



**Quarterly Report for Child Welfare and Juvenile Services**

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|---|--------------------------|---|
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| <b>Quarter</b>  | <b>Reporting Periods</b> | <b>Due Dates</b>                        |
| <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 checked="" type="checkbox"/> Quarter 4             | April 1 – May 31         | June 15                                 |
| <input type="checkbox"/> Quarter 4 (update)               | April 1 – June 30        | July 15                                 |
| <b>Date Submitted:</b>                                    |                          | <b>Date Received:</b>                   |

**GENERAL OVERVIEW**

**1. Accomplishments and Barriers:**

These past two months there have been significant changes in the Eastern Service Area. Below please find both accomplishments and barriers identified by the NFC this reporting period. The NFC has identified accomplishments that have supported reform and has outlined several barriers to reform but has identified ways in which to overcome such barriers.

**Accomplishments:**

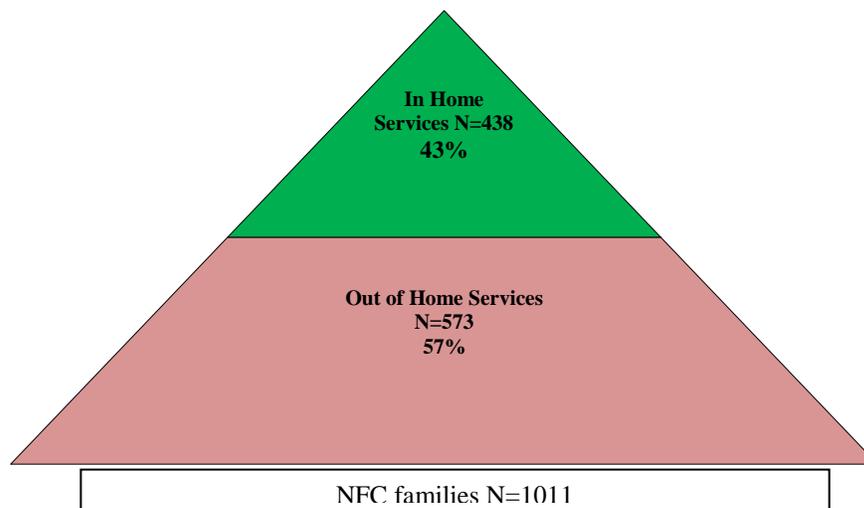
The NFC continues to be committed to reforming Nebraska Child Welfare system. This past quarter brought about many changes to the state of Nebraska's Child Welfare Reform. Perhaps the greatest change during this reporting period was the loss of Visinet, Inc. as one of the three lead agencies in the Eastern Service Area.

With these changes the NFC fully understand the situation and the need to work toward a successful contingency plan to so that disruption to children and families would be minimal. The NFC deployed both its staff and its network of providers to readily assist in whatever capacity so that children and families could be served. Staff from the NFC, KVC and the Department rallied together to assist and agreed to several arrangements outside the original proposed contingency plan. The following depicts the various activities encountered during the month of April.

- On April 16<sup>th</sup> the Department entered into an agreement with providers serving former Visinet families so that services to children and families could be uninterrupted. For children and families assigned to Visinet for Service Coordination were reassigned back to the Department for full case management.
- The NFC agreed to assist the Department for new cases for out-of-home requests and agreed to broker placements for the Departments 1/3 cases requiring out-of-home placement.
- The NFC agreed to accept an additional 1/6 of new referrals from the PRL to assist the Department. The Department accepted 1/6 of new referrals to ensure that all families had full Service Coordination and Case Management. The additional families from the PRL began on April 16, 2010 through May 31, 2010. NFC accepted an additional 20 families during this time period. Payment for direct services to these families was provided by the Department.
- The NFC agreed to work with all of the families who had exited care for former Visinet Service Coordination cases. The NFC employed two former Visinet staff to assist in coordinating Aftercare Services for these families.
- The Department agreed to accept all of NFC Single Service Referrals during the time that NFC has been providing Visinet families Aftercare Services.

The NFC has successfully seen an increase in the number of state wards placed in the parental home when compared with previous DHHS data. As of May 31, 2010 NFC has 438 in home and 573 out of home. When youth are not able to be placed with their parent the NFC diligently works to identify family members or child specific caretakers for youth. As of May 31, 2010 NFC has 229 placed in a relative and/or child specific home. Efforts by Service Coordinators will continue

to seek out relatives that may be appropriate alternatives to out of home placement.



The NFC Service Coordinators work with families at intake to identify current strengths and stressors as identified by the family. This assessment aligns with the NFC model that supports the wraparound model. Service Coordinators work with families to identify the natural supports built into the family dynamic as well as identification of barriers that prevent them from achieving safety, permanency and well being. After completion of the Strengths and Stressors the NFC staff work with the family to identify strategies related to the findings.

A major accomplishment worth noting is the number of staff that the NFC has been able to retain. Staff retention in this industry always presents itself with challenges and the NFC has successfully been able to provide the necessary supports to retain staff. The addition of an Assistant Operations Director has been helpful to support ongoing retention efforts and allows for this position to provide an increase in supervision and support to all staff.

The NFC continues to work with the partnering agencies and subcontract providers to further develop a comprehensive system of care for children and families. The NFC will continue to emphasize the importance of the CFSR outcomes, family and community engagement and building its network that comprise of both formal and informal linkages and resources. The NFC is confident that this process must continue so that Nebraska can continue the Child Welfare reform efforts. The number and types of services by providers is detailed in this report.

The NFC has also developed additional relationships with providers of specialty types in order to meet the ongoing needs of children and families. The NFC has also been working with the other lead agencies to address the complex system challenges that exist between the mental health, medical and child welfare systems. Ongoing collaboration efforts with these groups at both a statewide level as well as at the provider level will continue.

The NFC built its existence on collaboration. Voice of consumers, providers and key stakeholders continues to occur most every day and in multiple forums and occasions. The NFC values the input and feedback and will continue such efforts to further engage the need for reform success. This practice can be evidenced by the efforts of the foster care committee, comprised of both providers, NFC staff, foster parents and other key stakeholders. The committee accomplished exactly what they set out to do, revamp the foster care payment methodology. Ongoing data will be shared on the success of these efforts once implemented in July 1<sup>st</sup> (effective start date) and will be monitored ongoing.

The NFC has worked towards the Evidenced Based/Promising Practices and has successfully implemented these into service delivery with families and we have seen significant gains. All new cases to the NFC are provided with the Wraparound Handbook and the Wraparound model is discussed with each and every family. Engaging families at the onset of new cases will effectively help families move through the system with an emphasis on safety, permanency and well-being.

#### Barriers:

The challenges faced by the NFC are not unique to the NFC. The leads meet ongoing to work together to identify and resolve the necessary barriers required so that reform can be achieved. Multiple systems involving working with children and families in different aspects is often times challenging. By bringing all parties to the table to have open dialogue and identify ways in which we can work with one other will be a major emphasis of the NFC this upcoming quarter. Some of the barriers along with ways in which we are addressing these barriers are identified below:

- Clear understanding of roles and responsibilities of CFS and Service Coordinators. The Department and the leads continue to work together to further refine these roles and responsibilities. As these roles continue to shift the necessary players are at the table collaborating on what is right and makes the most sense. Ongoing dialogue will continue with key stakeholders as roles are further defined.
- Developmental disabilities (DD) identification and collaboration and ongoing needs for those children involved in both the child welfare

system and the DD system. The NFC has ongoing discussions with individuals from DD to further identify collaborative efforts to successfully resolve this barrier.

- Understanding of the differences between treatment services versus placement. The NFC continues to work with the other leads, the child welfare administration, Medicaid and Magellan to address this so that treatment dollars are primarily purchased through the Division of Medicaid.
- Court ordered services in Douglas and Sarpy Counties. The NFC continues to work with the justice staff to develop a collaborative relationship built on trust so that the assessment of needs resides with the Service Coordinator. At a recent ESA meeting both the leads and the Department shared data related to court ordered services and agreed to work collectively to address this barrier. The NFC is able to track data, by judge, and by service provider and type for all court ordered services. This data will be reviewed ongoing to identify improvement opportunities.

## **2. Description of Strategic Partnerships /Collaborations:**

The NFC has partnered with child welfare providers, Medicaid providers, community service providers, schools, key community stakeholder agencies and groups to develop a strategic partnership to better serve and meet the needs of children and families. Some of the achievements identified during this reporting period include:

Perhaps the greatest observable impact of strategic partnerships this reporting period has been with the foster care agencies and stakeholders of the foster care system. The NFC has worked since November 1, 2009 with the foster care agencies to develop an assessment tool that is tied directly to the foster payment system. Prior to November 1<sup>st</sup> providers agreed to the current rate and methodology of reimbursement and agreed to participate in developing a new system that would be effective July 1, 2010. As of this date the foster care workgroup has developed a tool and payment system for foster care that will go into effect July 1, 2010. This workgroup met ongoing over the past 8 months to develop a tool that would increase foster parent willingness to serve those difficult to place children.

Those children identified as difficult to place include but is not limited to:

- Sexual Offenders
- Aggressive and Assaultive
- Developmentally Challenged
- Psychiatric

- Older youth nearing the age of 19

The NFC continues to be active with charter groups developed through Child and Families Services. The NFC is committed to assisting the Department in all aspects to refine and improve the Contract and Operations Manual in the Eastern Service Area as well as Statewide. The NFC is active with the following groups:

- Statewide Contract Meetings
- Roles and Responsibilities Charter
- Peer Review
- NFOCUS Workgroup
- DHHS CQI Group
- Child and Family Service Reviews
- Family Team Meetings
- Eastern Service Area Contract

The NFC continues to build its partnerships to address barriers and to improve the service delivery of child welfare services. The table below depicts NFC capacity data analysis based on 2009 data provided by the Department. The NFC continues to develop relationships with providers based on the data detailed out in the table to ensure sufficient capabilities of services to NFC families. The NFC has developed a comprehensive network of providers of child welfare, mental health and substance abuse and community services in the Eastern Service Area.

The network offers alternatives to sending kids out of state although there are instances in which youth have been court ordered to an out of state treatment program or a placement program. The NFC will continue to work with stakeholders to eliminate the practice of court ordered youth to out of state providers of both child welfare and mental health and substance abuse services.

The NFC continues to identify and develop alternative resources so that youth do not need to be placed out of state and can be serviced in their community. Ongoing collaboration will occur with key stakeholders to reduce and eliminate the practice of court ordered youth to out of state providers as well as court ordered treatment when medical necessity is not present.

| Projected Total Ward Count |      |      |      |      |      |
|----------------------------|------|------|------|------|------|
| 2009                       | 2009 | 2010 | 2011 | 2012 | 2013 |

| Data                   | N           | %          | N           | %          | N           | %          | N           | %          | N           | %          |
|------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| <b>In Home</b>         | <b>728</b>  | <b>28%</b> | <b>1024</b> | <b>39%</b> | <b>1339</b> | <b>51%</b> | <b>1628</b> | <b>62%</b> | <b>1890</b> | <b>72%</b> |
| <b>Out of Home</b>     | <b>1897</b> | 72%        | 1601        | 61%        | 1286        | 49%        | 998         | 38%        | 735         | 28%        |
| <b>Total Wards ESA</b> | <b>2625</b> | 100%       |             |            |             |            |             |            |             |            |

The NFC has selected to subcontract with agencies that offer quality services and are committed to helping reform the child welfare system in Nebraska. The NFC has contracted with providers that are committed to reforming Nebraska's child welfare system. These relationships are built on mutual respect and trust; understanding of roles and responsibilities; support for ongoing assessment of safety, permanency and well being and shared accountability for outcomes. The NFC has developed a network of services and provides to ensure that services for youth and families are provided at the right time, right duration and at the appropriate intensity regardless of the service provider involved. The network breakdown includes:

| <b>NFC NETWORK OF SUBCONTRACT PROVIDERS</b>                   |    |
|---|----|
| Total # of Subcontracting Agencies in ESA                     | 52 |
| Total # of Collaborating partners of the NFC                  | 5  |
| Total # of other Lead Agencies subcontractors in ESA          | 1  |
| Total # of Agency Foster Care subcontracting providers in ESA | 11 |

\*Data derived from Network Database

NFC has also been an actively involved participant in:

- 1184 (Douglas and Sarpy County
- Billing and Claims Workgroup
- Douglas County Drug Court
- Douglas County Model Court
- Foster Care Review Board
- Foster Parent Stakeholder
- Foster Youth Council
- Governor Commission for Children
- Metro Child Abuse Collation-MCAC
- Metro Hospital Medical School Worker Meetings
- Nebraska Association of Homes and Services for Children (NEAHSC)
- Omaha Independent Living Plan

**Barriers:**

The greatest barrier has been court ordered services. The NFC has worked diligently to ensure that services are arranged that are consistent with court orders which often supersedes our ability to really reform. The NFC has staffed several court ordered out-of-state placements and treatment services with the Department but has been unsuccessful at reversing the court order even when an alternative plan was presented. This has led to an increase in youth being placed in a higher level of care than medically necessary and/or placed out of state.

Language in court orders has also created a barrier regarding payment of adult mental health and substance abuse treatment. Key stakeholders in the Juvenile Court system have an expectation that the Department (or the lead contractors) will pay for all court ordered services even when the family has the resources or income to make payment for the services without assistance from the Department or lead agency.

Physical Health expenses have also been court ordered to be paid by the Department therefore by the lead contractors even though it states in the NFC contract with the Department that the leads are not responsible for medical expenses that are not related to mental health and substance abuse.

Medical necessity of Medicaid eligible clients continues to be a concern. The NFC has ongoing dialogue with Magellan and Medicaid staff and has a pending Business Associate Agreement with Magellan so that all parties can collaborate with one another to meet the treatment and placement needs of children and families.

Mental Health Providers have assumed the NFC is a third party payor versus a referral source. The NFC is working with providers to ensure that private or public insurance is exhausted. Utilization of Region funds for families eligible continues to raise confusion among providers. The NFC, Region VI and the Region funded agencies met this reporting period to identify ways in which to better work together with families in need of mental health and substance abuse services.

**3. Utilization of identified service models**

The NFC continues to build its partnership with stakeholders, participate in community activities and work with subcontractors to build partnerships and address the barriers by building these relationships. The NFC has provided

Service Coordination and subcontracted identified service needs appropriate to the various service models. The chart below depicts utilization of identified services by month, total and the percent of the type of services.

| <b>Referrals</b>                      | <b>April</b> | <b>May</b> | <b>Total</b> | <b>Percent</b> |
|---------------------------------------|--------------|------------|--------------|----------------|
| <b>One Time Service Referrals</b>     |              |            |              |                |
| Drug Screen                           | 7            | 1          | 8            | 50%            |
| Interpreter                           | 4            | 1          | 5            | 31%            |
| CCAA'S                                | 2            | 1          | 3            | 19%            |
| Total One Time Service Referrals      | 13           | 3          | 16           |                |
| <b>Service Coordination Referrals</b> |              |            |              |                |
| 3A                                    | 28           | 26         | 54           | 61%            |
| 3B                                    | 10           | 6          | 16           | 18%            |
| OJS                                   | 9            | 10         | 19           | 21%            |
| Total Service Coordination Referrals  | 47           | 42         | 89           |                |

The NFC has been able to maintain fidelity to our Service Coordination model. Service Coordinators have been able to maintain having no more than 14 families assigned to them at any given time during the past quarter. The fidelity to our model has ensured that NFC Service Coordinators have been able to ensure smooth Service Coordination and service deliver to children and families. As of May 31, 2010 NFC is providing Service Coordination to 606 families and 1011 children. The families represent those who are actively working with the Department through Juvenile Court or on a Non-court basis. The children represent state wards, non ward siblings, and non ward youth in a non-court case.

The NFC has developed services designed to decrease the number of children in out of home and developing services designed to provide more services in the home of children and families. The above chart depicts that the NFC has been successful in the area of increasing the number of state wards placed back in the parental home.

The NFC has also worked with its network of providers that traditionally were not providers of in-home services and developed with these providers some in-home services.

The NFC service delivery model is based on the following principles and these principles support the strategy of expanding services, both in and out of home, so that continuity of service delivered can be maintained for families:

- Children will be placed in their community, with their siblings and in the least restrictive setting that meets their individualized needs.
- Every effort will be made to eliminate placement disruptions by providing timely supports to foster parents, relatives and other caregivers in the system. This responsibility falls to all participants in the system; the NFC staff, child placing agencies that operate foster home and out-of-home providers of the NFC.
- Foster parents, relatives/non-relatives and out-of-home providers shall be involved in service/case planning for children and their families and will actively participate in the delivery of those services.
- Children will maintain regular visitation/contact with their families and their siblings. Foster parents, relatives and out-of-home providers will be active participants in this process.
- Children removed from their families shall be integrated to the maximum extent possible into normalized educational, leisure and work activities. All caregivers, foster parents, relatives / non-relatives and out-of-home providers shall be an active participant in providing these opportunities for children.
- Any behavior modification program employed in the provision or management of a child's behavior shall be individualized and meet generally accepted professional standards including:
  - The program relies primarily on rewards instead of punishment;
  - The program be based on a careful assessment of the antecedents of the behavior that the program is designed to change; and
  - The program shall be consistently implemented throughout the day, including in school, in programming and leisure activity settings.
- Children who "age out" of the system shall be provided the following:
  - Adequate opportunities to prepare to leave foster care that will include assistance to promote educational success, work experience and opportunities to engage in basic life skills activities. Caregivers, foster parents, relatives and providers will be an active participant in these efforts.
  - Transition plans that support the child's objectives whether it is continuing education or employment.
  - All personal health and other service records they will require in managing their affairs.
  - A smooth transition to adult mental health and/or developmental disability services when they are required.

Results of the utilization of identified service models have been promising. The Nebraska Families Collaborative has partnered with quality providers that are committed to promoting change in Nebraska and that are committed to the same principles of the NFC:

1. Children will live with their families. Exceptions will only be made where the provision of services will not protect them from further harm.
2. Children and their families along with their natural support systems will participate in service / case planning. The services offered will be both comprehensive and unique to the child and family and based on their unique strengths and needs.
3. Children and their families will be encouraged and supported in the execution of their service plan.

NFC continues the Clinical Network Consultation Team which meets monthly to review the placement and support needs of children within the NFC network. This team is comprised of the NFC partner agencies as well as other key community agencies. The NFC partner agencies are committed to moving children into the right placement setting and utilizing community based services to support the youth when appropriate and necessary. NFC providers are committed to assist in court to offer alternatives based on individual and family needs.

The NFC is offering alternative plans utilizing a quality network of providers and is unable to reform current Child Welfare practices. Court ordered services continue to be made to out-of-state, non-network providers, treatment services that are not medically necessary, and physical health care costs for adults.

#### **4. Future Plans / Next Steps**

NFC will continue to develop the provider network and the services offered to decrease the number of children in out of home care. Gaps in services will be evaluated to determine changes to current or new services that might assist families more appropriately.

- The NFC will implement the foster care tool July 1, 2010.
- The NFC intends to conduct provider training in June and July to discuss additional strategies that its network can perform to further help reform services to children and families.

- The NFC Provider Manual (2<sup>nd</sup> Edition) is under revision and will be distributed to providers.
- The NFC will continue to increase its presence in the community and will develop additional programming and outreach activities as needs are identified.
- The NFC will continue to work on initiatives that support the Fostering Youth Connections and Child and Family Service Review (CFSR) goals and objectives.
- The NFC will continue to enhance our Authorization and Billing data base (Penelope) to ensure that providers have easy access to submit billing and provide timely services to children and families.
- The NFC will continue to work with our collaborating partners to increase service delivery and out of home capacity to meet the families and children's identified needs.
- The NFC will continue to monitor the quality of Service Coordination provided to families and children and utilize data provided from Penelope, NFOCUS, and QA reviews to ensure that coordination activities are provided in accordance to the Contract and Operation Manual.
- The NFC will ensure that CQI activities occur with all of the NFC network providers to ensure compliance with the Contract and Operation Manual. NFC will further provide feedback based on information tracked through Penelope as well as the NFC internal Provider Complaint tracking system.

## **QUARTERLY STAFFING**

Nebraska Families Collaborative had an opportunity this past quarter to recruit former Visinet employees already trained and ready to provide Service Coordination to families. NFC hired 12 former Visinet employees as Service Coordinators starting the week of 4/19/2010; 5 of these staff members are full time temporary employees.

The NFC was able to offer these full time temporary employees a full benefit insurance package including: medical, dental, vision, 401 K and flexible spending accounts.

NFC added one FTE to the Quality Assurance & Compliance Team – Quality Support Specialist

NFC has 97.86% of all employees hired as of May 31, 2010. NFC has a total of 93.5 FTE's within our agency and comprises all administrative and direct care staff. As of May 31, 2010 NFC has employed 91.5 FTE. Five (5) of these positions are former Visinet employees who have been hired as full time temporary employees.

As of May 31, 2010 NFC has 2 vacant positions; Administrative Assistant on the Operations Team and the Manager of Provider Networks and Contracts on the Quality Assurance and Compliance Team.

| <b>Employment Information</b>                                 |              |              |              |                  |                |
|---|--------------|--------------|--------------|------------------|----------------|
|   | <b>Qtr 1</b> | <b>Qtr 2</b> | <b>Qtr 3</b> | <b>6/15/2010</b> | <b>Average</b> |
| Allotted FTE's for Service Coordinators                       |              | 49.5         | 54.5         | 62.5             | <b>56</b>      |
| Filled Service Coordinator Positions                          |              | 33.5         | 49.5         | 62.5             | <b>49</b>      |
| Service Coordinator positions currently in training           |              | 5            | 1            | 0                | <b>2</b>       |
| Vacant Service Coordinator positions                          |              | 11           | 5            | 0                | <b>5</b>       |
| Average length of employment for Service Coordinators in days |              | 80           | 138          | 164.51           | <b>128</b>     |
| Allotted FTE's for Supervisor                                 |              | 7            | 7            | 7                | <b>7</b>       |
| Supervisor positions that are filled                          |              | 7            | 7            | 7                | <b>7</b>       |
| Supervisor positions that are vacant                          |              | 0            | 0            | 0                | <b>0</b>       |
| Average length of employment for Supervisors in days          |              | 95           | 152          | 232.57           | <b>160</b>     |
| Allotted FTE's for Team Support Specialist positions          |              | 5            | 5            | 5                | <b>5</b>       |
| Team Support positions that are filled                        |              | 4            | 5            | 5                | <b>5</b>       |
| Allotted FTE's for Clinical Consultant positions              |              | 3            | 3            | 3                | <b>3</b>       |
| Clinical Consultant positions that are filled                 |              | 3            | 3            | 3                | <b>3</b>       |
| Allotted FTE's for Intake Specialist                          |              | 1            | 1            | 1                | <b>1</b>       |
| Intake Specialist position that is filled                     |              | 1            | 1            | 1                | <b>1</b>       |
| Allotted FTE's for Other staff                                |              | 6            | 6            | 7                | <b>6</b>       |
| Other positions that are filled                               |              | 6            | 6            | 5                | <b>6</b>       |
| Allotted FTE's for Leadership Team                            |              | 8            | 8            | 8                | <b>8</b>       |
| Leadership Team positions that are filled                     |              | 7            | 8            | 8                | <b>8</b>       |

\*Data derived from Banner and Training Rooster

### **FOSTER PARENT RECRUITMENT AND RETENTION**

During this reporting period staff from all partnering agencies was actively involved in the recruitment of foster parents and those former Visinet foster parents. There are numerous agencies subcontracted with NFC are currently in the process of recruiting a diverse group of potential foster families in both Douglas and Sarpy counties (Eastern Service Area) focus made on Bellevue, South Omaha and Papillion/Ralston areas as well as a focus on Spanish speaking families. The subcontracting agencies have:

1. Posted newspaper ads
2. Placed television ads
3. Placed radio ads
4. Displayed billboards
5. Distributed various agency materials
6. Recruited at churches, schools, etc.

Foster Home **Transfers** this quarter totaled 14 from other foster care agencies or the state of Nebraska to NFC contracted providers. This quarter there were only three foster homes that transferred from NFC's contracted providers to another organization.

| <b>Number of NFC's Network of Foster Care Homes</b>                          |                  |                  |                  |                  |                |
|--|------------------|------------------|------------------|------------------|----------------|
|  | <b>QTR<br/>1</b> | <b>QTR<br/>2</b> | <b>QTR<br/>3</b> | <b>6/15/2010</b> | <b>Average</b> |
| <b>Newly Licensed Foster Homes</b>   |                  | 33               | 22               | 17               | 24             |
| <b>Closed Foster Homes</b>   |                  | 16               | 21               | 14               | 17             |
| <b>Foster Homes transferred to NFC's providers</b>                           |                  | 58               | 14               | 24               | 32             |
| <b>Foster Homes transferred from NFC's providers to another organization</b> |                  | 10               | 3                | 7                | 7              |
| <b>Total Number of Licensed Foster Homes</b>                                 |                  | 503              | 500              | 521              | 508            |

\*Data derived from Foster Care Data

Foster youth are **matched** with foster homes by considering a variety of factors. Proximity to biological family to preserve the youth in their school, neighborhood, and near friends and family is always encouraged. Their culture and identification with a culture or religion is also considered. Of course their behaviors and needs are taken into consideration and whether or not a family is able to meet their needs based on those needs is essential. Foster parents will be assessed of whom they feel they work best with and the expectation that one of their primary roles is mentor/role model to the family.

Location of potential non-custodial and other relatives for placement is a priority and will be completed through utilization of Ecomaps, Genograms and additional

technology. The NFC is currently exploring additional software to support the genogram process.

The NFC utilizes the following **supports and training**:

1. The PS-MAPP program uses the strengths approach to family assessment and development. The strengths approach helps the PS-MAPP leader and the family to focus on strengths related to the critical skills required of parents and foster parents. PS-MAPP is a highly interactive training program which focuses on preparing families and child placement organizations to jointly assess and decide if adopting or fostering is right for families and what types of child needs they can best meet.
2. The PS-MAPP training can take place in a variety of setting including in the home, agency and online.
3. All providers with the exception of the other leads have been trained on this model. KVC also utilizes this model and consistency for adhering to this model is not a concern for those NFC youth in KVC foster homes.
4. Individuals should expect to spend 3 hours a week, for 10 weeks with two certified trainers. Twelve (12) hours of in-service hours each year is required to maintain and renew the license.
5. There are certified trainers that complete train-the-trainer teams. These training teams can include a Foster Care Specialist and an experienced foster parent. Non-Crisis intervention programs are also provided including NCI and MAST
6. Indicated audience is Foster Parents, Kinship and Relative Providers, other staff.

### LICENSING WAIVERS

There were no **Licensing Waivers** by NFC this quarter.

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

### CHILD AND FAMILY SERVICES PLAN

During this reporting period the NFC participated in a Mini CFSR of families in the Eastern Service Area. Two NFC staff partnered with a Department staff and reviewed several cases utilizing the Federal audit tool. The findings from this tool were then entered into the Department's database for collection and reporting purposes. This process has been very helpful and well received by the NFC and ESA findings have been shared with our staff.

The NFC continues to be committed to working to ensure that services are offered consistent with Children and Family Services Plan and helping to improve compliance with the areas needing improvement in the Children and Family Services Review. The NFC is familiar and committed to activities outlined in the Performance Improvement Plan and looks forward to being a part of the improvement.

### **DISASTER PLAN**

The only changes that have been made to the NFC Disaster Plan were staff contact updates to the Calling Tree. The NFC has a Disaster Plan that identifies youth in out-of-home care and families assigned to Service Coordinators. The NFC also has a Disaster Plan capable of distributing families that have been displaced due to a disaster and has a plan to deploy additional community resources in the event of such occurrence. The NFC also has a backup system capable of preserving all client and family information.

### **CHAFEE FOSTER CARE INDEPENDENCE**

The NFC utilizes a strength-based approach that includes collaboration, youth empowerment, family, and community engagement as the core values and strategies utilized by both NFC Service Coordinators and Service Providers. This approach better prepares the youth to participate in service activities and in identifying and achieving goals that prepare a youth for adulthood. The Independent Living Plan for each youth serves as a “roadmap” for the youth and his/her support system. The Independent Living Plan is reviewed on an ongoing basis and highlights successes, identifies new challenges and barriers and focuses on overcoming challenges identified.

The NFC Chafee Foster Care Independence Plan was electronically submitted to the Department on April 1, 2010. Updates to this plan have not been made but it is anticipated that as reform progresses and based on feedback and identified improvement opportunities there will be instances in which the plan will be updated and submitted to the Department. As the leads and the Department continue to clarify and define roles and responsibilities additional changes may be necessitated.

Full Service Coordination is available to all families during aftercare with the NFC. Families are provided with the opportunity to meet monthly with their assigned Service Coordinator to review the aftercare case plan and ensure that community supports are in place to ensure stability of placement and family functioning. Service Coordinators will continue to arrange and facilitate Family Team Meetings to allow for the families informal and formal supports to provide feedback regarding the aftercare case plan and identify progress the family

continues to make on their own. The full array of services is available to all families through NFC. At this time during aftercare direct formal service provision has been minimal as families are utilizing community and informal supports.

Youth who are involved in Independent Living services after they age out of foster care are provided full Service Coordination. Youth are able to structure services to meet their needs and be flexible with their schedules. Service Coordinators will make monthly contact and arrange Family Team Meetings with youth to ensure that they have the support required to be successful while transitioning into independence as a young adult.

## **TRAINING**

Several modifications to the Training Plan have been modified and incorporated directly into the Training Plan and is attached as supplemental information.

Additional In-Service Training conducted during this reporting period includes:

- Trauma and It's Impact on the Brain: presented by Robert E. Longo, MRC, LPC, NCC, BCIA-EEG
- Nebraska Juvenile Justice Association Conference: Multiple Presenters
- Successful Collaboration Between Service Coordination and Children and Family Services in Safety Planning: Presented by multiple presenters
- Medicaid/ Magellan Training: Presented by Dr. Brannan, Theresa Campbell and Kathy Olson from Magellan
- Supervisor Training: Managing Training: Presented by Deb Anderson, PhD, LMHP
- Operations Training: Presented by NFC Quality Assurance/ Compliance Director, Angela Bredenkamp
- Drug Testing in Child Abuse Cases: Presented by multiple presenters through Project Harmony.

The Training matrix below outlines the number of Service Coordinators that completed the new employee training within the reporting period. In addition to the 4 individuals that completed the new worker training.

|   | Qtr 1 | Qtr 2        | Qtr 3       | 6/15/2010   | Annual Total |
|---|-------|--------------|-------------|-------------|--------------|
| Number of Employees who completed initial training hours        |       | 33.5         | 20          | 4           | 57.5         |
| Number of hours for DHHS New Employees Trainings Delivered      |       | 3015         | 1440        | 360         | 4815         |
| Number of hours for NFC New Employees Training Delivered        |       | 335          | 196         | 112.5       | 643.5        |
| Number of NFC On-going /In-Service Training hours Delivered     |       | 2015         | 1176.25     | 1194.75     | 4386         |
| Number of hours current NFC employees trained new NFC employees |       |              | 98.75       | 98.75       | 197.5        |
| Cost of Training Provided by NFC                                |       | \$138,475.00 | \$66,047.77 | \$40,756.87 | \$245,279.64 |

\* Data Derived from Training and Financial Departments

The NFC Provider Training matrix below outlines specific trainings offered by the NFC this reporting period.

| Provider NFC Trainings                               |                       |                                      |               |                        |                   |
|--|-----------------------|--------------------------------------|---------------|------------------------|-------------------|
| Training Name  | Training Date         | Location                             | # of Trainees | Presenter              | Agency(s) trained |
| NFC Overview   | 5/10/10               | Concord Center                       | 20            | Margaret Vacek         | 1 hour            |
| Provider Portal Training for Mental Health Providers | 5/24/10               | Boys Town                            | 15            | Margaret Vacek         | 1.5 hours         |
| NASW brown bag lunch presentation                    | 4/8/10                | First United Methodist Church, Omaha | 20            | HHS, NFC, KVC, Visinet | 1.5 hours         |
| Partner Council                                      | 5/7/10                | Lincoln, State Office Building       | 20            | DHHS, NFC, KVC         | 2 hours           |
| Foster Care Review Board                             | 5/13/10               | CASA Building, Omaha                 | 50            | HHS, NFC, KVC          | 1 hour            |
| Brown Bag Lunch                                      | This reporting period | CASA Building, Omaha                 | varied        | HHS, NFC, KVC          | 1.5 hours         |
| Homestudy Review Training for Service Coordinators   | 4/15/10               | Omni                                 | 20            | Shawn Medrano          | 1.5 hours         |
| Homestudy Review Training for Service Coordinators   | 5/1/10                | Boys Town                            | 20            | Shawn Medrano          | 1.5 hours         |

|  |         |                           |    |               |           |
|--|---------|---------------------------|----|---------------|-----------|
| Homestudy Review<br>Training for Service<br>Coordinators | 5/17/10 | Child Saving<br>Institute | 20 | Shawn Medrano | 1.5 hours |
|--|---------|---------------------------|----|---------------|-----------|

\*Data derived from Training Department

**PROGRAM EVIDENCE BASED PRACTICE AND PROMISING PRACTICE**

a) **Boys Town In-Home Family Program**

i. 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?)**

- a) ROLES – 100% of youth complete at admission and discharge
- b) Strengths and Stressors – 100% of families receiving Family Support or Intensive Family Preservation services are assessed with this tool at admission. As needed, this tool may be administered to families during services. 100% of families are administered this tool at discharge if they have received Family Support or Intensive Family Preservation services.
- c) Treatment fidelity instrument – In-Home Family program supervisors utilize the In-Home Family Services Consultant Assessment Observation Instrument to evaluate the degree to which Family Consultants implement the model. This tool is administered twice a month during the first 6 months of employment, and once a month thereafter. During the annual staff certification process, the fidelity instrument is administered once by evaluators.

- **Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?**

- a) ROLES – ROLES data resides in National Database. Entry of data is audited to ensure that it is entered at admission and discharge.
- b) Strengths and Stressors -- data resides in National Database. Entry of data is audited to ensure that it is entered at admission and discharge.

- c) Treatment fidelity instrument – Administration of the In-Home Family Services Consultant Assessment Observation Instrument occurs twice per month during the first year as a Family Consultant and then once a month after a Family Consultant is certified. This is documented in the supervisor’s service delivery plan for each Family Consultant. In addition, fidelity measurements are administered during the certification process become part of a larger evaluation and review process, which is reviewed and approved by the Youth Care Evaluation Review Committee.
    - d) Boys Town Quality Management Council – The QA/QI structure of the NE/IA region is supported by an active Quality Management Council (QMC). Chaired the Coordinator of Compliance and Accreditation, the QMC regularly reviews all facets of program operation, licensing, accreditation, utilization review and safety issues related to programs. The records review committee completes quarterly file audits on all NE/IA programs to ensure compliance to programmatic standards, licensing and accreditation requirements, and best practice. The QMC reports results to the management team of NE/IA operations and the QA/QI committee of the Boys Town National Board of Trustees.
  - ii. **Strengths** -- Overall strength is that these data measures are systematically tracked primarily through the National Database system, which warehouses all relevant treatment data for youth and families. This data is readily available for review by supervisors during the consultation process with Family Consultants.
  - iii. **Weaknesses** – It is a continual challenge to complete the observation forms with Family Consultants in the family home, given the diverse geographic location of family homes, as our staff and program continue to grow due to increased demand.
  - iv. **Points for Improvement & Plan of Action** – Continued emphasis on the active consultation process between supervisors and family consultants to ensure timely and accurate use of observation forms, particularly for newer staff who require more frequent observations.
- b) **Boys Town Treatment Family Home Program (TFH)**
- i. Fidelity/Implementation
    - **Data Quantity - What percentage is 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?)**

- a) Child Behavior Checklist Admission Response Rate – 97%
  - b) Child Behavior Checklist Departure Response Rate – 91%
  - c) ROLES – 100% of youth complete at admission and discharge
  - d) DISC – 96.7% of youth complete at admission and at every 12 months while in program (January was 90.32%, both February and March were at 100%)
  - e) Treatment fidelity instrument – Clinical Specialists administer the treatment fidelity instrument on Family Teachers twice a month during the first 6 months of employment, and once a month thereafter. During the annual staff certification process, the fidelity instrument is administered once by evaluators.
- **Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?**
    - a) Child Behavior Checklist – Research staff track number of CBCL's received and for complete and accurate information. Feedback is given to the Boys Town admissions department monthly. Program goal is to receive complete and accurate CBCL's on 80% or more of youth admitted to the TFH program.
    - b) ROLES – ROLES data resides in National Database. Entry of data is audited to ensure that it is entered at admission and discharge.
    - c) DISC – The DISC is completed as part of orientation to Boys Town and is part of the orientation checklist. Yearly DISC reminders are part of the task due list within National Database.
    - d) Treatment fidelity instrument – Administration of the treatment fidelity instrument is documented in the clinical specialist service delivery plan for each family teacher. In addition, fidelity measurements during the certification process become part of a larger evaluation and review process, which is reviewed and approved by the Youth Care Evaluation Review Committee.
    - e) Boys Town Quality Management Council – The QA/QI structure of the NE/IA region is supported by an active Quality Management Council (QMC). Chaired the Coordinator of Compliance and Accreditation, the QMC regularly reviews all facets of program operation, licensing, accreditation, utilization review and safety issues related to programs. The

records review committee completes quarterly file audits on all NE/IA programs to ensure compliance to programmatic standards, licensing and accreditation requirements, and best practice. The QMC reports results to the management team of NE/IA operations and the QA/QI committee of the Boys Town National Board of Trustees.

- ii. **Strengths** – Internal audits are done monthly by the Records Room staff on admission documentation for each youth file. Data collected is also specific to each Admissions Service Representative so appropriate feedback for deficiencies can be given. Overall strength is that these data measures are systematically tracked primarily through the National Database system, which warehouses all relevant treatment data for youth. There are also effective QA systems in place (i.e., research providing monthly feedback to admission re: CBCL's, highly structured consultation system in place for Family Teachers, etc.). Additional oversight from the National Database staff and monthly reports are given to Program Directors. Quarterly meetings with Senior Leadership and Compliance, Database, Safety, and Risk Management look at any trends and areas in need of improvement. Enhancement to Boys Town's internal Resource Site for each service area aids in communication and consistency, and serves as an additional quality control measure.
  - iii. **Weaknesses** – Completion rate of completing CBCL's at admission is improving and we will be evaluating what additional steps can be taken to improve CBCL's. Data for CBCL's at departure has also been added this quarter. We will continue to monitor current systems ensuring that enhancements are working overtime at Admissions and Departure. This performance area is a good example of Boys Town's Continuous Quality Improvement Model (Plan/Do/Check/Act). "Act" on what you have learned. If you have accomplished your objective, put controls in place to monitor and sustain your effectiveness. If you have not accomplished your objective, go through the Plan, Do, Check, Act cycle again, starting with the Plan step.
  - iv. **Points for Improvement & Plan of Action** -- Continued tracking and putting controls in place to monitor CBCL administration at Admissions and Departure. Plan of action includes timely feedback to Admissions staff and information will be gathered from program staff on ways to improve CBCL Departure response rates. After information is gathered, we will develop further the performance improvement plan.
- c) **Celebrating Families**- Fidelity/Implementation - Heartland Family Service just received the Celebrating Families curriculum and training materials in

June 2010. Staff will be working throughout the summer to develop the needed program resources, (locations, volunteers, child care, etc) and hope to implement the first cycle after Labor Day and the start of school, sometime mid September 2010.

- d) **Cognitive Behavioral Therapy (CBT)**-No families requiring this intervention referred to date. No data to report.
  
- e) **Family Peer-to-Peer Mentoring**
  - i. Fidelity/Implementation
    - **Data Quantity**
      - a) 100% of our families receive our family survey (see Attachment A) randomly during the time they are receiving services by Nebraska Family Support Network and at case closure. We will continue to provide the survey to each family at least once per quarter and always at closing.
      - b) Our current response rate averages 22%, which is up from last quarter. Examining the surveys returned showed some family partners had much lower response rates than others. A training on how to present surveys to families will be conducted to improve response rates.
    - **Data Quality**
      - a) When a family signs up with Nebraska Family Support Network they are given a document that describes our survey process and the data measurements. Staff is encouraged to seek feedback from our families and share how the surveys help us understand and improve our service
  - ii. Strengths
    - a. Generally the families that do return our surveys give us high ratings for the services we provide.
  - iii. Weaknesses
    - a. We are working to improve our survey response rate. We also want to improve the family's perspective on their ability to successfully achieve their case goals
  - iv. Points for Improvement & Plan of Action
    - a. improve response rates on surveys
    - b. increase our ability to serve diverse members of the community by overcoming language barriers
    - c. implement more training for staff in the area of helping skills (i.e. communication, goal setting, budgeting, etc.)
  
- f) **Homebuilders**

- i. 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?)
    - a) NCFAS – 100% of clients have a NCFAS completed within the first 3 sessions. Eight NFC families have discharged between January 2010 and April 2010, so 100% of families have had NCFAS completed at discharge.
    - b) Parent Self-Efficacy Scale – Goal is for 100% of parents to complete this scale at intake and discharge. Currently, this form has been completed at 100% for clients at intake.
    - c) Peabody Measures – Goal is for 100% of clients to complete this scale at intake and discharge. Currently, this form has been completed at 100% for clients at intake.
  - Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?
    - a) Processes to ensure that data is reliable include: random file reviews, file reviews at discharge, consultations with staff to ensure all required assessments are being completed, etc.
- ii. Strengths
  - Fidelity tools are good indicators of family/client progress.
  - All forms now included in the Intake packet for IFP and Family Support
  - NCFAS has been completed at 100% for intakes with NFC.
  - Included Parent Self-Efficacy Scale and Peabody Measures in the intake packets for all IFP and Family Support cases
- iii. Weaknesses
  - None noted
- iv. Points for Improvement & Plan of Action.
  - Continued random file reviews and thorough reviews at discharge.
- g) **Multi-systemic Therapy (MST)**-No families requiring this intervention referred to date. No data to report for this reporting period.
- h) **Nurturing Parenting Program**
  - i. Fidelity/Implementation

*The Adult-Adolescent Parenting Inventory (AAPI) and Nurturing Skills Competency Scale (NSCS) are administered to parents referred for*

Family Support and Intensive Family Preservation services for the purpose of parenting education. The *AAPI* assesses parenting and child rearing attitudes and the *NSCS*, which Child Saving Institute began using during Quarter 2 2010, measures parenting knowledge and the utilization of *Nurturing Parenting* practices. Baseline measures are used to develop and implement service plans that meet the needs of the family. Mid-service ratings, at six week intervals, further direct service by providing information on a parent's internalization of the skills and knowledge gained and, along with discharge measures, provide data on the changes that have occurred in parenting attitudes and skills.

Child Saving Institute provided home-based parenting education and support via Family Support services to 23 families and to 4 families for via Intensive Family Preservation services during Quarter 2 2010.

All families receive baseline, mid-service, and discharge ratings, with the exception of families who disengage from services unexpectedly and are non-responsive to attempts to collect the data. During Q2 2010, 75% (3 of 4) discharged Family Support clients participated in *AAPI* ratings. The fourth family disengaged prior to being involved in services for six weeks.

- The *AAPI* scores consistently indicate that parenting attitudes either reflect the same level of risk or a decreased level of risk in each domain. For example, one discharged family was rated at medium risk for abuse or neglect on each of the five domains (Expectations, Empathy, Corporal Punishment, Family Roles, and Power-Independence) at intake. This family was rated as low risk in the domains of Empathy and Family Roles at discharge and maintained medium risk in the other three domains.
  - *Nurturing Skills Competency Scale* comparison data is not yet available. All families have a baseline rating and comparison data will be provided in the Quarter 3 2010 report.
- Data Quality – What are some of the processes you have in place to ensure the data you receive is reliable?

Parental responses to the *AAPI* and *NSCS* are reviewed with In-Home Specialists during supervision to ensure a service plan congruent with the family's identified needs is developed and implemented.

ii. Strengths

In-Home Specialists are able to customize a curriculum from *Nurturing Parenting Program* materials to address diminished parenting capacities based on parents' responses to the *Adult-Adolescent Parenting Inventory*

and *Nurturing Skills Competency Scale*. This allows each parent's individualized needs to be addressed as efficiently as possible. The *Nurturing Parenting Program* can be provided in conjunction with Parenting Time services if children are in out-of-home placement so that new skills can be observed and progress monitored.

iii. Weaknesses

Because the *AAPI* assesses parenting attitudes, it is possible for parents to respond in a way that presents their attitudes in a more favorable, socially acceptable manner than their behavior actually indicates. Also, it seems that a change in parenting attitudes and beliefs may be an unrealistic objective for families who are involuntarily engaged in a parenting program and in the pre-contemplative stage of change. Therefore, Child Saving Institute has integrated the use of the *Nurturing Skills Competency Scale* to assess parenting knowledge and utilization of *Nurturing Parenting* practices.

iv. Points for Improvement & Plan of Action:

Child Saving Institute supervisory staff will continue to monitor the effectiveness of both the *Adult-Adolescent Parenting Inventory* and *Nurturing Skills Competency Scale* for developing a service plan that meets the needs of the clients referred for services. Recommendations for the continued use of these tools will be submitted once sufficient data has been collected and analyzed.

- i) **Wraparound**-The NFC has contracted with the Nebraska Family Support Network to conduct the WFI. The purpose of the WFI surveys is to monitor and measure how the Wraparound principles and stages of engagement are being adhered to and implemented. The premise is that by accurately applying the Wraparound principles NFC should see better outcomes for children and families. The NFC began conducting these surveys March 15<sup>th</sup> no data collection has been reported to date.

## AFTERCARE SERVICE AND ACTIVITIES REPORT

NFC works with families to provide aftercare services to ensure that families continue to receive the ongoing supports necessary to preserve the family and to ensure safety, permanency and well being long after the family has been involved in the system. The NFC is providing Aftercare Services to 30 families and 74 children.

Families that have agreed to aftercare services will do so for 12 months following case closure. Aftercare is not required for families that only receive a single service; those families that move out of Nebraska; when the youngest child has

reached the age of 19 or if the case is closed within 48 hour law enforcement hold.

The families participating in aftercare may receive direct service delivery in addition to the aftercare provided by the Service Coordinators. Many of the families in aftercare receive ongoing family support and peer to peer mentoring.