Annual QI Model/Program Report

8/15/2010

The following EBP/PP's are performed by Nebraska Families Collaborative (NFC) partners or NFC itself.

Boys Town Treatment Family Home Program

Methods: The Boys Town Treatment Family Home Program applies a behavioral treatment model that emphasizes positive relationships, skill teaching, and self-control. The program is delivered through the Treatment Family Home program, in which a married couple—trained to teach youth how to build positive relationships with others—lives with six to eight youth in a large domestic home. These couples are trained to use every opportunity to reinforce appropriate behavior and apply consequences to inappropriate behavior. The curriculum teaches specific social skills to develop the thinking, feeling, and choice-making needed to replace the inappropriate ways the youths have learned to deal with difficult and stressful situations. Children stay in a residential home on average 18 months.

The Treatment Family Home program has five major elements:

- **Teaching skills**. Youths are taught positive social skills within the program through the use of a cognitive behavioral approach that rewards positive behavior, imposes consequences for negative behavior, and teaches alternatives to negative behavior.
- **Building healthy relationships**. Staff interact with the boys and girls with warmth, compassion, and genuine positive regard to develop relationships that are non-exploitive and that preserve personal dignity and a healthy sense of interpersonal boundaries. **Supporting moral and spiritual development**. Staff foster spiritual growth to help youths grapple with the moral decisions they must make every day regarding friendships, families, sex, and their own self-worth.
- **Creating a family-style environment**. A positive and healthy family unit is emphasized because families are an important part of a child's composition and are considered critical to treatment success.

- **Promoting self-government and self-determination**. Youths are empowered to make responsible and meaningful decisions about their lives, with the guidance and teaching of well-trained and caring staff.

The standardized measures utilized within the Treatment Family Home Program are implemented to develop a baseline for behavioral functioning (CBCL) and measure improvement in functioning over time, measure the potential for occurrence of a mental health diagnosis (DISC) and need for further assessment, identify if a youth receiving treatment moves to a less restrictive living environment after residing in the Treatment Family Home (ROLES), and to ensure staff level of implementation of the model of care as trained (Treatment Fidelity Instrument) is at a high level.

Measures:

- CBCL
- DISC
- ROLES
- Treatment Fidelity Instrument

Population/Sample: For the CBLC, DISC, and ROLES the target population is youth ages 10-17 with history of delinquency and/or emotional and behavioral disorders. The Treatment Fidelity Instrument is implemented with Family Teachers and Assistant Family Teachers (staff) working in the Treatment Family Home.

Descriptive: Standardized measures include the 1) **Child Behavior Check List** (CBCL), 2) the **Restrictiveness of Living Environments Scale** (ROLES), and the 3) **Diagnostic Interview Schedule for Children** (DISC).

1) **CBCL:** Achenbach, 2001. The CBCL is a widely used measure of problem behaviors, providing three broadband scales (internalizing, externalizing, and total behavior problems) and eight narrowband scales (e.g., withdrawn, social problems, delinquent problems).

2) **ROLES**: A measure indicating the relative restrictiveness of 25 settings in which a youth may be living (Hawkins, Almeida, Fabry, & Reitz, 1992). BT has modified the original ROLES by adding 4 additional categories, indicated with a ".5" in the scale. The ROLES is captured at intake, discharge and follow-up.

3) **DISC:** The Voice DISC is a self-administered computerized program assessing over 30 of the most common psychiatric diagnoses of youth based on the DSM-IV.

4) **Treatment Fidelity Instrument:** Treatment fidelity is maintained through an ongoing process of training, close supervision, consultation, and evaluation. Before working with

youth, Family Teachers complete an intensive, 2-week competency-based training. Family Teachers also participate in more than 60 additional hours of advanced training workshops during their 1st year and 48 hours annually thereafter.

Clinical Supervisors regularly observe Family Teachers using the TFH Observation instrument to evaluate the degree to which Family Teachers implement the Model. The observation instrument operationalizes the core elements of the Model: Teaching Skills; Motivation System; Building Healthy Relationships; Moral and Spiritual Development; Family-Style Environment; and Self-Government and Self-Determination. Observers use a 5-point response scale (1=No/Incorrect, 2=Below Average, 3=Average, 4=Above Average, 5=Excellent) anchored with behavioral definitions to rate implementation. There is also space for narrative comments where observers can provide qualitative feedback to Family Teachers. Implementation data from the observation is used to inform staff development plans and to continuously monitor and improve fidelity.

Results: Evaluation results indicate that the TFH program produces positive benefits for both boys and girls. Overall, the outcome measures indicated that most youths improved from intake to discharge and were functioning at levels similar to national norms at a 3-month follow-up. These improvements were shown on standardized instruments as well as on more subjective measures.

- CBCL: Between 1/1/10 and 7/31/10 165 of 175 (94%) youth admitted to the Treatment Family Home Program have completed a CBCL. During the same time period 204 of 229 (89%) youth have completed a CBCL at departure. The average broadband CBCL scores improved from the clinical or borderline range at intake to normal levels at discharge, including an improvement of a full standard deviation on total problems.
- DISC: Between 1/1/10 and 7/31/10 100% of youth admitted to the Treatment Family Home Program were administered the DISC. Youth reaching their 12th month in the program during this time were also administered the DISC. The proportion of youths with diagnosable psychiatric disorders decreased from over 60 percent at intake to less than 25 percent 12 months later.
- ROLES: Between 1/1/10 and 7/31/10 100% of youth admitted to Treatment Family Home Program were administered the ROLES. 100% of youth discharged during this time were administered the ROLES. The Treatment Family Home Program discharged 80 percent of the youths to either their families' home or to independent living.
- Follow-up Interview: As BT youths enter young adulthood (5 years post discharge) they function similarly to their peers in the general population in terms of high school graduation, employment, mental health, and having a social support system.
- Treatment Fidelity Instrument: All Treatment Family Home staff working with youth in the Treatment Family Home Program have met organizational standards on the Treatment Model Fidelity Instrument and have met the criteria for certification.
- Follow-up Interview: As BT youths reach their late 20s to mid-30s (16 years post discharge) they continue to be functional members of society. Further, they continue to be similar to the national population in regard to their high school graduation, employment, marriage, and family situations.

Discussion: Internal audits continue 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.

Limitations: We found that some of the data previously reported also included some non-Nebraska youth, as we collect this data on all our youth (actual data for NFC completion rates went up). Meetings were held with National Database and Research staff to establish clear guidelines to separate for this report. Regular reports are now in an easy-to-read format will be done monthly entitled "2010 NFC Data Completion Rates."

Conclusions: We will continue to develop internal systems to monitor completion rates. Please note that some of the rates are computed prior to reporting the end of the quarter, and those will be updated accordingly next quarter. Also, during this quarter, we have formed a work group and developed checklists to ensure consistency and quality in Treatment Family Home documentation using a peer review system. We are also working with the National Database staff to redesign the Treatment Plan format and "Tasks Due" report which reminds staff when and what reports are due. Additional training will also be provided.

Boys Town In-Home Family Services

Methods: In-Home Family Services are a home-based, family-centered, individualized, skill-based, and crisis-oriented intervention with treatment lasting until the family demonstrates competency in referral areas. Treatment duration ranges from short-term to long-term, service intensity from highly intensive to less intensive depending on the referral source, and Family Consultants are available 24/7. The program components are based on the Teaching Family Model, Homebuilders, Environmental Ecological theory and Multi-Systemic Therapy. Core program components of the In-Home Family Program include:

- **Engagement**, via trust and relationship building, is vital to family cooperation and progress in treatment.
- **Formal assessment** is used to identify family strengths and inform service planning.
- **Fitting services** to needs by identifying the most critical problems and narrowing the scope of the intervention to address those issues ensures that families' needs are met.
- **Primary intervention** involves **utilizing formal and informal supports** and providing skill training to parents to address multiple stressors.

The structure of Boys Town IHFS is also based on practices that BT has found effective and have been demonstrated as effective in the research literature (Nelson et al, 2009-Casey Report). Structural components include:

- Small caseloads
- Family consultants are available 24 hours a day 7 days a week for crisis calls
- Concrete services are provided according to the family's needs
- Services are primarily provided in the family's home.
- Parents are the primary target for services.
- Contact with the family is made within 24 hours of the public agency referral and services are intensive at the beginning and intensity and duration are determined primarily by the needs and progress of the family.

Problem behaviors addressed: Academic problems, Aggression/Violence, Delinquency, Family functioning (e.g. communication, discipline, & relationship problems), Trauma exposure (e.g. child abuse/neglect, domestic violence, & home safety).

Services provided include: cognitive behavioral interventions, individual and family counseling, teaching skills that promote self-sufficiency, improving parenting techniques, developing problem-solving skills, new skill rehearsal, skills to help open lines of communication within the family and its support network (schools, relatives, friends), and facilitating access to needed resources.

Measures:

- ROLES
- Strengths and Stressors
- Model Fidelity Instrument
- Level 1 and Level 2 Safety Risk Assessments

Population/Sample:

- Families of youth age 0-18, experiencing abuse/neglect in the home
- Families of youth age 0-18, at risk for imminent child out-of-home placement

Descriptive: Standardized measures include 1) the **Restrictiveness of Living Environments Scale** (ROLES), 2) **Strengths & Stressors**, and 3) **Model Fidelity Instrument**. Non-standardized instruments include the Level 1 and Level 2 Safety and Risk Assessments and Service Plans.

1) **ROLES**: A measure indicating the relative restrictiveness of 25 settings in which a youth may be living (Hawkins, Almeida, Fabry, & Reitz, 1992). BT has modified the original ROLES by adding 4 additional categories, indicated with a ".5" in the scale. The ROLES is captured at intake, discharge and follow-up.

2) **Strength & Stressors:** An assessment tool that will be utilized with all families at intake, as needed during services and at case closure. Rating changes from intake to case closure will be reported. The **Strengths & Stressors** has six domains (Environment, Social Support, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being) and consists of 35 questions rated on a scale of -3 (serious stressor) to 0 (community norm level) to +2 (clear strength).

   The Strengths and Stressors help Consultants:

   1) Conduct an ecological and strengths-based family assessment
   2) Build a logical service plan that is tailored to family strengths and needs
   3) Track changes in families with families
   4) Track success in consultant practice and in agency outcomes.

3) **Model 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. Portions of this tool are administered twice a month during the first 6 months of employment, and once a month thereafter. The entire Model Fidelity Tool, measuring each of the components of the Model, is required to be administered quarterly. During the annual staff certification process, the fidelity instrument is administered once by evaluators.

4) **Level 1 and Level 2 Safety and Risk Assessments:** The purpose of this assessment is to identify safety and risk issues including past or present suicidal ideations or attempts within families receiving Family Support or Intensive Family Preservation Services. When there is risk identified in the Level 1 screen, a Level 2 Screen is then completed.

5) **Family Case Plans:** Families receiving Family Support or Intensive Family Preservation Services have a service plan written and implemented within 30 days that includes family input and is based off of comprehensive information including our Strengths and Stressors assessment. Progress toward meeting Service Plan goals is measured regularly during services, including a midpoint and case closure rating. There are four progress rating criteria: No Progress (NP), Minimal Progress (MP), Progress (P), and Achieved (A).

Results: Results from multiple evaluations of the Boys Town In-Home Family Services indicate its potential to reduce the risk of out-of-home placement for children and to substantially improve child functioning and long-term family success, specifically:

- Families served by IHFS report improvements in child behavior problems and intensity, school and family functioning, parenting practices, and parental stress.
- Two outcome studies have shown the reduction in behavior problems was maintained at both 3- and 12-months post-discharge.

- At both 6- and 12-month follow-up, families remain intact, report their needs being met, and feel safe where they live while youth are attending or have graduated from school and very few are involved in risky behavior.
- Model fidelity of IHFS can be practically measured via an observation instrument and service delivery tracking form.
- Concrete services may be an effective component of IHFS for those families that are lacking daily living skills.

These improvements were shown on standardized instruments as well as on more subjective measures.

- ROLES: The Restrictiveness of Living Environment Scale was completed at a rate of100% at admission and discharge for active families during this report period.
- Strengths and Stressors: 100% of families receiving Family Support or Intensive Family Preservation services were assessed with this tool within 30 days of Admissions. For this review period, approximately 13% of the families had this tool administered during services, and in each of those cases, the assessment data was used to adjust the service plan for the family. 100% of families who received Family Support or Intensive Family Preservation were administered this tool at discharge. Outcomes data on percent of areas that showed improvement from intake to discharge is being reviewed on a monthly basis for the purpose of quality improvement.
- Model Fidelity Instrument: During this review period observations occurred 91% for the monthly observations, and 100% for the quarterly observations during this review period. Certification observations occurred at a rate of 100% during this past quarter, and all Family Consultants met criteria on this evaluation observation this review period.
- Service Plans -- Goal Attainment: 100% of the families who received Family Support and IFP had a service plan written and implemented within 30 days that included family input and was based off of comprehensive information including our Strengths and Stressors assessment. Upon case closure, the Family Consultant who worked with the family document if a family met or did not meet their Service Plan goals. The percentage of goals set/met is a data point we review monthly for both an individual and overall program QA/QI data point. We compare this data to a National Average as a benchmark, with a goal of 80%. We were below 80% two of the three months during this review period so we looked at why we were not as successful as we would like, and strategized on ways to improve outcomes in this area.

Discussion: Boys Town captures and reviews quantitative and qualitative data for QA/QI on a regular basis. In 2010, we began getting the "IHFS Program Implementation Team Dashboard" monthly. This dashboard provides numerous relevant data points for each program (n=11) as compared to our national average. These data measures are systematically tracked primarily through the National Database system, which warehouses all relevant treatment data for children and families. This data is readily available for review by supervisors during the consultation process with Family Consultants. There is a system of checks and balances to ensure that assessments are completed, they drive the family service plan, and that Family Consultants are utilizing the Service Plan to prioritize services for the families. In addition, the supervision process is prescribed to ensure that Family Consultants and their supervisors receive consistent, quality supervision. One of the outcomes of this quality supervision is

evident through implementation of the In-Home Family Program model, measured through the Model Fidelity observations.

Limitations: We have not consistently met Service Plan goals with families at our targeted rate. There are many reasons for this, such as noncompliant parents, parents not engaged in services, services ending due to parent being incarcerated or unavailable for services due to some other reason, to name a few. We are currently putting efforts in to further developing the skills of our staff in engaging parents and family members, and will monitor to see if implementation of engagement and relationship building skills has a positive impact on increasing service plan goal attainment.

Conclusion: Continued emphasis on the active consultation process between supervisors and family consultants, including observations to provide growth and feedback opportunities for developing engagement and relationship building skills. Ratings in the area of Relationship Development on Model Fidelity observations will be reviewed and measured for improvement, as will the service plan goal attainment rates.

CBT

No NFC families requiring this intervention referred to date. No data to report for this reporting period.

Celebrating Families

Heartland Family Service just received the Celebrating Families curriculum and training materials in June 2010 after the company lost the original curriculum order and then was on backorder. Staff will be working throughout the summer to develop the needed program resources, (locations, volunteers, child care, etc), recruitment, hiring, training and hope to implement the first cycle after Labor Day and the start of school, sometime mid September 2010.

Homebuilders

Methods: The *Homebuilders* program is designed to assist families at imminent risk of removal of their child(ren). The intervention takes advantage of family crisis situations to promote change in the family with intensive, brief services.

Phases of *Homebuilders* includes: Assessment, Treatment, and Follow-up. These phases include daily homework, behavior modification, and other evidenced based interventions.

Measures: The measures for *Homebuilders* are listed below.

<u>Fidelity Measures:</u>

- Work in the parent's home to reinforce strengths and empower families to be self sufficient

- Reinforce the strengths of the family
- Connect with and support the families through community organizations such as cultural and social outlets
- Services available within 48 hours of referral
- 6 month duration or less, unless additional follow up is required at the request of HHS.
- No more than 10 families per service provider.
- 6 to 8 direct hours per week plus additional indirect hours
- Service provided 24 hours, 7 days per week.
- Parents increases scores on Parent Self Efficacy Scale
- Sessions include daily homework for the families/clients

Processes and any measures used to ensure appropriate implementation:

- Weekly Supervision and/or Clinical Supervision when needed
- Peabody Measures
- Phone calls to clients

Population/Sample: The population includes children and youth who are at risk for out of home placement. Also included are those families with several dysfunctional parental and child relationships. Those that are excluded from this program are families that exhibit ritualistic and sadistic abuse.

Descriptive: Peabody measures-description of measures attached

Results: The program is effective at reducing impairment to individuals and families. It has been shown to reduce abuse and neglect when used properly and also to reduce out of home placements.

Discussion: The program is best utilized when appropriate referrals are made. This includes when the children are returned to the home after being removed for some time or in order to maintain placement in the home. A two person team at that point can work with the family to reduce future abuse, neglect and other impairments to family functioning, enabling the family to remain intact and the children in the home.

Limitations: Limitations and barriers would be lack of team involvement as the team strategy is vital to the success of this program. Additionally, inappropriate referrals can also result in families being overwhelmed with services, as *Homebuilders* has an intensive strategy, and withdrawing cooperation in working with the team.

Conclusions: Consideration should be given to the use of the 15 week long, two person IFP model recommended for extreme cases by *Homebuilders*. This program will provide maximum flexibility for families and allows for a therapist to assess impairment and mental health needs.

MST

No NFC families requiring this intervention referred to date. No data to report for this reporting period.

Family Peer to Peer

In keeping with the peer mentoring model that has proven so efficacious across the nation, Nebraska Family Support Network hires family members who have successfully navigated some component of the system of service with their own families to help other families who are struggling in the same system(s).

Methods: Since the inception of the NFC contract with NFSN, this agency has served 173 families in the community. Services provided to families include, but are not limited to:

- Support and help to understand court documents/achieve case plan requirements
- Supportive presence at family team meetings/school IEP meetings – helping the families understand their rights and to ensure that the family "voice" is heard
- A bridging presence between families and service coordinators/case managers
- Identifying needs and making referrals to community resources/service providers
- Attend AA and/or other support groups to help with initial introduction/comfort level
- Assistance in securing housing, furniture, clothing, food, medication, paying utility bills, etc.
- Providing a nonjudgmental "ear" for families to share concerns and challenges
- Support in creating a budget, keeping track of appointments, seeking employment…
- Special events and activities

Family Partners strive to meet with each active family once a month at minimum. The Program Director tracks face to face visits and during the last quarter on average Family Partners met this goal 92 % or greater. Many families were seen much more than once a month – depending on the needs of the family. When a family has reached stability and no longer needs services and if the service coordinator agrees, we close the file with the promise we will be available should the need arise. If the family has dropped off the radar so to speak – we make every attempt for contact including phone calls, drop by visits, and/or letters…then we work with the service coordinator to close the file. This is the only course of action we have available to us at this time.

Measures: NFSN maintains a database that collects a comprehensive array of data that specifically defines how our families are served.

NFSN completes a midyear and annual survey that was designed to link to the CFSR. The results of our semi-annual survey were completed in June and are posted below. Respondents were asked to mark YES if they received help in the specific area and not applicable if they didn't need or ask for help in that area. The response rate to the surveys was 22%. I would like

to see it higher so we will evaluate our current process to improve the response rates. Families indicated a 100 % overall satisfaction rate with our services during our last survey period.

Population/Sample: Nebraska children and families affected by mental, emotional, or behavioral health issues.

Descriptive:

- Families have skills to effectively partner and collaborate with the professionals.
- Families have adequate formal and informal supports.
- Families have increased knowledge of their child/ren's specific mental / behavioral health needs.
- Families have skills to ensure safety of their child/ren and family in the home.

Results:

CFSR: Families have enhanced capacity to provide for children's needs			
My Family Partner helped my family by:			
	Yes Percentage	**N/A Percentage**	**No Response Percentage**
Set up a Budget	51.85%	33.33%	14.81%
Find housing	55.56%	33.33%	11.11%
Securing rental assistance	62.96%	18.52%	18.52%
Securing emergency funds for utilities	70.37%	14.81%	14.81%
Securing emergency funds/sources for food	74.07%	14.81%	11.11%
Securing sources for free or discounted furniture	59.26%	25.93%	14.81%
Securing sources/funds for clothing	74.07%	22.22%	3.70%
Securing legal assistance	40.74%	44.44%	14.81%
Find extra help at holidays	59.26%	29.63%	11.11%
Help with getting school	40.74%	40.74%	18.52%

supplies			
Securing methods of transportation	37.04%	44.44%	18.52%
Find parenting classes	40.74%	37.04%	22.22%
Find community-based supports & services	85.19%	7.41%	7.41%
Better understand how to communicate more effectively with my children	59.26%	22.22%	18.52%
To better understand my family's rights and responsibilities in the system	85.19%	3.70%	11.11%
CFSR: Child and family involvement in case planning and treatment			
My Family Partner helped my family by:			
Attending Family Team Meetings with me	74.07%	11.11%	14.81%
Maintain a calendar for all my appointments	37.04%	18.52%	44.44%
Coming to Court with me	77.78%	18.52%	3.70%
Attending supervised visitation with me	40.74%	44.44%	14.81%
Helping me to better understand how to effectively communicate with the professionals	74.07%	18.52%	7.41%
Helping me write letters and/or fill out paperwork	59.26%	25.93%	14.81%
Visiting me in jail/prison	18.52%	59.26%	22.22%
Attending AA/NA meetings with me	25.93%	55.56%	18.52%

Helped me find employment	40.74%	33.33%	25.93%
Helped me understand without making me feel judged or inadequate	8519%	7.41%	7.41%
Helped me set goals to meet my case plan	81.48%	14.81%	3.70%
CFSR: CFSR: Children are safely maintained in their homes whenever possible and appropriate			
My Family Partner helped my family by:			
Assisted with problem solving in a crisis to keep my child(ren) safe	74.07%	14.81%	11.11%
CFSR: Children receive appropriate services to meet their educational needs			
My Family Partner helped my family by:			
Attend IEP meetings	29.63%	48.15%	22.22%
Helped me understand how to talk with the school	29.63%	51.85%	18.52%
Learn about training opportunities	33.33%	44.44%	22.22%
Understand truancy issues	29.63%	48.15%	22.22%
Outcomes that are limitless in their potential to change lives:			
My Family Partner helped my family by:			
Helped me to become self-sufficient	70.37%	22.22%	7.41%
Helped me feel more hopeful	55.56%	0%	44.44%
Shared their own experiences so I knew I was not alone	85.19%	3.70%	11.11%

Helped me feel better about myself	92.59%	0%	7.41%

Comments:

1) Helped me more than I would have ever expected. She was easy to talk to and didn't judge me. She helped me understand stuff I didn't know about. Overall I wouldn't have made it without her.

2) She is awesome. She is a ray of sunshine. I am very pleased with what she has done for me and my family. Thank all for the lives you guys touch. She will always

#1 in my heart.

3) He is a God sent. He's been there in providing help where help is needed. Without this guy by my side reassuring and having hope and giving me moral support and helping me get my self esteem back to where life matters again,. I would have been just another person who doesn't give a darn about their sibling, a person who thinks that all there is to life is drugs. He is a good man and should be commended for his effort in making a difference in other people's lives. God Bless Him!!!

4) You guys keep up the good work!

5) She works very hard with me and my family. She is very understanding and a hard worker. She really helped me a lot and I will always be thankful for her working with me.

6) She has been most helpful to my family. I couldn't have asked anyone to do for me what she has. For her assistance I am grateful.

7) He's been very helpful to me and helping me understand the works of the system.

8) She has been a great support from the start. She helped us get a head start on our case when it was in transition and files were lost. She recommended the apt we live in and helped us get the rent money & utilities when we couldn't afford it. I appreciate the services rendered very much.

9) She always presents herself in a very professional manner, but also a very caring, sincere and supportive person. She has helped me numerous times with my teenage son, losing his father, going that extra mile for us. My granddaughter who is a ward of the state. She brightens my day when I am sad. On behalf of my family and I, we wish to personally thank her and the family support network.

10) She has been working with me for a long time and I couldn't have done the things

I've done without her help and support.

11) She has helped me a lot. If it was not for her I probably wouldn't of made it. She's a wonderful person who has done a lot for me.

12) Has helped with items I have asked for. Sharing expenses with Kios has helped. Has given me sources to follow up with on items my family needs.

13) Thank you for your understanding, time and patience.

14) He has been a huge help with my understanding of my daughter who has ADHD.

15) She is an awesome person. She is taking every step to help me finish out this case successfully. I really enjoy her and appreciate her support and efforts.

16) He is a very good worker and individual. If he doesn't know how to help he makes sure we figure things out!! My only means of any issue would be transportation with him helping me get pantries and situations done.

Specific areas in which we provided service/support:

Budget	B	3
Basic Needs	BN	49
Court Document	CD	8
Case/Wrap/Safety Plans	CP	2
Support Child(ren)	CS	17
Court	CT	8
Discuss IEP	DI	1
Discuss Team Meeting	DTM	2
Employment	EM	25
Face to Face	F2F	30
First Family Meeting	FM	0
Family Team Meeting	FTM	4
Individual Education Plan	IEP	
Medical Documents	MD	7
Mental Health	MH	24

Parent Issues	PI	58
Parent Support	PS	90
Parent Skills	PSK	34
Resources/Referrals	R	16
Relationships & Boundaries	RB	24
School	S	26
Substance Abuse	SA	9
Self-Esteem	SE	1
Schedule Meetings	SM	37
Time Management	TM	11
Treatment Plan	TP	3
Left Message	LM	33
Failed Attempt	FA	9
Parent No Show	PNS	1
Phone Disconnected	PD	3
Mentoring	M	51
Travel	TVL	45

Limitations and Conclusion: There are lots of factors that can impede family progress regarding outcomes. Sometimes the professional realm is the barrier - lawyers and case workers may not accurately tell the whole story of the family's progress. Unfortunately there are many times that families get stuck in the nonproductive dynamics that exist between HHS and the Courts. This lack of cohesive interaction can hold things up for months, and stymies progress for many families. Back up in the courts is another huge barrier. Oftentimes it is lack of community resources to meet the family's needs. Other times the families quit participating with us and/or with the system. This doesn't mean that they won't recycle back into our program at another time. Some families also drop out when they realize that NFSN family partners are available to be truly helpful in assisting the family in moving forward and getting needs met; not to cosign drama or work the system on their behalf.

NURTURING PARENTING PROGRAM

Methods: *Nurturing Parenting Programs* are designed for the prevention and intervention in child abuse and neglect. To meet the specific needs of families, programs have been identified according to the standard levels of prevention: primary, secondary (intervention), and tertiary (treatment). The *Nurturing Skills for Families* program is a secondary prevention, or intervention, program, designed to intervene to prevent further escalation at the early stages of maltreatment and is the primary curriculum used for families referred for home-based parenting training. The goal of intervention is to provide families with the necessary knowledge, skills, and resources to build upon their parenting strengths to prevent further abuse and/or neglect.

Measures: Parents involved in the *Nurturing Parenting* Programs will gain knowledge and skills to alter high and medium risk parenting attitudes and behaviors, thereby decreasing their risk of engaging in abusive and neglectful behavior and increasing their nurturing parenting beliefs and practices.

The *Adult-Adolescent Parenting Inventory (AAPI-2)* is an inventory designed to assess the parenting and child rearing attitudes of adult and adolescent parent populations. It is based on known parenting and child rearing behaviors of abusive parents, and responses provided and index of risk for behaviors known to be attributable to abuse and neglect. The *AAPI-2* is the revised and re-normed version of the *AAPI* first developed in 1979.

The *AAPI-2* provides an index of risk in five sub-scales:

Inappropriate Expectations of Children;
Inability to Demonstrate Empathy towards Children's Needs;
Strong Parental Belief in the Use of Corporal Punishment;
Reversing Parent-Child Family Roles; and
Oppressing Children's Power and Independence.

The *AAPI-2* is administered during the assessment phase to obtain baseline data and to assist in identifying specific areas of focus, after the family has been involved in services for six weeks to monitor the family's response to the interventions, and after program completion to assess exit level skills and knowledge.

The *Nurturing Skills Competency Scale (NSCS),* a measure to assess knowledge and use of nurturing parenting beliefs and practices, was added at the end of Quarter 1 2010 to determine if this is a more effective instrument than the *AAPI* for families referred for parenting skills training due to involvement in the child welfare system. It is also administered during the assessment phase, following six weeks of program involvement, and at discharge. Comparison data is not yet available.

Population/Sample: Parents referred by DHHS to receive home-based parenting instruction to address diminished parenting capacities compromise the sample. Excluded are families who

are referred for Family Support services with primary goals related to resource development or other types of skill building and cases in which the youth is the primary service recipient.

Descriptive:

Domain	% improved intake to discharge	No change (maintained low or moderate risk)
Inappropriate Expectations of Children	25%	75%
Inability to Demonstrate Empathy towards Children's Needs	25%	75%
Strong Parental Belief in the Use of Corporal Punishment	25%	50%
Reversing Parent-Child Family Roles	50%	50%
Oppressing Children's Power and Independence	25%	75%

Results: From November 1, 2009 through June 30, 2010, ten families who received home-based parenting instruction were discharged by Child Saving Institute. Of these, six completed or disengaged from services before completing a mid-service rating and did not respond to attempts to obtain discharge ratings. Of the other four families, the *AAPI* scores consistently indicate that parenting attitudes either reflect the same level of risk or a decreased level of risk in each domain. The one exception to this was one family who scored as at a slightly higher risk in the "Strong Belief in Value of Corporal Punishment" domain, with a change from low to moderate risk, at the conclusion of services. Despite this, the service provider reported that the parent demonstrated knowledge that corporal punishment is not acceptable and there were no concerns related to such behavior throughout the course of service provision. It seems this may be an example of core beliefs not reflecting actual behavior, which is often first changed to avoid undesirable consequences with genuine attitudinal change occurring later.

Discussion: Due to the relatively small sample of discharged clients to date, it is difficult to draw firm conclusions regarding the efficacy of the *Nurturing Parenting* program for families referred through the child welfare system. Therefore, it is necessary to continue to collect data and monitor the long-term outcomes (e.g., recidivism) for families who have participated in this program.

Limitations: 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. Therefore, it is necessary to pair this assessment with observation and critical analysis of parental capabilities. 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 often in the pre-contemplative stage of change. Rather, a change in knowledge and behavior seems a more appropriate and attainable goal, with genuine attitudinal changes resulting from sustained behavior change initially motivated by the possibility of consequences imposed by the courts and later by the positive effects of these changes.

Because of the limitations identified, parental responses to the *AAPI* are reviewed with In-Home Specialists during supervision to ensure responses are congruent with parental presentation. If a parent's interaction with a child is indicative of parenting attitudes not reflected by the *AAPI,* the responses are reviewed and the parent may be asked to redo the measure. Such discrepancies are also discussed with the family's Service Coordinator.

Child Saving Institute staff have also integrated the use of the *Nurturing Skills Competency Scale (NSCS)* with current and newly referred families to determine if this is a more effective instrument than the *AAPI* for families referred for parenting skills training due to involvement with the child welfare system. The *NSCS* is a comprehensive criterion referenced measure designed to gather demographic data of the family, as well as knowledge and utilization of *Nurturing Parenting* practices. The data generated from the pre-post administration of the *NSCS* will allow parents and staff an opportunity to measure changes in family life, knowledge and utilization of Nurturing Parenting practices.

Conclusions: 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 and the *Nurturing Parenting* programs will be based both on discharge ratings and the recidivism of families who have participated in the programs.

Wraparound

Methods: During the *Wraparound* process, a team of individuals who are relevant to the well-being of the child or youth (e.g., family members, other natural supports as identified by the child and family, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, and monitor and evaluate success over time. The *Wraparound* plan typically includes formal and informal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's natural social networks.

The team convenes frequently to measure the plan's components against relevant indictors of success. Plan components and strategies are revised when outcomes are not being achieved. Although it is often difficult to conduct research in this field, i.e. how can we measure the success of a family that is functioning at a higher level at the end of the "wrap process" when it is hard to measure small minute progress that the family/youth might not be able to articulate

or understand. Perhaps the research/practice should rely less on the objective measurable goals and instead focus on each youth/family individual story/progress.

Measures: The *Wraparound* Fidelity Index 4.0 (WFI-4.0) is a set of four interviews that measures the nature of the *Wraparound* process that an individual family receives. The WFI-4 is completed through brief, confidential telephone or face-to-face interviews with four types of respondents: caregivers, youth (11 years of age or older), *Wraparound* facilitators, and team members. It is important to gain the unique perspectives of all these informants to understand fully how *Wraparound* is being implemented. A demographic form is also part of the WFI-4 battery.

The WFI-4 interviews are organized by the four phases of the *Wraparound* process (Engagement and Team Preparation, Initial Planning, Implementation, and Transition). In addition, the 40 items of the WFI interview are keyed to the 10 principles of the *Wraparound* process, with 4 items dedicated to each principle. In this way, the WFI-4 interviews are intended to assess both conformances to the *Wraparound* practice model as well as adherence to the principles of *Wraparound* in service delivery.

Through the tools, training, and technical assistance with the *Wraparound* and Research Team (WERT) of the University of Washington, trained surveyors conduct the interviews and enter the data into the database. The system provides multiple reports to evaluate micro and macro level information related to the phases of *Wraparound*.

Population/Sample: Includes any and all families referred for Service Coordination with Nebraska Families Collaborative.

Descriptive:
Four (4) Phases of *Wraparound*

1) Planning
2) Implementation
3) Engagement
4) Transition

Ten (10) Principles of *Wraparound*

1) Family Voice & Choice
2) Team based
3) Natural supports
4) Community based
5) Culturally competent
6) Individualized
7) Strengths based
8) Collaboration
9) Persistence
10) Outcome Based

Results: From April 1, 2010 through June 30, 2010, a random sample of individuals who participated in the *Wraparound* process were interviewed. The WFI scores indicate the following areas of relative weakness:

- Before the first team meeting, did you fully explain the wraparound process and the choices the family could make.
- Does the wraparound plan include strategies for helping the youth get involved with activities in her/his community?
- Does the team get the youth involved with activities she/he likes and does well?

Discussion: Due to the relatively small sample of clients to date, it is difficult to draw firm conclusions regarding the efficacy of the *Wraparound* program for families referred through the child welfare system. Therefore, it is necessary to continue to collect data and monitor the long-term outcomes for families who have participated in this program.

Limitations: *Wraparound* requires significant training and since this is a new program for NFC a lack of systematic use of *Wraparound* manuals could limit the effectiveness. NFC has created a training that provides an overview of the *Wraparound* and Family Centered Practice and how these both play a very strong role in Service Coordination, including providing services, for families. Distinctions between *Wraparound* and FCP and utilization of these guiding principles are provided in relation to completing PCAs, Family Team Meetings, and Case Plan development. This training is offered prior to receiving families or their full-time job role and ongoing trainings occur during department and team meetings as needed.

Completing the Demographic form and the *Wraparound* facilitator interview is also new to NFC. These are completed electronically on the Penelope system by the Service Coordinators themselves. Training is completed on the process of the random selection of participants and the process to completing the forms.

NFC has contracted with NFSN to complete the caregivers and youth interviews and provide data back to NFC. The WFI Online Data Entry and Reporting System is new to NFSN and they are still familiarizing themselves with the data entry and reports that can be distributed.

Finally *Wraparound* only has materials in English and Spanish. NFC has used interpreters to assist those families in which English or Spanish is not their primary language.

Conclusion: NFC staff will continue to implement and monitor the effectiveness of the *Wraparound* model to collaboratively develop an individualized plan of care, implement this plan, and monitor and evaluate success over time. Recommendations for the continued use of the training tools and the *Wraparound* program will be based on the engagement and team preparation, initial planning, implementation and transition.