



Quarterly Report for Child Welfare and Juvenile Services

Lead Agency Name: Nebraska Families Collaborative		
Address: 14100 Crawford Street Boys Town, NE 68010		
Lead Agency Contact Person: Angela Bredenkamp		Telephone Number: (402) 498-1239
Quarter	Reporting Periods	Due Dates
<input type="checkbox"/> Quarter 1	July 1 – September 30	October 15
<input checked="" 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
Date Submitted: 1/15/2011		Date Received:

1. GENERAL OVERVIEW

a) Accomplishments and Barriers:

Over the past several months there have been significant changes in the Eastern Service Area. The lead agencies and the Department spent many hours working on the Families Matter roles and responsibilities and developed dialogue of additional reform efforts. The Nebraska Families Collaborative (NFC) has valued the ongoing collaboration and is fully committed to furthering reform efforts in Nebraska. 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 Nebraska Families Collaborative staffing patterns combines education, experience, human service expertise and a strong commitment to serving youth and their families. The NFC ensures that any staff delivering service intervention, whether as an employee or as a subcontractor, will possess the current and appropriate credentials and pass background checks consistent with the Department requirements.

DHHS completed the **quarterly personnel file review** of NFC staff. The results of the file review was nearly perfect:

- 97% on background checks
- 99% on transportation standards
- 100% on drug screening
- 100% on reference checks
- 100% on education
- 94% on training

The NFC has made corrections to those items that fell below the 100% and will continue to track and monitor personnel file standards. The NFC continues to review subcontracted provider personnel file reviews in accordance with the DHHS Operations Manual. This process will continue and additional assistance and support to subcontractors will be provided to ensure that oversight and monitoring is maintained by any provider serving youth and families.

The NFC along with DHHS and KVC formed a **data work group (Data Integrity Response Team)** to discuss key data points that could be shared with stakeholders and that would be tracked and reported in the same manner. It was decided that N-FOCUS would be used as the primary data source for the following measures:

- Child count by legal status
- In-home vs. out-of-home placement
- Congregate care placements
- Out of state placements
- Aftercare

Through this process it was determined the need for data clean up, therefore, NFC implemented a process to review N-FOCUS reports to identify discrepancies. These discrepancies are reported each week to supervisors for corrections to ensure that additional monitoring and oversight is conducted. This additional monitoring will improve data integrity and offer other ways in which the NFC is committed to continuous quality improvement.

The work group will meet on a regular basis to monitor and evaluate the reports and the data with the goal of identifying barriers and developing additional strategies.

The NFC strives to provide **timely payment for services** rendered and values the partnership with the subcontracted providers and foster parents. The NFC has developed relationships with subcontracted providers that allow for open communication to facilitate a smooth payment process. The NFC is able to make payment 30 days from the date of receipt of an undisputed claim. The NFC continues to examine the billing process and billing errors to ensure timely cash flows for subcontracted providers. This past quarter there were zero grievances or complaints related to timeliness of payments.

The NFC completed a **financial audit** performed by an external, independent entity. An unqualified opinion was received, therefore all accounting rules are being followed and all financial reports are an accurate representation of the financial condition.

This past November 18 NFC youth were **adopted on National Adoption Day**. The NFC will continue to focus on permanency of children that are free for adoption.

The NFC developed a workgroup to focus on aftercare and identify system changes required for this service so that families could become more engaged. A description of the Aftercare Plan specifics is included later in the report. The Strategies of engagement for families will be enhanced while families are in active case status for Service Coordination.

Barriers:

The challenges faced by the NFC are not unique just to the NFC. Regular meetings occur between NFC, KVC (lead agencies) and DHHS to work together to identify and resolve the necessary barriers required so that improved outcomes for children, youth and families can be sustained. 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 challenges along with ways in which we are addressing these challenges are identified below:

A **high entry rate** of children/youth into out-of-home care is the largest systemic challenge. The NFC is currently looking at factors associated to the high rate and will develop effective strategies to impact the rate throughout the CQI-Plan, Do, Check and Act process.

- 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 versus placement services** and the funding sources responsible for each. The NFC continues to work with KVC, 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 Eastern Service Area. The NFC continues to work with all child welfare and juvenile justice stakeholders to develop a collaborative relationship built on trust and transparency so that the assessment of needs, interventions, and services are based on common values and national standards of care. The ordering of services happens for complex systemic reasons with a high rate of variation both by jurisdiction and individual justices. NFC is working with all stakeholders to assess the drivers of court ordered services as well as possible systemic solutions that result in better outcomes for children and families.

- This past quarter the NFC presented alternative plans for **youth residing in detention**. Many of these youth that the NFC is being assessed a penalty have been denied eligibility for release by the Juvenile Services Officer. The NFC will also continue to develop and recommend alternatives to detention and will utilize the Professional Judgment Resolution process to further this initiative so that youth may transition to appropriate services outside of detention.
- There is also a common practice that youth in detention should 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 community safety and allow youth to reside within their own communities. The NFC has strategies that are well underway to enhance NFC in home service array so that youth will be able to be maintained at home and in their community, while assuring community safety.
- Cases are not moving as **quickly to safe case closure** as anticipated. The NFC has been conducting reviews with staff to determine why cases are not closing swiftly. Challenges are in the process of being identified and will be included in the next quarterly reporting period.

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 agency to address the complex system challenges that exist between the behavioral 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
- Data Integrity Response Team
- Statewide Training Team

The NFC continues to strengthen its partnerships to address barriers and to improve the service delivery of child welfare services. The NFC continues to assist 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 NFC is soliciting proposals from network agencies that can offer services that may or may not exist today. These are providers that are committed to the needs of children and families. The NFC has a current need to develop services that can meet the needs of the following:

- o Stable and permanent families for teens
- o Foster Families willing to adopt
- o Families who can keep brother and sisters together
- o Families who can support youth with special needs
- o Supports for youth with high risk issues
- o Youth residing in Detention
- o Youth with Mental Health history
- o Unconditional Care Models
- o Foster Families open to developing healthy relationships with birth parents
- o Supports for teenage mothers and their children
- o Substance Abuse Treatment for Youth

The NFC has asked that its network of providers submit proposals for those interested in assisting with developing new and services to meet these needs.

The NFC 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 or 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:

NFC Network of Subcontract Providers*	
Total Number of Subcontracting Agencies in Eastern Service Area (ESA)	48
Number of Collaborating partners of the NFC within total	5
Number of Agency Foster Care subcontracting providers in ESA within total	10
Number of other Lead Agencies subcontractors in ESA	1

**Data derived from Network Database*

NFC Service Array*	
Service Type	NFC Service Definition
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 Traditional Foster Family Support Relative Foster Care Emergency Foster Care	Foster Care (All Types)
Group Home Care	Group Home A or B
Residential Safety Services	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 Children & Family Services (CFS) specialists

Challenges:

The greatest challenge has been the current rate of out-of-home referrals in the ESA.

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 (Managed Care provider) 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 6 Behavioral Healthcare 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 chart below depicts utilization of identified services by month, total and the percent of the type of services.

Referrals	Oct	Nov	Dec	Quarterly Total	Quarterly Percent	2010 Total
One Time Service Referrals						
Drug Screen	4	11	11	26	60%	81
Interpreter	7	6	2	15	35%	53
Comprehensive Child & Adolescent Assessments (CCAA'S)	1	0	1	2	4%	12
Total One Time Service Referrals	12	17	14	43		135
Service Coordination						

Referrals						
Child Abuse/Neglect	24	13	17	54	87%	247
Status Offender	8	8	5	21	34%	57
Delinquents -	2	5	4	11	18%	60
Total Service Coordination Referrals	34	26	26	62		374

The NFC continues to maintain its fidelity to the model. Service Coordinators maintain no more than 14 families at any given time. The fidelity to the model has ensured that NFC Service Coordinators are able to ensure effective Service Coordination and service delivery to children and families.

As of December 31, 2010 the NFC is providing Service Coordination to 573 families and 965 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 both 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 implementation 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 January to distribute the NFC Provider Manual (2nd 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 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 CQI activities occur with all of the NFC network providers to ensure compliance with the Contract and Operation Manual. NFC will further provide feedback based on information tracked through Penelope as well as the NFC internal Provider Complaint tracking system.

2. CONTRACTOR EMPLOYMENT INFORMATION

The Nebraska Families Collaborative staffing patterns combines education, experience, human service expertise and a strong commitment to serving youth and their families. Currently NFC Service Coordinators have an average of 2.97 years of case management experience, an average of 4.64 years of human service experience and 11 have Masters Degrees. Service Coordinator Supervisor have an average of 7.57 years of case management experience, an average years of 2.71 management or supervisory experience and two have Masters Degrees.

NFC will have hired a total of 82.5 employees as of December 31, 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*					
Fiscal Quarters	Qtr 1 July- September	Qtr 2 Oct- Dec	Qtr 3 Jan- March	Qtr 4 April- June	Average
Allotted FTE's for Service Coordinators	46.5	46.5			
Filled Service Coordinator Positions	46.5	45.5			
Service Coordinator positions currently in training	0	0			
Vacant Service Coordinator positions	0	1			
Average length of employment for Service Coordinators in days	278	353			
Allotted FTE's for Referral/Aftercare Specialists	4	4			
Filled Referral/Aftercare Specialists	4	4			
Vacant Referral/Aftercare Specialists	0	0			
Allotted FTE's for Supervisor	7	7			
Supervisor positions that are filled	7	7			
Supervisor positions that are vacant	0	0			
Average length of employment for Supervisors in days	362	403			
Allotted FTE's for Team Support Specialist positions	5	5			
Team Support positions that are filled	5	5			
Allotted FTE's for Clinical staff positions	3	3			
Clinical Staff positions that are filled	3	3			
Allotted FTE's for Intake & Billing Specialist	1	1			
Intake & Billing Specialist position that is filled	1	1			
Allotted FTE's for Other staff	7	7			
Other positions that are filled	7	7			
Allotted FTE's for Leadership Team	9	9			
Leadership Team positions that are filled	9	9			

**Data derived from Banner and Training Roster*

3. FOSTER PARENT RECRUITMENT AND RETENTION

The NFC works with each of its subcontractor agencies on developing recruitment strategies that are designed to serve the difficult to place youth. Those foster homes that the NFC has asked each of the agencies to further develop are for teen youth, foster families willing to adopt, sibling strip homes, youth with special needs, youth with significant mental health and substance abuse histories.

The NFC has also been working with the foster care agencies in further developing a Family to Family Model that is based on an unconditional care model and that are willing to develop healthy relationships with birth parents.

NFC Provider Network Foster Care Homes	Qtr 1	Qtr 2
Newly Licensed Foster Homes	26	29
Closed Foster Homes	37	37
Foster Homes transfers from a non-subcontracted provider	10	0
Foster Homes transfers to a non-subcontracted provider	0	2
Foster Homes transfers within NFC subcontracted providers	17	11
Total Number of Licensed Foster Homes	524	503
Total number of foster homes on hold	58	34
Total number of foster homes waiting for licensing approval	76	42

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 agencies. There were two homes this quarter that transferred outside of the NFC Provider Network to Cedars and Cornerstone Families and 11 that transferred within 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. -An assessment is done of each child's individual needs and matching includes assurance that the resource family will be able to meet those needs. 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.

Every family referred for service coordination to NFC has an Ecomap and Genogram completed with them and their family team to determine informal supports and potential relative or child specific placements. Each identified informal support and potential relative or child specific placement is

contacted and evaluated by the Service Coordinator and CFS Specialist to determine the appropriateness of interaction or possible placement. The best match for the best interest of the child is paramount. The NFC is currently exploring additional software or resources to help locate informal supports and potential relative or child specific placements.

During this reporting period the NFC did develop a Network Development work group to evaluate other state models for locating informal supports and potential relative or child specific placements to determine if NFC would benefit from a similar model with possible implementation in Spring 2011.

NFC Relative/Child Specific Foster Care Homes	Qtr 1	Qtr 2
Children placed in relative/child specific care	294	297
Home studies completed	14	18
Homes approved for relative/child specific care	54	33
Homes licensed for relative/child specific care	0	0
Children placed in relative/child specific care placement closed	0	94
Approved Homes Closed	0	0
Licensed Homes Closed	0	0

**Data derived from DHHS Derived Placement report*

The NFC has requested that a DHHS Info View report titled Foster Care Statistics be upgraded to show the results by contractor as well as county to have a common reporting mechanism for the information above.

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

- 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.
- The PS-MAPP training can take place in a variety of setting including in the home, agency and online.
- 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.
- 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.
- 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
- 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
- Omaha's Great Pumpkin, 10/30/10- This was a foster care and adoption awareness event held at Village Point mall.
- LFS also held a booth at the North Omaha Empowerment Network monthly meeting held at North High school on 12/11/10

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			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 for themselves. The agency that the foster parent will be with will also have the ability to determine if licensing is appropriate as well.

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 permanence and well-being; and**

NFC will be creating a work group with partner agencies to determine how to reach out to these individuals to provide the benefits of becoming licensed and to joining an agency. The NFC is also evaluating the foster care program to determine how more support can be offered to relative foster homes and encourage licensing.

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

During this reporting period the Nebraska unicameral was not in session however the NFC will take an active interest of all proposed bills that will be introduced during the January legislative session, particularly related:

- Child Welfare
- Family Matters
- Education
- Transportation provision
- Health care and Medicaid treatment services.

5. CHILD AND FAMILY SERVICES PLAN UPDATE

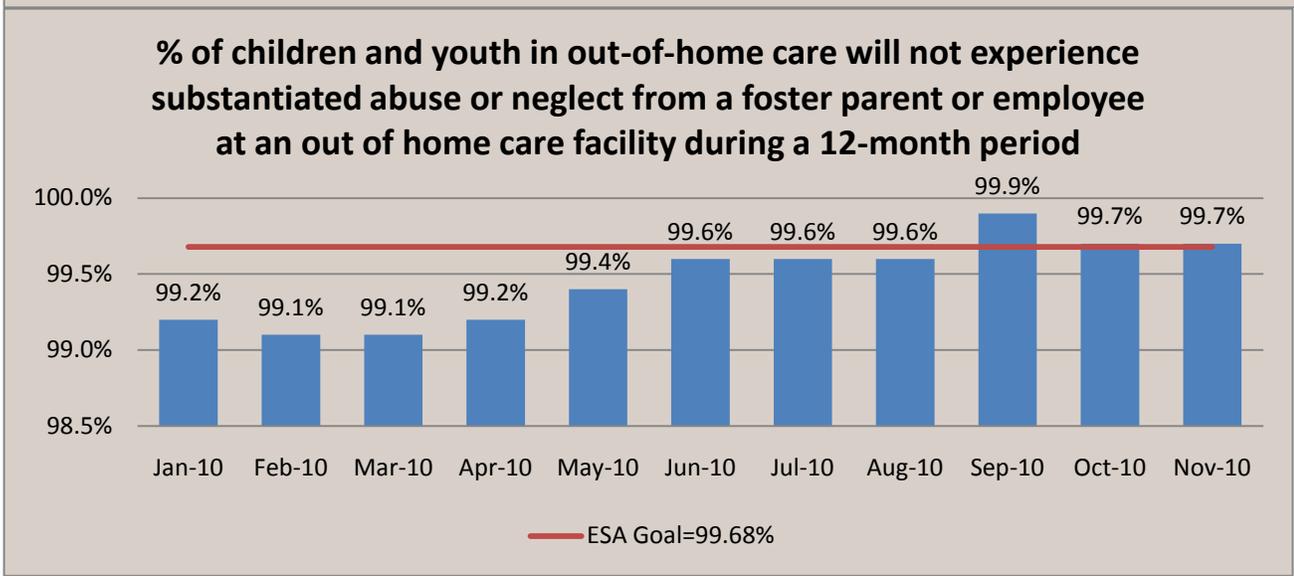
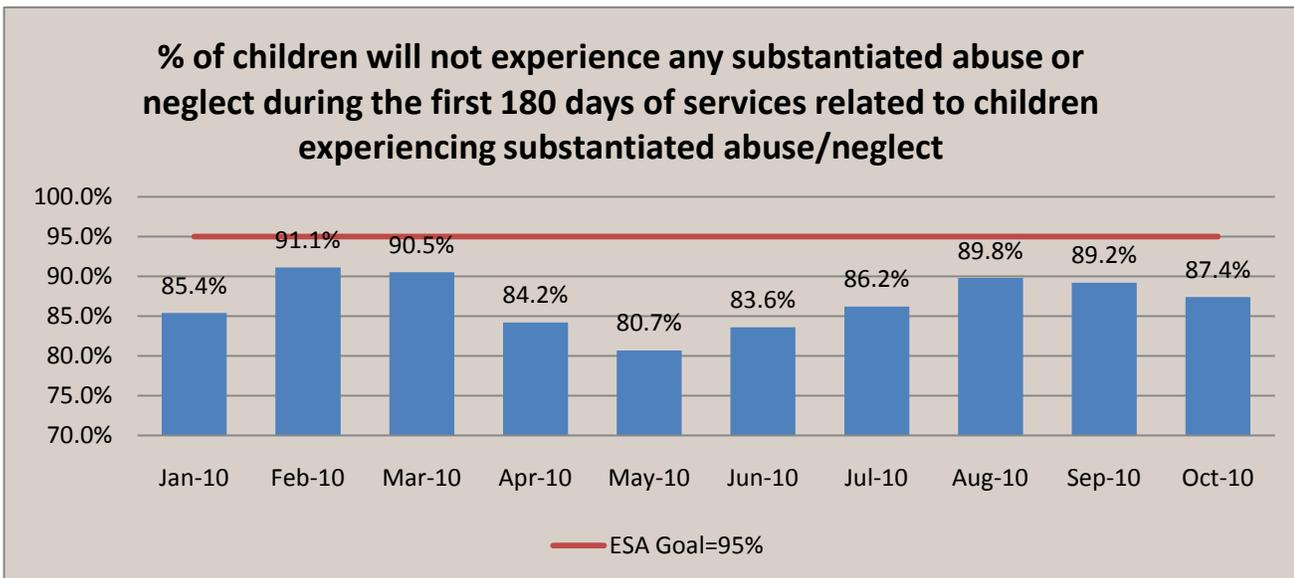
During this reporting period the NFC participated in Mini Child and Family Services Reviews of families in the Eastern Service Area. NFC staff partnered with a Department staff and reviewed several cases utilizing the Federal audit tool. The findings from this tool were then entered into the Department's 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 Review Standards.

The NFC continues to be committed to ensure that services are offered which are consistent with Children and Family Services Plan and help 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 charts below outline the goals and objectives from the Children and Family Services Plan and NFC's progress meeting each of these. This data is derived from the DHHS Compass system which includes information on legacy and new cases. The objectives of improving absence of maltreatment in foster care met the DHHS Eastern Service Area (ESA) standards. The objectives of children adopted within 24 months of removal from the home, children in care for 12 to less than 24 months

that have two or fewer foster care placements and children in care for 24 or more months that have two or fewer foster care placements exceeded the standards. Children not experiencing any substantiated abuse or neglect during the first 180 days of services, youth that grow up or age out of foster care and children in care for less than 12 months that have two or fewer foster care placements have almost met the standards.

Areas for improvement include children placed in out-of-home care will be reunified within 12 months, all reunified children who re-enter out-of-home care within 12 months of discharge, children legally free for adoption will be adopted within 12 months of being legally free and youth in care for 24 or more continuous months discharged to a permanent home prior to their 18th birthday. Although children legally free for adoption will be adopted within 12 months of being legally free and youth in care for 24 or more continuous months discharged to a permanent home prior to their 18th birthday did increase from the previous quarter they still do not meet the standards.



% of all children placed in out-of-home care will be reunified within 12-months



% or less of all reunified children re-enter out-home-care within 12-months of discharge. (Less is better in this case)



% of children are adopted within 24 months of removal from the home



% of cases of children legally free for adoption will be adopted within 12-months of being legally free for adoption



% of cases, of youth in care for 24 or more continuous months discharged to a permanent home prior to their 18th birthday



% or less of cases, of youth grow up or age out of foster care



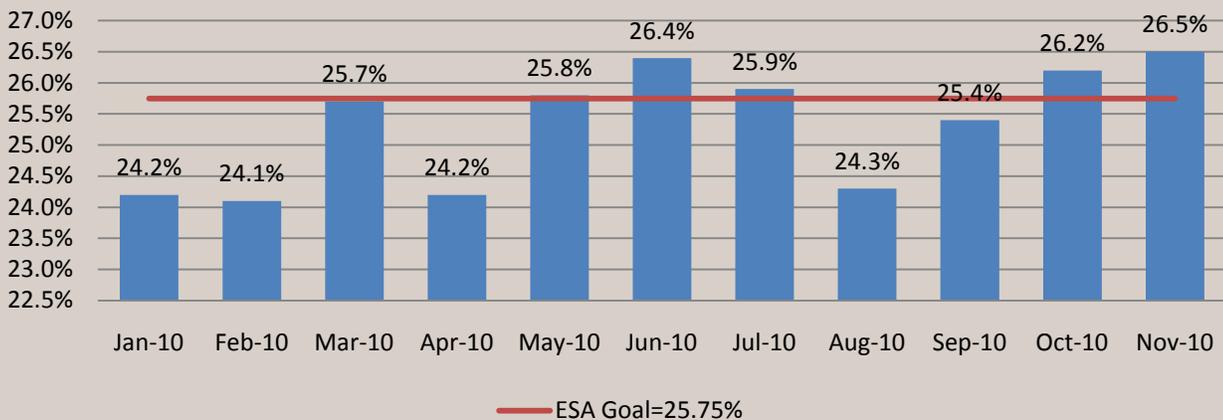
% of children in care for <12 months will have 2 or fewer foster care placements



% of children in care for 12 to <24 months will have 2 or fewer foster care placements



% of children in care for 24 or more months will have 2 or fewer foster care placements



*Data derived from DHHS 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.

Youth who are involved in Independent Living services after they age out of foster care are provided NFC Aftercare service as outlined in section 10: Aftercare Services and Activities Report below. 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 Info View that captures this, but do feel it would be beneficial.

8. TRAINING UPDATE

Training Plan Updates:

In November 2010, NFC in collaboration with KVC, CCFL and DHHS created a training plan for the Contractors in order to ensure staff had sufficient training to effectively conduct their job

responsibilities effective 1/3/11 under the Families Matter Reform. These trainings were mandatory for all Service Coordination (now Family Permanency) staff, supervisors, and clinical consultants. In the plan, it was agreed that testifying and YLS training would occur; however, NFC received approval to use past and upcoming training in lieu of training in December 2010.

- NFC provided testifying training on 5/2/10 through the use of Douglas County Attorneys. 100% of staff attended with the exception of those who had completed the full CFS New Worker training offered by CCFL. NFC is working with the Douglas County Juvenile Court and Project Harmony to provide testifying training on 2/1/11 and 2/3/11 as well.
- DHHS provided NFC employees four hour YLS training on 2/25/10. All NFC employees working with OJS and/or 3b youth will attend the full YLS training with CCFL in January or February 2011.

NFC will be updating our Training Plan during this next quarter to update our new worker training requirements as all new Family Permanency Specialists will be required to complete aspects of the DHHS CFS New Worker training offered by CCFL.

Reasonable/Active Efforts and Best Interests of the Child: (RFRM001)

This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees learn about the law regarding reasonable and active efforts, DHHS policies, and DHHS directives for ensuring these areas are met. Employees will learn about their expectations as a current Service Coordinator and new expectations when case management duties are transferred.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by the Director or Assistant Director of Operations or a member of the Training Department.
- This is 1.5 hour training.

Development of the Court Report: This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees will participate in a hands on training using the N-FOCUS Training Database System as well as review written training materials regarding policies and procedures for completion of Court Reports and Case Plans.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by the a member of the Training Department or a SCS who was a previous CFS or ICCU employee.
- This is a 3 hour training.
- This training will be completed by all SC, SCS, and CC.

Nuts and Bolts Legal Training (includes attorney roles in court and communication with court personnel):

This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees receive training to understand the different filings

that can occur within the Juvenile court system, understand when and how a SC becomes involved with a family once DHHS becomes involved for each type of docket, understand all legal parties involved and their roles, and learn enhanced skills in communicating with legal parties using critical thinking and DHHS language.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 2 hour training.
- This training will be completed by all SC, SCS, and CC.

NSIS Overview:

This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees will understand the basics of Safety Assessments, Safety Plans, Conditions for Return, PCAs, and Case Plans that are completed initially and ongoing. Employees will use critical thinking and policy to analyze the appropriate use of in-home, out-of-home, or combination Safety Plans. Employees will understand how Conditions for Return correlate to case plans, safety plans, and Family Team Meetings. Employees will develop enhanced skills to relate NSIS information to families, DHHS/CFS, and other professionals

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by the Training Supervisor or Director of Operations.
- This is a 7 hour training.
- This training will be completed by all SC, SCS, and CC.

NSIS practice 1—Receiving a new family and the Initial Assessment period

This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination (SC). Employees will use case examples to work a case from the beginning of NFC involvement through the Initial Assessment (IA) period. Employees will learn step by step what occurs prior to NFC's involvement and what NFC expectations will be upon assignment. The employees will learn how to review and develop items in N-FOCUS to include reviewing the Safety Assessment, review/develop/modify Safety Plans, reviewing the IA report (if allowed), assigning the SC to the case, navigating N-FOCUS to find historical information. The employees will practice developing all three types of safety plans and steps to begin the Protective Capacity Assessment (PCA).

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 4 hour training.
- This training will be completed by all SC, SCS, and CC.

NSIS practice 2—Transfer to Ongoing This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees will use case examples to work a case from transfer from IA to all Ongoing work. The employees will learn how to review and develop items in N-FOCUS to include reviewing the developing the PCA,

Conditions for Return, and Case Plan. The employees will practice developing a PCA, Case Plan, and Conditions for Return using the same family used in NSIS Practice 1.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 4 hour training.
- This training will be completed by all SC, SCS, and CC.

NSIS practice 3—Updating Safety Assessments, Safety Plans, and recommending case closure

This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees will use case examples to work a case for duration of involvement with DHHS. The employees will learn how to modify and update Safety Assessments and Safety Plans in N-FOCUS. Employees will learn when to update Safety Assessments, Safety Plans, and Case Plans. The employees will practice modifying a Safety Assessment, Safety Plan, and Case Plan.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 4 hour training.
- This training will be completed by all SC, SCS, and CC.

Office of Juvenil Services (OJS)—Conditions of Liberty (COL), Behavioral Accountability Meetings (BAM), and revocation hearings

This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees will learn how to complete a COL, when to update using proper forms, DHHS policies, how to document in N-FOCUS, and how to implement COL with clients. Employees will learn when BAMs should occur, who must be present, how document in N-FOCUS, and when to move to recommendation for revocation. Employees will learn how revocations occur for court supervised and paroled Juvenile Offenders.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 4 hour training.
- This training will be completed by all SC, SCS, and CC with the primary caseload of 3b/OJS.

N-FOCUS Navigation This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees will learn and review new push buttons available and necessary to their new roles. Employees will practice navigating through N-FOCUS for all job requirements they will assume with the new reform.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 2 hour training.

- This training will be completed by all SC, SCS, and CC.

Parenting Time (for Roles & Responsibilities Training)

This training is developed using materials from the CFS training curriculum in addition to NFC specific expectations for Service Coordination. Employees receive refresher on policies and procedures, philosophies, and federal recommendations.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 1 hour training.
- This training will be completed by all SC, SCS, and CC.

Roles and Responsibilities (R&R) follow up training

This training is developed using the most current Operations Manual and Contract between DHHS and NFC. Employees will learn how the new manual defines responsibilities, address any questions and concerns with the responsibilities, and ensure all previous trainings in the reform training plan address changes to R & R.

- This training occurs within NFC offices.
- This is a short-term training with ongoing reviews as needed.
- This training is provided by a member of the Training Department or an approved SCS.
- This is a 2-3 hour training.
- This training will be completed by all SC, SCS, and CC.

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

- Wraparound Fidelity Index (WFI) Update and Overview presented by Angela Bredenkamp .5 hour
 - This training was provided by NFC on October 7, 2010. Staff learned about the details of the Wraparound Fidelity Index tool and how each of these items relates to the Wraparound Model that NFC uses. Staff learned how to fill out the form, what information NFC and NFSN needs to fill out the forms and what questions clients, parents, and informal supports are asked.
- Letter of Agreement (LOA) Overview and Update presented by Angela Bredenkamp and Marianna Fox 1 hour
 - This training was provided by NFC on October 7, 2010. This training was conducted to educate staff when to request an LOA, the purpose of an LOA, NFC's policy/procedure for contracting with a provider/agency, and the expectations of both the NFC employee and the provider under this LOA.
- Owens Day Reporting presented by Kevin Ross with Owens and Associates .5hour
 - Mr. Ross provided staff information about Owens Day Reporting program and what clients are appropriate candidates for the program.
- All Day Operations Training presented by NFC Leadership and Clinical Teams 7 hours
 - This training was provided by NFC. This training occurred on October 11, 2010. The training educated Service Coordinators/FPS on NFC's required assessments. The Clinical Staff reviewed Strengths & Stressors, Eco Maps, Genograms and Behavior Event

Records. NFC Leadership Team also presented information on Community Based Services and provided staff tools to effectively use Community Based Services as well as informal supports. The purpose of the training was to ensure staff understands how their assessments are used in conjunction with critical thinking in order to make decisions for the safety and well being for the children and families they serve.

- Courts Catalyzing Change/Disproportionality in the Courts: Presented by Judge Wadie Thomas 1.5 hours
 - This training was provided by Judge Wadie Thomas on October 8, 2010. Judge Thomas trained staff on the biases in our court systems and how SC/FPS can be effective in reducing bias for the families they are working with.
- CANS training developed by Dr. John Lyons and offered by Magellan Health Services 8 hours
 - This training was provided by Dr. John Lyons on October 27th. Dr. Lyons trained NFC staff as well as other community providers on using the CANS Assessment (Child Adolescent Needs Strengths). Staff was trained on how to effectively use the Assessment and how to interpret the results.
- CANS Train the Trainer 7 hours
 - This training was provided by Dr. John Lyons on October 28th. This was a continuation of the CANS Training provided on October 27th. This training was designed to provide additional information about CANS assessment as well as provide the staff the tools needed to effectively train their own staff in the use of the assessment.
- Complex issues in Juvenile Court Practice III sponsored by Creighton University 6.5 hours
 - This was a two day training provided by Creighton University. The training included gaining knowledge in the area of juvenile and family involvement with the Juvenile Court System. Training areas included due process, how to improve your appeal, custody cases in juvenile court, developmental disabilities, ICPC/ICJ cases, and prosecution under the new juvenile justice law codes.
- High Stakes Interventions: OJS Training
 - This training was provided by the Center for Children Family & the Law (CCFL) and DHHS during the week of December 13-17th. This training provided information and skills for revocation hearings, search and seizure, detaining youth, and the Contractor and DHHS roles with the new reform. This training varied from 11.25-12.5 hours.

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	0			3
Number of hours for DHHS New Employees Trainings Delivered	0	0			0
Number of hours for NFC New Employees Training Delivered	44	44			88

Number of NFC On-going /In-Service Training hours Delivered	1167	2813			3980
Number of hours current NFC employees trained new NFC employees	27.25	307.25			334.5
Cost of Training Provided by NFC	\$25,968.76	\$67,848			\$93,816.76

*Data Derived from Training and Financial Departments

There are NFC Provider scheduled the end of January and early February. The NFC also conducted smaller informal trainings this past quarter at the Authorization and Billing workgroup and the Nebraska Association of Homes and Services for Children (NeAHSC).

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 assessment tool is administered 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 15% of the families had this tool administered during services to ensure that our service plan goals were still accurate and effective, and in each of those cases, the assessment data was used to adjust the service plan for the family. 91% of the families who were discharged from Family Support of IFP services during this quarter had this tool administered at discharge. This in improved from last quarter, but still below 100%, to the completion rate at discharged is addressed below in our areas of weakness and action plan.

Outcomes data on percentage 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 again this quarter.

We also complete quarterly Model Fidelity observations for the Assistant Coordinator position. All observations were completed for this supervisory position during the past quarter.

- **Level 1 and Level 2 Risk and Self Harm 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 safety.

During services, safety issues arise that requires another Level 2 Risk and Self Harm Screen is completed. While incident report documentation indicates we completed those screens at a rate of 100%, a random file audit completed in November showed some of the actual written assessments and contracts did not make it into the family's files. Out of the 5 files reviewed, one did not have these documents, so 80% of the selected files were complete. This will addressed in the below improvement plan.

- **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 In-Home Family Services (IHFS) Program was below our goal of 80% during this quarter, with an average of 77%. Due to this, an action plan was developed to focus on improvement. For the fourth quarter, our rate increased to 85%, thus we were above our target goal and also slightly above the national average.
- **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. Reports are run monthly and this data is reviewed and discussed at our Monthly Program Implementation Team (PIT) meeting. 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 basis for quality improvement and to identify training or management needs.
- c.) **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. During this quarter, a new QA/QI review was implemented in NE and IA In-Home Family Services Programs. Below are the guidelines established for the reviews:

The purpose of the QA/QI Peer Review is to assess and evaluate the quality of services provided to families who participate in our IHFS program. The Program Director will identify staff to participate in these reviews based on their skill and experience level, and ability to provide a “big picture” review, rather than a narrowed focus on compliance or model implementation. All documentation should be reviewed as if you do not know anything about the families or staff in order to avoid filling in missing gaps through your own personal knowledge of cases. For each review, the QA/QI Peer Review form should be used to document and summarize the information gathered, as well as improvement suggestions.

1. QA/QI reviews will be completed for cases receiving:
 - Intensive Family Preservation Services and/or Family Support Services (Nebraska)
2. A random sample of both open and closed cases will be reviewed quarterly. (COA sampling requirements used)
3. Documents to be included in IHFS Case review:
 - Referral/Intake documentation
 - Assessments (Strength & Stressors; Risk and Self Harm Screens)
 - Service Plans
 - Progress Report
 - Termination/Discharge Report
4. Aggregate Data will be reviewed twice per year as part of the QA/QI Review. Program staff completing the review will request the following data from the NDB department:
 - Length of Stay (LOS)
 - % Service goal attainment
 - % Improvement in S&S(Intake to Discharge)
 - % Scheduled Discharges
 - % of families whose children are in home setting at discharge

Once the review is complete, the reviewer(s) and Program Director will meet to debrief. Program Directors will determine appropriate follow up steps to be implemented, which include information sharing with staff on strengths and areas to improve, as well as strategies to improve in identified areas.

d.) 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 “National 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. This quarter we helped families reach their goals at a rate that met our goal, however we will continue to monitor this area for consistent progress.

Another area we did not meet our expected performance rate this quarter is the completion of the Strengths and Stressors Assessment at a rate of 100% with discharged families. This was also an issue last quarter. We again 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 and had them complete the assessment.

Finally, while our initial risk and self harm screening assessments are completed and turned in to the file consistently, the risk and self harm screenings that occur during services are not consistently filed.

- iv. **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.

The protocol for completion of the Strengths and Stressors at a rate of 100% at discharge was addressed with individual staff not in compliance. They were reminded that if a family is not able to be there to give input on the assessment at the final visit, the staff should instead complete it by themselves. In order to prevent this issue in the future, we will review this on a regular basis when staff have cases close abruptly.

File Reviews completed during the new QA/QI reviews will include a review of documentation of risk and self harm screens completed anytime during services. As outlined above, the feedback from these reviews will be shared with program directors and management staff, and implementation plans will be made according to findings.

Boys Town Treatment Family Home Program (Promising Practice)

i. Fidelity/Implementation

• Data Quantity -

- Child Behavior Checklist **Admission** Response Rate for July, August & September 2010 has been updated to 100% as rates were computed prior to the official end of the quarter. We are happy to report that the response rate is at 100% through the end of November 2010 for both admissions and discharge. December data is not complete.
- DISC completion rates also remained at 100% through November 2010 (Note: Youth reaching their 12th 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 (CBCL)– 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. CBCL data at Admission through November 2010 is at 84.6%. CBCL data at Discharge is at 90.5% through November 2010.
- 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 by 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.
- All Boys Town programs went through a five-day Council on Accreditation visit the week of November 8th. The reviewers were very complimentary of Nebraska/Iowa region in their exit review, and there were no deficiencies that needed a response for the Nebraska/Iowa region in the Pre-Commission Review Report. The Final Report will be sent in 6-8 weeks.

- 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. Improvements to Boys Town internal education tracking system for training hours will make it easier for supervisors to monitor training for their employees.
- 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 - Five Heartland Family Service staff were trained as Celebrating Families model facilitators over the course of two separate training sessions in the fall of 2010. It was on-site training, complete with handouts and PowerPoint information. Staff were further trained on professional boundaries, engaging families that have an addiction and other relevant issues. The program has yet to start up as there were not enough participants. Increased efforts have been made by communicating to all service coordinators and supervisors to educate and make applications available to any interested family. Heartland Family Services has also been in contact with DHHS to make them aware that we have services available for referrals.

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

No NFC families have been referred that required CBT. 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 randomly during the time they are receiving services by Nebraska Family Support Network and at case closure.

Our current response rate averages 42%. Family partners were providing the families with a survey after a family team meeting for them to complete prior to close of the meeting. Families expressed concern that this took their attention away from the team meeting and they did not feel comfortable giving the survey back to the family partner. Starting

October, 2010 QA staff have been calling families on a rotating basis and at the time of case closure and completing the family survey over the phone.

- 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. During this original meeting, and subsequent family meetings, we talk about the focus of our efforts relative to the goals and outcomes we are there to provide for the families.
- ii. **Strengths-** The family partners are very effective in helping the families to understand their rights and responsibilities in the system and how to most effectively communicate with the professionals. This is extremely important to facilitate strong family engagement in their treatment and court plans so that they can achieve safety, permanency, and well-being sooner and sustain those goals.
- iii. **Weaknesses-** Areas that need improvement include helping the families to more effectively communicate with their children and understanding their children's signs of relapse. Also the need to improve communication with and between all parties including family, case managers and service coordinators.
- iv. **Points for Improvement & Plan of Action**
Improve communication with families and service coordinators by:
 - Weekly phone contact with families.
 - Biweekly phone contact with service coordinators.
 - Attend all Family Team Meetings.
 - Meet with family in their home at least once a month.

Staff training is also planned for the next quarter to address recognizing signs of relapse and parent/ child communications.

Homebuilders (Supported Evidence-Based Practice)

i. Fidelity/Implementation

- Data Quantity –
 - NCFAS – 100% of clients have a NCFAS completed within the first 3 sessions. Eleven NFC families have discharged between October 2010 and December 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 -
 - 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 have been referred that required CBT. No data to report.

Nurturing Parenting Program (Promising Practice)

i. Fidelity/Implementation

- Data Quantity – 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, May and June of 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 6 families and to 1 family via Intensive Family Preservation services during October, November and December of 2010. In regards to the *AAPi*, four (4) of the families have yet to take the assessment due to intake occurring late in the 4th quarter, one (1) family closed before the assessment could be given, one (1) family has high risk results in two categories and one (1) family has moderate risk results in four categories.

Common themes emerging from *AAPi* results are that, higher risk ratings occur in three different categories: 'Parental Lack of Empathy', 'Oppressing Children's Power and Independence' and 'Inappropriate Expectations of Children Domain'. One (1) family scored high risk in "Inappropriate Expectations of Children Domain" and 'Oppressing Children's Power and Independence'. Two (2) families scored Medium Risk in 'Parental Lack of Empathy'. One (1) family scored Medium Risk in 'Parental

Lack of Empathy', 'Reverses Family Roles', 'Inappropriate Expectations of Children' and 'Oppressing Children's Power and Independence'.

These results have been gathered at the intake phase of the process. The family who scored in high risk categories is receiving services via Intensive Family Preservation. Therefore, this family is receiving intense support services.

Nurturing Skills Competency Scale is an assessment which measures knowledge and utilization of nurturing parenting attitudes and skills. During October, November and December for 2010, the assessment had been administered to one (1) family. This family scored a D which states the family has a very limited understanding of the philosophy and practices of Nurturing. However, this family scored higher in regards to Utilization and received a score of A. Meaning this family incorporated the nurturing parenting philosophy and practices as a consistent part of daily family and personal life.

- Data Quality – 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.

There is an In-Home Specialist with Child Saving Institute who is fluent in the Spanish language and is able to administer the assessments according the family's needs.

- iii. **Weaknesses-** Because the *AAPI* assesses parenting attitudes, it is possible for parents to respond in a way that presents their attitudes in a more favorable, socially acceptable manner than their behavior actually indicates. Also, it seems that a change in parenting attitudes and beliefs may be an unrealistic objective for families who are involuntarily engaged in a parenting program and in the pre-contemplative stage of change. Therefore, Child Saving Institute has integrated the use of the *Nurturing Skills Competency Scale* to assess parenting knowledge and utilization of *Nurturing Parenting* practices.
- iv. **Points for Improvement & Plan of Action-** Ongoing training of the assessments administered to families we serve will be provided to staff. 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 conformance to the wraparound practice model as well as adherence to the principles of wraparound in service delivery.

NFC assessed 41 children/youth during the second quarter.

- The combined WFI scores indicate NFC's overall fidelity at 78% as compared to the national mean of 77%. Individually the Facilitators rated overall fidelity at 67%, Caregivers at 88% and youth at 78%.
- The WFI scores indicate NFC's fidelity scores by phase at 80% for Engagement, 74% for Plan Development, 85% for Implementation and 63% 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 96% for family voice and choice, 73% for team based, 62% for natural supports, 72% for collaboration, 80% for community-based, 93% for culturally competent, 73% for individualized, 83% for strengths based, 91% for persistence, 61% 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 continues to meet 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 be 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

Aftercare services are designed to ensure that families maintain safety, permanency and well-being for twelve months following case closure of Service Coordination. All families are considered aftercare families for twelve months of successful case closure except for:

- Families where services were only for an Initial Safety Assessment or OJS evaluation
- Families who moved out of state
- Families where the youngest child in the family has reached the age of 19
- Families where the case was closed within a 48 hour law enforcement hold

The purpose of Aftercare is to ensure that families are functioning in a safe and healthy manner. During this reporting period the NFC had 332 families and 472 youth actively participating in Aftercare services.

The NFC will work diligently while families have an active Service Coordination and case opened. These efforts are further outlined in the strategies below. The Strategies of engagement for families will be enhanced while families are in active case status for Service Coordination.

Service Coordinators and Referral and Aftercare Specialists will work collaboratively to ensure that families are fully engaged. Service Coordinators will maintain involvement with families until successful transition to the Referral and Aftercare Specialist has been formalized. Families in aftercare will be assessed and defined by the following three Aftercare Family Needs status. Status is

not defined by family risk factors, rather, based on family need for continued aftercare supports necessary for families to maintain safety, permanency and well-being for twelve months beyond case closure. These efforts should reflect improved outcomes for NFC children and families.

Aftercare Family Needs Status	Frequency of Contact	Service Coordinator	Referral and Aftercare Specialist	Type of Aftercare Contact
High	-30 days from case closure -Monthly	-90 days prior to case closure SC will involve RACS -SC will be involved with family for two months following Case Closure	Begin 90 days prior overlapping involvement with SC	Face to Face Family Team Meetings Phone calls Email Blasts (when available) Direct Mail
Moderate	-30 days from case closure -60 days -90 days	-60 days prior to case closure SC will involve RACS - SC will be involved with family for one month following Case Closure	Begin 60 days prior overlapping involvement with SC	Face to Face FTM as needed Phone calls Email Blasts (when available) Direct Mail
Low	-30 days from case closure -Quarterly	-30 days prior to case closure SC will involve RACS -SC will not be involved with family formally	Begin at Case Closure	Face to Face Phone Email Blasts Direct Mail

It is assumed that families of higher need status require additional supports and connectivity to the Service Coordinator based on relationships and trust that has been built during active case status. All engagement attempts and active participation efforts will be documented in the NFOCUS system within three business days of an attempt or an occurrence.

As a family is identified as “low” the telephone interviews will decrease to quarterly. The Boys Town Call Center will assist in conducting the telephone aftercare calls. The questions will be developed and tied into consumer outcome data of the NFC.

Families who do not respond to engagement efforts over a period of 60 days, or who state they do not wish to be contacted/participate in Aftercare services, will be considered “Not Responsive”. These families will still be assessed and categorized using the above “high”, “moderate”, “low” guidelines. The NFC will continue attempts to engage “Not Responsive” families in a manner that mirrors “low” needs families.

The following are proposed strategies that were brainstormed during the Aftercare Planning meeting. These strategies will assist families in maintaining safety, permanency and well being.

1. Aftercare Newsletter

An Aftercare Newsletter will be developed and sent out both direct and email monthly to all families in Aftercare. The newsletter will be educational in nature with information relevant to the season or

current events. Family and Parenting Tips will be included along with contact information to community resources. Each month a highlighted resource will be included as the key feature to the Newsletter.

2. Quarterly Postcards

Quarterly postcards will be mailed to those families that were identified as high and moderate risk and have been a non-active participant in aftercare. Non-active is defined as a family that has not responded to calls, face-to-face contacts for three consecutive months and greater. The Boys Town marketing department will provide assistance with quarterly preparation of the postcard materials.

3. Transition Form

A Transition Form will be used during the internal transfer of cases between Service Coordinator and Referral and Aftercare Specialist. The form will include information relevant to ongoing concerns, updated contact information and family needs.

4. Transfer of Cases to Aftercare

There will be a formal process to transfer cases from Service Coordination to Aftercare and will include the family and those individuals identified by the family. The meeting will be categorized as a Family Team Meeting at which time the Aftercare Manual will be reviewed and presented to the family.

5. Aftercare Manual

An Aftercare Manual will be developed and distributed to all families prior to or at the time of case closure. This will occur during the formal transfer from Service Coordination to Aftercare. The manual will be reviewed with all family team members and communicated openly. Included in the Aftercare Manual will be specific family information including who to call, how to call and identified natural family supports. An Intervention and Support Plan will be included in the Aftercare Manual which includes goals, strengths and needs. Included in this information will be who to call for assistance or support, educational needs, employment, income, housing, transportation, health care, formal and informal supports, etc...

6. Monthly Aftercare Community Support Groups

Monthly Aftercare Groups will be facilitated each month and rotating between North 30th, CSI and HFS Sarpy locations. These will be facilitated by family members and will be family focused and monitored by NFC staff. These meetings will be open and ongoing to any NFC family including those families in both Service Coordination and in Aftercare or post Aftercare.

7. Email

The NFC will have an email specific to Aftercare that families can email questions, comments, concerns, identify resource needs, etc. The Referral and Aftercare Specialist will be responsible for rotating and monitoring the email account. This can be a part of the NFC website under families. The email account will be distributed on all NFC materials.

8. Ongoing Assessments

The Referral and Aftercare Specialist will conduct ongoing family assessment to identify additional needs and supports to include Ecomap, Genogram, Strength and Stressors, Behavioral Event Record, CANS and the Ansell Casey Life Skills Assessment.

9. Consultation Points

The Referral and Aftercare Specialist will staff Aftercare families with their supervisor every thirty days or more as needed. Mandatory consultation points will continue to be adhered to according to the NFC Mandatory Consultation Point policy.

10. Aftercare Plan Consumer Input Once all materials have been developed the NFC will pull a consumer group together to review and provide input in the proposed Aftercare Plan and documents related to Aftercare.