

Quarterly Report for Child Welfare and Juvenile Services

Lead Agency Name: KVC BEHAVIORAL HEALTHCARE		
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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 type="checkbox"/> Quarter 3	January 1 – March 31	April 15
<input type="checkbox"/> Quarter 4	April 1 – May 30	June 15
<input checked="" type="checkbox"/> Quarter 4 (update)	April 1 – June 30	July 15
Date Submitted: 7/15/10		Date Received:

1) Quarterly Summary

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

The fourth quarter of the contract began a whirlwind of activity in both the Eastern and Southeast service areas with the news of two contractors abdicating their role as lead agencies. The primary challenge was assuring that foster families experienced minimal disruption with the closure of one of the lead agencies and assisting DHHS in providing service delivery for families. KVC mobilized rapidly and assisted foster families in transitioning their affiliation to minimize disruption to children. Another challenge (and opportunity) has been negotiating contract amendments timely enough for the implementation of being the sole contractor in the SESA.

Although there have been many challenges, there have also been many opportunities. We have been able to double the size of our child placing agency, we have a fully operational Behavioral Health Service department, further strengthened our infrastructure, and have hired staff that will be able to grow our continuum of internal services.

We have continued to meet with Judges in Douglas and Sarpy Counties to explain the goals of the reform and gather feedback on improvement areas. The general sentiment has been openness and support for the principles being implemented. It has been refreshing to receive the support from the judicial parties that KVC has been experiencing. It was also very positive to be able to work with the Douglas County judges and judicial personnel to establish the first annual National Reunification Day held in Omaha.

The Aftercare Program commenced operations with the hiring of Aftercare specialists. This program will be managed by the Family Preservation division. Part of the services included in aftercare is a monthly newsletter, with May’s newsletter highlighting the options for summer childcare.

The Quality Management Department continued to participate in the mini-CFSR, Family Team Meeting Reviews, and we are increasing the number of file audits and developing improvement

plans based on those results. KVC Health Systems is beginning the process to achieve accreditation in all the subsidiaries through the Joint Commission on Behavioral Health. KVC as a multi-state agency will participate in the site visits in the Fall of 2010. KVC Nebraska has been given a reprieve and will not submit to the accreditation process until 2011. The tasks required to ensure readiness for accreditation have not stopped altogether, but have down-shifted to a more manageable pace.

The Outpatient Services application through Medicaid has been approved. KVC does have a Nebraska Medicaid Outpatient number for all locations. We are currently in the process of credentialing with Magellan Behavioral Health. This is a significant milestone in growing our clinical services division. The Director of Clinical Services, Sandra Miller, submitted the program models for CTA in March to Nebraska Medicaid and Magellan Behavioral Health, but not yet received a response of this proposal. Nebraska Medicaid denied our request for a Therapeutic Foster care program, indicating that they did not wish to expand their capacity for this level of service. We will continue to develop a professional foster parent program regardless of this determination.

In the SESA, we have secured office space for our growing KVC family. A facility in western Lincoln at 5220 S. 16th Street (called KVC Lincoln South) will house all Service Coordination staff (program support and supervisors), administration and management staff, training, and support staff. The original office in the Haymarket area at 825 M Street, will house the Behavioral Health therapists and some administration staff. This office is referred to as the Color Court Building. We temporarily housed staff at the former Visinet offices in central Lincoln, but all staff has since moved to the Lincoln South space.

Both the Beatrice office and the Seward office held open houses this quarter, and are expanding to adjoining space to ensure adequate areas for service coordinator and program support staff. The Nebraska City office will expand into adjoining space as well to accommodate additional staff.

In the ESA, it was determined that there is a need for staff to be housed in the Sarpy County area. A space was found at 1413 South Washington in Papillion, Nebraska. This office is strategically located just across the highway from the Sarpy County Courthouse. This facility will house the Family Preservation teams, the Aftercare teams and the Behavioral Health unit, as well as some administrative staff.

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

KVC continues to partner with subcontracted agencies. Monthly meetings are occurring in both service areas to allow the agencies to ask questions, learn more about KVC and become more familiar with billing processes. A number of leadership staff have participated and met with stakeholders through the Douglas County Reunification day, Eyes of the Child meetings, Model Court, the Mission for All Nations, Nebraska Children's Foundation, Friends of Foster Care, and the Youth Rehabilitation Centers. These are just a few of the many collaboration and partnering opportunities that have occurred in the Fourth quarter of 2010.

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

With the additional staff on board and the transition behind us, we have been able to re-focus on the original model implementation plan. Using the Signs of Safety consistently has been instrumental in helping staff focus on the goals of the case plan, and ensuring that safety is considered above all else. This framework is being used during family team meetings, internal staffings and during training sessions.

Directors met with Chief Clinical Officer Sherry Love to review the overall KVC model implementation goals. We are moving forward with the implementation of Structured Decision Making (SDM). This model will allow service coordinators to use a research-based method to measure risk and provide information for the case planning process. This model will be instrumental in guiding the levels of service that families will receive and, with ongoing assessment, it is projected to decrease the family's time spent in the system. This system used in conjunction with the Signs of Safety framework will keep the goals focused on making changes related to safety and helping families sustain those changes over time. Wraparound is also gaining momentum as we begin to educate staff on the tenets of proper Wraparound practice. SDM and Wraparound are in the Training of Trainer phases and is set to be trained to staff in late summer.

An additional therapeutic model undergoing training and implementation is Trauma Systems Therapy. Trauma Systems Therapy (TST) is a comprehensive model for treating traumatic stress in children and adolescents that adds to individually-based approaches by specifically addressing the child's social environment and/or system of care.

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

Barriers to address are the continued difficulties with keeping data consistent between N-Focus and the contractor's utilization system. After an enormous undertaking to determine where the problem lies, it seems that on some parts, the data in the KVC system needs updating. We also need to adjust internal communication systems so that data is being updated 'live'. Barriers, however, are that as contractors, we do not have the ability to use N-Focus data in a 'raw' format and develop our own reports. This often becomes difficult when trying to compare data, and both parties could be unsure that they are discussing the same set of data.

Administrative staff met with DHHS staff to identify barriers and solutions. We were able to successfully transition all of the newly transitioned cases on July 1st as a result of this communication. We have created methods to ensure accurate data gathering at the onset of a case, and built in many checkpoints along the course of a case, so that data accuracy is checked frequently. We have hired two Data Quality Specialists to spearhead these steps and ensure that data quality does not impede service to families.

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

a) Contractor allotted FTE's for Service Coordinators

SESA: Currently Employed: 61

ESA: Currently Employed: 82

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

SESA: 55

ESA: 79

c) Contractor Service Coordinator positions that are currently in training

SESA: 6

ESA: 3

a) Contractor Service Coordinator positions that are vacant

SESA: 0

ESA: 0

- b) Contractor allotted FTE's for Supervisor**
SESA: 9
ESA: 8
- c) Contractor Supervisor positions that are filled**
SESA: 15
ESA: 10
- d) Contractor Supervisor positions that are vacant**
SESA: 0
ESA: 0
- e) Average length of employment for Service Coordinators**
SESA: 6.0 months
ESA: 4.5 months
- f) Average length of employment for Supervisors**
SESA: 5.6 months
ESA: 9.2 months

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e. Allotted FTE's for Supervisor	13	15	17	25	18
f. Supervisor positions that are filled	13	15	17	25	18
g. Supervisor positions that are vacant	0	0	0	0	0
h. Average length of employment for Service Coordinators (months)	2.75	4.65	4.9	5.25	4
i. Average length of employment for Supervisors (months)	3.5	5.4	5.2	7.4	5

3) Foster Parent Recruitment and Retention Update

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

Currently a Spanish speaking foster parent training class is underway with nine families. The class is taught in Spanish and the materials are also in the native language.

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

ESA-Youth in Licensed KVC Foster Homes=57
SESA--Youth in Licensed KVC Foster Homes=83
Total-140

ESA-Licensed Foster Homes=58
SESA-Licensed Foster Homes=65
Total =123

ii) Number of foster homes closed this quarter

No homes were closed in the Eastern Service Area for Fourth Quarter 2010.
No homes were closed in the Southeastern Service Area for Fourth Quarter 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 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-Youth in Relative/Approved Foster Homes=231
SESA-Youth in Relative/Approved Foster Homes=106
Total=337

ESA-Relative/Approved Foster Homes=140
SESA-Relative/Approved Foster Homes=78
Total=220

ii) Number of individualized foster homes licensed this quarter

No child specific homes are licensed in the Eastern Service Area for Fourth Quarter 2010.
No child specific homes are licensed in the Southeastern Service Area for Fourth Quarter 2010.

iii) Number of approved individualized foster homes closed this quarter

No approved homes were closed in the Eastern Service Area for Fourth Quarter 2010.
No approved homes were closed in the Southeastern Service Area for Fourth Quarter 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.

In taking on over 60 homes in ESA from Visinet, several were under investigation, overfilled or out of compliance. CPA staff has had to address these concerns in partnership with DHHS. There were approximately 50 homes that had not yet affiliated from Visinet in ESA. KVC has contacted all of those homes. KVC will follow-up with letters, brochures, and/or have a familiar person call them to see what their interests are. KVC has also made several attempts to educate previous "traditional homes" about KVC through mailings and phone calls.

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

ii) Number of foster homes transferred to your organization

More than 60

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Individualized Foster Homes Licensed (Licensed Specific Relative Care)	# of Families		
	New	Ongoing	Closed
	0	0	0
Transferred Homes from Another Organization	# of Families		
	60		
Transferred Homes to Another Organization	# of Families		
	0		

- 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 is reviewed with the prospective families and all involved to assess the appropriateness of the placement for the child.

The Child Needs Assessment has been updated to ensure that the child’s needs are accurately documented when requesting a placement. This will allow the Admissions Department to better identify an appropriate placement for the youth.

KVC continues to recruit and train new foster parents. Currently KVC has 107 licensed foster homes in ESA and 73 licensed homes in SESA. PS-MAPP classes currently in session have a wide range of homes interested in fostering only, foster to adopt and a couple of homes that are interested in only adoption. KVC also has 7 Spanish speaking families in a currently running PS-MAPP class as well. All KVC homes have remained free from substantiated abuse and neglect. CPA in both service areas has conducted Foster Parent Advisory Board Committee Meetings. Both meetings went well and had great participation from foster parents. In SESA the priority need was a training calendar and in ESA the priority was the development of F.A.S.T teams.

- 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 but continual training is provided to ensure that staff are aware of the importance of searching for non-custodial parents, relatives and kin.

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

There is a great opportunity for growth in CPA in terms of various open positions within the CPA department. CPA will be hiring additional licensing staff, kinship staff and adoption specialists. As mentioned above, not only a strength but also an area of opportunity is the development of the Foster Parent Advisory Board Committees. The development of professional foster parents is an additional area of opportunity. Each service area in CPA will develop a “training committee” who will be in charge of indentifying training needs for foster parents and set up speakers, etc.

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: Foster and foster/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 the 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

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

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.

For the Eastern Service Area:

In reviewing the data over the past few months, there have been several improvements. It appears that rates of NOT children experiencing substantiated abuse after the first 180 days of service is increasing and we are within reach of the goal of 95%, whereas in January, the rating was at 85%, we are now only 2% away from meeting that outcome measure in the Eastern Service Area.

Rates for children experiencing abuse in foster care remains almost on target, only .17% from meeting the outcome. This is attributed to the foster families receiving support and training from our Child Placement Department.

In the area of reunifying the child within 12 months of removal, in ESA, the outcome has been met. After a steady increase the data shows that we are above the outcome. This success can be attributed to the push for in home services that are allowing children to return home at an increased rate.

Data for Adoptions appears to be less than desired, but this low rating can be attributed to the fact that rather than move the cases to the contractors, those cases that were ready for adoption remained with their consistent CFS Specialist in order to finalize the adoption. As KVC continues to work with cases that meet this criteria, it is hoped that the number of adoptions will increase for those eligible children.

The results for youth reaching the age of majority mirrors that of the adoption rates. Few of those youth were transitioned to the contractors, as many of those youth aged out prior to or just at the time their case would have transferred. With the impetus of our Independent Living Program, youth who are eligible will see an increase in being discharged to a permanent home.

Placement changes overall, have been positive, and all outcomes in this area have been met. KVC has taken a serious stance on ensuring that youth who are in a stable placement remain so. This is achieved through supports to the foster placements, training of foster parents and ensuring that youth's needs are being met.

ESA Outcomes	ESA Goal	January	February	March	April	May
% of children will not experience any substantiated abuse or neglect during the first 180 days of services	95.00%	85%	86%	89.90%	89.90%	92.70%
% of new and legacy cases, 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.[Federal CFPSR data measure 99.68%; Nebraska 99.56% 4-09]	99.68%	99%	99%	99.45%	99.45%	99.51%
% of all children placed in out-of-home care will be reunified within 12-months [Federal CFPSR data measure 75.2%; Nebraska 62.5%].	60.31%	57%	57%	60.90%	60.20%	66.70%
% of children are adopted within 24 months of DHHS custody. [Federal CFPSR data measure 36.6%; Nebraska 31.2%]	31.83%	100%	100%	10.70%	60%	33%
% of cases of children legally free for adoption will be adopted within 12-months of being legally free from adoption.[Federal CFPSR data measure 53.7%; Nebraska 61.7%]	56.76%	0%	0%	12.50%	1.30%	10.30%
% of cases, of youth in care for 24 or more continuous months discharged to a permanent home prior to their 18 th birthday. [Federal CFPSR data measure 29.1%; Nebraska 44.6%]	44.60%	8%	8%	10.70%	10.70%	13.30%
% or less of cases, of youth grow up or age out of foster care. [Federal CFPSR data measure 37.5%; Nebraska 20.2%]	26.63%	21%	21%	12.90%	12.90%	13.30%
% of new cases; % of legacy cases, children in care for <12 months will have 2 or fewer foster care placements. [Federal CFPSR data measure 86%; Nebraska 84.8%]	84.27%	84%	85%	84.60%	84.60%	84.60%
TBA % of new cases; % of legacy cases of children in care for 12 to <24 months will have 2 or fewer foster care placements. [Federal CFPSR data measure 65.4%; Nebraska 56.7%]	55.19%	65%	63%	60.00%	60%	60%
% of new cases; % of legacy cases; of children in care for 24 or more months will have 2 or fewer foster care placements [Federal CFPSR data measure 41.8%; Nebraska 25.6%]	TBA	21%	23%	25.20%	25.20%	25.20%

For the Southeastern Service Area:

In reviewing the data over the past few months, it appears that rates of NOT children experiencing substantiated abuse after the first 180 days of service is not fairing as well as in the ESA. We are researching what has caused this downturn.

For the Measure – Children will be safe in Foster Care, the outcome has just been missed by .07%. This outcome report indicates a 10% jump from April's data, however. This is attributed to the foster families receiving support and training from our Child Placement Department.

In the area of reunifying the child within 12 months of removal, in SESA, This measure has been met substantially since March, after a slump at the beginning of the year. This positive outcome can be attributed to aggressive plans to move children home with supportive services.

Data for Adoptions appears to be less than desired, but as in ESA, this low rating can be attributed to the fact that rather than move the cases to the contractors, those cases that were ready for adoption remained with their consistent CFS Specialist in order to finalize the adoption. As KVC continues to work with cases that meet this criteria, it is hoped that the number of adoptions will increase for those eligible children.

The results for youth reaching the age of majority mirrors that of the adoption rates. Few of those youth were transitioned to the contractors, as many of those youth aged out prior to or just at the time their case would have transferred. With the impetus of our Independent Living Program, youth who are eligible will see an increase in being discharged to a permanent home.

Placement changes overall, have been positive, and one outcome in this area has been met for children in care 12 to 24 months, with children in care less than 12 months, almost meeting the outcome. The difficult measure is that of youth in care more than 24 months. These children have been found to have more behavioral difficulties and mental health needs that have necessitated the frequent moves. KVC has taken a serious stance on ensuring that youth who are in a stable placement remain so. This is achieved through supports to the foster placements, training of foster parents and ensuring that youth's needs are being met.

SESA Outcomes	SESA Goal	January	February	March	April	May
% of children will not experience any substantiated abuse or neglect during the first 180 days of services	95.00%	95.10%	95.20%	88.30%	99.56%	87.60%
% of new and legacy cases, 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.[Federal CFSR data measure 99.68%; Nebraska 99.56	99.68%	100.00%	100.00%	99.56%	88.30%	99.61%
% of all children placed in out-of-home care will be reunified within 12-months [Federal CFSR data measure75.2%; Nebraska 62.5%].	56.08%	30.60%	30.60%	60.00%	60.00%	72.60%
% of children are adopted within 24 months of DHHS custody. [Federal CFSR data measure 36.6%; Nebraska 31.2%]	24.58%	66.70%	66.70%	20.00%	20.00%	17.60%
% of cases of children legally free for adoption will be adopted within 12-months of being legally free from adoption.[Federal CFSR data measure 53.7%; Nebraska 61.7%]	60.24%	8.30%	9.50%	22.70%	7.40%	22.70%
% of cases, of youth in care for 24 or more continuous months discharged to a permanent home prior to their 18 th birthday. [Federal CFSR data measure 29.1%; Nebraska 44.6%]	43.76%	13.60%	13.60%	20.00%	14.70%	13.20%
% or less of cases, of youth grow up or age out of foster care. [Federal CFSR data measure 37.5%; Nebraska 20.2%]	18.43%	32.60%	32.60%	34.00%	34.00%	31.30%
% of new cases; % of legacy cases, children in care for <12 months will have 2 or fewer foster care placements. [Federal CFSR data measure 86%; Nebraska 84.8%]	87.18%	86.50%	86.50%	84.40%	84.40%	86.80%
TBA % of new cases; % of legacy cases of children in care for 12 to <24 months will have 2 or fewer foster care placements. [Federal CFSR data measure 65.4%; Nebraska 56.7%]	60.16%	56.40%	55.90%	60.70%	60.70%	64.30%
% of new cases; % of legacy cases; of children in care for 24 or more months will have 2 or fewer foster care placements [Federal CFSR data measure 41.8%; Nebraska 25.6%]	75.00%	26.90%	27.40%	28.50%	28.50%	29.90%

Send to Service Area Contract Liaison and Administrator
Central Office CQI/OPS

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) No changes have been made since the April 2010 plan.

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

All training provided was delineated in the April 2010 Training plan.

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

SESA: 109

ESA: 191

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

Both service areas combined 806 hours

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

Much of the training is provided over both services areas jointly though joint meetings and videoconference. The following is a sample of some of the ongoing training provided to KVC Staff in Fourth Quarter 2010.

A View From the Bench
Billing & NEU
Collaboration in Child Abuse and Neglect
Investigations
Defensive Driving
Family Centered Practice
Genograms
Hidden Victims: The Impact of Domestic Violence on
Children
Improving Educational Outcomes for Children in
Foster Care
Joint Commission Conference
KVC Values & Principles
Magellan Behavioral Health -
NJJA 2010 Conference
On Call Procedures
Reasonable Efforts - ICWA
ICWA
Roles and Responsibilities
Safety & Time Management
Signs of Safety
Successful Collaboration
Wraparound
YLS- Youth level of Service Inventory
Drug Testing and Screening

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)**
Between both service areas: 2643

f) **Cost of training provided by the Contractor to Service Coordinators**
 Almost all training was provided in house, or at no cost to KVC.
 The NJJA Conference, Joint Commission Conference, Hidden Victims approximately \$8000.

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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	806		10012
Number of On-going /In-Service Training hours Delivered	0	666.25	2643		3309.25
Cost of Training Provided by Contractor	0	\$ 1,000.00	8000		\$ 9,000.00

9) After Care Services and Activities provided to families discharged from the system this quarter?
 a) *A written description of the types of services and activities provided to discharged families.*

Services offered to Aftercare families include face to face meetings, telephone contact, ensuring families are aware and able to access community services, focusing on issues that are age appropriate, such as independent living goals for teens, and ensuring youth continue in required therapy or other services.

b) Number of families receiving aftercare services.
 194 youth have been referred for Aftercare services since 12/15/09

December-09	4
January-10	1
February-10	12
March-10	27
April-10	38
May-10	65
June-10	47
Grand Total	194

c) Number of families that aftercare was not required. **13 (7%)**

Aftercare Status		
Accepted	84	43%
Deceased	1	1%
Declined	48	25%
Independent Living	6	3%
Ineligible	10	5%
Moved out of State	2	1%
Unable to Locate	3	2%
Engaging (newly referred)	40	21%
Grand Total	194	

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.