

Quarterly Report for Child Welfare and Juvenile Services

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1) Quarterly Summary

a) General Overview (Broad Description of Accomplishments and Barriers during the quarter)

The second quarter of the contract completed the Legacy cases transition. In the Eastern Service Area, a total of 559 children and 307 families were transitioned / referred to KVC. In the Southeast Service Area, 458 children and 240 families were transitioned / referred to KVC. Overall, KVC was referred to serve over 1000 newly referred children and almost 550 families in the first quarter of 2010, in addition to more than 870 children and more than 600 families in the last quarter of 2009.

First Quarter 2010	ESA		SESA		Total	
	Children	Families	Children	Families	Children	Families
January	371	204	331	172	702	376
February	108	58	73	36	181	94
March	80	45	54	32	134	77
Total	559	307	458	240	1017	547

Activity in January 2010 surrounded the final push for transitioning legacy cases and building up internal infrastructure to support the activities of the Service Coordinators. By the end of February 2010, staff completed final moves into all administrative and program offices.

The Aftercare Program commenced operations with the hiring of Aftercare specialists. This program will be managed by the Family Preservation (In Home) services division. The Quality Management Department commenced operations as well. KVC staff participated in the mini-CFSR, began Family Team Meeting Reviews, and also participated in the development of the transition process for Service Coordinator trainings to be provided by the contractors. KVC is also beginning the accreditation process through The Joint Commission (TJC) on Behavioral Health. KVC as a multi-state agency will participate in the site visits in the fall of 2010.

ESA Permanency Director, Dan Little, negotiated with DHHS Administration to advocate for the use of a Judicial Review in lieu of a court report. This report provides a comprehensive overview of the status of the case, but prevents confusion between which person is the true author of the report (Service coordinator or CFS Specialist), and the format is simpler to navigate than completing the Court Report in N-Focus. The report format was developed and standardized and is currently in use. KVC will be analyzing the feedback from all areas of Juvenile Court System in order to assess the effectiveness of the Reviews and consistency of the information provided to the legal parties via this report format.

The Outpatient Services application through Medicaid has been approved. KVC will be receiving a provider number soon. This is a significant milestone in growing our clinical services division. The Director of Clinical Services, Sandra Miller, has also submitted the program models for Outpatient Therapy, Tele-Health and Treatment Foster Care to Nebraska Medicaid and Magellan Behavioral Health and has received preliminary approval for the Outpatient and Treatment Foster Care programs.

The implementation of the Nebraska Utilization System (service utilization tracking and billing) has brought challenges to the success of the transition. Issues have been raised with managing billing and payment for placement providers and authorizing external provider services for families. Regular adjustments are being made to the system to ensure that providers are paid in a timely manner, and that appropriate services are identified and authorized. Imprecise data from external sources continues to cause difficulties in determining correct placement, correct rates, billing, and staff allocation.

Another challenge has been transportation, which has been felt keenly in the rural offices. Transporting clients between visits and appointments is often difficult when service providers are scattered throughout the area. Not only is there a scarcity of service providers, but there is also a lack of qualified staff to recruit.

Also in the realm of transportation, is the current question on whether KVC falls under the authority of the Public Service Commission (PSC). KVC's General Counsel spoke at a hearing recently which presented our position in asserting that the transportation KVC provides does not fall under the authority of the PSC. If the PSC finding is that KVC does fall under their jurisdiction, it will have a significant impact on budget and subsequent services.

b) Description of Strategic Partnerships /Collaborations (Accomplishments and Barriers in Collaborating / Partnering, Community Engagement, and Subcontractor Management)

In January 2010, SESA Area Director, Sheryl Schrepf, facilitated a collaboration initiative with Visinet and Cedars to work on sharing of resources including foster homes in order to provide the best possible support to families and children. We have developed a collaborative Resource Development Team with membership from all the SESA Lead Agencies. Sheryl has also been facilitating the SESA Bridge Call weekly. This call provides all foster care providers and the Lead contractors an opportunity to discuss placement needs for specific children

KVC has entered into a contract with the Nebraska Children's Home Society to sub-contract for adoption home studies.

Rural KVC offices have begun to attend their local "Eyes of the Child" meeting offering excellent opportunities to network and positively represent KVC. KVC staff, primarily Supervisors, continue to develop and re-establish relationships in their communities.

Through networking at Model Court, Sandra Gasca-Gonzalez was invited to be a part of a site tour in New Orleans with the Zero to Three group. Judge Johnson typically attends these tours but is not able to this time. Kati King, the representative, stated that she wanted KVC to be a part of this because of our willingness to fill gaps for needed services in the community.

Beginning January 1, 2010, KVC is now a subcontractor for a post-adoption/guardianship program in Nebraska. This program is called Right Turn and provides case management and support services to families who have adopted or become guardians in Nebraska. It is a collaborative effort with Lutheran Family Services, Nebraska Children's Home Society, NFAPA and Nebraska DHHS. KVC admissions will serve as the 24 hour access line to this program. Admissions will be screening and referring callers to either the Right Turn program or to other appropriate services in Nebraska if they do not qualify for the post adoption program.

c) Results of the utilization of identified service models (Broad Narrative regarding the Achievement and any Barriers to reaching intended results)

As noted in the January 2010 report, we are still in the implementation phase of the program model to Nebraska. The Signs of Safety model, daily RED teams (Review, Evaluate, Direct) and Solution Focused Interviewing are currently in use. Implementation, including training, and fidelity to the model implementation is underway for Wraparound.

Barriers to service implementation continue to be the shifting of roles and responsibilities from the CFS specialist to the FSC. These issues seem to be solved generally at the supervisory level. Other barriers to model implementation continue to be court ordered services.

d) Future Plans / Next Steps (Broad Description of any Plans/Steps to address any identified barriers)

To assist in the shift between historical practice methods and adjusting to reform, KVC continues to respond by meeting the needs of the court, providers, families and CFS staff by working through communication, logistics and payment issues in a timely fashion. Weekly meetings with Service Area Administrators have also been useful in helping all parties adjust to roles. A Court Liaison has been hired and will begin to work to enhance the relationship of KVC with the legal systems. The Court Liaison will be the liaison person between KVC Staff and the Juvenile Court. This liaison will work in partnership with KVC Staff and a wide range of professionals and community based service providers in an effort to act as liaison between KVC and the Courts.

2) Contractor Employment Information (Do not report forward fills)

a) Contractor allotted FTE's for Service Coordinators

SESA: 47 Currently Employed: 44

ESA: 56 Currently Employed: 49

b) Contractor Service Coordinator positions that are filled and able to carry a full caseload (they have completed training)

SESA: 49

ESA: 39

c) Contractor Service Coordinator positions that are currently in training

SESA: 0

ESA: 0

a) Contractor Service Coordinator positions that are vacant

SESA: 3

ESA: 7

b) Contractor allotted FTE's for Supervisor

SESA: 7

ESA: 8

c) Contractor Supervisor positions that are filled

SESA: 7

ESA: 8

d) Contractor Supervisor positions that are vacant

SESA: 0

ESA: 0

e) Average length of employment for Service Coordinators

SESA: 4.3 months

ESA: 5 months

f) Average length of employment for Supervisors

SESA: 4.9 months

ESA: 5.9 months

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Employment Information					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
a. Allotted FTE's for Service Coordinators		106	103		105
b. Filled Service Coordinator Positions		96	93		95
c. Service Coordinator positions currently in training		11	0		6
d. Vacant Service Coordinator positions		10	10		10
e. Allotted FTE's for Supervisor		13	15		14
f. Supervisor positions that are filled		13	15		14
g. Supervisor positions that are vacant		0	0		0
h. Average length of employment for Service Coordinators (months)		2.75	4.65		4
i. Average length of employment for Supervisors (months)		3.5	5.4		4

3) Foster Parent Recruitment and Retention Update

a) A description of the diligent recruitment activities this quarter of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the Service Area for whom foster and adoptive homes are needed.

- KVC provided material to be included in 1,000 bags distributed to attendees at the Lincoln Women's Expo over the weekend of January 21-23.
- Chamber events:
 - Andrew Brookens and Alberto Cervantes attended the Lincoln Chamber of Commerce Annual Luncheon.
 - Tami Soper, Kari Janssen and Melissa Lamkin attended the Beatrice Chamber Annual Dinner.
 - Tami Soper attended the Before Hours Networking session sponsored by the Greater Omaha chamber. There were over 200m attendees and several contacts have resulted in positive follow-up.
 - Alberto Cervantes attended a Hispanic Chamber breakfast event and made contacts with local community based organizations as outreach resources for KVC Foster Care and Human Resources recruitment.
- Alberto Cervantes presented information about KVC on a talk radio show on Radio Lobo 97.7 on Jan., 13 (there were seven questions called in on the air and seven additional calls off-air once the show ended, from individuals interested in learning more about KVC).
- A preliminary concept application was submitted to the Community Health Endowment of Lincoln/Lancaster County requesting a grant for a Foster Care Recruitment Specialist that will target recruitment for therapeutic foster care homes and foster homes for children of color.
- In March 2010, an informational luncheon was held to introduce Omaha area Latino Community members to hear more about KVC Behavioral HealthCare. Community members were present from the Omaha Mayor's office, Omaha Police Department – Southeast Precinct, Methodist College of Nursing, University of Omaha, the Social Security Administration, the Mexican Consul, as well as attorneys, mental health providers, student interns, and business leaders involved with the Omaha Community Care Council.

Other efforts KVC is making to meet the multicultural needs of Nebraskans include:

- Ensuring that staff are multi cultural and / or multi-lingual. Currently, KVC has more than ten Spanish speaking staff, as well as staff who speak French and Mina.
- Staff have been offered more than 16 hours of training during the first quarter of 2010 regarding topics such as the Indian child Welfare Act, Generations in the workplace, and Somali Families in Child Welfare.
- Translating materials into Spanish or other languages of minority communities, including recruitment brochures, applications, flyers for schools, posters in community spaces, etc.
- Certifying foster families of color as co-trainers of MAPP/GPS.
- Conducting joint recruitment efforts by families of color at fairs and other community events.
- Conducting informational meetings in other languages and/or with other foster parents of color.
- Implementing foster family's inquiries with a recording in multiple languages.
- Advertising in Spanish Language newspapers

i) Number of foster homes licensed this quarter

Twenty-nine (29) homes are licensed in the Eastern Service Area for quarter one of 2010. This number is almost double from the previous quarter.

Thirty (30) new homes are licensed in the Southeastern Service Area for quarter one of 2010. This is more than double the homes licensed from the previous quarter.

ii) Number of foster homes closed this quarter

No homes were closed in the Eastern Service Area for quarter one of 2010.

No homes were closed in the Southeastern Service Area for quarter one of 2010.

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 is assessing the needs of each child on an individualized basis. Specialized recruitment efforts are in the planning stages. KVC is developing a specialized training curriculum to address specific training needs of foster families who may be interested or fostering youth with diverse and special needs. KVC is also developing a Treatment Foster Care program to meet the placement needs of youth with Emotional Disturbances.

KVC is also working on the development of "Professional Foster Parents". These individuals will focus on taking more difficult to place youth. They will receive intensive and extensive training in order to maintain these youth and work towards successful reintegration into the community.

i) Number of individualized foster homes approved this quarter.

ESA: 97 Relative AND 37 Child Specific Foster Homes were approved in the Eastern Service Area for quarter one 2010.

SESA: 51 Relative AND 22 Child Specific Foster Homes were approved in the Eastern Service Area for quarter one 2010.

A total of 148 Relative Homes were approved, and 59 Child Specific Foster Homes were approved, totaling 207 homes.

ii) Number of individualized foster homes licensed this quarter

Twenty-nine (29) homes are licensed in the Eastern Service Area for quarter one 2010.

Thirty (30) new homes are licensed in the Southeastern Service Area for quarter one 2010.

iii) Number of approved individualized foster homes closed this quarter

No approved homes were closed in the Eastern Service Area for quarter one 2010.

No approved homes were closed in the Southeastern Service Area for quarter one 2010.

iv) Number of licensed individualized foster homes closed this quarter

No (0) licensed homes were closed in the Eastern Service Area for quarter one 2010.

No (0) licensed homes were closed in the Southeastern Service Area for quarter one 2010.

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.

KVC has received several transfer homes in both service areas. Many families have heard good things about KVC and made the choice to leave their prior agency. A majority of the homes in both service areas were acquired through the transfer process this quarter.

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

No (0) foster homes transferred from KVC in the Eastern Service Area for quarter one 2010.

No (0) foster homes transferred from KVC in the Southeastern Service Area for quarter one 2010.

ii) Number of foster homes transferred to your organization

Fourteen (14) homes transferred to KVC in the Eastern Service Area for quarter one 2010.
Sixteen (16) homes transferred to KVC in the Southeastern Service Area for quarter one 2010.

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Foster Parent Recruitment and Retention			
Licensed Foster Homes	# of Families		
	New	Ongoing	Closed
	59	0	0
Approved Foster Homes	# of Families		
	New	Ongoing	Closed
	148	0	0
Individualized Foster Homes Licensed (Lisensed Specific Relative Care)	# of Families		
	New	Ongoing	Closed
	59	0	0
# of Families			

- d) Any updates to the protocol that “matches” children and youth with resource families**
KVC compares the information received from initial intakes by our 24 hour admissions call center with an assessment of the family’s resources, desire and needs. The child’s placement history, school location, family situation and current individual needs are reviewed with the prospective families and all involved to assess the appropriateness of the placement for the child.
- e) Any updates to the protocol that required to actively search and identify non-custodial (both maternal and paternal) and other relatives for possible placement and as life long connections**
Service coordinators actively work with CFS Specialists to actively search for and identify other placement options (relative and kin). The current protocol appears to be meeting the needs of the youth being served.
- f) A description of the supports and education/ training for foster and adoptive parents and relatives and kin-care providers provided this quarter**
- i) a brief, one-paragraph syllabus of the training activity

One MAPP class finished this quarter in ESA and another began. Several more staff will be trained in MAPP in April and we will also be conducting a bi-lingual (Spanish) class in May 2010.

In ESA, monthly trainings were held for foster parents, relative and child specific placements.

- January 2010, Pat Samuel presented “20 Things Your Kids Do To Drive You Crazy”.
- February 2010: training was held on KVC required paperwork and confidentiality, presented by Director of Child Placement, Ashley Palmer, Foster Care Specialist, Pat Samuel,
- February 2010 Life books presented by Donna Kelly

SESA,

- Rights and Responsibilities
- PS-Mapp Class was completed 2/24/10
- Four new classes are scheduled to start next quarter.
- Car seat training
- Special Needs in Foster Children by Director of Clinical Services, Sandra Miller

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

KVC Omaha office – Ongoing training, MAPP training

KVC Lincoln office, Ongoing training, MAPP training

iii) indication of the duration of the training activity

MAPP - ten weeks

Ongoing - 1.5 hours

iv) provider of the training activity

Ongoing and MAPP - Ashley Palmer, LCSW – Director of Child Placement; Kerry Bosquez, Foster Care Supervisor

Special needs - Director of Clinical Services, Sandra Miller, LMHP

v) indication of the audience to receive the training

All licensed foster parents, relatives and child specific placements, and any parents in the process of transferring

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

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

No waivers were granted this quarter.

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

- b) An assessment of how granting such waivers have affected children in foster care, including their safety, permanency and well-being
- 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
- d) Actions the Contractor plans to take or is considering taking to increase the percentage of relative foster family homes that are licensed while ensuring the safety of children in foster care and improving their permanence and well-being; and
- e) Suggestions the Contractor has for administrative and/or legislative actions to increase licensed relative care.

5) Child and Family Services Plan Update. Quarterly reports will include a description of the specific accomplishments and progress made toward meeting each goal and objective in the State's CFSP, including information on outcomes for children and families, and a more comprehensive, coordinated, effective child and family services continuum.

With the initial phase of implementation in its infancy, data is becoming available that supports the accomplishments made to achieve the goals of the CFSP.

Overall, the data indicates that in ESA, KVC has met five out of eleven outcomes. In SESA, KVC has met three out of eleven outcomes. In both the Eastern and Southeast Service Areas, efforts targeted toward making relative placements or reducing the number of placements experienced by children has led to an average of 60% of children experiencing two or less placements within 12 or less than 24 months in out of home care. Children are also being reunified within less than 12 months at an increased rate.

While both Service Areas did not appear to meet the goal for reducing subsequent substantiated abuse or neglect, the margins were very slim. In home services and family preservation indicate that there has been an increase in the number of children who are reunified within twelve months of being placed into out of home care.

With the implementation of the Aftercare program, it is expected that the numbers for re-entry will reduce over the next year. Youth with a permanency goal of Independent Living will see an increased positive outcome to permanency with the implementation of the KVC Independent Living plan. This plan includes opportunities for youth to work with Independent Living specialists and a more targeted case plan for the Independent Living goals.

In the area of Adoption, significant work needs to occur to ensure that youth are not stagnating in foster care. As noted previously, KVC has committed with several subcontractors to complete adoption home studies for existing homes. With the addition of specialized recruiting, posting youth profiles on KVC's website, and the specialization of adoption caseloads, the time youth are waiting for permanency is targeted to decrease over the next year.

Contract Outcomes *	ESA Goal	ESA First Quarter 2010	Goal met?	SESA Goal	SESA First Quarter 2010	Goal met?
Children will not experience any substantiated abuse or neglect during the first 180 days of services	95.00%	86.97%	NO	95.00%	92.87%	NO
Children and youth in out-of-home care will not experience substantiated abuse or neglect from a foster parent or employee at a out of home care facility during a 12-month period	99.68%	99.44%	NO	99.68%	99.85%	YES
Children placed in out-of-home care will be reunified within 12-months	60.31%	58.37%	NO	56.08%	40.40%	NO
Reunified children re-enter out-home-care within 12-months of discharge. (Less is better)	9.93%	10.63%	NO	14.15%	14.33%	NO
Children are adopted within 24 months of DHHS custody.	31.83%	70.23%	YES	24.58%	51.13%	YES
Children legally free for adoption will be adopted within 12-months of being legally free from adoption	56.76%	70.23%	YES	60.24%	13.50%	NO
Youth in care for 24 or more continuous months discharged to a permanent home prior to their 18 th birthday.	44.60%	8.80%	NO	43.76%	15.73%	NO
Youth who do NOT grow up or age out of foster care. (% less than goal)	26.63%	18.37%	YES	18.43%	33.07%	NO
Children in care for <12 months will have 2 or fewer foster care placements.	84.27%	84.53%	YES	87.18%	57.67%	NO
Children in care for 12 to <24 months will have 2 or fewer foster care placements.	55.19%	62.50%	YES	60.16%	57.67%	NO
Children in care for 24 or more months will have 2 or fewer foster care placements	25.75%	23.03%	NO	25.00%	27.60%	YES

* Data source – DHHS Monthly Crystal reports

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

- a. No changes have been made since the January 2010 report.

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

- a) Help youth transition to self-sufficiency;
- b) Help youth receive the education, training, and services necessary to obtain employment;
- c) Help youth prepare for and enter post-secondary training and educational institutions;
- d) Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults

1. PURPOSE

The KVC Behavioral HealthCare Independent Living Program is designed to provide housing information, life-skills training, service coordination, mental health assessment, and other support services to youth nearing adulthood. The goal is to provide them with the knowledge and skills necessary to live self-sufficiently. To this end, the youth are provided referrals and case management support to enable them to complete their education, gain employment, and move toward becoming responsible and productive members of the community.

As of April 1, 2010, there are approximately 727 youth, age 14 and older receiving Service Coordination services through KVC Behavioral HealthCare. Distribution throughout the Eastern and Southeast service areas is split fairly evenly. The majority of the youth (87%) are placed in Douglas (47%) and Lancaster (40%) counties. The median age for youth is 17 years.

Services will be provided in the 19 counties of the Eastern and Southeast Service Areas. The program is overseen by the Director of Family Preservation with day to day supervision provided by Family Service Supervisors or Aftercare Supervisors. Day to day implementation will be provided by the Service Coordinator or the Aftercare Specialist. After July 2010, two Independent Living Specialists (ILS) will be hired, serving the Eastern and Southeast Service Area. The ILS will be housed in the KVC Lincoln office and the KVC Omaha office, but will travel to meet the needs of youth throughout both service areas.

Prior to July 2010, The Service Coordinators will provide case management, referrals and coordination with the youth, the placement and various programs involving the youth. After July 2010, the Independent Living Specialists will assist in some coordination of programs, but also develop training and provide education for youth in the various skill areas of the program (see end of document). Skill teaching to youth may be provided by in-house KVC staff, including Program Support Workers, Service Coordinators, foster parents, informal supports, or provided by subcontractors.

Services will be provided to prepare youth in eight significant areas. The following is a brief synopsis of the areas covered, and is not all inclusive of all the topics covered:

- a. HOUSING: Searching for, obtaining and maintaining housing
- b. SELF CARE: Assessing and obtaining medical, dental and other health care, medication management, mental health, insurance.
- c. EMPLOYMENT: Assessing career goals, and searching for and obtaining employment
- d. EDUCATION: Completion of high school / GED requirements, secondary education
- e. FINANCIAL AND MONEY MANAGEMENT: Budgeting, banking and credit, shopping,
- f. PERSONAL DEVELOPMENT: Personal safety, cultural resources, communication, mental health care
- g. DAILY LIVING: Food preparation, nutrition, personal hygiene, driving, insurance
- h. PARENTING YOUTH – Growth and development, child care, stress management

2. REPORTING

The youth's goals will be tracked and progress documented by Service Coordinators. With assistance from the Quality Management Department, additional data will be tracked such as the number of youth who meet the criteria for independent living services, random sampling of the status of case plans, independent living plans and youth surveys as required by the National Youth Transition Database (NYTD). Reports will be provided monthly to the Director of Family Preservation regarding new youth who will qualify for Independent Living Services, and results of the random samples on the status of case plans, independent living plans and completion of youth surveys.

After July 2010, the Independent Living Specialists (ILS) will track service provision, training and outreach efforts for youth in the program. The ILS will provide a monthly activity report to the Director of Family Preservation. The ILS will also ensure tracking and survey completion for youth in order to comply with NYTD federal requirements. The Service Coordinator will be able to access a summary of the youth's progress with the Independent Living Plan for court hearings or other informational purposes.

3. YOUTH PARTICIPATION

All youth who qualify for Independent Living Services will be offered the services. If the youth refuses services or is unavailable due to runaway status, incarceration or psychiatric hospitalization, the Service Coordinator will document this information in the youth's required contact narrative. Service Coordinators will attempt each month to provide Independent Living Services to eligible youth. If a youth has developmental, medical or mental health concerns, the Service Coordinator will collaborate with the family team to provide independent living services to the level that the youth can most benefit. The only reason a Service Coordinator will not provide services is if given leave by court order.

4. FAMILY TEAM COLLABORATION

The Service Coordinator will discuss the youth's Independent Living Plan during monthly family team meetings. The SC will document progress and changes in the youth's case plan and independent living plan.

The Service Coordinator will collaborate with informal and formal resources. This includes placement providers, family, kin, cultural groups, educational institutions, and other sources to provide the youth with a variety of opportunities to maintain family and community connections. These resources will also be used to provide some of the education and skill acquisition as documented by the Service Coordinator.

5. PROCESS

- a. Monthly, a report will be provided to the Service Coordinators (SC) and Supervisors detailing which youth have reached eligibility for Independent Living Services. After July 2010, the ILS will also be notified.
- b. Within 30 days of notification, the SC or ILS will initiate a meeting with the youth to introduce the Independent living program outline. After July 2010, the ILS will present the program outline to youth (group setting) on a monthly basis.
- c. Within 45 days, the SC or ILS will meet with the youth and complete the Ansell Casey Assessment. This can be completed online or on paper, and transferred to the online assessment. A copy of the results will be reviewed with the youth immediately if completed online. Differences will be discussed with the youth, parents, and placement providers. The SC will collaborate with the family team to identify potential goals, barriers and needs of the youth to be assessed.

- d. Within 60 days, the SC or ILS will meet one-on-one with the youth to develop the Learning Plan. The youth and the SC will use the Ansell Casey results and the needs and goals identified by the Family Team to develop the Independent Living Plan (ILP).
- e. After July 2010, the SC will provide the ILS with a copy of the youth's ILP. The ILS will provide a schedule of available opportunities in the community to assist in achieving the youth's goals. The ILS will document such referrals in the NYTD and by informing the SC.

8) Training Update

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

OVERVIEW

The KVC Behavioral HealthCare Service Coordinator Training Program, is designed to provide initial training for new employees who will be providing Service Coordination to families referred by the State of Nebraska. The goal is to provide staff with the knowledge and skills necessary to meet the outcomes of helping families achieve Safety, Permanency and Well being. To this end, the staff are provided support to enable them to complete their daily tasks, learn the KVC model and apply best practices in their daily work.

Our service model for Nebraska has been entitled "Pillars of Practice". This service model includes all evidence based practices, promising practices and best practice guidelines. All new or reassigned Family Service Coordinators are trained in both a classroom setting, during staff meetings, one-on-one supervisory meetings, observing in person through mentoring and shadowing more experienced staff. Specific supports are provided via continuing education provided via Supervisors, Directors, agency policy, electronic communication, and newsletters.

TRAINING PROVISION

Training will be provided to each new Service Coordinator. The program is overseen by the Director of Quality Management with day to day supervision provided by Family Service Supervisors or Aftercare Supervisors. Day to day implementation will be provided by the Training Coordinator, Trainer or Supervisors.

During the initial implementation of the contract, beginning in August 2009 through May 1, 2010, the Phase I plan for training has focused on helping Service Coordinators and Supervisors develop the skills to 'hit the ground running' to begin the service coordination. Training included the Signs of Safety, Solution Focused Interviewing, shadowing experiences, Family Team Meetings, Multi-Ethnic Placement Act, Court reports and Case planning and the Roles and Responsibilities. These trainings were presented in a variety of formats including standard classroom style, group supervision, one on one with supervisors or mentors, and self study. These sessions were offered prior to and after the DHHS Service Coordinator training.

After May 1, 2010, KVC the Phase II training program will begin implementation. This plan includes five days of initial KVC training in addition to DHHS Service coordinator training. This training occurs prior to working with families. This training includes the Signs of Safety, Solution Focused Interviewing, shadowing experiences, Family Team Meetings, Multi-Ethnic Placement Act, Court reports and Case planning, Accessing services and the Roles and Responsibilities. These trainings are presented in a variety of formats including standard classroom style, group supervision, one on one with supervisors or mentors, and self study. There will be a variety of ongoing training required during their first year of employment, as well as other opportunities are presented through webinars, self study though video and online sessions, and community sponsored events.

After July 1, 2010, the KVC Phase III training program will implement the KVC Program Models.

- July 2010 – Training of Trainers – Parenting Wisely, Strengthening Families
- August 2010 – Training of Trainers – Trauma Systems Therapy
- September 2010 – Parenting Wisely staff training; Trauma Systems Therapy staff training
- October 2010 – Aggression Replacement Therapy – Staff training
- November 2010 – Strengthening Families – full implementation; Structured Decision Making staff training

Training will be provided to prepare Service Coordinators in six core areas: The following is a brief synopsis of the areas covered, and is not all inclusive of all the topics covered:

- ORIENTATION – History of KVC, Defensive Driving, Employment policies, Ethics & Diversity, Local Building orientation.
- NEBRASKA SAFETY INTERVENTION SYSTEM - Overview of Nebraska Safety Intervention System (NSIS) - Role of the Nebraska Department of Health and Human Services in providing safety, permanency, and well-being in Nebraska.
- SERVICE COORDINATION - Out of Home care, Levels of care, Service provision, Parenting Time, Aftercare, Community Resources, Independent Living
- KVC MODEL TRAINING PHASE I – Signs of Safety, Historical data, How Signs of Safety is foundational to KVC, Family Centered Practice, Wraparound Services
- KVC MODEL TRAINING PHASE II – Structured Decision Making, Parenting Wisely, Trauma Systems Therapy, Aggression Replacement Therapy
- WORKER SAFETY AND COMMUNICATION – Infection control, CPR / First Aid, Self Care for Child Welfare workers, Conflict Management, Critical Incidents
- ONGOING EDUCATION – Building relationships, Child Development, Car Seat Installation, Addictions, Mental Health, Independent Living, Assessments, Fatherhood initiative, Educational needs for youth.

This curriculum encompasses approximately more than 200 hours of education, while many will be offered as continuing education sessions, however not all of the classes will be mandatory. In the grid that follows this narrative, sessions are denoted which indicate which modules are required for Pre-service training, Mandatory training and other sessions required for Service Coordinators transitioning from other employers. Throughout each module, group supervision, shadowing and mentoring experiences are provided, with unique learning opportunities in local areas from external providers. Specialized staff will also receive additional education for their area of specialization (Juvenile Services, Adoption, Aftercare, etc.)

REPORTING

Training will be tracked via a Training Database maintained by the Quality Management Department. Attendance, participation, feedback and learning the core competencies of each module will be assessed. Each training session is recorded in the worker's training log. Reports are submitted quarterly with the DHHS Quarterly Report.

Tracking will also include whether the session was mandatory, part of a core area, such as Evidenced Based Practices, Special Populations, Community Resources or Internal processes. The number of training hours provided to Service Coordinators is tracked as well.

TRANSITION PLAN

Over the next eight months, KVC staff will begin the transition to taking over the presentation of the DHHS Service Coordinator Training. Two KVC training coordinators will be 'master trainers' and able to present any module of the five DHHS modules. Each area for Initial Assessment, Ongoing, Legal, Juvenile Services and N-f\Focus will have three trainers and a back up trainer in each service area. The trainers will be able to train in their area of expertise. I.e. The OJS Supervisor will train the Juvenile Services segment of NSIS.

The master trainers will complete three 'rounds' of DHHS training. If they have not been through Service Coordinator Training, they will first participate as new Service Coordinators. The second 'round', they will observe, and the third round is an opportunity for the master trainer to be a co-trainer. Trainers for individual sessions will go through at least two rounds of their area of expertise and pass 'certification' by the local DHHS Administration to be NSIS Trainers.

The training plan detail follows below

KVC TRAINING PLAN

MODULE				Title	Brief Description
1	Preservice (New to SC)	Mandatory	Transitional SC's	Orientation To KVC Behavioral HealthCare, Inc.	
1.1	x	x	x	Welcome To KVC!	Broad overview of KVC's historical success and dedication to continued positive and effective work with children and families in Nebraska
1.1a	x	x	x	Human Resources Orientation	History of KVC, KVC Employee Handbook/Sourcebook, Smoking & drug policy, Dress code, Workers' Compensation Protocol, Anti-harassment policy, Payroll & benefits
1.2	x	x	x	KVC Website, Portal & E-Mail	Login information, Citrix, E-mail, KVC Technical Support Web, TEAM Mileage program, ADP Timecard, Brief introduction to NEU, Magic Requests, and Pool drive (P:)
1.3		x		Ethics And Diversity	NASW code of ethics, Diversity in the workplace, Ethical principles, Worker's ethical responsibilities, HIPAA, Identify components of HIPAA, Identify appropriate actions for ensuring the privacy of Protected Health Information (PHI), Identify consequences for non-compliance with HIPAA, Practices for employees, Boundaries and Professionalism
1.4	x	x	x	Supervisors & Mentors	Tour of building, trainer, obtain keys, phone / laptop, phone lists, map of the office, Mission Statement, information on voice mail set up and retrieval, mileage reimbursement, ADP, request for leave forms, desk supplies, on-call schedule and structure
1.5	x			Defensive Driving Overview	5 major factors affecting road performance, Knowledge and skills to avoid preventable collisions, Major driving errors, Hydroplaning
1.6				Documentation	Introduction to documentation on N-FOCUS, Why documentation is important, tips and strategies for successful case management, Acronyms
1.7				CQI And Children And Family Services Review (CFSR)	Review of content and purpose of DHHS audits and KVC internal audits, Understand tracking tools, KVC's commitment to continuous quality improvement, Understand federal child welfare review
1.8				Child Abuse And Neglect 101	Mandatory reporting laws, signs of abuse, how the Child Advocacy Center operates, local resources and contacts
2	Preservice (New to SC)	Mandatory	Transitional SC's	Nebraska Safety Intervention System And Signs Of Safety	

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2.1a	x	x		NSIS Pre-Class Reading Assignment	Overview of Nebraska Safety Intervention System (NSIS) - Role of the Nebraska Department of Health and Human Services in providing safety, permanency, and well-being in Nebraska
2.1b	x	x		DHHS Service Coordinator Training - Initial Safety Intervention	Overview of the initial safety assessment process and all the components that go into determining present danger, protective actions, impending danger, safety factors, safety threshold criteria, safety threats and safety plans. Understanding of the differences between maltreatment, risk, and safety, know enough about types of maltreatment to know when to call the CFS Specialist for another Safety Assessment.
2.1c	x	x		NSIS Pre-Class Reading Assignment	What is documented, paper documentation, Narratives, Alerts
2.1d	x	x		N-Focus 1	Navigation basics, Narratives, Contacts, Release Notes, Alerts, Correspondence
2.1e	x	x		N-Focus 2	Navigation basics for Initial Safety Intervention System
2.2	x	x	x	Signs Of Safety	KVC, How can the worker actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?, How to encompass strengths that the family can build on towards maintaining safety, permanency, and well-being for their children
2.3	x	x	x	The Family Team Meeting	History of Family Group Decision Making and it's connection to KVC's framework, Purpose of Case Plans, Importance of family/friends/community involvement attending the meeting and engaged with the family, How to work with 'denied' child abuse by parents, Understanding the powerful effect a Family Team Meeting can have if done according to Olmsted Model, Time frames for completion, Documentation
2.3a				Shadow 1	Family Team Meeting / Home Visit
2.3b	x	x		Genograms And Eco-Maps	GenoPro software, Importance of Genogram/Eco-maps and connection to KVC's framework, Symbols, Visually representing social environment of families, How to see a family's environmental context from a systems and ecological perspective
2.4	x	x	x	Solution Focused Interviewing	How to form questions that discover strengths, Miracle Question, Scaling Questions, Coping Questions, Responding to hostility
2.5a	x	x		NSIS Ongoing Pre-Class Reading Assignment	Outcomes, Needs, and Strategies, Combined Set, Certificate of Completion
2.5b	x	x		DHHS Service Coordinator Training - Ongoing Safety Intervention	Understand and be able to apply the concepts of the Ongoing Safety Intervention, including the protective capacities assessment, case plan, conditions for return, case plan progress, consideration of reunification, and ongoing safety assessment requirements. Permanency planning and concurrent planning, preparation for possible adoption, and how the concurrent plan impacts service delivery for the family.

2.5c	x	x	N-Focus 3	Navigation Basics for Ongoing Safety Intervention System, Legal Actions, Court Report
2.5d			Local Juvenile Court Overview	Learn about the local juvenile court judges, brief overview of juvenile court process, how to be successful in the courtroom
2.6	x	x	Pre-Class Reading Assignment For Working Within The Legal System	The court report and visitation plan, Shannon Family Training Problem
2.6a	x	x	DHHS Service Coordinator Training - Working Within The Legal System	Overview of Working within the Legal System, Overview of the juvenile court processes for child protection cases.
2.6b	x	x	DHHS Service Coordinator Training - Legal Case Management Responsibilities	Compliance with the ICWA for achieving permanency, legal requirements for reasonable efforts, Central Register, confidentiality, and adoption.– 1 lawyer required
2.6c	x	x	DHHS Service Coordinator Training - Developing / Advocating For The Case Plan/Court Report	Writing the draft case plan and court report using N-FOCUS, how the court report relates to the case plan (3 days) – CFS staff, helpful to have a lawyer available, but not required. Computer Lab needed for N-FOCUS documentation
2.6d	x	x	DHHS Service Coordinator Training - Testifying In A Disposition, Review, And Permanency Hearing	Juvenile court processes and how it fits with the case planning process, techniques for accurate and credible testimony in court.– minimum of 2 lawyers for 12 participants, and 1 lawyer (or CFS Sup/Adm) for video review and feedback
2.6e			Shadow 2	Court / Detention Hearing
2.7	x	x	DHHS Service Coordinator Training - Supervision Of Juvenile Offenders (OJS)	Roles and responsibilities for Juvenile Services Officers and service coordinators for Juvenile Offenders and Status Offenders, Youth Level Service/ Case Management Inventory updates, limits on decision making and actions.
2.8a			Roles And Responsibilities - 3a Cases	The role of the Service Coordinator in the initial assessment, safety planning, visitation plans, communications with court, Family Team Meeting, and general duties
2.8b			Roles and Responsibilities - Juvenile Offenders (OJS)	Role of Service Coordinator in the initial and ongoing YLS/CMI, Conditions of Liberty (COL), Behavioral Accountability Meeting (BAM), Placements, Case closure, Steps in court and legal process, Initial case file review, Orientation to rules and expectations, Service specific to juvenile offenders, YRTC's, Effective behavior management
2.8c	x	x	Court Report Writing and Preparation	Role of the Service Coordinator in documentation on court reports, Specific information required in each section and how to obtain the information, How to effectively prepare for a court hearing

3	KVC Model Phase 1 & Service Coordination				
	Preservice (New to SC)	Mandatory	Transitional SC's		
3.1	x	x		Family Centered Practice and Wraparound Services	How to work with people that values individuals and families, Values, Principles, and Beliefs of Family Centered Practice, How to engage the family to driving the case planning process, How to create and organize resources around a family need
3.1a				Out of Home Care	Police removals, response times, PRL / Admissions role, Relative / Kin placement, Documentation, payments, levels of care, foster care, YRTC, GH, GHII, TxGH, TXFC, ETxGH, RTC, Psychiatric hospitalization
3.1b	x	x	x	KVC Nebraska Utilization Database (NEU)	How to refer services for families in Nebraska, How locate a placement for a child, Foster Home and Relative Payments
3.1c				Understanding the Service Array	Out of Home reform, target population, eight guiding principles, 70/30 shift, Olmsted Model
3.2				Resources for Families	Transportation, Flex funds, Community resources, Service referrals, Financial assistance for families
3.2a				Coordinating Treatment Services for Youth and Families	Overview of treatment options for youth, children, and families, accessing Magellan, treatment group homes, residential treatment centers, How to locate resources
3.3				Effects of Trauma for Children, Youth, and Families	Trauma Systems Theory, How to work with children or families who have experienced trauma, Interviewing, Narratives
3.4	x	x		Multi-Ethnic Placement Act (MEPA) and Indian Child Welfare Act (ICWA)	How to work with children or families of Native American heritage, Changes to Juvenile Court System, Active Efforts vs.. Reasonable Efforts
3.5				SHADOW 3	Foster Home Visit
3.6				Accessing Services for Families	After engaging with the family, how to access appropriate services or interventions to assist the family toward meeting their need, or outcome, Reemphasize importance of FAMILY FIRST
3.7				New Referral Process	Admissions, placement, in home / out of home
3.7a				SHADOW 4	New Referral Process
3.8				Importance of Visitation - Parenting Time	New Supreme Court guidelines, Understand importance of parent/child contact within timeframes
3.9				Aftercare	Definition, purpose of, how to refer/when to refer a case to aftercare for services, documentation needed, responsibilities following referral, contractual obligations, how to place a child at home

4	Preservice (New to SC)	Mandatory	Transitional SC's	Worker Safety	
4.1	x	x		Infection Control	Infection Control policies & procedures, Blood borne Pathogens, Hepatitis C
4.2				CPR and First Aid	Adult CPR / Automated External Defibrillator, Child CPR / Automated External Defibrillator, Infant CPR, First Aid - CPR/First Aid certification and Renewal
4.3				Self-Care for Child Welfare Workers	Secondary Traumatic Stress, Time Management Tools, Strategies for timelines, Preparing for a home visit with safety in mind
4.4				Conflict Management	Understand the conflict cycle, Types of conflict management, ACES, Importance of listening and communication, Phases of a crisis, Steps for effective crisis intervention
4.4a				Domestic Violence	How DV severely effects children both directly and indirectly, How to maintain worker safety, Accessing community resources, Safe Homes
4.5				Critical Incidents	Response to a critical incident, KVC Policy for notifications, What needs to be documented, Forms
5	Preservice (New to SC)	Mandatory	Transitional SC's	Ongoing Educational and In-Service Trainings	
5.1				Building Relationships	Effective engagement of family and community towards keeping families safe, better relationships = better results, Power of listening and empathy
5.2				Child Development	Overview of child development from birth through adolescence with an emphasis on the effects of abuse and neglect
5.3				Car Seat Safety Training	Within first 6 months of hire then annually updates: Training on how to appropriately secure a car seat for transportations
5.4			x	Previous Worker Orientation	Overview of KVC's mission and services, KVC's guiding principles, questions answered for new workers who have transferred/moved to KVC, Tying all training aspects into KVC's service delivery and framework for success
5.5				Addictions 101	Recognize basic behavioral and physical indicators of substance abuse, How parental substance use affects safety and risk issues, the case planning process, and permanency-planning principles, Street drugs
5.5a				Mental Health 101	Depression, Bi-polar, Schizophrenia, other mental health issues that affect the children and families KVC serves
5.6				Child Sexual Abuse: Case Management for Workers	All aspects of sexual abuse, from the dynamics that perpetuate it, to working effectively with families to ensure safety, permanency, and well-being for the children, Working with non-offending parents, visitation, safety planning, and case closure

5.7				Attachment Issues of Childhood	Overview of what attachment is, how healthy attachments form, and the negative effects when it is disrupted during the first two years of life, Reactive Attachment Disorder, Deprivation/Maltreatment Disorder and how to work with children who have attachment concerns
5.8				Timelines for Service Coordinators and Effective Time Management	Required documentation on N-FOCUS, How to effectively manage time as a Service Coordinator
5.9				Using Assessment Tools	PCA, Case Plan, YLS overview, Independent Living, Level of Care Assessment, Genogram, Signs of Safety, CAFAS, PECAFAS
5.9a				EducationQuest Training & Ansell Casey	FAFSA, Scholarships, Grants available to youth and tools to correctly file forms required. Ansell Casey system for Independent Living.
5.9b				The Individualized Education Plan (IEP) and Special Populations	CAPTA, Individual Education Plans (IEPs), 504 plans, parent rights, role of the educational advocate, Developmental and Learning Disabilities, Mental Retardation
5.9c				Fatherhood Initiative	Effects of Father absence, Program areas of Community-Based, Healthcare, School, Military, Corrections, Work-Family Programming
6	Preservice (New to SC)	Mandatory	Transitional SC's	KVC Model Phase 2	
6.1				Structured Decision Making	SDM promotes consistent, reliable, valid decisions from worker to worker and office to office. SDM focuses on a relatively small number of factors related to child abuse and neglect which research has shown correlate significantly with immediate danger (safety), future recurrence (risk), significant family characteristics (needs and strengths) and ameliorating action (treatment).
6.2				Parenting Wisely	Parenting Wisely is a self-administered, highly interactive computer-based program that teaches parents and children, ages 9-18, skills to improve their relationships and decrease conflict through support and behavior management.
6.3				Strengthening Families	SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance.
6.4				Trauma Systems Therapy	Children in KVC's care have often been victims of trauma, many times in the form of abuse and neglect. Frequently, this trauma manifests into stress-related behaviors. If these behaviors are left unaddressed, they may lead to the development of poor self-image, anti-social and self-harming behavior and lingering mental health needs.
6.5				Aggression Replacement Training	The program's three-part approach includes training in: Prosocial Skills (modeling, role playing, performance feedback, and transfer training), Anger Control (a five-step sequence to teach anger replacement skills), and Moral Reasoning

- e) **The number of contract staff who completed initial training requirements**
 SESA: 39
 ESA: 53

- f) **The number of new employee training hours delivered (Count the number of employees and multiply by the duration of the training class)**
 SESA 1120.5
 ESA 1081.50

- g) **A description of the types of on-going training/in-service training made available for service coordinators**
 Please see training plan above.

- h) **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)**
 ESA- 485.75 SESA- 180.5

- i) **Cost of training provided by the Contractor to Service Coordinators**
 All training was provided in house, or at no cost to KVC.
 \$1000 Project Harmony- Speaking of Children

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Training Report					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Number of New Employee Training hours Delivered	7004	2202			9206
Number of On-going /In-Service Training hours Delivered	0	666.25			666.25
Cost of Training Provided by Contractor	0	\$ 1,000.00			\$ 1,000.00

9) The following section must be completed for all current programs (EBP/PP and Non-EBP/PP) and any new/added programs. Please copy and paste each section requirements as needed.

- 1) Program (EBP/PP)
 - a) Fidelity/Implementation
 - Data Quantity - What percentage are receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)
 - Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?
 - b) Strengths
 - c) Weaknesses
 - d) Points for Improvement & Plan of Action

2) Program (Non-EBP/PP)

a) Fidelity/Implementation

- Program Quality - What are some of the processes you have in place to ensure the program is being implemented reliably? (If Data is collected for the Non-EBP, what percentage are receiving instrument at the programs defined timeline?)

b) Strengths

c) Weaknesses

d) Points for Improvement & Plan of Action

No changes have been made to the EBP/PP or programs added in the first quarter of 2010. KVC is in the process of implementing the Wraparound model, Trauma Systems Therapy, Strengthening Families, Parenting Wisely, and Aggression Replacement Training. Training of trainers is underway for these models and training for staff will be offered throughout 2010.