

Quarterly Report for Families Matter Initiative

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Quarter	Reporting Periods	Due Dates
<input type="checkbox"/> Quarter 1	July 1 – September 30	October 15
<input type="checkbox"/> Quarter 2	October 1 – December 31	January 15
<input checked="" 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

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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.

Over the past several months there have been significant changes in the Southeast Service Area (SESA). KVC is pleased to announce several positive changes within its Administration. Stacey Brewer took the position of Vice President of Family Services. She was formerly Vice President of Operations.

Kim Hawekotte was selected as the Vice President of Operations and started her work with KVC on March 1, 2011. Kim comes to KVC with 25 years of experience working in various systems. Most recently she has worked as the Director of the School Initiatives program through the University of Nebraska-Omaha which focused on increasing academic achievement and civic involvement for students. She has also served as a County Attorney in Douglas County and as an administrator for Office of Juvenile Services (OJS) for the State of Nebraska.

Jodie Austin was promoted to Vice President of Client Support Services. Jodie oversees the Child Placing Agency, Clinical Services, Program Development, and Aftercare. She was formerly Director of Aftercare with KVC.

Accomplishments:

The focus of this quarterly report is to provide information on the implementation of our Evidenced Based Practice/Promising Practice (EBP/PP's) and how we envision these to help meet the needs of Nebraska's children and families as well as the Child and Family Service Review (CFSR) outcomes. In addition to the evidence based approaches we utilize in our service delivery model, all KVC staff, whether they work directly with families or not, are guided by a core set of values and belief statements and "isms" (sayings or quotations – internal or external – that capture the essence of our beliefs). While all of these guiding values, beliefs, and "isms" are fundamental to how KVC serves children and families, we have highlighted several of these statements below:

- ✓ **Children Must be Protected.** All children have the right to be safe and free from harm, both physically and emotionally, and protected wherever they live; but the best way to protect children in the long run is to strengthen and support their families. There are many aspects of child safety and well-being to be addressed.

- ✓ One Child At a Time - One Family At a Time. Each child is unique. Each family is unique. Each family's situation is unique. There is no "cookie cutter" answer. Individualized assessments and plans must be determined utilizing the strengths of the family, their wishes and their community resources.
- ✓ Families Know Best. Families are the experts concerning their own strengths, needs and resources. They have the right to define their own "family" and to protect their own children. Families can make good decisions for their children. Each child and family has the right to be heard concerning their individual needs. All families, whatever the definition, deserve respect and understanding.
- ✓ Children and Families are Part of a Larger Community. Communities are rich with resources that can offer ongoing, naturally occurring support to families. The State (or its contractors) and the courts should not be a part of families' lives for any longer than necessary to assure safety and stability. Children must have equal protection, care and attention, including attention to their needs in the context of their communities and cultures.
- ✓ Children Grow Best in Families. Children must have consistency in care-giving and relationships, including healthy ties to their siblings and extended family. The philosophy of "least restrictive environment" prevails; children should not grow up in institutions. If they must be placed in institutions, it should be for the shortest period of time possible in which to provide safety and stabilization. A constant effort must be made towards placement in a family, preferably that of a relative, pending permanency. A constant effort must be made to ensure a lasting relationship with a caring adult for every child and youth. All children are adoptable.
- ✓ Every interaction is an intervention
Every single interaction (with patients, families, staff, community) is an opportunity for growth, advancement or improvement of some kind. Use every minute wisely and do not waste any opportunity.
- ✓ Excellence is not an act, it's a habit
We should strive to be "excellent" every day in every interaction

An understanding of Nebraska's Safety and Intervention (NSIS) is necessary to fully appreciate how our EBP/PP's work in conjunction with the Nebraska approach. NSIS determines child safety and identifies the safety threats that reach the threshold of presenting imminent danger to children. Once a safety threat(s) has been identified, a Safety Plan is developed which controls the safety threats. Additionally, safety assessments are completed at various times throughout the life of the case including, but not limited to, the initial assessment, when the Youth Level of Service/Case Management Inventory (YLS/CMI) indicate safety concerns for delinquent and status offender youth, at any time during the case when a new child abuse/neglect report is received, when there is any change that may result in new threats to safety, when considering reunification of children removed from the parental home, and when supervised/unsupervised visits are being considered. KVC is responsible for

using NSIS in the ongoing phase of case management which includes completion of the Protective Capacity Assessment (PCA), case plan, continued review and evaluation Safety Plan, Conditions of Liberty, required face-to-face contacts, and monthly team meetings.

In addition to NSIS, KVC utilizes two primary approaches in our work with families: Signs of Safety (SoS) and Structured Decision Making (SDM). This past quarter we experienced several implementation milestones with each of these models. Each of these models is described below along with a brief overview of our implementation efforts, progress and challenges.

Signs of Safety

SoS is a safety-focused strategy for use in child protection. The strategy provides an overarching framework for continuously assessing safety while actively engaging family members and other professionals involved with the case with solution focused interviewing techniques and developing action steps for what needs to be done next. There are seven (7) foundation and key principles associated with the SoS approach:

1. Safety.
2. Comprehensive assessment of risk.
3. Constructive engagement.
4. Collaboration among professionals.
5. Inclusion of extended family, kin, and support.
6. Responsible use of authority.
7. Comprehensive assessment of risk.
8. Safety.
9. Utilization of research into practice.

SoS has three (3) main objectives:

- Mapping of the danger, risk, strengths & protective factors in a rigorous straight forward manner to reduce bias of what others (professionals and family members) think are the concerns;
- Development of working relationships with everyone involved in the case (professionals, children and family, and community);
- The development of a joint, common understanding of family and professionals about the danger that exists, risks, protective capacities, and family strengths along with the development of clean, meaningful, behavioral changes and goals that are needed to create “rigorous, sustainable, on the ground child safety” (Turnell, 2008).

The process for this approach is unique in that the assessment tool is a one page safety and risk assessment that explores harm and danger, inquires about family strengths and provides a sustained and detailed exploration of what safe parenting looks like and how it can be achieved. This is accomplished by having the Family Permanency Specialist (FPS) map out eight (8) concisely written statements regarding the following on a one page form collaboratively with the family, the child(ren), and anyone else involved in the case:

1. Purpose of this meeting
2. Danger/harm
 - a. Identification of current reason/incident that brought the family to the attention of the Department of Health and Human Service (DHHS)
 - i. Family's understanding
 - ii. Professional's understanding
 - b. Past DHHS involvement, precipitating incidents, etc.
3. Strengths/Protective Factors
 - a. Description of assets, capabilities, capacities from PCA, low risk factors from risk assessments (eg., YLS, SDM)
4. Signs of Safety
 - a. Strengths/protective factors that have been demonstrated over a period of time (~90 days).
5. Complicating Factors
 - a. Factors that may contribute to difficulty for the family in ameliorating the "risk statement" and/or achieving permanency
 - i. High risk scores from risk assessments, basic needs (food, shelter, medical care, etc), diminished capacity items from PCA, etc.
6. Risk Statements
 - a. What the group is worried could happen to children
7. Rating of safety
8. Immediate next steps
 - a. Address concrete next steps with respect to complicating factors

The design and intent of this approach is that it can be used at all stages of child protection and across all settings. The mapping of these specific domains allows everyone involved to have a voice in structured way and the tool itself distinguishes between past harm (safety), future danger (risk) and complicating factors. The SoS tool provides a continuous assessment of safety and risk across four general domains:

1. What are we worried about?
2. What's working well?
3. What needs to happen?
4. Where are we on a scale of 0 to 10, with 0 being the lowest and 10 being the highest, with regard to safety?

The SoS approach brings together both problem and solution focused techniques within its framework by:

- Exploring harm and danger while bringing forth and inquiring into strengths and safety (the enhanced protective capacities that are consistent over time).
- Brings professional knowledge and draws upon family knowledge and wisdom.



- Is designed to include the risk assessment process with the full involvement of all stakeholders, including professional, family, and informal support team members.
- Providing a one page assessment tool that focuses on change behavior and child safety.

One of the basic tenants underlying this approach is that the best outcomes for children and families is achieved when families and professionals are engaged in the process. Utilizing the SoS framework builds these relationships and provides a mechanism for information sharing:

- Facts regarding the events that lead to an unsafe child are clearly presented;
- Professionals are able to provide a concrete explanation about their concerns for child safety; and
- Parents are able to verbalize how their actions lead to endangerment of their child.

Using this approach, the family and team of professionals are able to provide statements that focus on specific, observable behaviors that require change, as well as spotlight family strengths, what is working well, and statements on how parents have demonstrated child safety consistently over time. In this way, the assessment tool becomes a critical “means to the end” where the information in the tool provides the map of what needs to occur for the child in the family to be safe from harm.

Implementation of SoS

KVC believes that excellence is not an act, it’s a habit and we strive to be “excellent” every day in every interaction. This “ism” best describes our commitment to improving and refining the framework of SoS as we deepen our practice culture.

All employees are trained in the SoS approach during the initial orientation training. This training provides an overview of the underlying premises of the approach, training on the use of the SoS mapping and the rationale for the different domains, as well as an introduction to solution focused interviewing techniques which is used in all interactions with the family.

Ongoing training of the approach is used with our RED team meetings (Review, Evaluate, Direct). Initially, RED team meetings were held daily and workers would present their case using the SoS map in a clear and concise manner. The goal of RED team was twofold: 1) provide experience in using the framework; this framework forces workers to think about the case in terms of facts as it relates to safety, risks, strengths, and a concrete plan of action; and 2) provides a brainstorming environment for strategies, resources, and interventions that might be used with families.

Implementation of SoS is an ongoing process. It requires that Program Directors, Managers, and Supervisors have a thorough understanding of this approach and are able to teach to it through individual and group supervision. This knowledge and understanding comes with experience. As part of our ongoing implementation efforts all Program Directors were required during this past quarter to present a case using the SoS framework to Sherry Love, KVC’s Chief Clinical Officer and one of our primary trainers of SoS. The presentation was rated and graded using a clearly identified scoring mechanism and all passed. Directors are in the process of having managers and supervisors present a case to them that will be scored.

Once the manager/supervisor has satisfactorily passed the competency they will in turn ensure that each of the FPSs are fluent in this approach and also “pass” their competency test. This process started during this quarter and will continue into the next quarter.

In addition to ongoing competency SoS KVC has also contracted with Sue Lohrbach for one week of consultation and training every 60 days with SoS. Ms. Lohrbach was a lead implementer of SoS in Olmstead County, MN, which has been successfully utilizing this approach since 2000, and is currently the Academic Director of Child Welfare for the American Humane Association. During this quarter Ms. Lohrbach provided two days of training for staff on the use of SoS in cases involving domestic violence. In addition, she spent a day with the KVC leadership team regarding the next steps for implementation. Based on her observations and discussions it was decided to eliminate the larger daily RED team meetings to smaller team based RED teams. This will allow for a greater number of cases that can be staffed each month and has the added benefit of enhancing and focusing group supervision and will build cohesion and closeness among team members.

Structured Decision Making

This past quarter we have focused our efforts on implementing our 2nd phase of Structured Decision Making (SDM). KVC trained staff on SDM during the second quarter of FY’11. In January 2011 FPSs began using SDM with new referrals. Below is a brief description of SDM followed by our implementation progress.

SDM is considered an evidenced based practice and a series of structured assessment tools developed specifically for work in child welfare by the Children’s Resource Center (CRC) (http://www.nccd-crc.org/crc/crc/c_index_main.html). The systematic goals of SDM are to reduce subsequent child maltreatment and to expedite permanency for children by developing a reliable and valid method of estimating risk of future maltreatment. Each SDM assessment is research/evidence based and addresses a specific practice question to support casework decisions to reduce possible clinical bias. SDM identifies criteria that need to be considered at each decision point and provides the structure required to ensure greater consistency across workers.

There needs to be a reliable and valid method to distinguish which families are at highest risk for future maltreatment so that families that have the highest need can maximize the benefits of intervention. Resources should be directly related to the child’s need for protection and the family’s need for service. This is accomplished by identifying critical decision making points, increasing reliability and validity of decisions, targeting resources to families that are at the highest risk level, and to using case-level data to inform decisions throughout the agency. SDM assists workers with prioritizing their cases from the highest risk cases to the lowest risk cases. The two goals of SDM are to:

1. Reduce subsequent harm to children and families:
 - reduce subsequent reports of harm or risk of harm
 - reduce subsequent substantiations
 - reduce subsequent injuries

- reduce subsequent out-of-home care placements.
2. Reduce the length of time taken to achieve permanency for children in an out-of-home-care placement.

The CRC has identified six (6) assessments for KVC to be used at referral, at 90-days, and when family conditions change:

- SDM Safety Checklist
- SDM Initial Risk Assessment for Abuse/Neglect Cases
- SDM Prevention Assessment
- SDM Family Strengths and Needs Assessment
- SDM Reunification Assessment
- SDM Risk Reassessment

Utilizing these assessments at the defined time periods helps support decisions of service intensity, readiness for reunification, and readiness for case closure as well as helping to make decisions on which families need greater resources in an effort to reduce the incidence of subsequent harm and neglect.

These assessments directly correlate to the CFSR outcomes. These assessments have research supporting the following CFSR outcomes:

- Reducing repeat maltreatment (CFSR item-2).
- Services to family to protect child(ren) in the home and prevent removal or re-entry into care (CFSR item-3)
- Risk assessment and safety management (CFSR item-4).
- Preventing foster care re-entries (CFSR item-5).
- Permanency goal for child (CFSR item-7).
- Comprehensive assessment of the mother/father's needs; ongoing assessment to provide updated information regarding the mother's needs; providing appropriate services to mother/father to meet their needs (CFSR item-17b)

Implementation

Trainers attended a training of trainers training during fiscal year 2010. One of the hallmarks of this instrument is that all assessments are specific to the policies, terminology, and procedures of the state the tool is being used in. As a result of this policy, implementation of training was delayed due to the changes in the contract. Once the contract language was finalized the CRC provided us with the go ahead to begin training. Trainings were initiated and completed during the 2nd quarter. FPSs began using SDM with new referrals beginning in January 2011. Aftercare has implemented the SDM risk re-assessment and uses it for all aftercare cases.

The CRC developed case review tools to be used to monitor the quality and fidelity of SDM implementation. As part of the implementation Shannon Flasch, Senior Research Associate from the CDC, reviewed a random sampling of cases and completed the review tool for each case. The review tool was trained to supervisors and managers with the expectation that this

tool will be used during supervision to ensure that the model and assessments are being used correctly and that the documentation supports the scores provided on the tool.

Implementation Barriers

As a result of the changes the reform experienced in April of FY'10 and July, October, and January of FY'11 (e.g. the loss of Visinet and Cedars, and the uncertainty regarding case management), KVC was unable to begin implementation of Structured Decision Making. As stated earlier, SDM has shown great success in expediting permanency for children and reducing subsequent child maltreatment. As we are moving forward with our respective practice approaches our initial findings suggest that the outcomes generally associated with SoS and SDM may be limited due to systemic issues not in our direct control. Specifically, SDM and NSIS are difficult approaches to reconcile with one another.

Although conceptually NSIS and SDM complement one another, pragmatically the approaches do not converge. The primary obstacle is the complexity associated with the NSIS. Completing the assessments is time consuming and the focus is on child safety and identified safety threats. However, safety is one half of the equation that should determine familial stability; in order to determine safety there must be consideration of risk. Like NSIS, SDM encompasses concepts that allow for child safety, but it also evaluates the risk of future harm. SDM affords assurance to legal parties that child safety, safety threats, and risk factors have been addressed. Without attention to future risk, it's likely that families will be stabilized in the short-term, only to return through the system later on.

SDM was selected as part of the KVC model because it is highly regarded evidence based approach with demonstrated positive outcomes in safety and permanence for children consistent with the federally mandated outcomes associated with the Child Family Services Review. SDM is the tool and approach that was in our proposal, and was accepted by DHHS, it is the driving force for our model. However, in order to achieve these results we must adhere to the fidelity of the SDM model. In order for implementation to be successful SDM must be the decision making tool utilized for decision making and must be used within the specified timeframes. This tool informs and provides guidance with respect to the intensity of services needed to provide to that family in order to work towards successful reunification and provides information about the family dynamics that produced the safety threats. If these assessments are not completed within the specified time span, the window of opportunity to provide the appropriate level of service to the family has been lost and our fidelity to the model has not been realized which means that the outcomes associated with the model are not likely to be achieved. The expectation for staff to utilize two tools, NSIS and SDM, causes a conflict within the fidelity of SDM. Through our work with the Children's Research Center, we are attempting to work through some of these issues.

Differential Response

As part of the collaboration between DHHS, KVC, and NFC, discussions have focused on the goals of the Family Matter Initiative and how best to accomplish these goals from a

systems perspective. Both Differential Response and SDM were discussed. Differential Response represents an alternative to traditional child protective services responses.

At the request of DHHS Central Office, KVC and NFC brought in a speaker, Lisa Merkel-Holguin, to provide an overview of Differential Response. Ms. Merkel-Holguin works for the American Humane Society which is the National Quality Improvement Center on Differential Response. This meeting was held on March 21st and included KVC, NFC, DHHS central office, and DHHS service area administrators. In addition, Emily Hutchinson, developer of the NSIS was present as well. This topic is under discussion internally at DHHS.

Differential response, also referred to as “dual track,” “multiple track,” “alternative response,” or “family assessment approach” is an approach that allows child protective services to respond differently to accepted reports of child abuse and neglect, based on such factors as the type and severity of the alleged maltreatment, number and sources of previous reports, and willingness of the family to participate in services. Currently about 20 states use some version of differential response, some statewide and other in individual counties or geographic areas.

Differential response provides two “tracks” of responses: 1) *investigative* (which is akin to the traditional approach), and 2) *non-investigative* (sometimes referred to as “assessment”). The investigative track includes cases that involve a fairly serious level of abuse that could result in criminal charges, or involves families with a chronic history with CPS. The non-investigative or assessment track generally involves situations of low to moderate safety risk to children. The judicial system is not involved and services are provided voluntarily to families immediately based on their identified need.

KVC also sponsored a speaker from the Children’s Research Center (CRC) to talk to DHHS, NFC, and KVC about SDM. Shannon Flasch, Senior Research Associate from the CRC provided an overview of SDM on March 29th. DHHS personnel included representatives from the central office and each of the five (5) service areas. The overview provided information about how SDM can be used at all levels of child protective services and provided data showing SDM’s success in decreasing re-entries into care, one of the CFSR outcome goals.

Family Service

During the reporting period there continues to be concentrated focus in using data to inform reform efforts. As part of the Families Matter Initiative there has been intense focus on the data in N-FOCUS as this data is being looked at intensely by the Families Matter Leadership. There has been an immense effort put toward “cleaning” the data in N-FOCUS to ensure that the data utilized in weekly reports is reliable and accurate. As part of the effort in understanding the data KVC actively participates in the DIRT (Data Integrity Reconciliation Team) meetings. Members of this committee consists of KVC, NFC, central office N-FOCUS staff, and DHHS staff from each of the five (5) service areas. With KVC being in two service areas we have noticed a number of inconsistencies across the service

areas and having representation from the other service areas has shed much light on these differences not only with the data in SESA but also across the state.

KVC is committed to the Families Matter goal of “*Shared ownership in achievement of outcomes by public-private connections*” by focusing on helping to ensure that the administrative data in N-FOCUS represents the most accurate information and is consistent with the operational definitions associated with N-FOCUS. One of the challenges for KVC has been that it appears that the operational definitions associated with data entry have not been used consistently by DHHS in the past, by both workers and across service areas. In addition, these inconsistencies are not apparent until we have a clearer understanding of the data with respect to the various data fields in N-FOCUS, the rules surrounding the data entry into these fields, and how these data fields ultimately are pulled into the reports. However, this effort is taking time as we are finding data errors in N-FOCUS that date back a number of years.

During this reporting period, KVC has been working diligently in understanding data and is appreciative of the informal training provided by DHHS via written communication. This information has become invaluable and KVC created a Q&A document to better understand the use of NFOCUS, data, and other pertinent information related to our day to day work with children and families. One barrier related to data is for the lead agencies to gain an analytic perspective of the data reports and how information goes into the plethora of reports. Additionally, lead agencies need to understand the rules connected to this data, how it is used, and interpreted by all stakeholders.

The graphs below are taken from the Families Matter reports and reflect the data number youth KVC has served this past quarter. Figure 1 shows the number of youth KVC has served this quarter by week. Data includes both wards and non wards and the number of youth that are court and non court involved. As can be seen, the majority of youth we serve are court involved.

Figure 1

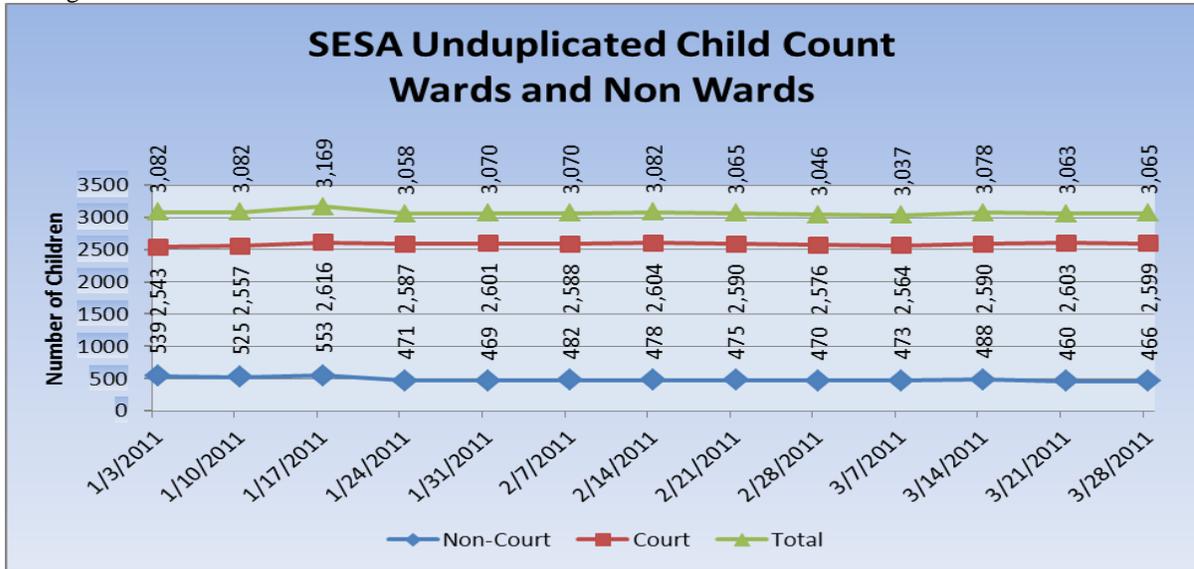
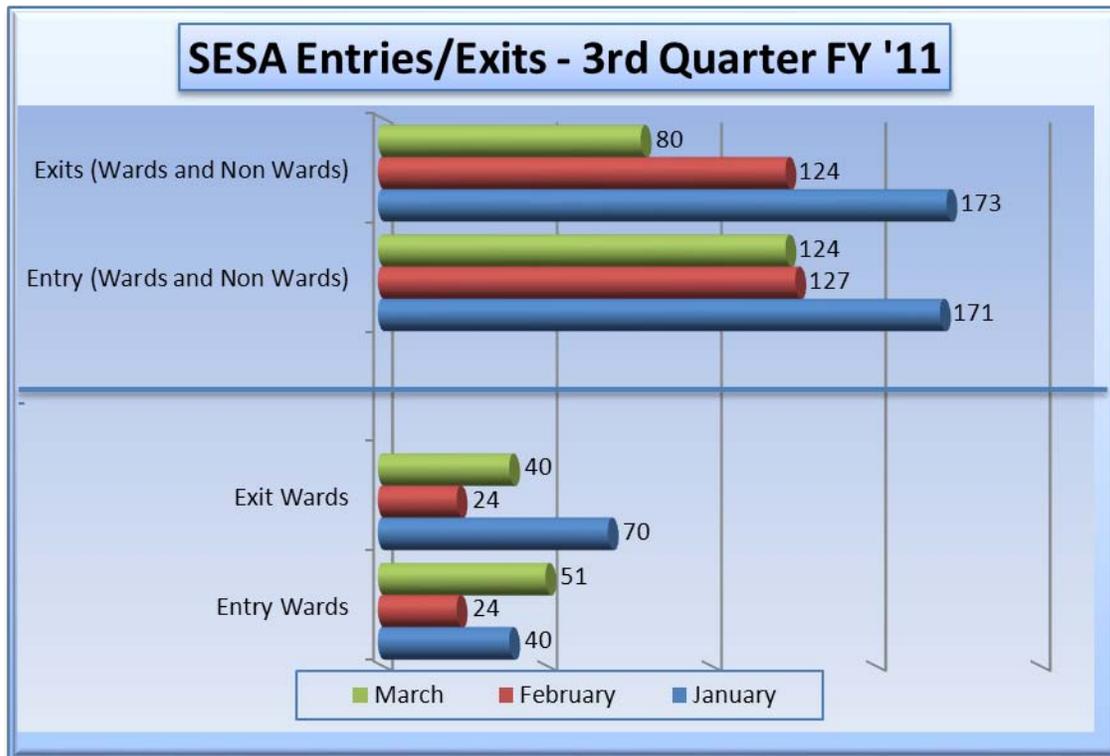


Figure 2 shows the entry/exit data for this past quarter by month. Data includes entries and exits broken down by wards and by wards and non-wards. The graph below indicates that there have been more exits than entries of wards.

Figure 2



One of the goals of the Families Matter initiative is to serve more children in the home. Figures 3 & 4 shows the entry status of youth once they are referred to KVC for case management. As can be seen in Figure 3, the majority of wards being referred for services

are in out of home placements at the time of referral. Figure 4 shows the number of youth in out of home and in home placements during case management. The graph below shows number of wards we are providing services to “in home” and “out of home.” A fairly consistent trend shows that the majority of wards being referred for case management are being referred to out of home care.

Figure 3

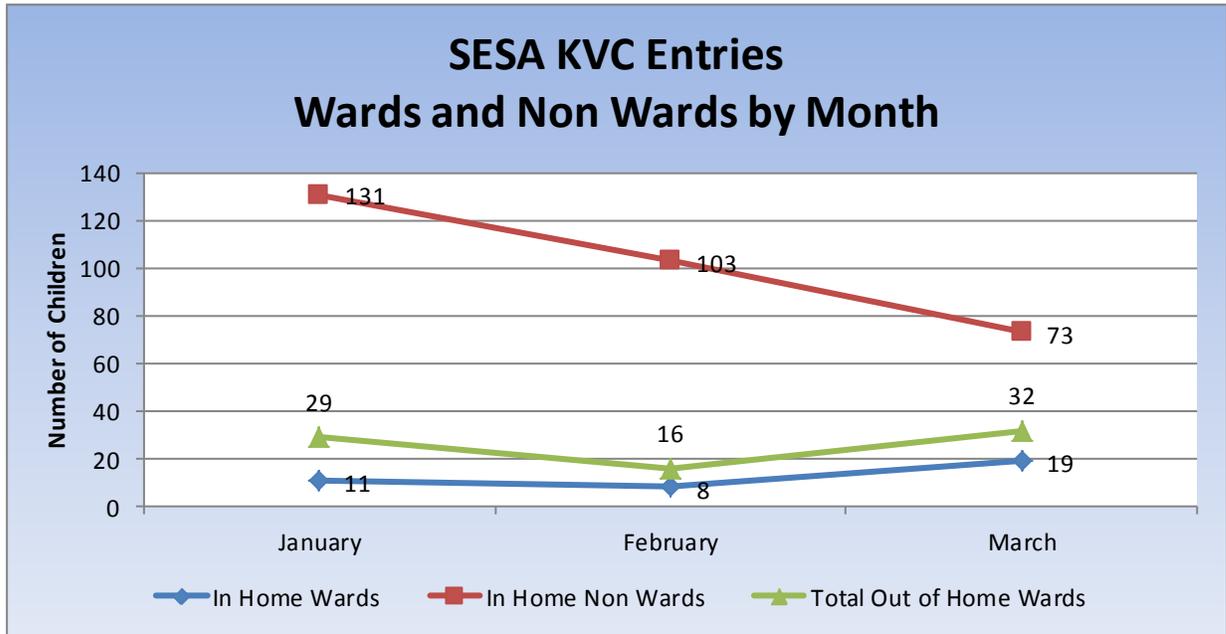
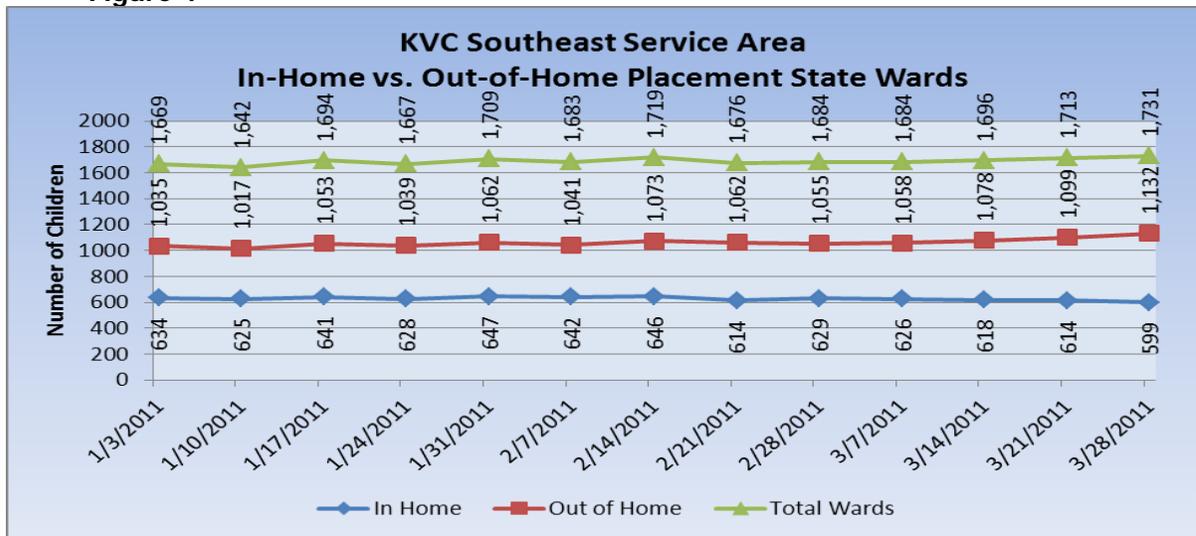


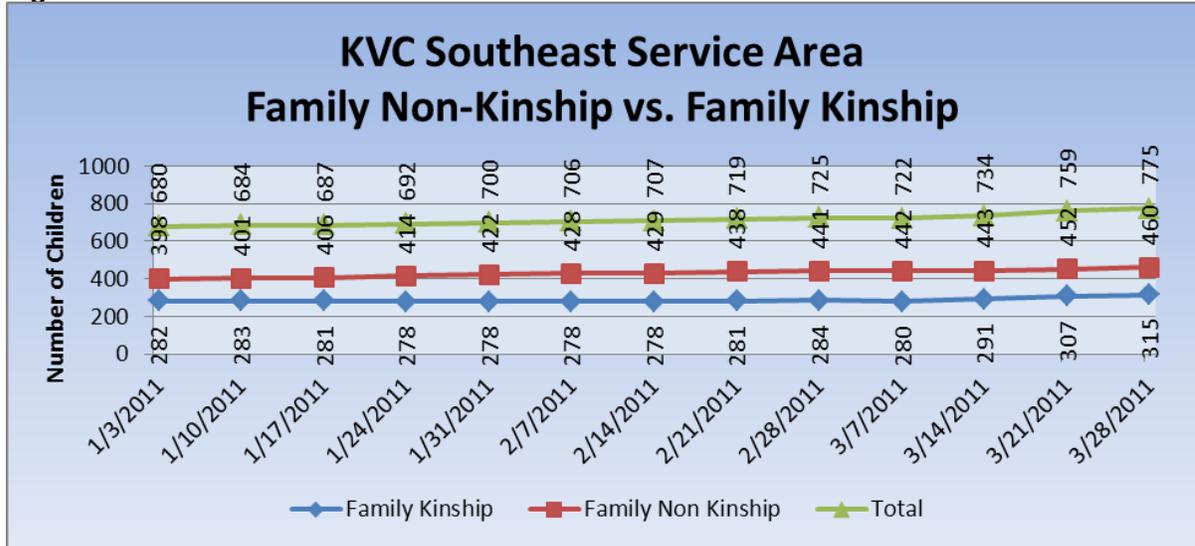
Figure 4



One of the goals of the Families Matter Initiative is to increase the use family foster care. Figure 5 shows the number of youth in out of home care that are living in a family

environment and how many of those are living with relatives. When comparing the out of home numbers from Figure 4 to Figure 5 it is easy to see that the majority of youth are placed in a family setting and that of those youth in a family foster care setting, approximately 40% are living with people known to them.

Figure 5



Parenting Wisely

Parenting Wisely (PW) is a parenting skills education system. The PW program is designed to facilitate the learning of necessary skills for the healthy well-balanced raising of children from age 3 to 18. It is a proven program designed to reduce problem behaviors and increase communication and family unity.

The Parenting Wisely program reduces children’s aggressive and disruptive behaviors, improves parenting skills, enhances family communication, develops mutual support, and increases parental supervision and appropriate discipline of their children.

During this reporting period, KVC added the Parenting Wisely curriculum to new employee direct care staff orientation. This training is also offered to parents of the children in our care. Below is a table representing the number of parents who completed Parenting Wisely this quarter.

SESA	8/24/10 through 9/28/10	10/12/10 through 11/30/10	1/18/11 through 3/15/11

# of parents completed	5	12	17
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Child-Parent Psychotherapy:

KVC Behavioral Health has implemented an Evidenced-Based Initiative to integrate Child Parent Psychotherapy (CPP) into our tool box of interventions available to children and families. Child-Parent Psychotherapy (CPP) integrates a focus on the way trauma has affected the parent-child relationship and the family’s connection to intergenerational transmission of trauma, historical trauma, immigration experiences, parenting practices, and traditional cultural values. It is based on attachment theory, but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. It focuses on safety, affect regulation, improving the child-caregiver relationship, normalization of trauma related response, joint construction of a trauma narrative, with the goal of returning the child to a normal developmental trajectory. CPP also utilized the Crowell, which is an instrument to assist in determining appropriate treatment planning with the purpose of creating specific goals for each parent and child.

Jessica Weddington and Mindy Hinton, Outpatient Therapists, attended the CPP training in New Orleans, LA, along with Behavioral Health Services Manager, Jacquie Winbolt, on February 21-22, 2011. CPP training will also include two follow-up trainings in New Orleans, LA, May 25 -26, 2011 and an undetermined date in October 2011. This training involves follow-up consultation two times per month to support ongoing cases. Jacquie Winbolt will be providing support for KVC therapists who are completing this therapy. Supervision will occur weekly through face to face contact with Jessica Weddington and over the phone contact or email contact with Mindy Hinton. Case assignment will be an ongoing assessment to ensure appropriate supervision and case management. All Nebraska leadership will receive this training during the 4th quarter and Nebraska will be the first KVC office to implement this therapeutic method. Implementation is tentatively scheduled to begin during 2nd quarter of FY '12.

Supportive Services

KVC has continued to work diligently over the course of this review period to move toward the proposed and intended model of service delivery. Primary focus has been placed on establishing team Dyads of Family Permanency Specialists (FPS) and Program Support Workers (PSWs) and transitioning services internal when possible and appropriate. KVC is utilizing assessment tools, historical family information and direct family knowledge to identify and implement strategies and interventions designed to assist the youth and families at attaining their individualized goals.

KVC continues to monitor the effectiveness of 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

KVC's Child Placing Agency (CPA) Department focused on engaging prospective foster parents throughout the PS-MAPP training in an effort to reduce the delays in licensing new foster homes. This is accomplished by utilizing the PS-MAPP model where a licensing specialist meets families in their home prior to class completion.

CPA has added "foster parent standards" as a standing agenda item during its monthly Foster Care Quality Improvement meeting. This portion of the meeting will allow for staff to present concerning or problematic foster home situations to discuss strategies and interventions to improve foster home quality.

SESA reached a milestone during this reporting period of having over 100 licensed foster homes with KVC. These licensed foster homes include new homes, transfers, child specific, and relative homes that have become fully licensed.

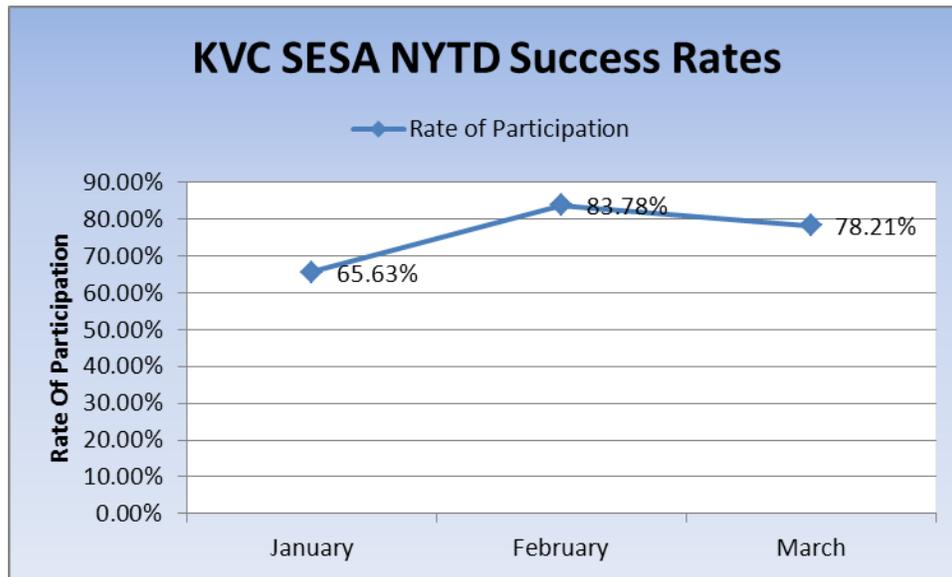
Aftercare

Aftercare continues to work in partnership with Family Permanency Specialists (FPS) to build and engage a positive relationship with families. Family Permanency Specialists provide a referral to Aftercare 30-45 days prior to case closure. This allows Aftercare to participate in the family team meeting with the Family Permanency Specialist to discuss and prepare the family for case closure and Aftercare services. KVC believes that this will enhance the number of families actively engaging and participating in Aftercare services. Additionally, Aftercare is providing assistance to Family Permanency Specialists by offering Intensive Family Preservation (IFP) services to several families. IFP provides interventions that are family-focused and community based in an effort to maintain children safety in their family home long after case closure. The Aftercare Specialists provide teaching skills and resources necessary to assist with the family's basic needs.

Aftercare is utilizing the Structured Decision Making Risk Re-assessment and Family Needs and Strengths assessments to better identify the level of intensity of Aftercare services, which will provide assistance in preventing re-entry of a high risk family. Child safety and re-entry into the child welfare system and juvenile justice system is continuously monitored by KVC. During this reporting period, KVC discharged families from Aftercare services after one year of participation in the program. The total number families discharged from Aftercare in SESA for this quarter was 119.

National Youth in Transition Database Survey (NYTD):

The National Youth in Transition Database Survey initiative was implemented on October 1, 2010. During this reporting period 69 youth were eligible to participate in the survey (January, n=19; February, n=22; and March, n=28). Every attempt is made to have youth selected for the survey to participate. The graph below displays our success rate for this quarter.



Other Accomplishments

Along with case management responsibilities, KVC also took on responsibilities associated with the permanent case file. Starting in January, KVC assumed responsibility for the maintenance of the official DHHS case file.

a. Foster Care Review Board (FCRB)

As part of maintaining the files, KVC is now responsible for ensuring that the Foster Care Review Board (FCRB) has access to the files for review. As part of this process KVC has worked with the FCRB to create a process that works. The table below shows the total number of cases reviewed by the FCRB during this reporting period in the Southeast Service Area:

Month	Total Cases Reviewed
January	74
February	53
March	77

KVC believes that collaborating with all stakeholders to improve outcomes for children and families is critical. KVC and NFC had several joint meeting with members of the FCRB to gain a better understanding their statutory goals of reviewing children placed in out-of-home

care. As a result of these meeting we have developed a better understanding of the review process.

b. File Transfer

KVC received all files from DHHS pertaining to the cases KVC was providing case management services for at that time for all four (4) offices in the SESA. All files were received and reviewed to ensure that paper documentation was in the file.

c. Child Family Services Mini Review

KVC is now responsible for preparing files selected for the CFSR which involves prepping the files and ensuring that all N-FOCUS narratives are printed and inserted into the appropriate place in the file. At the most recent CFSR review, which occurred at the beginning of April one of the files that were reviewed from KVC received a perfect score in the Eastern Service Area. All items were rated as “substantially achieved” which was directly related to the FPS using the SoS and SDM assessments completely and accurately. Although this really happened in 4th quarter this is such an incredible accomplishment we wanted to share it with all stakeholders. We believe that this score represents the first time a reviewed file received this score based on conversations KVC has had with representatives of DHHS. While this accomplishment is specific to a CFSR in the Eastern Service Area, the outcome is a direct result of KVC’s model.

d. Family Team Meetings (FTM)

KVC believes that the most effective approach to engaging families is through Family Team Meetings (FTM). Each month, Family Permanency Specialists work towards involvement of family team members to identify appropriate needs, strategies, strengths, and informal support systems in an effort to engage families in the case planning process. During this quarter six (6) additional KVC staff participated in FTM training. We continue to schedule twelve (12) FTM observations each month for both DHHS and KVC. These FTM observations are part of the DHHS Program Improvement Plan to ensure a positive outcome for the CFSR, specifically related to item 18. Our observers report that the families who have a clear understanding of what needs to happen in order to keep their children safe consistently utilize the SoS approach as described in an earlier section of this report.

e. Other Accomplishments

Also during this quarter KVC began participating in Nebraska’s Program Improvement Plan (PIP) meetings with the Regional Administration for Children and Families (ACF) staff. Representatives from KVC have attended two (2) meetings and three (3) conference calls where the sole purpose of the meeting was to discuss the PIP and identify next steps for helping to advance the goals stated in the PIP.

Lynn Castrianno, Director of Quality Management, was recently elected to the Foster Family Treatment Association (FFTA) Board of Directors. FFTA is an agency-led organization of treatment foster care providers established in 1988. FFTA has a rich history of providing

agencies with current information on research related to treatment foster care and policy initiatives which will impact services to children and families. Dr. Castrianno has been an active member of FFTA's research committee since 2000.

Barriers:

Internal Service Delivery Model

There continues to be a system belief that the more formal services a family receives, the better off they will be. When, in fact, what is happening is that families are receiving services for various issues that may not pertain to them or that does not address the specific safety concern that brought them to the attention of the system. Thus, barriers identified that relate to an internal service delivery model include identifying the correct services a children and family need. There is also a lack of support from a systems perspective to allow informal networks familiar to the family to serve as a support to help the family address the safety concerns. Adjusting the thought patterns of providers and FPS to identify a need, take reasonable steps to assist the parent in making changes and discharging services as opposed to continuing to provide services that are not facilitating change has been a challenge. More timely movement of families through the system and continually assessing parent suitability and permanency objectives have assisted in this arena.

Parental Accountability

An additional barrier to service provision is parent accountability. KVC is working diligently to encourage family and parental engagement and accountability in services, while at the same time, ensuring that reasonable efforts and child safety are being addressed. A milestone in achieving this is utilizing sliding scale fees for treatment services being provided to parents. This allows for the parents to take a more active role in their treatment services by providing their own financial contribution. Further steps in encouraging parental accountability is requiring them to call in and physically present themselves for their random drug screens, and stressing their role in the identification of kinship caregivers for their children when the children cannot remain in the parental home. These efforts are being put forth by KVC as a method of encouraging parental accountability; however system stakeholders continue to demand to require payment for services, transportation, and drug testing services to the parents. While this remains a barrier at this time KVC has seen significant improvements in this area during this reporting period.

Placement

Placement barriers have been identified with all populations. Barriers identified within the child abuse/neglect and status offender populations appear to be primarily related to availability and appropriateness of resources within the service area. While this is not a new barrier it continues to impact the ability to utilize the least restrictive environment for children. There appears to be a limited number of foster homes available to take sibling strips of three or more children, foster homes willing to take children with behavioral struggles, and foster homes willing to consider teens. KVC is focusing recruitment on these areas in order to combat the limited options and to increase the placement of children in family like settings. KVC would like to reduce or eliminate the number of children placed in

emergency shelters, however because of the struggles in matching foster homes to children as well as enhancing foster parent knowledge of the specialized emotional and behavioral needs of children, shelter continues to be utilized for temporary placements, on occasion.

2. Description of Strategic Partnerships /Collaborations:

KVC believes that the success of Families Matter 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:

- Family Matter Management Team
 - Data Integrity Reporting Team (DIRT)
 - Licensing Subgroup
 - Families Matter Evaluation Team
 - Roles and Responsibilities Charter
 - Peer Review Team
 - N-FOCUS Workgroup
 - Family Team Meetings Committee
 - Scanning Committee
 - Critical Incident Subcommittee
 - DHHS new worker training for CFS specialists
 - KVC/DHHS SESA Families Matter Management Team
 - Nebraska Program Improvement Plan Team
 - Partners Advisory Council
 - DHHS Continuous Quality Improvement Group
 - SESA CQI Committee
 - SESA CQI subcommittees
- CFSR PIP Planning
- National Resource Center for Data & Technology
- Child and Family Service Reviews
- 1184 (Lancaster County) Treatment Team Meeting
- Lancaster County Drug Court
- Foster Care Review Board
- Foster Parent Stakeholder
- Foster Youth Council
- Through the Eyes of Child

Provider Relations

Provider Relations met frequently with providers to review concerns, define processes, and discuss current and future program needs. Provider Relations meets with the providers regularly to ensure a good line of communication and that all pending issues are resolved in a timely manner. Provider Relations corresponds by telephone, email and in person with

various Subcontractors. The following providers met in person with KVC during this Quarter:

Date	Provider
1/5/2011	Omni Behavioral Health
1/7/2011	Christian Heritage
1/10/2011	Christian Heritage
1/13/2011	Cornerstone Families
1/14/2011	Cedars Youth Services
1/14/2011	Club Z
1/18/2011	Better Living
1/28/2011	Cedars Youth Services
1/28/2011	Epworth Village
1/31/2011	Owens Companies
2/2/2011	Capstone
2/3/2011	Lutheran Family Services
2/3/2011	Orr Psychotherapy
2/3/2011	WICS Group Home
2/4/2011	Nova
2/7/2011	Capstone
2/10/2011	Salvation Army
2/17/2011	Cedars Youth Services
2/17/2011	Cedars Youth Services
2/17/2011	Christian Heritage
2/22/2011	Omni Behavioral Health
2/23/2011	Epworth Village
2/23/2011	Owens Companies
2/24/2011	Owens Companies
2/25/2011	Language Linc
2/28/2011	Developmental Services
3/2/2011	Christian Heritage
3/4/2011	Nova
3/7/2011	Cornerstone Families
3/9/2011	Boys Town
3/10/2011	Salvation Army
3/17/2011	Cedars Youth Services
3/21/2011	Cornerstone Families
3/22/2011	Omni Behavioral Health
3/29/2011	Christian Heritage

KVC held a Provider meeting on January 28, 2011 with Southeast Service Area providers. The topics centered the transition, home study and licensing assignment changes, complaint

processes, monthly reporting requirements, questions, and concerns. The provider meeting was attended by representatives from the following organizations:

- Owens Companies
- Better Living
- Christian Heritage
- Cornerstone Families
- Epworth Village
- Cedars Youth Services
- WICS
- Nova
- Therapeutic Community
- Grace Children's Homes

KVC held a Provider Meeting on February 25, 2011 with Southeast Service Area providers. Providers were trained in the KVC practice model: Signs of Safety, foster care licensing training, questions and concerns. The provider meeting was attended by representatives from the following organizations:

- Better Living Counseling
- Pathfinders Support Services
- Nova Therapeutic Community
- Epworth Village
- Cedars Youth Services
- Families Inspiring Families
- PALS
- Christian Heritage
- Healthy Families Project

Monitoring activities include reviewing all foster care home studies, background check request, licensing packets, renewal and extension requests. The Lead Agency, then submits complete packets to the DHHS Monitor for review. The Lead Agency loads the home study onto the DHHS N-FOCUS system. DHHS remains in charge of loading background checks onto the DHHS N-FOCUS system, granting, suspending, denying, or revoking foster care licenses.

The Lead agency is also responsible for tracking and monitoring allegations and complaints from DHHS or other sources. DHHS Resource Development or the DHHS Out of Home Assessment units investigate accepted intakes, which the Lead Agency then follows up and monitors. The Lead Agency investigates complaints that do not rise to the level of accepted intakes. DHHS is then provided with the resolution plan that has been developed by the Subcontractor and the Lead Agency. DHHS will then approve or disapprove of the plan, with monitoring and follow up maintained by the Lead Agency.

A benefit of having the Lead Agency be the primary contact for the licensing packet process and the allegations process, it has allowed KVC to closely monitor problems, with the support of DHHS as needed. The relationships that have been built between the subcontractors and the Lead Agency have enabled the subcontractors to not only respond to allegations or complaints more quickly, but also to enable them to bring complaints or potential problems to light before they grow into large problems or unsafe situations.

Provider Relations completed a Personnel File Audit for Christian Heritage on January 7th, 2011.

Provider Relations assists internal and external customers with analysis of contract information and interpreting contract requirements. Many of the issues requiring interpretation often involve clarifying who is responsible for various activities, especially transportation. Additionally, as trends appear, the Provider Relations department educates internal staff regarding contract requirements through newsletters, emails and speaking at monthly all-staff meetings.

During this reporting period, in SESA, seventy-seven (77) allegations or complaints were brought to the attention of the Provider Relations Department. These situations are initiated by both internal staff at KVC, by Subcontractors, and by DHHS. As noted above, an allegation may be a report of abuse, neglect or other concerns brought to the attention of DHHS that results in an intake called into the Abuse/Neglect Hotline.

A complaint is an issue of concerning behavior on the part of a foster home, a Subcontractor staff member or a Lead Agency staff member. Disruptions are also tracked in the complaints forum, when they resulted from the alleged lack of cooperation from the Subcontractor and the event led to the disruption of the placement.

Contract compliance is defined as the concern that the Subcontractor is not acting in compliance with the terms of their contract. Some examples are if a Subcontractor does not give the required 14 day notice when a youth is requested to leave the current placement, but the child is not a danger to himself or others, failure to provide timely and sufficient reports of the client's progress or a violation of confidentiality.

Communication is defined as difficulties or misunderstandings between case professionals that Provider Relations facilitates. This may include issues such as defining who is responsible for ensuring the child has adequate visitation with a sibling, or a Subcontractor may be having difficulty reaching a Family Permanency Specialist and desires assistance. There may be misunderstandings about service expectations that require further explanation, or facilitating a change in the child's level of placement.

A transportation complaint is defined as the alleged failure of the Subcontractor to provide or arrange for transportation for the youth to required activities. These activities include school and school activities, medical and mental health appointments, visitations/home passes, court or other required appointments.

This has a special label at this time, as it has been noted that this issue is a continual difficulty. Historically, subcontractors, especially foster care agencies, have not been asked to provide transportation, and these services were subcontracted to taxis, support workers, transportation companies, Magellan or DHHS staff. KVC continues to provide transportation for KVC youth and families. In SESA, KVC assists in providing transportation for KVC youth and families. In fact, the majority of external service authorizations (58%) were for Supervised Visitation and Transportation, both of which involve extensive drive time, especially in the rural areas.

Provider Relations also receives and distribute monthly placement and service reports, and follows up with subcontractors for missing or problem reports. As the number of external

services has been reduced, the subsequent reports have also reduced. While in November 2010, KVC received approximately 3,200 reports, that number has reduced to an average of about 2,375 per month. These reports are from group homes, foster care and treatment centers, and services such as family support, supervised visitation, mental health, tutoring, interpreting, Intensive Family Preservation, and others.

There are opportunities to assist providers in developing new programs and services to fill the gaps that KVC internal services do not cover. For those providers who are continuing to work with KVC, we are beginning to use the data being collected through the complaints process to inform us on which Subcontractors are meeting service outcomes and which require further oversight. This data will be augmented by staff satisfaction surveys for providers, so that high performing providers are noted as well.

Another project taking shape will be the development of a centralized database to assist KVC staff in identifying community resources. While there are already collections of manuals, online searches and paper lists, none of them are focused on the needs of the specific work done by the Family Permanency Specialist. The Community Resource database will provide a live search for appropriate resources in the family's community that can be accessed by the family once the family has been successfully discharged. This will support the KVC goal of sustainability and further serve to prevent re-entry into the foster care system.

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).

Government Affairs duties include but are not limited to: communicating with and educating elected and other public officials, building and maintaining relationships with elected and other public officials, partnering with elected officials to affect change through statute or regulatory policies, tracking and monitoring the activities of the legislature (specifically committees whose work may impact KVC), and tracking and monitoring national policy that may impact KVC.

Development involves those activities specific to securing monetary and in-kind contributions to support the mission and services of KVC. This includes grantsmanship activities such as researching, querying, and building relationships with potential funders, and preparing and submitting grant applications and reports. Development also includes securing cash and in-kind contributions from corporate and individual donors through a variety of activities, and planning and implementing fundraising special events.

Communications/Public Relations includes those activities essential to branding the agency and ensuring awareness of KVC mission and services. Those activities include but are not limited to: developing brochures, newsletters, power points and other presentation support materials; preparing press releases, articles, retail and classified ads, and other correspondence for members of the press; and developing and implementing an agency advertising campaign for the purpose of KVC branding and foster parent recruitment.

Outreach/Recruitment involves those activities designed to increase awareness of and recruit potential foster homes for the Child Placing Agency. Specific recruitment activities include things such as making presentations for 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, and others for the purpose of recruiting foster homes.

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

Testimony was given by KVC President Sandra Gasca-Gonzalez in support of the following legislative bills: LR37, LB199, LB325, LB177, and a member of the KVC Foster Parent Advisory Board who attended the December Advocacy Training testified in opposition of LB 650.

The first KVC General Board meeting was held on Wednesday, March 30, 2011. This board is a group of stakeholders that will serve as ambassadors to advocate for the mission and services of KVC. Current members include one member of the foster care advisory boards from each service area, Southeast Community College in Lincoln, ConAgra Foods, State Farm Insurance, the Iowa West Foundation, and the Omaha Community at large.

KVC public affairs and outreach staff attend the weekly Lincoln Chamber of Commerce meetings and monthly meetings of the Nebraska Association of Behavioral Health Organizations (NABHO) and the Lincoln Lancaster County Human Services Federation.

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

- Advertisements consisting of billboards in three (3) locations in the Lincoln area.
- KOLN/KGIN Moms Everyday Website.
- Television Public Service Announcement (PSA) spots.
- KZUM Radio PSA spots.
- *Lincoln Kids* Paper quarterly advertisement.
- Monthly press releases advertising KVC events.
- Beatrice Chamber newsletter ad.

The Community Resource Specialist in the SESA successfully secured grant funding from the Eyes of the Child Initiative to coordinate Reunification Day planning efforts to recognize families in both the York and the Lincoln areas in conjunction with National Reunification Day in June. A total of \$1,250 was awarded, \$500 for York and \$750 for Lincoln.

KVC co-sponsored and had an informational table at a Health and Human Services Fair coordinated by the Lincoln Indian Center and the Ponca Tribe of Nebraska. Approximately 225 participants attended and received information and material about KVC.

c) Utilization of Service Models

KVC's focus this past quarter was providing meaningful implementation, training, and competencies in the use of Signs of Safety (SoS) and Structured Decision Making (SDM). As mentioned earlier, all KVC Administrators, Directors, Program Managers, and Supervisors participated in additional training and competency exercises to ensure proper understanding, implementation and utilization of SoS and SDM.

The provision of family-centered services, strategies and interventions is a core belief of KVC's designed to promote family preservation and self-sufficiency. Services, strategies and interventions are provided on a time limited basis and are focused on parents maintaining or gaining responsibility in decision-making for their family and to ensure their children's basic needs and safety are met as well as to assure accountability and progress with youth. It is the goal of KVC to minimize the number of providers working with families as much as possible to expedite family preservation and/or permanency. Therefore, services, strategies and interventions will be provided by the KVC Family Permanency Specialist (FPS) and the team's Program Support Worker(s) (PSW) whenever possible.

KVC firmly believes in self-sufficiency and continuity for families; therefore, when accessing necessary services, strategies or interventions, the FPS should first consider the following:

- Child safety;
- Court Orders;
- Assisting the family in building an informal support network with extended family members and friends identified by the family; and
- Linking the family with community resources which can be independently accessed by the family.

d) Future Steps/Next Steps

As KVC continues on in the second year of commitment to Families Matter there will be forward movement in many areas which will bring KVC closer to full implementation of their program model as well as moving Nebraska closer to attainment of the CFSR outcomes. Next steps include implementation of Structured Decision Making, enhancement of service delivery modalities, and agency wide proficiency testing of all staff for the Signs of Safety Framework, Structured Decision Making Assessments, as well as completion of core competency evaluation for staff at all levels.

KVC recognizes the importance of thorough assessment of child and family needs as well as implementation of a consistent framework for identifying family strengths, barriers, risk factors and next steps. Utilization of the Signs of Safety framework allows for staff at all levels to review cases consistently. This framework clearly identifies next steps in case

progression and allows the professionals involved with the family to remain focused on case progression based on the identified safety issues and concerns. Through assessment of the family utilizing Structured Decision Making staff will have qualitative information which can be utilized to support recommendations of movement.

KVC has taken steps to engage with Juvenile Probation. The OJS Supervisors are in the process of arranging regular and ongoing meetings with Juvenile Probation to facilitate enhanced communication and collaboration. It is hoped that by increasing communication and collaboration more youth can be directed to the Probation Pilot Program and less out-of-state placements will occur.

Contractor Employment Information

In the third quarter of fiscal year 2011, KVC-Nebraska has hired roughly 80 new employees to support the mission of enriching and enhancing the lives of Nebraska families. These new hires range from Administrative Assistants and Vice Presidents to Licensing and Foster Care Specialists. KVC provides a full continuum of services to its clients and families and to ensure our direct care staff have viable resources, KVC strives to provide many of those resources internally.

The focus of the Human Resources department's hiring efforts continues to concentrate on providing steady support and quality services to children and families. The Human Resources department strives to recruit and retain competent and reliable Family Permanency Specialists (FPS) and Program Support Workers (PSW). As the role of the Family Permanency Specialist continues to change and then settle, we are focusing on recruiting those with previous service provision experience and those eager to learn new methods and techniques. This can be a demanding field and our goal is to minimize the changes in our clients' and families' lives. The Family Permanency Specialist position provides a great opportunity to gain experience with the Nebraska child welfare system, Families Matter reform and a vast array of successful evidence based practices. To allow for additional time during the extensive training process, KVC has begun to forward-fill for the FPS position. The goal of this strategy will be to ensure lower caseloads in the event of employees leaving KVC or transitioning to additional roles within the organization.

KVC used the contract change in January as an opportunity to review and adjust job descriptions. The goal was to ensure a balance of job responsibilities amongst the various members of the KVC team. Family Permanency Specialists were given additional responsibilities with case management. To ensure they would be successful with additional duties, tasks were carefully evaluated and delegated to other positions such as Program Support Workers and Administrative Assistants.

KVC hired almost 25 new employees to assist with the changes to the service contract and the ever-growing responsibilities of the Family Permanency Specialist position. Along with additional Administrative Assistant and support positions, the SESA offices hired another Foster Care Specialist and Kinship Specialist whose roles are vital to providing support to the families in which we have children placed. Also, the CPA/Foster Care Department hired a second Admissions Liaison to help provide assistance to those workers in the field. These

workers will work directly with KVC foster parents and relatives to help place children in their homes. This role is one that is imperative to creating and maintaining valuable relationships with those foster homes licensed through KVC. To continue the theme of developing and maintaining relationships, it is KVC's desire to provide quality services through our subcontractors when we cannot meet the needs of our clients internally. KVC filled an additional Subcontractor Liaison position to offer support and oversight for the subcontracts we employ and to help ensure compliance with our service contract.

Double Click to Populate and Expand

Employment Information					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
a. Allotted FTE's for Family Permanency Specialists	120	113	116		116
b. Filled Family Permanency Specialists Positions	113	110	93		105
c. Family Permanency Specialist positions currently in training	7	0	23		10
d. Vacant Family Permanency Specialists positions	0	3	0		1
e. Allotted FTE's for Supervisor	17	19	18		18
f. Supervisor positions that are filled	17	19	18		18
g. Supervisor positions that are vacant	0	0	0		0
h. Average length of employment for Family Permanency Specialists	4.31	7.12	8.31		7
i. Average length of employment for Supervisors	8.17	9.42	11		10

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's most recent efforts in advertising and recruiting of foster homes using various forms of media are indicated below:
 - Recruitment Coordinators and Public Affairs have collaborated to update our foster care brochure to focus the need on older youth.
 - Advertisements consisting of billboards in three (3) locations in the Lincoln area.
 - KOLN/KGIN Moms Everyday Website.
 - Television Public Service Announcement (PSA) spots.
 - KZUM Radio PSA spots.
 - *Lincoln Kids* Paper quarterly advertisement.

- Monthly press releases advertising KVC events.
 - Beatrice Chamber newsletter ad.
 - KVC continues to focus on future recruitment campaigns for April and May in the field of print, radio, and television.
- 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 attempts to meet with all prospective foster parents in their home 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. The purpose of the Recruitment Coordinator meeting with the family in their home prior to beginning class is to do a preliminary compliance review of the home to ensure the home will meet requirements and to begin to establish a relationship with the family at the very beginning. Research shows agencies are at high risk to lose families between the time of inquiry and the start of training as well as at the time of training completion and obtaining licensure. 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.
 - Engaging prospective foster and adoptive parents: In an effort to make certain that families continue to be engaged in the process of becoming foster and adoptive families during PS-MAPP classes, the Recruitment Coordinator, Licensing Specialist, Foster Care Specialists, CPA Supervisors, and CPA Directors frequent the PS-MAPP classes to introduce themselves and begin building relationships with these families.
 - Fewer delays between class completion and licensure: Once families begin PS-MAPP classes, the licensing specialists begin their home visits at specific points during the classes. This is significant in that the time between completion of class and licensure is a crucial time to keep families engaged. KVC is working hard to ensure families do not experience delays between class completion and licensure; however, one of the barriers to accomplishing this goal is the delays in getting home studies approved.
 - 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. KVC continues to work with our Foster Parent Advisory Council members as ambassadors for our foster home program and recruitment efforts. In SESA the council as identified recruitment and retention as a priority initiative.
 - 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. This applies only to NEW foster parents to foster care and not to foster homes that are transferring.

- Spanish speaking PS-MAPP classes: An identified need was the lack of bi-lingual foster families. Recruitment efforts continue to concentrate on this need . A barrier has been the requirement of DHHS for legal status of families in order to become licensed. KVC's recruitment and community outreach staff have gained a much clearer understanding of these regulations and have been able to put in place a more effective initial screening process to ensure homes can in fact get licensed.

- 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. KVC's Recruitment Coordinator ensures the every recruitment contact that occurs involved the discussion of the need for foster homes to care for older children and children with specialized needs. Efforts have included attended community events in various zip codes to diversify the location of our foster homes.

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 seventeen foster homes were licensed this quarter.

ii) Number of foster homes closed this quarter

Five foster homes were closed this quarter.

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

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, as well as specific conversations with youth and families members are informal supports that may in fact be placement options.

KVC recognizes the need for foster families who are committed to fostering youth who are older and with diverse and highly specialized needs and engaged in planning strategies to meet this need. As mentioned previously, KVC has recruited homes with Native American affiliation, several homes that are bi-lingual, homes for medically fragile youth and a small number of homes interested in teens and young mothers. 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, issues related to sexual orientation and medical professionals to address specific needs. KVC has, and will continue, 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. Requirements for Professional Foster Parents include but are not limited to a minimum of five years experience in foster or at least three years experience working with these high needs youth, excellent communication skills and a willingness to accept difficult youth with the additional supports indicated above. KVC will also require Professional Foster Parents to have at least one stay at home parent to ensure there is a care provider accessible to the youth 24/7. KVC has an internal goal of having four professional foster homes developed and ready to accept placements by June 30, 2011. These four homes are for both ESA and SESA combined.

i) Number of individualized foster homes approved this quarter

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

ii) Number of individualized foster homes licensed this quarter

Zero (0) foster homes were licensed this quarter by KVC.

iii) Number of approved individualized foster homes closed this quarter

Fifty-five (55) approved foster homes were closed this quarter.

iv) Number of licensed individualized foster homes closed this quarter

Zero (0) 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

Seven (7) homes transferred to KVC from Cedars and NU Beginnings.

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
	17	105	5

Approved Foster Homes	# of Families		
	New	Ongoing	Closed
	72	205	55

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

Transferred
Homes from
Another
Organization

of Families

7

Transferred
Homes to Another
Organization

of Families

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	3	17		
Approved Child Specific Foster Homes	204	203	205		
Child Specific Foster Homes Recommended for Licensure	0	1	6		
Closed Foster Homes	4	3	5		

Approved Child Specific Foster Homes Closed	0	52	55		
Licensed Child Specific Foster Homes Closed	0	0	0		
Foster Homes Transferred to KVC	4	11	7		
Foster Homes Transferred to Another Organization	0	0	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 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. KVC Admissions Liaison’s also interview 100% of youth placed in shelter placements or stepping down from a high level that are in need of a foster home placement. The reason for the interview is to provide our placement staff with additional first hand information about the youth to assist in finding the nest possible placement for the youth. KVC Admission’s Liaison’s also assist in facilitating pre-placement visits for youth and potential foster families when possible, as placement stability seems to increase when families and youth have an opportunity to meet each other before placement occurs.

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 enhance knowledge on nutrition and physical health of youth in foster care, use of universal precautions in the foster home and de-escalation techniques for foster parents.
- 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 Southeast Service Area. Efforts are currently focused on supporting KVC in our efforts regarding foster parent recruitment and retention.
- KVC has also implemented a monthly orientation, education and support group for all relative and child specific placements. The purpose for this is to ensure that these approved placements receive education similar to licensed foster parents regarding general information about the child welfare system, roles and responsibilities of different case professionals as well as an opportunity to provide education on various topics (such as but not limited to trauma, mental health, child development, grief and loss, etc.) as well as a venue to receive support from KVC and other care givers in similar situations.

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 a KVC office in the Southeast Service Area and other facilities in rural communities. KVC provides monthly training opportunities each month for foster parents and training and child care are provided at our Lincoln South office location.

All Kinship orientation, education and support groups are also held at KVC's Lincoln South 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.
- 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:
 - January: Low Cost Activities and Life Books presentation.
 - February: First Aid Certification for Foster Parents – presented by Stephanie Bonnema and Jason McGee (KVC training coordinators)
 - March: De-escalation Techniques for Foster Parents – presented by Jason McGee, BS and Sergio Palomo, BS
- KVC continues to provide membership for our families to the Nebraska Foster and Adoptive Parent Association annual conference held each summer.
- Kinship orientation, education and support groups provide 2 hours of training a month.

iv) provider of the training activity

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

Kadi Holmberg, MSW, Director of CPA

Larry Crippen – Licensing Specialist

Matthew Drevo – Foster Care Specialist

Patrice Jackson – Administrative Assistant

Sara Whittman – Community Outreach Specialist
 Jason McGee - Training Coordinator
 Mary Hanrahan - Foster Care Specialist
 Liz Bonney - Licensing Specialist
 Julie Geise - Licensing Specialist
 Elizabeth Czirr - Kinship Specialist
 Stacy Wilkinson - Foster Care Supervisor
 Lisa McCubbin - Adoption Supervisor
 Travis Payne - Recruitment Coordinator

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.

[Double Click to Populate](#)

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	1	0		1

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 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 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.

Specific issues with compliance and barrier's to training waivers being pursued are relative and child specific homes not meeting regulation for sleeping arrangements, not being able to afford medical appointment for the health report as well as various compliance issues in the home.

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. An additional suggestion would be to look 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 Southeast 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 SESA. 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 3rd Quarter 2011

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

Measure 1: Absence of Maltreatment Recurrence

KVC – SESA	January	February	March
Target = 94.60%	86.10%	87.00%	90.10%

Measure 2: Absence of Maltreatment in Foster Care

KVC – SESA	January	February	March
Target = 99.68%	99.43%	99.59%	99.56%

2. Timeliness and Permanency of Reunification*

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

KVC – SESA	January	February	March
Target = 48.40%	39.60%	39.30%	36.40%

Measure 2: Median Months in Care

KVC – SESA	January	February	March
Target = 5.40	10.00	10.22	10.35

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

KVC – SESA	January	February	March
Target = 75.20%	59.60%	59.00%	58.10%

Measure 4: Reentries into Care in Less Than 12 Months of Discharge¹

¹ 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 73 youth that re-entered, 60 of the youth were not in KVC’s care prior to their re-entry into the system. For example, one of the youth discharged from care on 9/2/2009 and re-entered on 4/25/10. This was clearly a re-entry during the twelve (12) month window; however, this was not a youth that was discharged from KVC and then re-entered into KVC. 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. KVC has requested that the CFSR data be “unpacked” so that the data can be viewed

KVC – SESA	January	February	March
Target = 9.90%	31.20%	29.70%	28.20%

3. Timeliness of Adoption *

Measure 1: Exits to Adoption in Less Than 24 months

KVC – SESA	January	February	March
Target = 36.60%	39.70%	39.00%	42.70%

Measure 2: Median Months in Care

KVC – SESA	January	February	March
Target = 27.30	26.9	27.73	26.69

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

KVC – SESA	January	February	March
Target = 22.70%	23.90%	26.80%	25.20%

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

KVC - SESA	January	February	March
Target = 10.90%	9.10%	8.40%	9.70%

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

KVC – SESA	January	February	March
Target = 53.70%	50.00%	54.50%	57.60%

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 – SESA	January	February	March
Target = 29.10%	35.30%	38.50%	38.80%

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

holistically across all cases (currently reported), Legacy (youth that were receiving services from another provider prior to the reform and have transferred to KVC), and New (youth that began receiving services after the reform started). This would allow for a truer picture to emerge of the outcomes associated with youth that began services after the reform began and have been receiving these services through KVC.

KVC – SESA	January	February	March
Target = 98.00%	97.90%	99.00%	97.30%

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

KVC – SESA	January	February	March
Target = 37.50%	25.70%	21.60%	18.50%

5. Placement Stability*

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

KVC – SESA	January	February	March
Target = 86.00%	83.20%	84.10%	83.80%

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

KVC – SESA	January	February	March
Target = 65.40%	61.20%	62.30%	61.70%

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

KVC – SESA	January	February	March
Target = 41.80%	31.20%	31.20%	31.00%

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 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

a) A description of the additional types of new worker training offered and provided by the Department and the Contractor for Family Permanency Specialist.

The Training Department continues to provide frequent opportunities for New Employee Orientation enabling the agency to meet the demands of filling open positions. The most recent contract change in January caused the job description for the “Service Coordinator” now “Family Permanency Specialist” to be altered. The rippling effect noticed was an increase in open positions and thus a need for additional new employee orientation classes. The KVC new employee orientation program takes approximately eight business days to complete. The program was offered on average of two times per month to meet the demand for new Family Permanency Specialist.

With the goal of maintaining continuous quality improvement, participants are offered a survey post completion of orientation, to provide comments and feedback regarding the quality of training they received. On a four point scale, the training department received an average of 3.5. Helpful comments from staff are used to adjust the training so staff have the tools required for their position.

The Training Department had a personnel change during this quarter. Tim Slagle, Training Coordinator, accepted another position within the agency and is no longer a Trainer. He was replaced by Ms. Elizabeth (Beth) Masters. Beth has many years of experience in the field of training and staff development. She worked in the Child Welfare system with Cedars and was most recently a Family Permanency Specialist with KVC. Beth worked with families primarily in the rural areas giving her training, experience and knowledge with various forms of cases such as delinquent, child abuse/neglect, and status offender. Her energetic personality and genuine concern for families enables her to provide excellent education to employees. We are very excited to have her join our team.

KVC has enhanced the training for our Family Permanency Specialist by expanding their new hire training to routinely include the Parenting Wisely program and Structured Decision Making (SDM). Both are evidenced based models. Parenting Wisely provides staff the tools to coach families on improving their parenting skills. SDM assists Family Permanency Specialist with making sound decisions by using a series of assessment tools. Due to the frequency of offerings, staff also enjoy the various opportunities to attend “refresher” trainings as needed.

New employees received the following training offerings upon hire to ensure 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 Training Director, Jason McGee Training Coordinator, Michelle Kosmacek Training Coordinator, Beth Masters Coordinator and Stephanie Bonnema Training Coordinator.

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 CQI Director	1 hr
Confidentiality & HIPAA	Review rules & regulations for HIPAA and policies/procedures	KVC Training Department	1 hr

Title	Description	Presenter	Amount
	for maintaining confidentiality.		
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 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	1.5 hr
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	KVC Training	1.5 hr

Title	Description	Presenter	Amount
	and neglect. The various forms & reporting process for abuse and neglect.	Department	
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 growth for children, signs of normal development and what “age appropriate” is. Review how trauma effects normal development.	KVC Training Department	1 hr
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	Stephanie Bonnema Certified Car Seat	3 hrs

Title	Description	Presenter	Amount
	safety restraint devices for cars. Review of laws, policies & procedures for child safety with transportation.	Safety Technician-KVC Training Coordinator	
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
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 framework 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 Service Coordinator in a Family Team Meeting using the Signs of Safety model. Focus on full disclosure in the development of case planning.	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 skills they can use to teach to families. This also enables staff	KVC Training Department	3 hrs

Title	Description	Presenter	Amount
	to assist parents with homework they may receive while attending the formal Parenting Wisely class provided by the Behavioral Health dept.		
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 twenty-five (25) new Family Permanency Specialist in the Southeast 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 1,562.5 hours of new employee training in the Southeast Service Area.
- d) A description of the types of on-going training/in-service training made available for Family Permanency Specialist. KVC offered several on going trainings to FPS's during this reporting period to both Service Areas. The trainings include:**

Training Name	Training Date	Location	Presenter	Amount
<u>OJS High Stakes Intervention.</u> Due to contract changes, this training educated the FPS on various OJS issues such as search and seizures and court reports. OJS and case management issues for the FPS.	1/4/11 1/11/11 1/24/11 2/1/11	CCFL Offices	HHS & CCFL	18 hrs-3 business days
<u>YLS</u> How to use information from the YLS assessment tool	1/5/11 1/12/11 1/25/11 2/2/11	CCFL Offices	HHS & CCFL	12 hrs- 2 business days

Times New Roman	Times New Roman	Times New Roman	Times New Roman	Times New Roman
<u>Adoption and Relinquishment.</u> The role of the FPS along with Policy and procedural review of adoption within child welfare. Documentation and court requirements for FPS's when dealing with relinquishment cases.	1/10/11 and 1/14/11	KVC Offices	Stephanie Clark HHS Carrie Hauschild HHS	3 hrs
<u>Adoption and Relinquishment Documentation update.</u> New forms were created by HHS in Feb, therefore training was provided to include the new forms and serve as a follow up to the January Adoption/Relinquishment trainings.	3/21/11 3/22/11 3/23/11	KVC Offices	Sandy Thompson KVC	5 hrs
<u>ICPC/ICJ.</u> Explain the function of the interstate compact placement for children agreements in child welfare. Dealing with children and their placement issues when they are outside of Nebraska.	1/20/11	KVC Offices	Rita Krusemark HHS	3 hrs
<u>Home Studies .</u> Demonstration & explanation of the proper procedure for completing Home Study Packets.	1/20/11 1/26/11	Boys Town – NFC	Sara Goesha HHS	6 hrs
<u>Testifying in Court.</u> Explanation of the role of the FPS in court proceedings. How to speak, answer questions, dress, and documentation to bring to court. Lecture and role play practice on how to present self in court.	2/1/11 2/21/11	Project Harmony Offices	Douglas County team: Judge Crnkovich, County Attys and Contractors Program Directors	3 hrs
<u>Reporting laws for abuse/neglect.</u> Review of policy and procedures for reporting child abuse and neglect concerns in the state of Nebraska when you are a FPS worker.	2/18/11	KVC Offices	Krista Roepke KVC	2 hrs

<u>Domestic Violence in Child Welfare using the Signs of Safety Framework- for Supervisors.</u> Advanced training opportunity for Supervisors on how to ensure the Signs of Safety framework (Model for KVC) is used with child welfare cases involving Domestic Violence. Report on latest statistics and research on DV in our society. Review of interventions that benefit families involved with DV.	3/2/11 3/3/11 3/4/11	KVC Offices	Sue Lorhbach MSW of American Humane Association	6 hrs
<u>1184 Protocol.</u> Explanation of “1184” meetings and the role of the FPS when attending these meetings with NDHHS.	3/11/11 3/14/11	KVC Offices	Krista Roepke KVC	1.5 hrs
<u>Domestic Violence in Child Welfare using the Signs of Safety Framework- for Workers.</u> Foundation education for FPS on Domestic Violence, how it effects children, why the victim stays in the relationship, the power and control wheel from the Duluth Model, and safety planning for families with DV issues in child welfare.	3/23/11 3/24/11 3/25/11 3/28/11	KVC Offices	Ellen McElderry LMHP, LADC	2.5 hrs AM and PM offerings
<u>DISC Communication Styles for Supervisors.</u> Identification of the various personality and communication styles employees have in the workplace. Suggestions on how Supervisors can maximize their ability to develop staff by adjusting communication to best fit the employee they are working with.	2/16/11 2/17/11	KVC Offices	KVC Training Dept	1.5 hrs
<u>Generational Leadership for Supervisors.</u> Information on adult stages of development. How to identify motivators for staff based on	3/16/11	KVC Offices	KVC Training Dept	1.5 hrs

their developmental level. Getting the most out of employees as a Supervisor.				
<u>Customer Service in Child Welfare.</u> Prevention of common errors with professionalism in the workplace for child welfare agencies. How to treat families like valued customers.	3/17/11	KVC Offices	KVC Training Dept	1.5 hrs
<u>Structured Decision Making, Quality Assurance Review for Supervisors.</u> Advanced training opportunity for Supervisors on validating FPS's use of the SDM assessment tools. Practice for Supervisors using the SDM quality assurance review tool.	3/30/11 3/31/11	KVC Offices	Shannon Flasch of Children's Research Center	3 hrs

In the Southeast Service Area, on-going additional trainings were provided to the staff in the form of "Open Classroom" over the lunch hour. This enabled staff to attend a session on various FPS duties and receive individual tutoring and "refreshing". These sessions were provided over a three week rotating schedule.

Topic	Date	Location	Presenter	Amount
Safety Plans & Permanency Reports	2/7/11 2/14/11 2/21/11	KVC Lincoln South Office for SESA	Stephanie Bonnema & Krista Roepke	1.5 hrs
The PCA	2/8/11 2/15/11 2/22/11	KVC Lincoln South Office for SESA	Stephanie Bonnema & Krista Roepke	1.5 hrs
Case Plans	2/9/11 2/16/11 2/23/11	KVC Lincoln South Office for SESA	Stephanie Bonnema & Krista Roepke	1.5 hrs
Court Reports & Sworn Statements	2/10/11 2/17/11 2/24/11	KVC Lincoln South Office for SESA	Stephanie Bonnema & Krista Roepke	1.5 hrs
Service Referrals	2/11/11 2/18/11 2/25/11	KVC Lincoln South Office for SESA	Stephanie Bonnema & Krista Roepke	1.5 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 Specialist outside of the routine new worker training in SESA was 77 hours. This equates to 18,711 hours in SESA of staff time in training.

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

The expense of providing training to employees is created in collaboration of the KVC training department and accounting services. This is a conservative estimate based on employee’s salaries paid to them while attending training and not being available for families, mileage reimbursement, equipment/supplies purchased, and trainer’s salaries. Please note that Quarter 1 FY’11 and Quarter 2 FY’11 used data collected prior to contract changes with case management and data was not separated by Service Area. There has been a noticeable increase in expenses to KVC when providing training to employees. This is due to various issues such as contract changes requiring training for new duties to FPS’s. Another factor is employee turnover. More employees have been hired requiring increased training for new staff. KVC is striving to take the agency to a higher level of performance, thus advanced trainings and supervisory/administrative trainings have been provided to members of the Leadership team. This did not occur often in previous quarters. KVC also has developed data bases to catch information such as mileage reimbursement provided to employees for training events. This data was unable to be collected in past quarters; however, it is gathered now and included in the report. KVC cost of training to Family Permanency Specialist in SESA during this reporting period is approximately \$350,445.50.

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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	1562.5		2356.5
Number of On-going /In-Service Training hours Delivered	48	2420	18711		21179
Cost of Training Provided by Contractor	17890	42000	350445.5		410335.5

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.

Child safety and reentry into the child welfare system and juvenile justice system is continuously monitored by KVC. During this reporting period, KVC discharged families from Aftercare services after one year of participation in the program. The total number families that discharged from aftercare in SESA for this quarter was 119.

KVC has seen first hand, many successes of Aftercare families. These successes include improvements in mental and behavioral health functioning of children and parents, maintaining financial responsibilities, continued enhancement of parental protective capacities to keep children safe, obtained and maintained employment, maintained attendance and good grades at school, in addition to maintaining children's overall well-being, and identification of community resources that assist families in need.

During this reporting period, KVC has received 177 Aftercare referrals from Family Permanency Specialists and offered Aftercare services to 157 eligible families. KVC had 75 new families actively participating in Aftercare Services during this reporting. Twenty (20) 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 family transfers jurisdiction to another state or Tribal court.

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 of re-entry into the system.
- Every family that has accepted aftercare has a Signs of Safety completed on a monthly basis to continue to assess their strengths and needs as well to identify any new risks that might be present. The Signs of Safety also assists with identifying informal supports for the family to utilize during times of stress, crisis, or need. The

tool assists in developing the next steps that need to be taken to help the family maintain safety of the children in the home.

- Every family that has accepted aftercare is assessed using the Structured Decision Making Evidence Based Practice completed at the time of intake into Aftercare as well as every 90-day review. The Risk Reassessment is utilized on the child abuse/neglect cases that assesses for the likelihood of risk within the next year. The Prevention Assessment is utilized on the status offender/delinquent cases that assesses for the likelihood of risk within the next year. The Strengths and Needs Assessment assesses the strengths of the family and also the three areas of need that could be underlying issues that may prevent the family from being successful. The Strengths and Needs Assessment is completed at the time of intake into Aftercare as well as every 6 months for the family.
- 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 January, February and March. Topics included family engagement and relationships, budgeting and mental health awareness.

A breakdown of the cases is as follows:

Month	Number of Families Referred to Aftercare Services
January-11	69
February-11	54
December-11	54
Total	177

Aftercare Status of Eligible Families			
	Accepted	66	42%
	Declined	21	13%
	Independent Living	9	6%
	Unable to Locate	0	0%
	Engaging (Newly Referred)	61	39%
	Total of Eligible Families	157	
Aftercare Status of Ineligible Families			

Initial Assessment or OJS Evaluation Services Only	8	40%
Moved Out of State	7	35%
Youngest Child has Reached Age 19	5	25%
Case Closed within a 48 hour Law Enforcement Hold	0	0%
Total of Ineligible Families	20	
Grand Total of All Families	177	

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. Since November of 2009, when the contract started, there have been numerous changes with the reform. KVC identified several EBP/PP's to be used in the implementation of the model. Signs of Safety and Wraparound were implemented immediately as part of KVC's core training. The other training models were scheduled to be phased in later that fiscal year. As a result of the changes the reform experienced, first in April of FY' 10, then July, October, and January of FY' 11 KVC found itself unable to begin implementation of the various models. Structured Decision Making was delayed due to the uncertainty regarding case management; once that was determined the tools could be finalized and trained. Parenting Wisely was delayed as a result of the tremendous staff and programmatic changes occurring with KVC as KVC expanded it's services to children and families. Lastly Trauma System Therapy training has begun but has been slowed down to allow some stability in our training. During these changes there has been a tremendous amount of training needing to occur. KVC received verbal permission to slow down the implementation of our EBP/PPs. KVC recognizes the importance of implementation, fidelity, and measurement; however, the changes during these past sixteen (16) months has resulted in plans having to be revamped and staff reassigned to help ensure the successful transition during each of the four (4) months where significant changes occurred. KVC has the privilege of serving families in the two largest service areas of the state and as such, changes in one service area impact us in both service areas. The focus of this quarterly report was to provide a fairly substantial update on our progress in implementing these models. The information provided below is what we are required to report on a quarterly basis as provided in the Operations Manual.

Summary of Progress

Signs of Safety is a framework for thinking about safety which includes one page safety and risk assessment that provides a map for addressing child safety in addition to identifying solution focused interventions.

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.

Trauma Systems Therapy (TST) is a program for therapists. All therapists have begun the training for the EBP. The principles of TST will be taught to all KVC staff, regardless of role.

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.

Strengthening Families is a program developed specifically for children of alcohol and drug-abusing parents.

Aggression Replacement Therapy® (ART®) is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. The goal of ART® is to improve social skill competence, anger control, and moral reasoning.

Structured Decision Making

Fidelity/Implementation

Progress has been made with this EBP/PP as KVC worked closely with Shannon Flasch, Children's Research Center (CRC). During this reporting period, Ms. Flasch provided an in depth training to Directors, Program Managers, Supervisors on the use of the assessment tools. This training included a practice and knowledge demonstration of the QA tool. The CRC conducted case file reviews to determine fidelity.

Data Quantity

1,514 SDM assessments have been completed this quarter and 1,884 cases have been staffed.

Data Quality

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.

Strengths

The assessment tools will help to target strategies and interventions at the family's level of need. When used in conjunction with Signs of Safety, this assessment 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. However, the CRC did indicate that the YLS is considered to be a favorable tool to assess the OJS population.

Points for Improvement and Plan of Action

The CRC has developed case review tools used to monitor the quality and fidelity of SDM implementation. The CRC will be providing consultation at regular intervals to ensure consistent use of the assessment tools. FPS staff will undergo competency evaluations.

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 provided to 34 parents during this quarter.

Data Quality

There is no data tool to report on data quality.

Strengths

Parenting Wisely was effectively utilized by the parents served and classes were completed with a high rate of attendance. Feedback has shown that parents are taking the skills taught in Parenting Wisely and used positively in their interaction with their children.

Weaknesses

While Parenting Wisely is trained to new staff during orientation, current PSWs and FPSs need to be trained in an effort to observe the skills that the parents have been taught and are role modeling.

Points for Improvement and Plan of Action

KVC will be training FPS's and PSW's in Parenting Wisely in the next quarter. This training will provide FPS's and PSW's a foundation for observing specific skills that create a positive

family environment. Additionally, KVC will be tracking participant knowledge and skills through a pre test and post test in an effort to gauge a parent's level of competency at the completion of the Parenting Wisely training. KVC also plans to track training satisfaction data during the next quarter.

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

Unable to determine at this time.

Weaknesses

Unable to determine at this time.

Points for Improvement and Plan of Action

Training has been scheduled for 4th Quarter for the next phase of this model.

Wraparound (PP)

Fidelity/Implementation

Wraparound is a team-based planning process intended to provide individualized and coordinated family-driven care.

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. CQI staff recently participated in an online training to learn how to access and utilize the online database for data collection of the WFI-4.

Data Quantity

At this time, data collection has not occurred.

Data Quality

At this time, data collection has not occurred

Strengths

All staff is trained in wraparound and use the principles of wraparound in their case planning for families. Staff implement the principles of Wraparound in their daily work with families.

Weaknesses

We do not have data to report.

Points for Improvement and Plan of Action

Additional training will need to occur for staff completing the WFI-4 questionnaires to maintain fidelity of the instruments used. Training is scheduled for May 2011. Once training is completed, a random sample list will be prepared and the WFI-4 implementation will occur at the end of next 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
- Staff Retention
- 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 approach. 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 approach. The tools used are for service planning and delivery and are part of the case file.

Strengths

Staff is implementing Signs of Safety with families, during family team meetings, and in peer/supervisor consultation. This helps KVC identify the strengths and needs of families being served. Signs of Safety also as On Going additional trainings were provided to the staff in the form of “Open Classroom” over the lunch hour. This enabled staff to attend a session on various FPS duties and receive individual tutoring and “refreshing”. These sessions were provided over a 3 week rotating schedule.

Weaknesses

There is no fidelity measure associated with this approach.

Points for Improvement and Plan of Action

All staff (Directors, Program Managers, Supervisors, FPS’s, and Aftercare Specialists) have been trained in SoS. A case presentation review and competency tool has been developed and staff will be evaluated on their level of understanding of SoS. Sue Lohrbach from the American Humane Association will provide consultation on the continued implementation of this framework. Toward this end, Ms. Lohrbach will provide focused training to staff every quarter and will meet with the leadership once a month.

Strengthening Families and Aggression Replacement Therapy ®

Fidelity/Implementation

Neither of these programs have been trained or implemented at this point. We are not certain when these programs will be added to our current models. KVC is using Parenting Wisely in a group setting and do not feel that implementing another parenting program (Strengthening Families) will be a value add. We will be submitting a formal request to remove this from our EBP list.

Data Quantity/Quality

These programs have not been trained or implemented; therefore, there is no data to report.

Strengths/ Weaknesses/ Points for Improvement and Plan of Action

These programs have not been trained or implemented; therefore, there are no strengths, weaknesses, or points of improvement to report.