



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

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<b>Quarter</b>	<b>Reporting Periods</b>	<b>Due Dates</b>
<input checked="" type="checkbox"/> Quarter 1	July 1 – September 30	October 15
<input type="checkbox"/> Quarter 2	October 1 – December 31	January 15
<input type="checkbox"/> Quarter 3	January 1 – March 31	April 15
<input type="checkbox"/> Quarter 4	April 1 – May 31	June 15
<input type="checkbox"/> Quarter 4 (update)	April 1 – June 30	July 15
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<b>Revised:</b> 06/23/2011		

**1. GENERAL OVERVIEW**

**a) Accomplishments and Barriers:**

Over the past several 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.

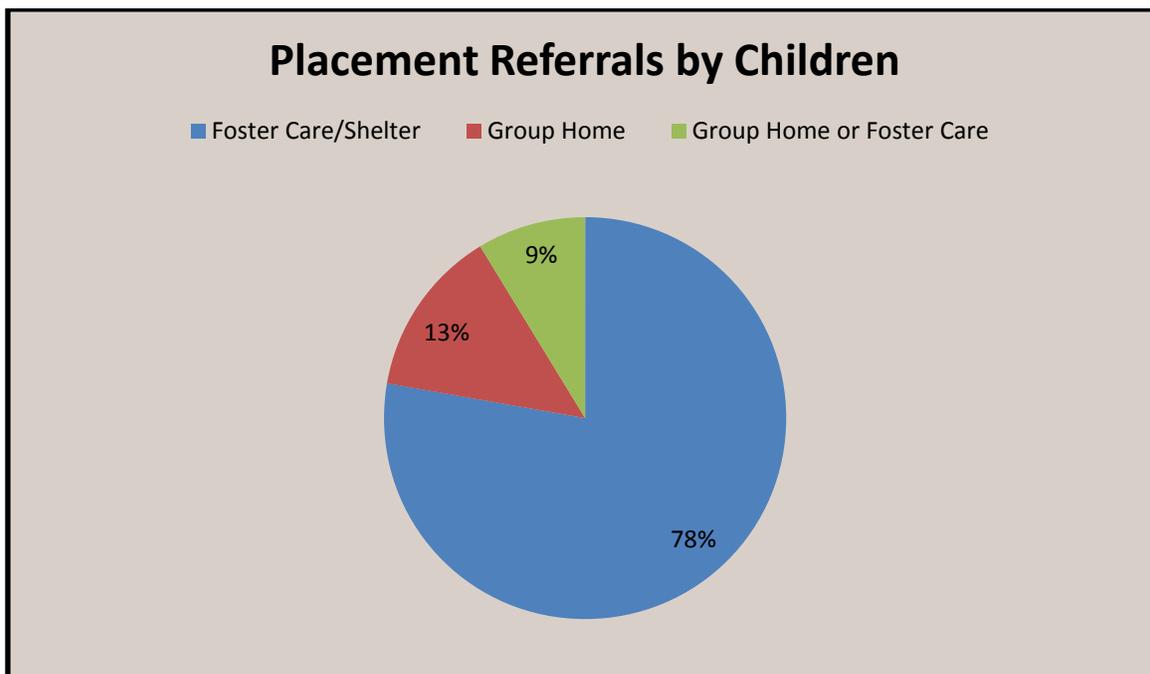
**Accomplishments:**

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. With the loss of Visinet last quarter the NFC fully understood

the situation and the need to work toward a successful contingency plan so that disruption to children and families would be minimal.

From April 21, 2010 through July 15, 2010, Nebraska Families Collaborative (NFC) began assisting DHHS Children and Family Services with foster care and group home placements. The NFC hired two staff to assist DHHS with placements. NFC established a 24/7 telephone number to ensure that coverage for placements was available around the clock to CFS staff. NFC provided an email, fax number, and developed relationships with providers outside of the NFC established network to ensure that all placement options could be utilized in a timely and effective manner.

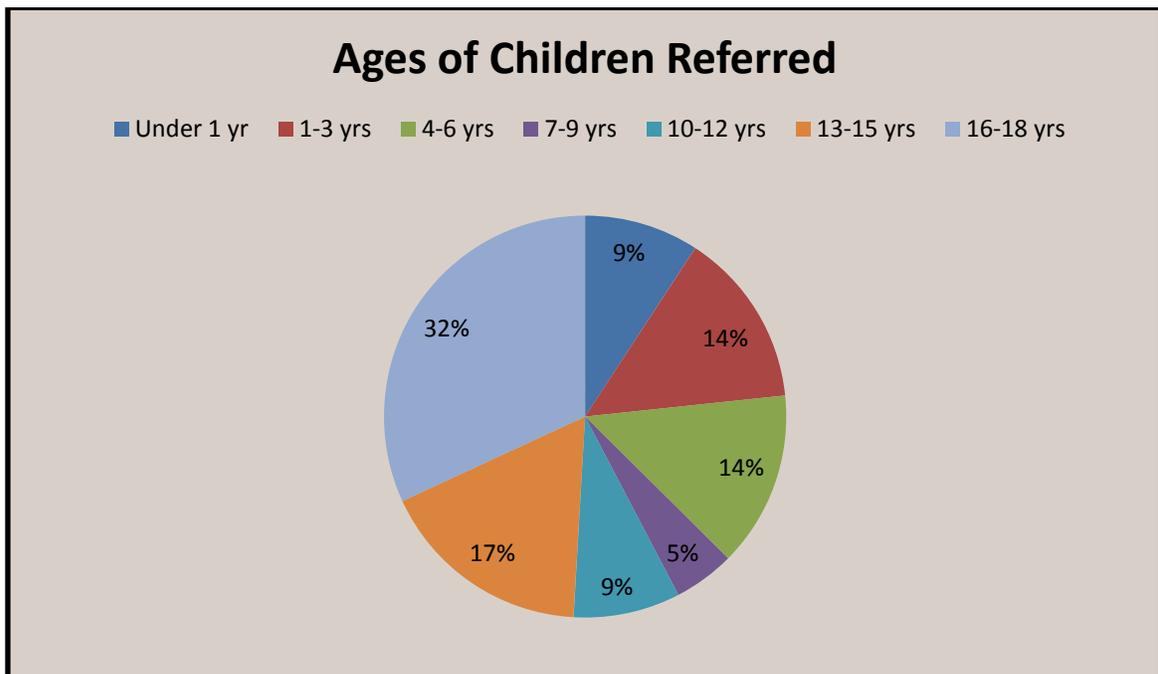
NFC received a total of 126 placement referrals either via the phone or faxed referral. A total of 164 children were referred for placement, as some of the referrals consisted of sibling groups of two or more. There were 98 placement referrals for 136 children for foster care or shelter, which consisted of 78% of all referrals. Seventeen referrals (13%) were submitted for group home placement and 11 referrals (9%) were received for group home or foster care placement.

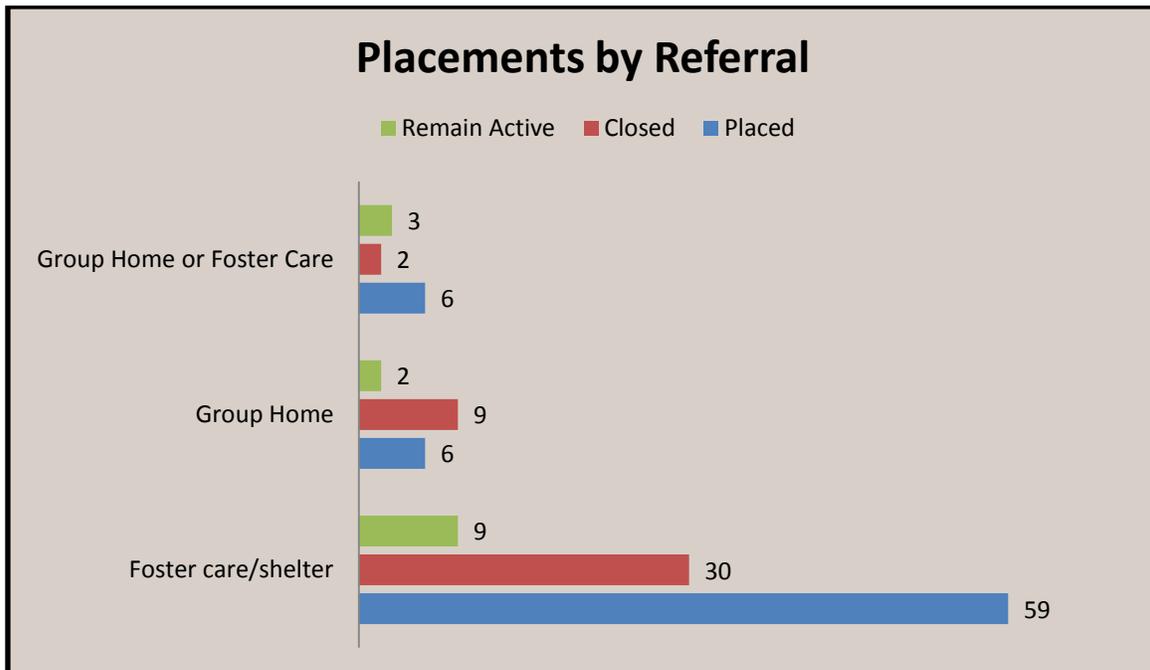


As seen in the graph below "Ages of Children Referred", almost half of the referrals were for children ages 13-18 years. Teenagers were referred for foster care, group home and shelter placement and represented the toughest population to place. At the end of the placement project, 14 referrals remained active. Of these 14 referrals, the age range was from 11-18 years. The teenage

population has the least amount of resources for placement (i.e. only a few foster homes take teenagers and group homes were often at capacity). This is a known area of need in the child welfare community.

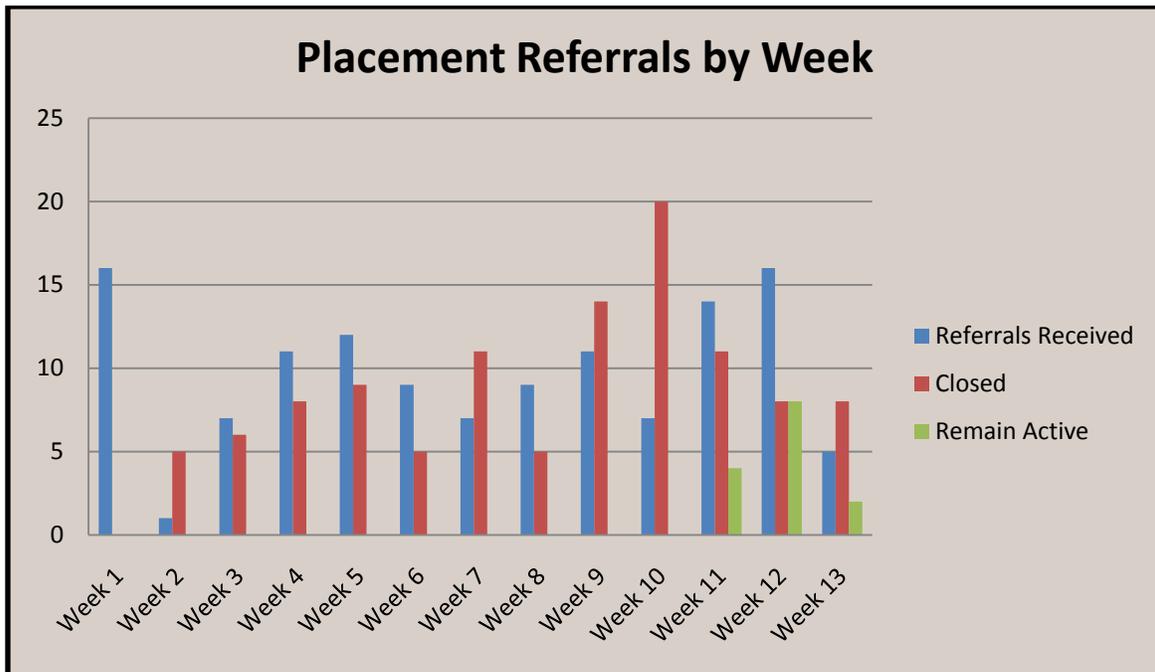
The younger population ages 0-6 years were also greatly represented due to being the most vulnerable. Many of the younger children referred were during after hour, initial removals. This age group represented the easiest age group to locate placement. A barrier, at times, was if it were a sibling group of 3 or more children.



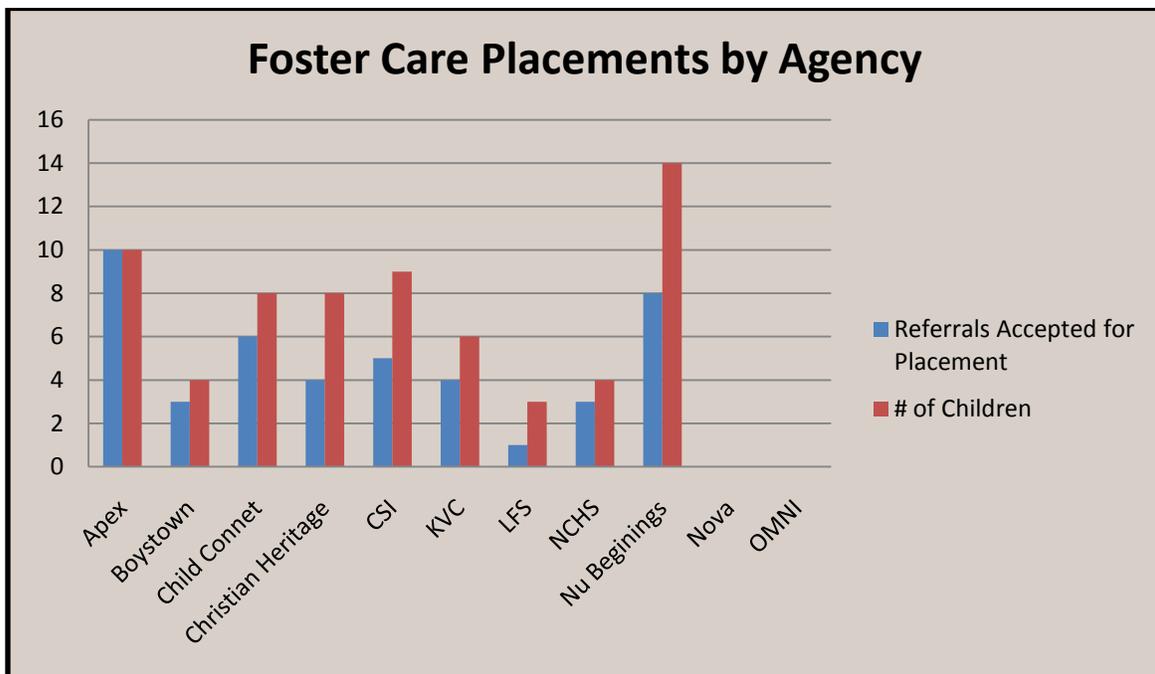


Finally the chart above shows how many placements were actually located and how many ended up closing for various reasons.

The chart below shows referrals received and closed each week; as well as referrals that remain active. The graph shows that new referrals each week ranged between 5 – 15 per week, with peaks in weeks 1 and 12. It also shows that referrals closed nearly every week, with the most being closed in week 10 and none being closed during the NFC placement project start up week. At the end of the placement project, 14 referrals remained active. These active referrals had all been received in weeks 11-13, which shows that placements were occurring and moving throughout the 13 weeks, rather than sitting stagnant.

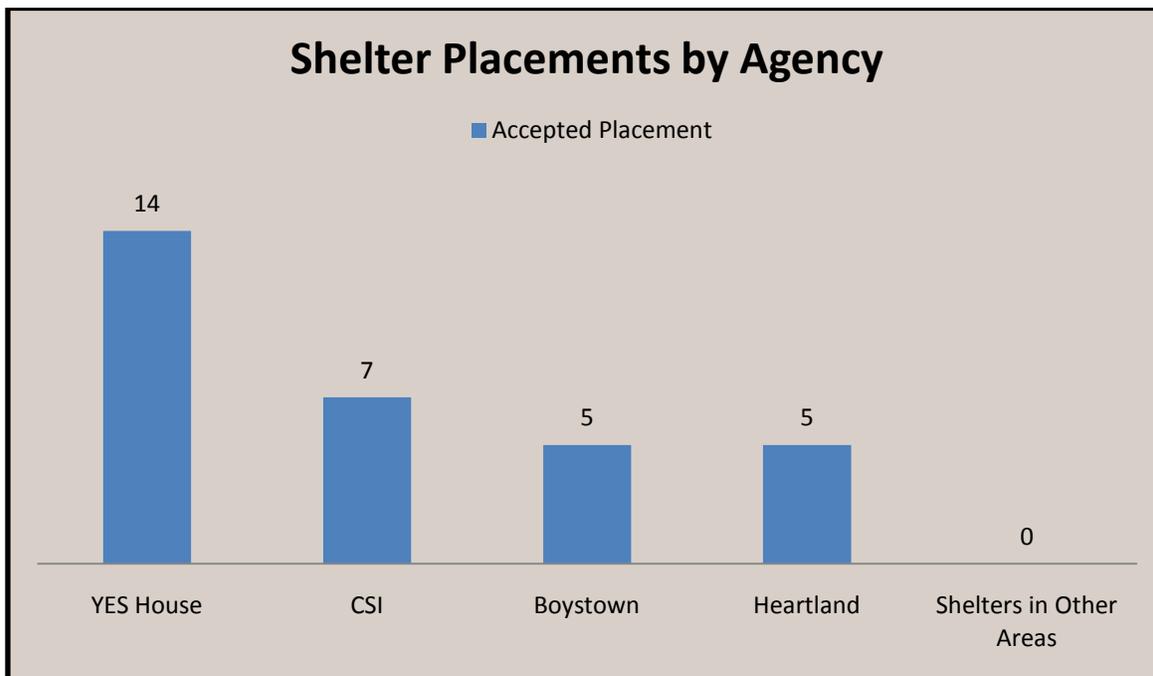


The following four charts provides a visual of where children were placed. The charts breakdown foster care, shelters, and group homes for males and female.



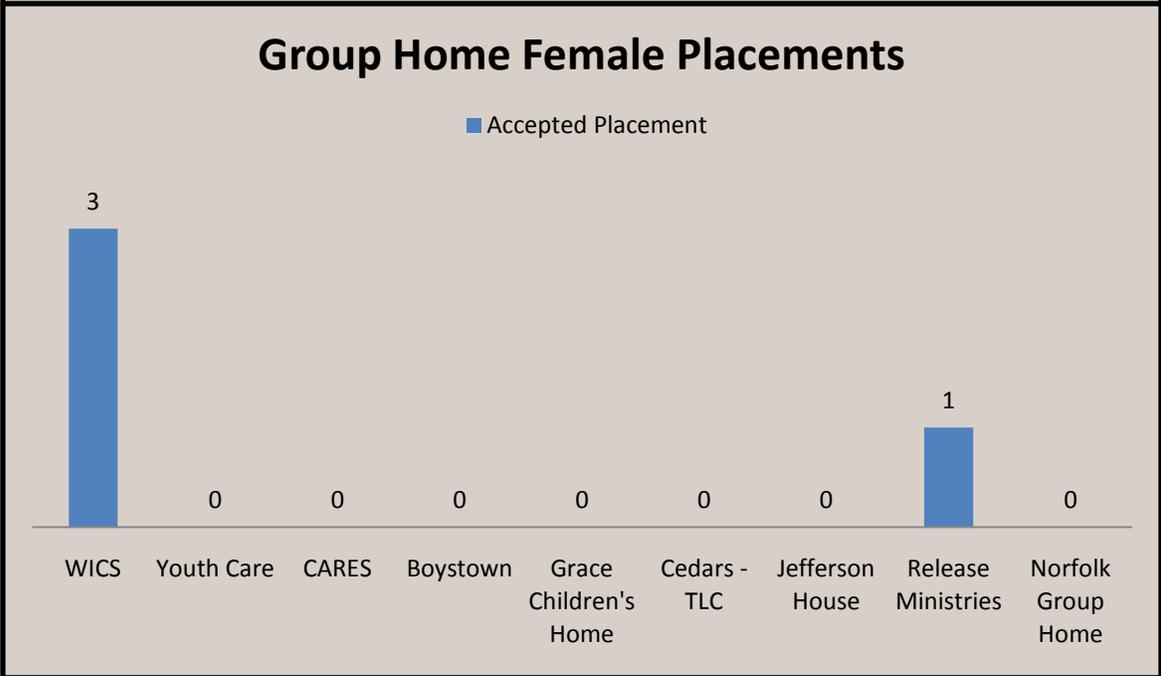
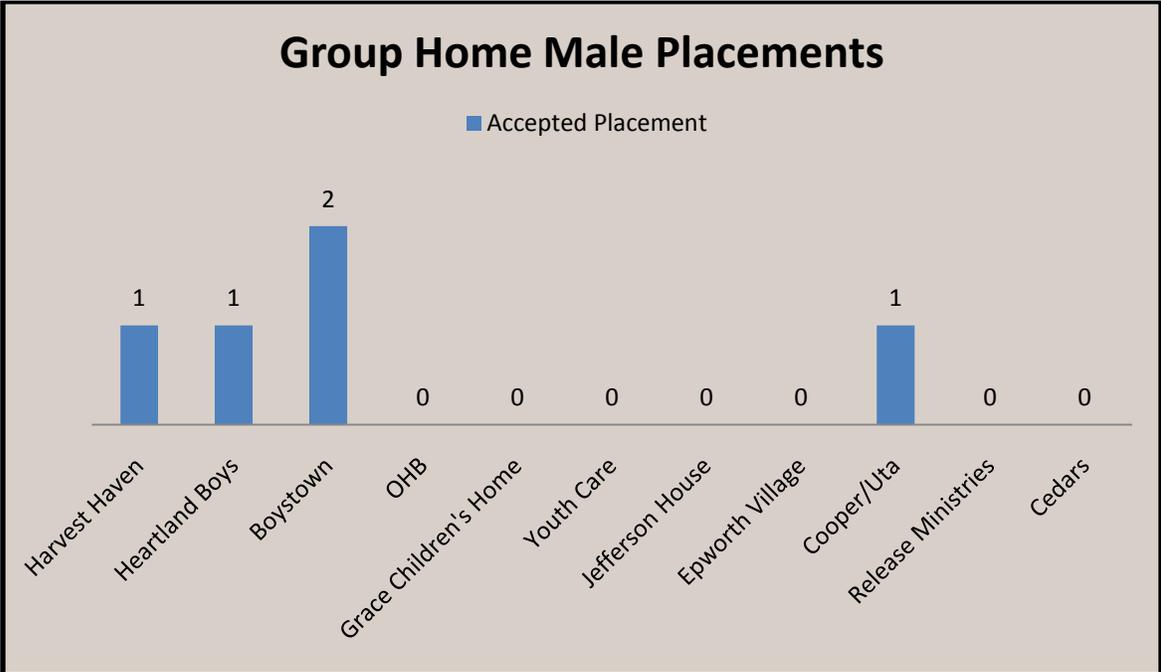
Most of the 11 agencies accepted at least one placement through the 13 weeks. Nova and OMNI were the only two agencies that did not actually place a child in their foster homes. However, it should be noted that Nova accepted a

placement and then the child was never placed due to the county attorney not filing for protective custody. Apex accepted the most referrals at 10, but Nu Beginnings accepted the most children into their homes at 14.

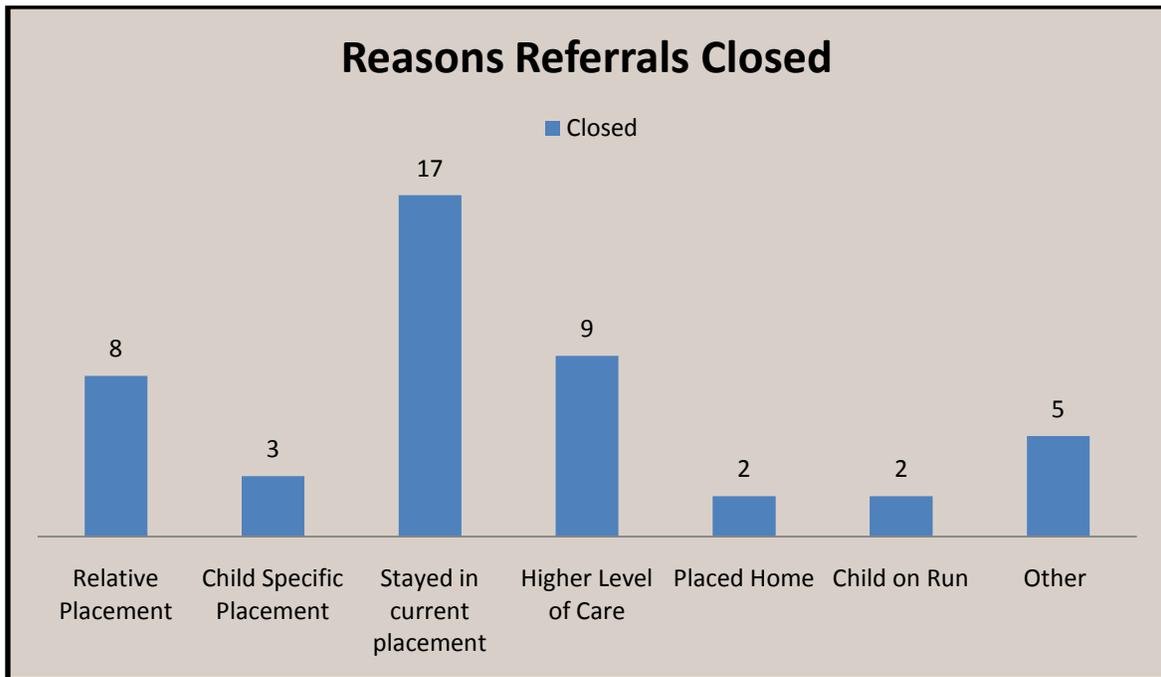


Shelter placements have gone smoothly for the most part. There have been times that the shelters have been full across the entire state of Nebraska, but this has not lasted long and usually a shelter can be located. Shelter placements were utilized if requested by the CFS worker or as a secondary plan if foster care could not be located.

The group home referrals have not been as significant as foster care. However, many group home referrals have closed for different reasons without placement being located. The largest barrier to group home placements has been the lack of openings. Many group homes have been at capacity the entire time NFC was assisting with placements. Another barrier was the lack of response from some of the group home facilities. The group home referrals required constant follow-up via email and phone to either locate a placement or determine that the child had been denied for placement.



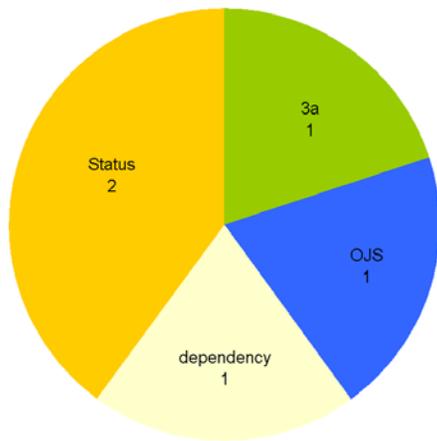
Many referrals have closed prior to placements being located. The chart below breaks down the reasons for closure. This data is really quite positive, as shown, many of the children either stayed in the current placement, were placed with relatives or informal supports (i.e. child specific) and a couple of them went home. However, there were also several that were going to be placed or referred for a higher level of care.



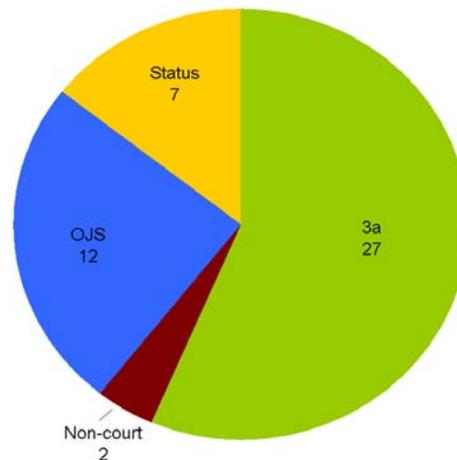
The NFC agreed to work with all of the families who had exited care from former Visinet Service Coordination cases. The NFC employed two former Visinet staff to assist in coordinating Aftercare and Independent Living Aftercare Services for these children and families. Initially 56 families were from Visinet that were to be offered Aftercare. Four additional families were referred by CFS Specialists to NFC directly, for a total of sixty families. Of the fifty-six families from Visinet, seven of those families were discovered to still be involved with HHS. Of the four families referred from CFSS, one of those families was scheduled to close on June 21st, but did not close as scheduled; therefore only three families were involved in aftercare from a CFSS referral.

The chart below includes families from the original Visinet list and the referrals from HHS. The data below does not include the seven families from Visinet who were still involved with HHS. The data below is based on a total of 53 families: four (8%) were HHS referred, and 49 (92%) were former Visinet families. The variance in the adjudication status of cases that accepted Aftercare versus those that did not is shown below.

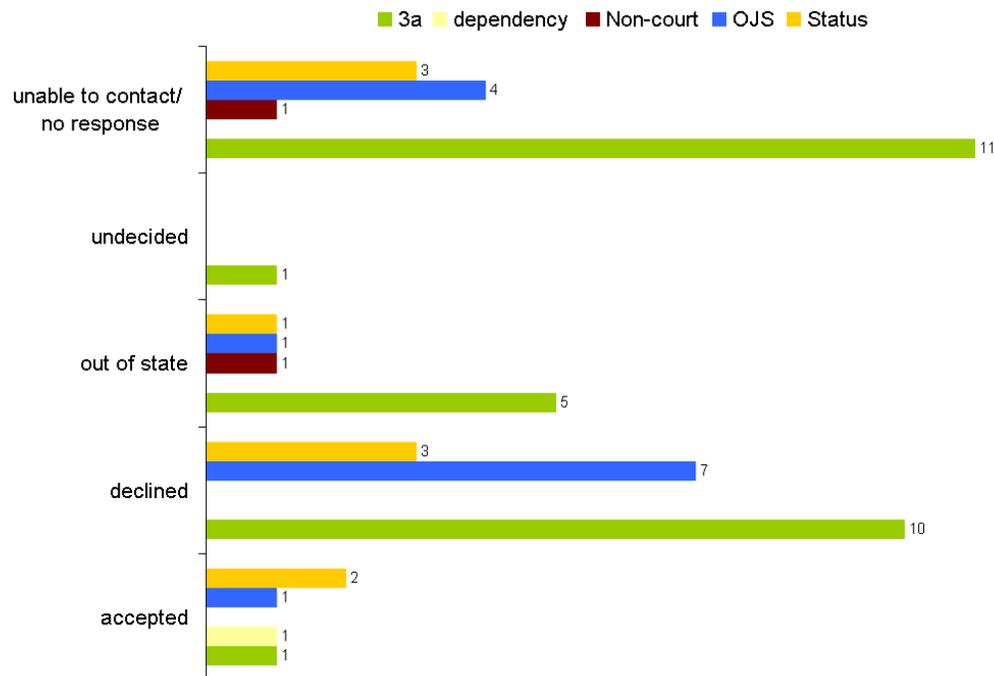
### Accepted Aftercare



### Denied Aftercare



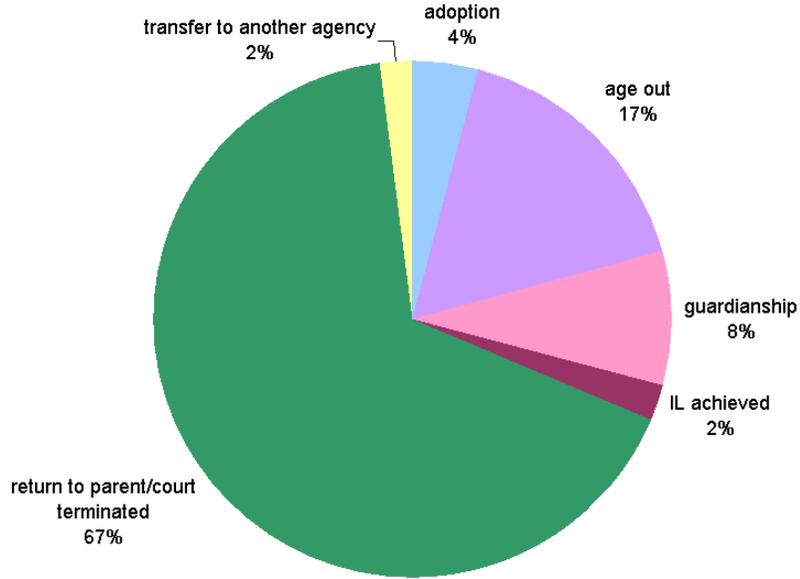
Below is the breakdown of families and their response to our efforts to contact them about Aftercare. The NFC experienced many not responding to calls or mailing and/or the families were unable to be located. There were a total of eight families that had relocated out of state.



Of the five families that accepted Aftercare, 100% of those families closed due to court terminating jurisdiction and/or the children returning to their parents. Of

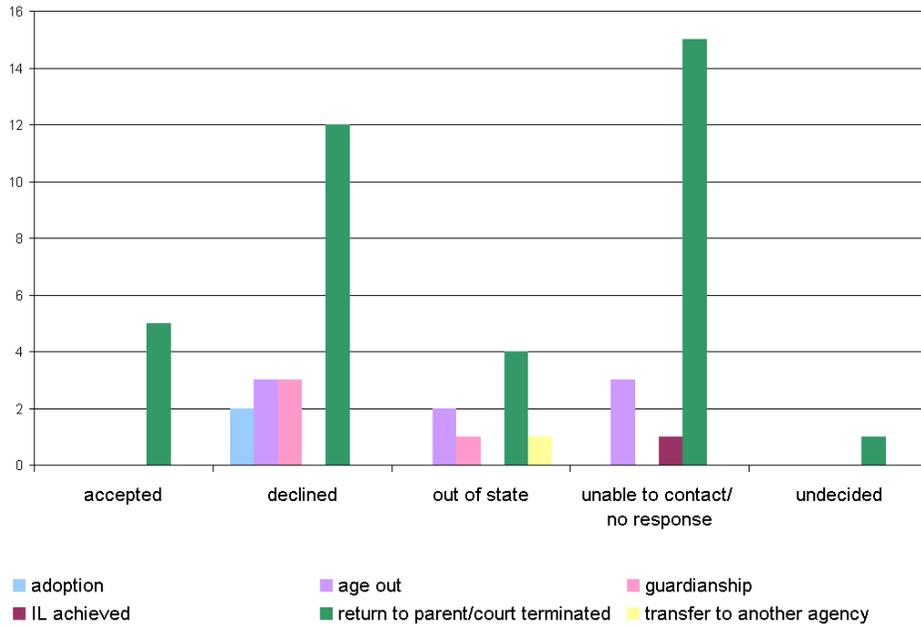
the families that denied Aftercare, 67% of the families closed due to court terminating jurisdiction and/or the children returning to their parents.

**Case closure reasons for families that did not receive Aftercare**



Finally, below is a breakdown of all of the families' response to Aftercare versus their reason for case closure.

**Case closure reasons versus response to Aftercare**



Another major accomplishment is the successful transition of David Newell, ACSW, the new Executive Director. Dave Newell comes to Omaha with over 19 years of behavioral healthcare and child welfare experience. He has been a therapeutic foster parent and knows firsthand the challenges that agencies and families experience. Dave received his Certificate of Nonprofit Management and M.S.W. and his B.S. in education. He is also an alumnus of the Alaska Humanities Forum's Leadership Anchorage program. Dave is a member of the Board of Directors, Membership Committee, and Public Policy and Advocacy Committee of the Foster Family-Based Treatment Association, the National Association of Social Workers, and the Academy of Certified Social Workers. Dave was welcomed to the NFC beginning September 1st.

The NFC effectively rolled out the new foster care model on July 1, 2010. The NFC along with its foster care network providers formed a work team to review the NFC foster care model to determine areas for improvement. New service standards, standard expectations of foster parents and a new assessment tool were created. All of these documents were reviewed by a focus group of current foster parents and feedback was solicited to assist in the development of the new foster care model. The assessment tool requires a team approach by requiring that it is completed by the Service Coordinator, Foster Care Specialist and Foster Parents. The focus of the evaluation is to uncover mental health/behavioral needs and physical and personal care needs of the foster care child. This requires information from all parties as well as the case plan, safety plan and/or event record. The identified needs determine the rate of payment. This assessment is completed every 60 days but can be completed as needed to address a child's change in needs. These tools will assure that each child in foster care is receiving the right service at the right time and the appropriate level of intervention is received for the child and the foster parent.

### **Barriers:**

The challenges faced by the NFC are not unique to the NFC. The NFC, KVC and Boys and Girls (lead agencies) meet on a regular basis during the quarter 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. 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 lead agencies 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.

- The need for identification and collaboration for ongoing needs for Developmentally Disabled (DD) 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 by stakeholders the differences between treatment services and placement services and the funding sources responsible for each. The NFC continues to work with the other lead agencies, the child welfare administration, Medicaid and Magellan to address this so that treatment services are primarily purchased through the Division of Medicaid.
- Court ordered services in the Eastern Service Area. The NFC continues to work with the justice staff to develop a collaborative relationship built on trust and transparency so that the assessment of needs resides at the Service Coordination level. At a recent ESA meeting both the lead agencies 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.
- The number of youth being detained in the Eastern Service Area poses additional barriers to the NFC. Often these youth are ordered to specific levels of care and they have not had an adequate opportunity to participate in appropriate mental health assessments to identify the most appropriate treatment or placement setting.
- This past quarter the NFC has presented alternative plans for youth residing in detention that the NFC is being assessed a penalty and have been denied by the Juvenile Services Officer. The NFC created a quality alternative to detention program in Omaha where youth may receive residential and partial programming as an alternative to detention. The NFC will also continue to develop and recommend alternatives to detention and will utilize the Conflict Resolution process to further this initiative so that youth may transition to appropriate services outside of detention.
- There is also a misconception that youth in detention should all be released to an out of home service or provider agency. The NFC will continue to work with stakeholders to identify in-home services that

are geared at maintaining youth and family safety and allowing for youth to reside within their own communities.

**b) Description of Strategic Partnerships /Collaborations:**

The NFC built its existence on collaboration. The voice of consumers, providers and key stakeholders is vital and occurs most everyday and in multiple forums and occasions. The NFC values the input and feedback and will continue such efforts to further the success of the reform.

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 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 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 Team
- N-FOCUS Workgroup
- DHHS Continuous Quality Improvement Group
- Child and Family Service Reviews
- Family Team Meetings
- Eastern Service Area Contract

The NFC continues to strength its partnerships to address barriers and to improve the service delivery of child welfare services. The NFC continues to assisting in the development of services with providers that ensure sufficient capabilities of services to NFC families. The NFC has developed a comprehensive quality network of providers of child welfare, mental health and substance abuse and community services in the Eastern Service Area.

The network offers reasonable 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. 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.

The NFC has selected to subcontract with agencies that offer quality services. 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’s network of services and providers was designed 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 and service array breakdown includes:

<b>NFC Network of Subcontract Providers*</b>	
Total Number of Subcontracting Agencies in ESA	53
Number of Collaborating partners of the NFC within total	5
Number of Agency Foster Care subcontracting providers in ESA within total	11
Number of other Lead Agencies subcontractors in ESA	1

\*Data derived from Network Database

<b>NFC Service Array*</b>	
<b>Service Type</b>	<b>NFC Service Definition</b>
Adoption Support Services	Adoption Website and Specialized Recruitment Post Adoption Services Home Studies
Drug Screening and Testing	Drug Testing Adult and Youth
Electronic Monitoring	Electronic Monitoring/GPS
Family Support Services	Family Support Services
Intensive Family Preservation	Intensive Family Preservation
Mediation and Facilitation	Mediation
Tracker Services	Tracker Services
Visit Supervision/Monitor	Parenting Time
Interpreter	Interpreter/Translation Services
Agency Continuity Placement Agency Supported Foster Care Traditional Foster Care	Foster Care (All Types)

Traditional Foster Family Support	
Relative Foster Care	
Emergency Foster Care	
Group Home Care	Group Home A or B
Residential Safety Svc	Residential and/or Shelter Services
FP Respite Care	Respite
Family Group Conferencing	Family Group Conferencing
Home Supported Services	Home Supported Services (23:59)
In Home Safety	Crisis Response
Intervention Hours	Home Studies
Mentoring Support Services	Peer to Peer Mentoring
Specialized Counseling	Relinquishment Counseling

\*Data derived from Network Database

The NFC has also been an active participant in:

- 1184 (Douglas and Sarpy County) Treatment Team Meeting
- 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 Coalition-MCAC
- Metro Hospital Medical School Worker Meetings
- Nebraska Association of Homes and Services for Children (NEAHSC)
- Omaha Independent Living Plan
- Sarpy County; Through the Eyes of Child
- Nebraska Supportive Systems for Rural Homeless Youth (SSRHY) Program, Policy & Practice Sub-Committee Meeting
- Region VI TRY Team
- DHHS new worker training for CFS specialists

**Barriers:**

The greatest barrier has been court ordered services. The NFC has worked diligently to ensure that services are arranged consistent with court orders, however, this 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, placed out of state, and detained for longer periods of time in Detention.

Language in court orders has also created a barrier regarding payment of adult mental health and substance abuse treatment. Key stakeholders in the child welfare and juvenile justice systems have an expectation that the Department (or the lead agencies) 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. This expectation does not empower families or prepare them for self-sufficiency.

There continues to be challenges among stakeholders in determining who is responsible for mental health and substance abuse services for court ordered services. The NFC has been meeting with Magellan and Medicaid staff and continues to collaborate with one another to meet the treatment and placement needs of children and families. NFC participates in the Magellan Behavioral Health multi-disciplinary team that occurs each month. The NFC and Magellan have been open and engaged in problem solving the treatment concerns that have arisen from the Child Welfare Reform. Magellan has opened up a forum for additional training with the NFC network providers and community providers to have an increased understanding in the Magellan appeal process as well as how to document the treatment needs of youth when requesting treatment services.

The NFC is also in process of working with Region VI to determine families eligible for region funds to assist them in accessing services. There continues to be confusion on when the Region will assist families and when they will not. Ongoing dialogue with Region 6 administrators and Region funded providers will continue this next quarter.

With child welfare reform many providers of mental health services recognize the NFC as a third party payer versus a referral source. The NFC is working with providers to ensure that private or public insurance is exhausted while continuing to educate stakeholders on what is included and excluded in the contract while assisting families in getting the necessary services. Utilization of Region 6 funds for eligible families continues to raise confusion among providers. The NFC, Region 6 and the Region funded agencies met during this reporting period to identify ways in which to better work together with families in need of mental health and substance abuse services.

**c) Results of 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 for the 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>June</b>	<b>Total</b>	<b>Percent</b>
<b>One Time Service Referrals</b>					
Drug Screen	2	8	5	15	55.6%
Interpreter	5	4	2	11	41%
CCAA'S	0	0	1	1	3.70%
Total One Time Service Referrals	7	12	8	27	
<b>Service Coordination Referrals</b>					
3A	22	15	22	59	67%
3B	8	3	5	16	18%
OJS	3	6	4	13	15%
Total Service Coordination Referrals	33	24	31	88	

During this reporting period the NFC created four new positions. The new positions were only posted internally. The NFC now has a Clinical Manager, an Operations Specialist, a Training Specialist and Referral and Aftercare Specialists.

The Clinical Manager supervises, manages, and trains NFC staff in the development and implementation of treatment needs for children and families. Evaluates families working with NFC and provides consultation with Service Coordinators and Supervisors on treatment needs for children and family.

The Operations Specialist is responsible for providing oversight of Special Projects within the Operations department. Oversee Service Referral Process and Aftercare program, budget, and operations. They are responsible for managing service delivery and coordination for specialized populations. They will provide oversight to special projects, and other youth/family-related activities as needed.

The Training Specialist performs duties and responsibilities assigned under the direction of the Training Coordinator with minimal supervision. Manages training schedules and prepares supporting materials for training. Coordinates and assists in implementing formal and informal training for all staff. Gathers data to assist in analyzing training needs, serves as the liaison for training communication to the workforce, and assists in the development of employee knowledge and skills. Manages training database and ensures mandatory training requirements are met within the agency. Assists Training Coordinator in CQI related activities.

The Referral and Aftercare Specialists work closely with Service Coordinator and Supervisor to ensure timely and accurate NFC referrals are submitted to Network Partners. Facilitate the use of community services when available to meet the needs of children and families. Work closely with NFC teams to coordinate and develop NFC Aftercare service plans for children, youth, and families. They are responsible for implementing and monitoring the established aftercare service plan. Organize and facilitate family team meetings focused on safety, permanency, and well being. Provide monthly progress summary and document in N-FOCUS. Conduct face to face visits with children, youth, and families. Collaborate with agency providers to ensure quality that services are being provided to children, youth, and families.

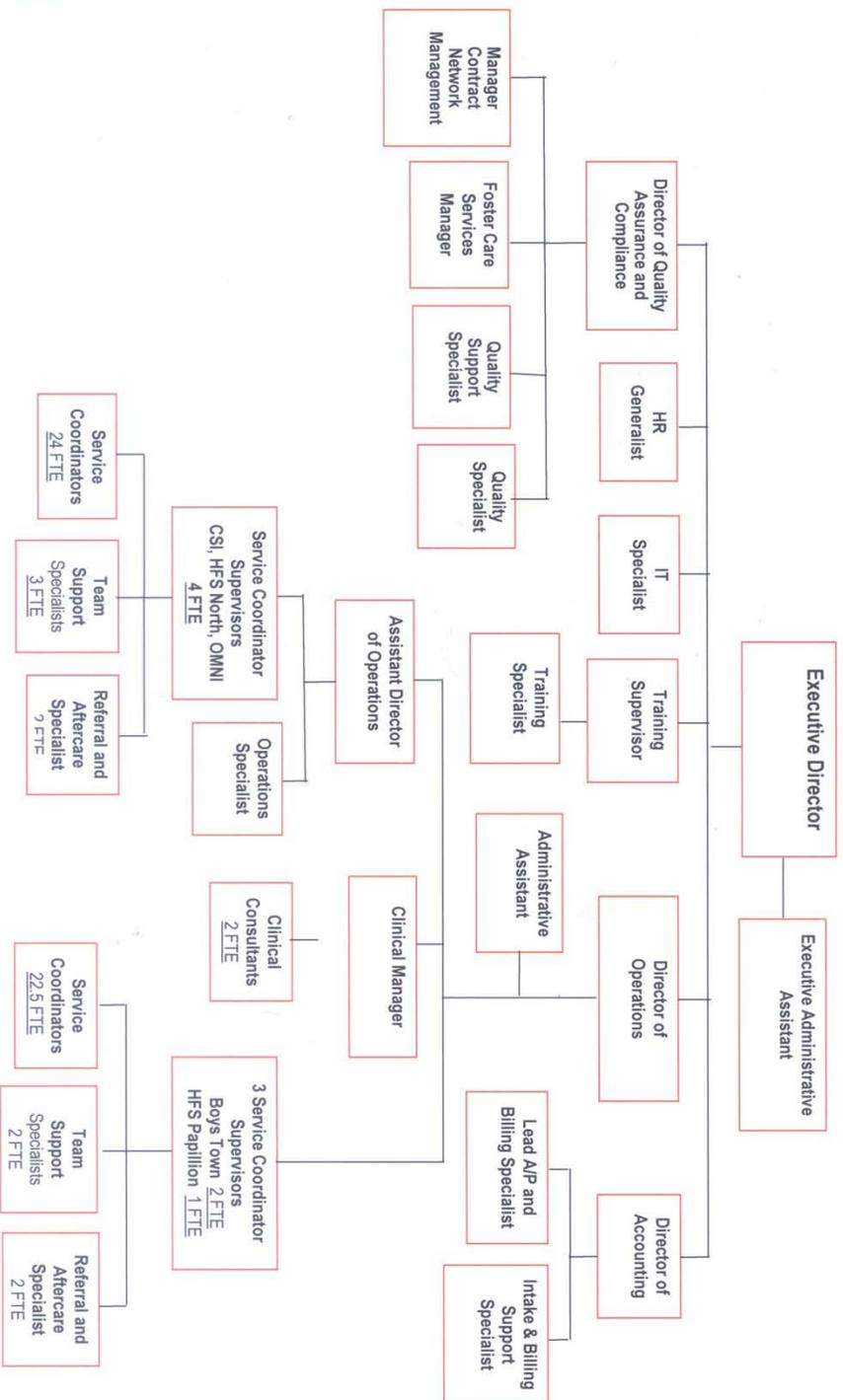
The NFC also restructured two positions the Lead AP and Billing Specialist and the Intake and Billing Support Specialists. These positions were updated to reflect the change in job duties.

The Lead AP and Billing Specialist coordinates and facilitates accounts payable processes by ensuring accuracy of provider billings and payments for assistance to youth. They operate within strict daily and monthly deadlines by working effectively with multiple individuals in a highly tactful, yet precise and professional manner.

The Intake and Billing Support Specialist ensures that all referrals to the Nebraska Families Collaborative (NFC) are answered timely and efficiently during business hours, Monday thru Friday from 8 AM to 5 PM. This position will interact with the Boys Town National Hotline / PRL on a daily basis as well as Service Coordinators and Supervisors for the NFC. Prepares and facilitates payment of all billings by sending accurate information to the accounts payable department for processing. They operate within strict daily and monthly deadlines by working effectively with multiple individuals in a highly tactful, yet precise and professional manner.

The new positions have created some changes in the Organization Chart as seen below.

# NEBRASKA FAMILIES COLLABORATIVE ORGANIZATIONAL CHART



Revised 07-27-10

The NFC has maintained fidelity to our Service Coordination model. Service Coordinators have maintained 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 effective Service Coordination and service delivery to children and families. As of September 30, 2010 NFC is providing Service Coordination to 599 families and 1,005 participating children. The families represent those who are actively working with the Department and Service Coordination regardless of involvement with the court system. The children represent State Wards 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 placements and is developing services designed to provide more services in the home of children and families. 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 to include day and evening reporting, partial programming, Family Support, Intensive Family Preservation, Parenting Time and Crisis Response.

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 turn 19 years old while in care 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 shown to be 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 the right 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.

As discussed previously, 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. The NFC is offering alternative plans utilizing a quality network of providers all based on the NFC's three guiding principles outlined above.

**d) Future Plans / Next Steps**

NFC will continue to develop and strengthen 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 intends to conduct provider training in the 2<sup>nd</sup> quarter (November) to distribute the NFC Provider Manual (2<sup>nd</sup> Edition) and to discuss additional strategies that its network can perform to further help reform services to children and families.
- 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 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. NFC will have a focus in this area to further develop our alternative detention resources and programming.
- The NFC will continue to monitor the quality of Service Coordination provided to families and children and utilize data provided from Penelope, N-FOCUS, and QA reviews to ensure that coordination activities are provided in accordance to the Contract and Operation Manual.

- The NFC will ensure that COI 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.

## 2. CONTRACTOR EMPLOYMENT INFORMATION

During this reporting period the NFC created four new positions and updated two. The new positions were only posted internally. The NFC now has a Clinical Manager, an Operations Specialist, a Training Specialist and Referral and Aftercare Specialists (refer to page 17-18).

NFC will have hired a total of 82.5 employees as of September 30, 2010. During this reporting period a total of 100% of all employees have been hired. 100% of the Service Coordinators have been hired and 100% have begun to receive families after completing the initial training. 100% of the Service Coordinator Supervisors have been hired and trained.

Employment Information*					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
Allotted FTE's for Service Coordinators	46.5				
Filled Service Coordinator Positions	46.5				
Service Coordinator positions currently in training	0				
Vacant Service Coordinator positions	0				
Average length of employment for Service Coordinators in days	278				
Allotted FTE's for Referral/Aftercare Specialists	4				
Filled Referral/Aftercare Specialists	4				
Vacant Referral/Aftercare Specialists	0				
Allotted FTE's for Supervisor	7				
Supervisor positions that are filled	7				
Supervisor positions that are vacant	0				
Average length of employment for Supervisors in days	362				
Allotted FTE's for Team Support Specialist positions	5				
Team Support positions that are filled	5				

Allotted FTE's for Clinical staff positions	3				
Clinical Staff positions that are filled	3				
Allotted FTE's for Intake & Billing Specialist	1				
Intake & Billing Specialist position that is filled	1				
Allotted FTE's for Other staff	7				
Other positions that are filled	7				
Allotted FTE's for Leadership Team	9				
Leadership Team positions that are filled	9				

\*Data derived from Banner and Training Roster

### 3. FOSTER PARENT RECRUITMENT AND RETENTION

NFC Provider Network Foster Care Homes	
	Qtr 1
<b>Newly Licensed Foster Homes</b>	26
<b>Closed Foster Homes</b>	37
<b>Total Number of Licensed Foster Homes</b>	524
<b>Total number of foster homes on hold</b>	58
<b>Total number of foster homes waiting for licensing approval</b>	76

The NFC is not a child placing agency and therefore does not have licensed foster homes of their own but rather utilizes the subcontracted agencies'. Therefore there is no transfer to or from NFC but rather among the subcontracted agencies.

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.

Relative and Child Specific foster parents are determined through the utilization of Ecomaps, Genograms and additional technology. The Service Coordinator secures an appropriate placement with the best match possible with the best interest of the child in mind. The NFC is currently exploring additional software to support the genogram process.

NFC Relative/Child Specific Foster Care Homes	
	Qtr 1
<b>Children placed during quarter</b>	73
<b>Home studies completed</b>	14
<b>Approved Homes Closed</b>	0
<b>Licensed Homes Closed</b>	0

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 lead agencies 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. Foster parents 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.

Recruitment activities among the foster care agencies include:

- Omaha World Herald advertisements
- Agency websites
- Informational Booth set up at Memorial Day Run-Boys Town.
- Billboards
- Internal recruitment posters providing referral bonuses for potential foster families.
- Distribute program brochures and flyers within the community
- Local radio advertisements

#### 4. LICENSING WAIVERS

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

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

a) **An assessment of how granting such waivers have affected children in foster care, including their safety, permanency and well-being**

At this time the NFC does not believe there will be any negative outcomes for children in kinship foster care placements in which a licensing waiver is granted. The NFC appreciates all of the positive outcomes that can come from the waivers including more support for the foster homes and additional IV-E Federal funding for Nebraska.

b) **Reasons why relative foster family homes may not be licensed despite authority to grant such case-by-case waivers of non-safety licensing standards**

NFC will ensure each home that has the potential to receive a licensing waiver has a clear understanding of the process and responsibilities to help them determine if it is an appropriate choice.

c) **Actions the Contractor plans to take or is considering taking to increase the percentage of relative foster family homes that are licensed while ensuring the safety of children in foster care and improving their permanency and well-being; and**

NFC will be working with the subcontracted agencies in the next quarter to determine the best process to reaching out to these individuals to provide the benefits of joining an agency.

d) **Suggestions the Contractor has for administrative and/or legislative actions to increase licensed relative care.**

At this time NFC does not have any proposals for administrative and/or legislative actions but will continue to monitor for future suggestions.

## 5. CHILD AND FAMILY SERVICES PLAN UPDATE

During this reporting period the NFC participated in Mini Child and Family Services Reviews of families in the Eastern Service Area. 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. The NFC has participated in workgroups with other leads and DHHS to develop trainings and tools to increase the Child and Family Services Reviews.

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 goals and objectives outlined in the Children and Family Services Plan.

The matrix below outlines the goals and objectives from the Children and Family Services Plan number and NFC's progress meeting each of these. The objectives of improving absence of maltreatment recurrence, improving absence of maltreatment in foster care, decrease in state wards, improving timeliness and permanency of reunification met the DHHS Eastern Service Area (ESA) standards. The objectives of children adopted within 24 months of removal from the home and children in care for 12-24 months will have two or fewer foster care placements exceeded the standards. Children in care for less than 12 months will have two or fewer foster care placements and children in care for 24 or more months will have two or fewer foster care placements have almost met the standards.

Areas for improvement include increase state wards served in the home, reunified children re-enter out-of-home care less than 12 months of discharge, youth in care for 24 or more continuous months discharged to permanent home and youth discharged to Independent Living or 18 years old. Although youth in care for 24 or more continuous months discharged to permanent home and youth discharged to Independent Living or 18 years old did increase from the previous quarter they still do not meet the standards.

OUTCOMES/ Measures		CFSP Standard	DHHS-ESA Standard	Qtr 1 2010	Qtr 3 2009	Qtr 4 2009
<b>Goal: Strengthen the Nebraska Safety Intervention System</b>						
<b>Objective: Improve Absence of Maltreatment Recurrence</b>	Children will not experience any substantiated	94.60 %	95%	88.4%	88.9%	82.8%

	repeat abuse or neglect					
<b>Objective: Improve Absence of Maltreatment in Foster Care</b>	Children and youth in out-of-home care will not experience substantiated abuse or neglect from a foster parent	99.68 %	99.68%	99.7%	99.1%	99.4%
<b>Goal: Permanency for children and youth will be established by serving them safely in their own homes</b>						
<b>Objective: Decrease total number of state wards</b>				936	828	950
<b>Objective: Increase state wards served in the home</b>			50%	25 %	29 %	25 %
<b>Goal: Provide safe permanency for children in a timely manner and provide for community safety</b>						
<b>Objective: Improve timeliness and permanency of reunification</b>		122.6				
	Children placed in out-of-home care will be reunified less than 12-months		71%	71.6%	78.6%	71.0%
	Reunified children re-enter out-home-care less than 12-months of		8%	43.0%	74.8%	57.2%

	discharge.					
<b>Objective: Achieve and maintain timeliness of adoption</b>		106.4				
	Children are adopted within 24 months of removal from the home		36.60%	42.4%	0.291	36.7%
	Children legally free for adoption will be adopted within 12-months of being legally free for adoption		61.76%	18.9%	10.1%	8.3%
<b>Objective: Maintain Permanency of Children in Foster Care</b>		121.7				
	Youth in care for 24 or more continuous months discharged to a permanent home		38.96%	17.1%	6.0%	11.8%
	Youth discharged to Independent Living or 18 years old		26.23%	21.7%	18.5%	19.8%
<b>Objective: Improve Placement stability</b>		101.5				

Children in care for less than 12 months will have 2 or fewer foster care placements		84.27% (new cases) 83.27% (legacy cases)	82.6%	85.7%	82.8%
Children in care for 12 to 24 months will have 2 or fewer foster care placements		55.19%(legacy cases)	60.0%	52.5%	58.3%
Children in care for 24 or more months will have 2 or fewer foster care placements		25.75% (legacy cases)	25.2%	24.8%	25.5%

\*Data derived from DHHS InfoView COMPASS Reports

## 6. DISASTER PLAN UPDATES

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 records.

## 7. CHAFEE FOSTER CARE INDEPENDENCE UPDATE

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. Independent Living plan is reviewed on an ongoing basis with the young person and their natural support system and highlights successes, identifies new challenges and barriers and focuses on overcoming challenges identified. The review of the plan will occur during the youth's Family Team which occurs at a minimum, monthly. Family Team Meetings will be coordinated to occur as necessary to provide support to the young person and to make changes to strategies and outcomes.

The NFC continues to be active with the Foster Youth Counsel, Omaha Independent Living Plan, Nebraska Supportive Systems for Rural Homeless Youth and program group. NFC values our partnership with these stakeholders and the input they provide in further developing our Independent Living Services to youth.

The NFC Chafee Foster Care Independence Plan was electronically submitted to the Department on April 1, 2010 and was approved on September 22, 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 lead agencies 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 Referral and Aftercare Specialist 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.

NFC offers Independent Living Aftercare Service to youth and activities include:

- a) Assistance securing and maintaining housing, employment and connections to the youth's community

- b) Assistance with accessing Former Ward Programming through DHHS
- c) Assistance with connecting to higher education services and funding
- d) Providing connections to the Foster Youth Counsel and Omaha Independent Living Plan
- e) Monthly Family Team Meetings as needed for each young person
- f) Monthly face to face visits and/or phone calls based on the young person's need
- g) Community referrals for service provision
- h) Assistance with arranging for mental health and physical health care needs

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. Referral and Aftercare Specialist 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. At this time NFC is unable to determine the number of Independent Living Plans completed as this is only located on N-FOCUS and the NFC does not have a contractor specific report on InfoView that captures this, but do feel it would be beneficial.

## 8. TRAINING UPDATE

### Training Plan update:

No update information for this quarter.

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

- Medicaid/Magellan Clinical consultant roles with Service Coordination: Presented by Magellan (3 hours)
  - This training was provided by NFC and Boys Town supervisors and clinical consultants on 7/16/10. The training included types of mental health evaluations, documentation for clinical records, what child welfare services are, community resources for mental health services, and who is covered under Medicaid and Medicare services
- Foster Youth Council Brown Bagger: Presented by the FYC and DHHS (2 hours)
  - This was provided on 7/14/10 and provided personal experiences in foster care, supportive relationships the youth experienced, and their experiences and needs with Independent Living.

- Foster Youth Council presentation on Independent Living and Sibling Connections: Presented by the FYC panel of youth (1 hour)
  - This was provided on 7/1/10 by a panel of youth from FYC. The youth talked about their experiences as a state ward, what they got and what they needed regarding Independent Living Skills/support, maintaining relationships with their siblings, and their overall experiences as a foster child and what they would like to see us do to improve the lives of foster youth.
- Supervisor training for goal writing and performance based evaluations: Presented by NFC HR (1 hour)
  - This was provided on 7/1/10 and provided more in depth information and skill building for supervisors to develop professional goals for their employees using SMART goals focused on short and long term professional development.
- Supervisor training for staff retention: Presented by NFC HR and Training Supervisor (3 hours)
  - This training was offered in July and August for 1.5 hours each month using the book "Love 'em or Lose 'em". The supervisors reviewed sections of the book and worked on how to implement items such as a more family friendly workplace, energizing teams, creating connections, sharing information, and mentoring and how to work through possible barriers in these areas.
- Motivational Interviewing: Presented by Kersten Borer (1.5 hours)
  - This was provided on 7/8/10 and included motivational interviewing techniques, building blocks to build motivation, and stages of change and the role of the professional.
- Electronic Monitoring: Presented by iSECUREtrac (2.5 hours)
  - This was offered on 7/22/10 and included information about how the GPS tracking monitors are used, how they receive information, how to read reports, and how to enroll in services.
- Courts Catalyzing Change/Disproportionality in the Courts: Presented by Judge Wadie Thomas (1.5 hours)
  - This was offered on 8/3/10 and included information on disproportionality, how service coordinators and providers can catalyze change in the system and families we serve.
- Developmental Disabilities: Presented by Kim Zueter (1 hour)

- This was offered on 7/27/10 and 8/9/10 and included information on the HHS division of Developmental Disabilities, when to apply, how to apply, how to determine if a client has DD services already, and eligibility and funding information.
- Training of Trainers for New Worker Service Coordination Training: Presented by DHHS/CCFL (40 hours)
  - This training was offered from 9/8/10-9/29/10 and included CCFL/DHHS training on SJO and NSIS curriculum NFC trainers would be required to train for SC New Worker training. Trainees participated in reviews of the training materials and tested out via written evaluations and oral presentations.
- Gang and Street Crimes Training: Presented by Nebraska Attorney General's office (4 hours)
  - This was provided on 9/17/10 and included comprehensive responses to gangs and gangs in schools and prevention/intervention strategies.
- FCRB Training: Presented by Paulette Williams (45 minutes)
  - This was provided on 8/3/10 and included information in how to read a FCRB report, what SCs role is in providing information and attending meetings, and the FCRB process
- Independent Living Plans on N-FOCUS: Presented by Angi Heller (NFC) (30 minutes)
  - This was offered on 9/7/10 and included how to access the new IL Plan icon on N-FOCUS, how to develop IL Plans, goals, and strategies, how to update on a monthly basis, and how to use the 14 IL Categories.
- CFSR Brown Bagger: Presented by DHHS, NFC, and KVC (1.5 hours)
  - This was provided on 8/18/10 and provided information on key areas of the CFSR that CFS and SC need to improve upon in order to better serve families and in turn, support a better CFSR review.
- Adoption/Heart Gallery policies and procedures: Presented by CSI (30 minutes)
  - This training was provided on 9/7/10 and provided information about HHS policies for children who are eligible for adoption, tools to use, how to use the tools, and how to work with CSI on getting children on the websites.

- Magellan clinical reviews and the appeals process: Presented by Magellan (30 minutes)
  - This was provided by Magellan on 8/31/10. Training included how to prepare for a clinical review, how to conduct a clinical review, how the appeals process works, and where to find additional information on the Magellan website.
- PTAs as decision making skills: Presented as a Brown Bag session (1 hour)
  - This was provided on 8/11/10 and provided information regarding what one should expect from a PTA, why one would refer for a PTA in lieu of another mental health evaluation, and how to read a PTA and apply pieces of it towards case management/service interventions.

The Training matrix below outlines the number of Service Coordinators that completed the new employee training within the reporting period.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Number of Employees who completed initial training hours	3				3
Number of hours for DHHS New Employees Trainings Delivered	0				0
Number of hours for NFC New Employees Training Delivered	44				44
Number of NFC On-going /In-Service Training hours Delivered	1167				1167
Number of hours current NFC employees trained new NFC employees	1112.5				1112.5
Cost of Training Provided by NFC	\$25,968.76				\$25,968.76

\*Data Derived from Training and Financial Departments

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

<b>Title</b>	<b>Date</b>	<b>Location</b>	<b># Trainees</b>	<b>Conducted by</b>	<b>Training times</b>	<b>Agencies trained</b>	<b>Prep hours</b>
EM and Tracker Providers	7/12	Boys Town Auditorium	15	Angela Bredenkamp	3-4:30	NFC subcontractors	3
Crisis Response Providers	7/15	Boys Town Auditorium	15	Angela Bredenkamp	3-4:30	NFC subcontractors	3
Foster Care Providers	8/9	Boys Town Auditorium	15	Angela Bredenkamp	3-4:30	NFC subcontractors	3
In home Services Providers	8/12	Boys Town Auditorium	15	Angela Bredenkamp	3-4:30	NFC subcontractors	3

\*Data derived from Training Department

## 9. PROGRAM EVIDENCE BASED PRACTICE AND PROMISING PRACTICE

### Boys Town In-Home Family Program (Evidence-Informed/Emerging)

#### i. Fidelity/Implementation

- **Data Quantity**

- **Strengths and Stressors** – This tool is intended to be used at the beginning and end of services for the purpose of prioritizing service plan goals, and ensuring the goals also build upon strengths. Use during services is optional based on family need and length of time a family receives.
- **DATA:** 100% of new families receiving Family Support or Intensive Family Preservation services were assessed with this tool within 30 days of Admissions. Approximately 8% 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. 87% of families who began receiving Family Support or Intensive Family Preservation services after the start of this contract and had the Strengths and Stressors completed at intake (as a baseline) had this tool administered at discharge. Due to being below 100%, the completion rate at discharged is addressed below in our areas of weakness and action plan.
- Outcomes data on % of areas that showed improvement from intake to discharge is being reviewed on a monthly basis for the purpose of quality improvement. At a meeting with NFC leadership on 10/6/10, we discussed sharing of this assessment between Service Coordinators and Family Consultants since currently both agencies are administering this assessment tool with families.
- **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. Observations occurred 100% for the monthly observations, and 100% for the quarterly observations during this review period. However, there were instances where one monthly observation was missed, and so two were done the following month. Since the total number of required observations for the

quarter was met, I considered that 100% completion rate. 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. These certification observations occurred at a rate of 100% during this past quarter, and all Family Consultants in our Nebraska program met criteria on their evaluation observation this quarter.

- **Level 1 and Level 2 Safety and Risk Screens** – 100% of the new families receiving Family Support or Intensive Family Preservation services were assessed with a Level 1 Screening tool during this quarterly review period. The purpose of this assessment is to identify safety and risk issues including past or present suicidal ideations or attempts. When there is risk identified in the Level 1 screen, a Level 2 Screen is then completed. In 100% of the cases where a Level 2 screen was completed, the identified risk factor was documented and protocols were followed to ensure safety. These completed assessments are found in the family file, which is secure in the Administrative offices. Information from this assessment is used to develop a safety plan with the family, and/or a No Self Harm contract. In 100% of the cases where moderate to high risk was identified, there was a written behavioral contract completed with the family to increase or ensure safety.
- **Service Plans: Goal Attainment** – 100% of the families referred by the NFC 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%. For third quarter, our National percentage of goals set/met was 84% however, our Nebraska IHFS Program was below our goal of 80% during this quarter, with an average of 77%. This will be addressed below in areas of weakness and our action plan.

- **Data Quality**
  - **Strengths and Stressors (S&S)** -- data resides in National Database. Entry of data is audited to ensure that it is entered at admission and discharge. In addition, our program administrators receive monthly data reports that measure the % of families who have the S&S completed at admission and discharge as well as the # of items improved as compared to the number of items that could improve on the assessment to measure progress.
  - **Model Fidelity Instrument** – Administration of portions of the In-Home Family Services Consultant Assessment Observation Instrument occur twice per month during the first year as a Family Consultant and then once a month after a Family Consultant is certified. The entire Model Fidelity Tool, measuring each of the components of the Model, is required to be administered quarterly. This is documented in the supervisor’s log for each Family Consultant, which is located in their supervision binder. The Training, Evaluation, and Certification department at Boys Town maintains data on certification observations, ratings, and outcomes, and that data is reviewed on a regular bases for quality improvement and to identify training or management needs.
  - **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.
  - **Service Plans: Goal Attainment** – The number of goals set and met is captured in our National Database and is determined by the Family Consultant. Family Consultants are trained to write behavioral, measurable goals. The Family Consultant’s supervisor reviews that discharge data to ensure it is accurate and documented in the appropriate place in the database. Monthly service plan outcome data is reviewed by program administrators to identify trends and possible training or consultation needs.

- ii. **Strengths** – 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.
  
- iii. **Weaknesses** – 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 continuing to focus our efforts to further develop 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. Thus far, we have not seen a significant increase.
  
- iv. Another area we did not meet our expected performance rate this quarter is the completion of the Strengths and Stressors Assessment at discharge of a family. We discovered this issue when we saw our Monthly “IHFS Program Implementation Team Dashboard”. Upon seeing that date, we went into the National Database to look at the families who did not have it completed, and followed up with staff assigned to those families. In each of the cases, the case closed abruptly so the staff was not able to sit down with the parent(s) and get their input. Since staff were trained to

do this assessment collaboratively, the staff determined that they could not complete it.

- v. **Points for Improvement & Plan of Action** – 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.
  
- vi. The protocol for completion of the Strengths and Stressors at a rate of 100% at discharge was addressed in an all staff meeting and everyone was told that if the family cannot complete the assessment, the staff should instead complete it by themselves. Since that all staff meeting, we are back to a 100% completion rate. In order to prevent this issue in the future, we will review this on a regular basis when new staff have cases close abruptly. In addition, we followed up with our Training, Evaluation, and Certification Department so this clarification to their training outline for all new staff.

#### Boys Town Treatment Family Home Program (Promising Practice)

- i. Fidelity/Implementation
  - **Data Quantity**
    - Child Behavior Checklist **Admission** Response Rate for July, August & September 2010 is 88.9%; Child Behavior Checklist **Departure** Response Rate improved to 100% for July, August, & September 2010
    - ROLES completion rates stayed at 100% at admission and discharge this past quarter
    - DISC completion rates also remained at 100% this past quarter (Note: Youth reaching their 12<sup>th</sup> month in the program during this time were also administered the DISC again.
    - 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**

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

- Center for each service area aids in communication and consistency, and serves as an additional quality control measure.
- iii. **Weaknesses** – Not all information for the previous month is always entered soon enough to include for this report, as 15 days is customary.
  - iv. **Points for Improvement & Plan of Action** – 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, a new template has been developed for Treatment Family Home documentation of Treatment Plans and the Treatment Team Meetings. Training was given to all Treatment Family Home staff and we will be using a peer review system to review implementation and consistency. As a result of Record Review audits, we have also added a new automated “Tasks Due” reminder for Treatment Family Home staff to ensure Clothing Inventories are completed and a copy sent to the Records Room.

#### Celebrating Families (Well-Supported Evidence-Based Practice)

Fidelity/Implementation - Heartland Family Service completed training of its program staff in the Celebrating Families! intervention model early October. The program will begin its first session, Monday, October 18, 2010. Heartland anticipates 10 families will participate in the first session, with a total number of 40 participants (adults and youth).

#### Cognitive Behavioral Therapy (Well-Supported Evidence-Based Practice)

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

#### Family Peer-to-Peer Mentoring (Evidence-Informed/Emerging)

##### i. Fidelity/Implementation

- Data Quantity
  - 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.
  - Our current response rate averages 24%, which is up from last quarter’s response rate averages of 22%. Examining the surveys returned showed some family partners had much lower response rates than others. Training had been provided to improve this rate. Options will be explored to improve this rate more.
- Data Quality
  - 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. The highest ratings involve family's understand their rights and responsibilities in the system, families report they better understand how to effectively communicate with the professionals, families report they have knowledge and interaction with community-based supports, families report they are better able to understand how to communicate more effectively with their children, families report they better understand signs of relapse in their child's mental / behavioral health disorder, families have better problem solving and crisis management skills in a crisis to keep their child(ren) safe and families report their ability to achieve their treatment / case objectives with the support and services from their Family Partner.
- 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.)

#### Homebuilders (Supported Evidence-Based Practice)

- 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?)
    - NCFAS – 100% of clients have a NCFAS completed within the first 3 sessions. Eleven NFC families have discharged between June and September 2010, so 100% of families have had NCFAS completed at discharge.
    - 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.

- 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
- There are times when the family is discharged and the FSW/IFP specialist is unable to meet with them to do final Peabody measures. This may occur when the case suddenly closes, when the family refuses to meet with the staff or the client is unreachable and so the case closes.
- iv. Points for Improvement & Plan of Action.
- Increased random file reviews and thorough reviews at discharge.

#### Multi-systemic Therapy (Well-Supported Evidence-based Practice)

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

#### Nurturing Parenting Program (Promising Practice)

##### i. Fidelity/Implementation

- Data Quantity – What percentage are receiving instruments at the programs defined timeline?
  - 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 April 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 30 families and to 6 families for via Intensive Family Preservation services during Quarter 4, 2010. Eight of these families do not have baseline measures available: three were referred late during the 1st quarter and have not had sufficient time to complete the assessment; one involved an adolescent as primary service recipients; three clients refused; and scores are not available for one.
- The baseline measures of the 27 parents for whom data is available indicate that parents most often scored as high risk in the domains of 'Parental Lack of Empathy' (7) and 'Oppressing Children's Power and Independence' (5), followed by 'Reversing Parent-Child Roles' (3). No parents scored as high risk in 'Strong Belief in the Use of Corporal Punishment' domain, and only one parent was rated as high risk in the 'Inappropriate Expectations of Children Domain'.
- Three families, with four parents, were discharged from services. Two parents (both in the same family unit) were consistently resistant to services and ultimately transferred to another provider agency, and two families failed to complete mid-service or discharge ratings.
- *Nurturing Skills Competency Scale* comparison data is not yet available.
- 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 *AAP* 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

There was a turnover in the Intensive Family Preservation/Family Support supervisory staff in early July, which seems to have had an impact on, follow through with mid-service and discharge ratings. Additional training and oversight will be provided regarding client engagement and the effective use of outcome tools during Quarter 2 to ensure these issues are addressed.

Child Saving Institute supervisory staff will also 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.

Wraparound (Promising Practice)

i. Fidelity/Implementation

- **Data Quantity**

The WFI is administered to caregivers, facilitator, youth (11 years or age or older) and team members referred to NFC for Service Coordination. NFC has contracted with NFSN to complete the caregivers, youth and team member's surveys. The WFI is to monitor and measure how the Wraparound principles and stages of engagement are being adhered to and implemented. The premise that by accurately applying the wraparound principles we should see better outcomes for children and families.

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.

NFC assessed 38 children/youth during the first quarter.

- The combined WFI scores indicate NFC's overall fidelity at 69% as compared to the national mean of 77%. Individually the Facilitators rated overall fidelity at 75%, Caregivers at 47% and youth at 86%.
- The WFI scores indicate NFC's fidelity scores by phase at 72% for Engagement, 65% for Plan Development, 70% for Implementation and 69% for Transition. As compared to the national mean of 76% for Engagement, 76% for Plan Development, 81% for Implementation and 69% for Transition.
- The WFI scores indicate NFC's fidelity scores by principle at 90% for family voice and choice, 72% for team based, 63% for natural supports, 75% for collaboration, 61% for community-based, 86% for culturally competent, 61% for individualized, 79% for strengths based, 73% for persistence, 65% for outcome based. As compared to the national mean of 83% for family voice and choice, 72% for team based, 64% for natural supports, 85% for collaboration, 71% for community-based, 91% for culturally competent, 69% for individualized, 83% for strengths based, 82% for persistence, 67% for outcome based.

- **Data Quality**
  - NFC meets with NFSN to discuss feedback related to the survey respondents (e.g. frequent questions by members such as, “what is a team”, “what is wraparound”) and survey completion. This would indicate that additional training for team members is needed.
- ii. **Strengths**
  - NFC captures and reviews quantitative and qualitative data for QA/QI on a regular basis. Overall strength is that these data measures are systematically tracked. Additional oversight from the QA staff and monthly reports are given to Operations Directors and the training department. Quarterly meetings with Senior Leadership look at any trends and areas in need of improvement.
- iii. **Weaknesses:**
  - 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. Distinctions must be made between Wraparound and FCP and utilization of these guiding principles are provided in relation to completing PCAs, Family Team Meetings, and Case Plan development. Also due to the relatively small sample of clients to date, it is difficult to draw firm conclusions regarding the efficacy of the Wraparound model for families referred through the child welfare system.
- iv. **Points for Improvement & Plan of Action:**
  - NFC will continue to monitor the fidelity of Wraparound through the WFI. Inefficiencies in the application of Wraparound model and the completion of the WFI surveys will continue to be determined and addressed by NFC and NFSN. It is necessary to continue to collect data and monitor the long-term outcomes for families who have participated in this program in order to determine the efficacy of the Wraparound model.

## **10. AFTERCARE SERVICES 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. Families that have agreed to aftercare services will do so for 12 months following case closure.

The NFC transitions current Service Coordinators to newly created positions of Referral and Aftercare Specialists who work closely with NFC teams to coordinate and develop NFC Aftercare service plans for children, youth, and families. They

are responsible for implementing and monitoring the established aftercare service plan. They organize and facilitate family team meetings focused on safety, permanency, and well being. Provide monthly progress summary and document in N-FOCUS. Conduct face to face visits with children, youth, and families. And collaborate with agency providers to ensure quality that services are being provided to children, youth, and families.

Responsibilities include:

- a. Coordinate access to supports and after-care services for children, youth and families.
- b. Gather collateral information and complete necessary assessments to expand on NFC Service Plan.
- c. Provide implementation and monitoring of the Aftercare Service Plan and monitor. Gather additional information needed to assess independency and linkages to the community for services and support.
- d. Provide training and support in developing and utilizing functional skills to individuals/families with problems (i.e., child management, personal and family adjustments, finances, employment, and physical and mental impairments) which occur in the family, home, and community.
- e. Develop, coordinate and monitor service plans and recommend changes to the plan based on the needs of children, youth, and families.
- f. Develop and maintain effective working relationships with families and build on family skills and competencies.
- g. Develop and maintain collaborative relationships with all key stakeholders which have the potential to positively impact child, youth, and family outcomes.
- h. Coordinate provision of all non-treatment services and supports.
- i. Facilitate family team meetings in collaboration with the family. Work with family members or informal supports to provide the necessary skills to facilitate family teams meeting independently of the Aftercare specialist.
- j. Monitor monthly progress and document progress and family contacts in N-FOCUS.
- k. Maintain complete and accurate case files.
- l. Assure that each child or youth's educational needs are met.
- m. Conduct face to face visits with children, youth, and families consistent with federal guidelines and NFC aftercare plans.
- n. Document information in N-FOCUS.

- o. Recommend case closure to NFC Service Coordinator Supervisor.
- p. Maintain working knowledge of, and compliance with, all contractual requirements.
- q. Availability for mandatory on call status as outlined by NFC.
- r. Adhere to applicable federal guidelines, Nebraska statutes, and DHHS policies and procedures.
- s. Advocate for children, families, and youth at all times.
- t. Cooperate and collaborate with NFC staff, DHHS, subcontractors and other key stakeholders.

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.

During this reporting period NFC had 88 families actively participating in Aftercare services. Aftercare services were offered to 84 new families. NFC has offered Aftercare Service to 46 families during this quarter. At this time NFC has 38 families actively participating in Aftercare services. Aftercare activities have included:

- a) Monthly Family Team Meetings as needed for each family/youth. At this time NFC is unable to determine the number of visits completed as this is only located on NFOCUS and the NFC does not have a contractor specific report on InfoView that captures this, but do feel it would be beneficial.
- b) Monthly face to face visits and/or phone calls based on family/youth need
- c) Community referrals for service provision
- d) Assistance with arranging for mental health and physical health care needs
- e) Assistance with coordinating programs for children