare Supervisors. Day-to-day implementation will be provided by the Family Service Coordinator, Independent Living Specialist and/or Aftercare Specialist.

For youth who have open cases with DHHS, Family Service Coordinators will provide case management, referrals and coordination of services on behalf of the youth and their families; this includes support in seeking housing, fulfilling educational needs, identifying employment opportunities and mentorships (i.e. PALS, family members, teachers and other informal supports…etc.). When the need arises, Independent Living Specialists will assist Family Service Coordinators with securing additional community resources.

Services will be provided to prepare youth in *seven significant areas.* The following is a summary of the areas covered:

- Housing
- Self care
- Education
- Financial and money management
- Personal development
- Daily living
- Parenting youth

KVC is currently evaluating the Independent Living Plan for strengths and barriers. Strengths of the program are utilized and built upon to alleviate future barriers. Barriers that are discovered drive implementation changes to ensure we are providing these youth the best care and resources possible.

Training Update

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

During this reporting period, KVC showed tremendous growth in the training department with the hiring of a Training Director devoted to creating and implementing training for KVC. Ellen McElderry LMHP, LADC is the Director and she has hired four (4) Training Coordinators. Each Training Coordinator brings a unique skill set to the department:

Stephanie Bonnema: Stephanie has extensive experience in child welfare as a Case Manager for the Department of Health and Human Services (DHHS) and Family Service Coordinator with KVC. She worked for Visinet Inc. for several years providing Intensive Family Preservation services and was one of

the primary trainers for the agency. Stephanie recently completed the DHHS Service Coordinator Training of Trainers program and is also a certified Trainer for CPR and Child Safety Seat Technician.

Tim Slagle: Tim has extensive experience in working with the families of Nebraska as a Family Service Coordinator for KVC and as an Educator in the school systems. He recently completed the DHHS Service Coordinator Training of Trainers program Tim has a dynamic presentation style that ensures participants are able to demonstrate competency upon completing training.

Michelle Kosmacek: Michelle has vast experience in creating on-line trainings and webinars in the human services & child care arena. She is a Certified CPR Instructor, Certified MANDT Trainer, and well versed in early childhood development. Michelle previously worked as a trainer for Heartland Family Services. She brings valued knowledge in creating learning opportunities using various media methods.

Jason McGee: Jason has diverse experience and training in the field of behavioral health and child welfare. He has many years of experience working with youth and their families in Residential Treatment Centers, Treatment Group Homes and Foster Care within Boys Town. As a Trainer, Jason implemented models of care and leadership training for Supervisors. He brings a passion for helping families and knowledge of community resources that will be very beneficial to the department.

The Training Department has taken significant strides in implementing improved training for KVC. New hire orientation was enhanced to include an on-going competency demonstration process for staff to follow during their first ninety (90) days. Signs of Safety is the foundation for KVC program model and had historically been trained by representatives from the KVC corporate office. This training will now be presented by the KVC Training Department giving the department control over frequency and availability of this training. Additional trainings are being created for the new quarter, one of those being Structured Decision Making. This evidenced based program ensures Family Service Coordinators are skilled in making sound decisions in to ensure families are successful. Structured Decision Making supports the goals of DHHS.

KVC continues to grow with the goal of offering families the most support in the least intrusive manner by developing our Program Support Workers (PSW's). Training staff to provide various interventions and strategies enhances the opportunities families have available; while they continue to work with KVC team members with whom they have developed a relationship with. The KVC Training Department is proud to prepare employees for enriching the lives of Nebraska families.

In addition, a Training Quality Improvement Committee has been created with representation of different levels from various departments throughout KVC. This committee will ensure the needs and perspective of all staff are represented in training.

During this reporting period, KVC continued to show a pattern of welcoming staff with past Family Service Coordinator training from other Lead Agencies and DHHS. The following training offerings were provided by KVC to ensure all new staff, regardless of experience, were prepared to serve Nebraska families. Please note where the Presenter is identified as the "KVC Training Department", this includes Becky Brown, BS, Training Coordinator and Ellen McElderry LMHP, LADC Training Director.

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	Dr. Lynn Castrianno CQI Director	1 hr

	aims to reach those goals. What is CQI, performance measurements and how we use it to improve care for clients. JCAHO and purpose.		
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	Standards of expectations for KVC employees to include dress code, conduct, role modeling, exchanging feedback and public presentation of the highest level.	KVC Training Department	1 hr
Boundaries in Helping Professions	Identification of 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.	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 EBP's	Introductory explanation of the models used to help families involved with KVC: Signs of Safety, Structured Decision Making, ART, Wrap around.	KVC Training Department	1 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 hr
Judicial Overview	Explanation of common legal terms, role of the service coordinator in court, how to present yourself, and documentation required for court proceedings.	Jennifer Scanlon KVC Judicial Liaison	1 hr
Child Development	Discuss the various stages of growth for children, signs of normal development and what "age appropriate" is.	KVC Training Department	1 hr
Family Centered Practice	Explanation of wrap around services & family centered practice.	KVC Training Department	1 hr

	Discussion of child welfare system.		
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
Service Definitions	Review of service definitions and referral services available for families.	KVC Training Department	2 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
Child Safety Seat Training	Explanation and demonstration of the various forms of child safety restraint devices for cars. Review of laws, policies & procedures for child safety with transportation.	Stephanie Bonnema Certified Car Seat Safety Technician-KVC Training Coordinator	3 hrs
After Care 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
Drug Screen Testing	Explanation and demonstration of urine drug screen testing for drug and alcohol use with clients.	Lisa Gonzales Provider Relations Specialist	2 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.	Kelly McCulley LMHP, Director of EBP's for KVC Corporate	6 hrs
Family Team Meetings	The role of the Service Coordinator in a Family Team Meeting using the Signs of Safety model.	KVC Training Department	1 hr

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

.

KVC employed an additional 42 Service Coordinators in the SESA area this quarter.

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

KVC provide 1890 hours of training for the Service Coordinators in the SESA area.

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

KVC offered the following on going trainings to Family Service Coordinators during this reporting period:

Training Name	Training Date	Location	# of Trainees	Presenter	Amount
Advocacy Training	7/7/10	KVC Color Court-Lincoln	4	DHHS	1.5 hrs
Motivational Interviewing	7/8/10	Child Savings Institute	0	CSI	1.5 hrs
Personal Experiences in Foster Care, Supportive Relationships, & Independent Living	7/14/10	Omaha City/County Bldg Roskens Room-	0		1 hr
Normal and Abnormal Sexualized Behaviors in Children	7/15/10	Project Harmony	0	Sandra Hewitt	2 hrs
Responding to Child Abuse and Neglect 101	7/21/10	Project Harmony	0	Suzie Mistry	3 hrs
Attachment & Bonding Brown Bagger	7/22/10	Sarpy County Courthouse	0		2 hrs
Reporting & Responding to Abuse & Neglect for Therapist	7/23/10	Project Harmony	0	Deb Anderson and Sally Kaplan	3 hrs
Pre-Treatment Assessments as Decision Making Tools	8/11/10	Douglas County brown bagger	0		1 hr
Child Homicide: Where Faith is the Answer	8/12/10	Project Harmony	0		2 hrs
CFSR Brown Bagger	8/25/10	CASA bldg	28	NFC,KVC, DHHS	1.5 hrs
HIPPA from a Child Welfare Perspective	8/31/10	CSI	0	S Harris	1 hr
How to Complete an Affidavit	9/8/10	Douglas Co	0		1 hr
Achieve My Plan: Youth Participation in Planning.	9/14/10	webinar	0		1 hr
How to Handle Youth Prostitution	9/15/10	Project Harmony	0	NDAA Staff	2 hrs
Child Torture	9/16/10	Project Harmony	0	Suzanne Starling, MD	2 hrs
Wraparound	9/21/10	webinar	0		1 hr
Juvenile Justice Process	9/21/10	CSI	0	Judge Gendler	1.5 hrs
Identification and Interventions for Adolescent Female	9/30/10	Project Harmony	0	John Seasock	2 hrs

Offenders					

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 trainings offered to Family Service Coordinators outside of the routine new worker training is 48 hrs.

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

The expense of providing training to employees is created with collaboration of the training department and KVC accounting services. KVC cost of training to Family Service Coordinators during this reporting period is $33,130.

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Training Report					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Number of New Employee Training hours Delivered	1890				1890
Number of On-going /In-Service Training hours Delivered	206				206
Cost of Training Provided by Contractor	33130				33130

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 noninvasive ways such as phone calls and letters to inform the family about upcoming trainings and new resources.

During this reporting period, KVC has received 236 Aftercare referrals from Family Service Coordinators and offered Aftercare services to 208 eligible families. KVC had 101 new families actively participating in Aftercare services during this reporting period. Twenty-eight (28) families were ineligible to receive Aftercare services for the following reasons:

- Cases where the only services provided were related to an initial Safety Assessment or OJS Evaluation.
- Families moved out of the State of Nebraska.
- Families where the youngest child in the family has reached the age of majority (age 19).
- Families where the cased closed within a 48-hour law enforcement hold.

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

- Referrals were completed by Family Service Coordinators and staffed with the Aftercare team prior to a case closing or immediately following case closure to determine the frequency and intensity of services.
- 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 non-active Aftercare families during the months of July, August, and September. Topics included back to school readiness, medical care, substance abuse, and truancy.

A breakdown of the cases is as follows:

Month	Number of youth receiving Aftercare Services
July-10	67
August-10	98
September-10	71
Total	**236**

Aftercare Status of Eligible Families		
Accepted	101	49%
Declined	30	14%
Independent Living	20	10%
Unable to Locate	0	0%
Engaging (Newly Referred)	57	27%
Total of Eligible Families	**208**	
Aftercare Status of Ineligible Families		
Initial Assessment or OJS Evaluation services only	13	46%
Moved out of State	14	50%
Youngest child has reached age 19	1	0.4%
Case Closed within a 48 hour law enforcement hold	0	0%
Total of Ineligible Families	**28**	
Grand Total of All Families	**236**	

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

Structured Decision Making

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. Progress had been stalled starting in 4th quarter of FY10 as changes were being made to the Operations Manual. Once those changes were finalized in 1st quarter of FY11 the CRC made the necessary adaptations to the decision making tools and training materials.

During this reporting period seven (7) staff attended the Structured Decision Making (SDM) Training of Trainers training. Trainers learned about the underlying philosophy of this approach and how it relates to making decisions based on objective and factual evidence within our Nebraska model of care. This model will help families served to reach their goals as well as supporting the goals of DHHS.

Training of FSCs and Supervisors began toward the end of quarter 1 and will continue during quarter 2. Training is occurring in teams over the course of the next six (6) weeks so as to not disrupt service coordination activities. Implementation of the model will occur on a staggered bases throughout the next quarter.

Data Quantity

At this time, the model has not been implemented and therefore this is no data.

Data Quality

At this time, the model has not been implemented and therefore this is no data.

Points for Improvement and Plan of Action

Having the opportunity to attend the training of the trainers, KVC has now received the most recent assessment tools the Children's Research Center (CRC) has to provide. Training materials and presentation tools have been updated to specifically support the goals of Nebraska, specifically DHHS. Structured Decision Making is an evidenced based practice used nationally in a variety of child welfare systems. Each state has their own terminology, procedure, with varying responsibilities among the users of the tool. The CRC has now recently updated the materials to match the terminology, needs, and concepts of Nebraska.

KVC will train all Family Service Coordinators in utilization of the model. Family Service Coordinators, after trained, will perform assessments on the families to determine and assess their needs. KVC is implementing Structured Decision Making by trained Family Service Coordinators in Quarter 2.

Signs of Safety

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. Signs of Safety is used throughout daily practice during case staffing, at daily RED team to staff new cases within 24 hours of and is our main tool for gathering information and family voice during monthly family team meetings.

Historically, Signs of Safety has been trained by a representative of KVC's Corporate Office in Kansas. During this reporting period, the Director of Training for KVC completed the Training for Trainers

program. This will enable the Training Department to have control over the frequency of training for Signs of Safety as well as having a knowledgeable trainer for Signs of Safety easily accessible.

Data Quantity

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

Data Quality

At this time, data collection has not occurred.

Points for Improvement and Plan of Action

Staff are implementing Signs of Safety with families, during family team meetings, and in team consultation. This helps KVC and DHHS identify the strengths and needs of families being served. This also assists KVC Family Service Coordinators and DHHS CFS Specialist in the case planning process.

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

Parenting Wisely

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. KVC chose to provide six (6) weeks of sessions, two hours a week. KVC conducted its first 6 week session August 24, 1010 through September 28, 2010 and had eight (8) parents complete the course. Our next session will expand the Parenting Wisely program to an eight (8) week session, rather than a six (6) week session.

Data Quantity
At this time, data collection has not occurred.

Data Quality
At this time, data collection has not occurred.

Points for Improvement and Plan of Action
KVC has identified the need for additional sessions to ensure proper coverage of information. KVC intends to increase the series to eight (8) with two (2) hours per week sessions. A condensed version of Parenting Wisely will be created giving Family Service Coordinators tools for supporting families.

Trauma Systems Therapy

Fidelity/Implementation

During this quarter, all therapists within Behavioral Health completed training on Trauma Systems Therapy (TST). Staff are able to implement strategies and interventions with clients who have experienced various forms of trauma.

Data Quantity

At this time, data collection has not occurred.

Data Quality

At this time, data collection has not occurred.

Points for Improvement and Plan of Action

All current therapists received training that was provided to all clinical services in various KVC locations ensuring consistency with use of the model.

Trauma Systems Therapy (TST) training will be scheduled for all new Behavioral Health therapists once the department is fully staffed.