



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 30	June 15
<input type="checkbox"/> Quarter 4 (update)	April 1 – June 30	July 15
Date Submitted:		Date Received:

1) **Quarterly Summary:**

a) **General Overview**

Perhaps the greatest accomplishment of the NFC is the fact that just one year ago the Nebraska Families Collaborative (NFC) became incorporated. Led by a team of individuals from Boys Town, Child Saving Institute, Heartland Family Services, Nebraska Family Support Network and OMNI Behavioral Health, these agencies envisioned how the NFC could work to better serve children and families with the long term vision of sustaining an organization by collaborating with the Department, providers and key stakeholders.

To this end, the NFC became fully functional and is led by the Executive Director, NFC leadership staff and the NFC Board of Directors. The organizational structure of the NFC became fully operational and began taking families November 2nd, 2009 at five office locations throughout the community:

- Boys Town Campus
- OMNI Behavioral Health
- Child Saving Institute
- Heartland Family Services

- North location
- Sarpy location

A total of seven Service Coordination Teams situated within the Omaha community at the above stated locations worked closely with the Department and successfully transitioned families that the NFC was scheduled to acquire during the months of November and December. The following count of legacy families have successfully transitioned to the NFC with little to no disruption:

Transition of Legacy Cases			
	November	December	Total
Families	148	98	246
Youth	235	148	383

*Data Derived from Transition Data (DHHS)

The NFC conducted a rigorous development plan to become fully operational and solicited input from consumers, providers and key stakeholders during the ongoing development of its infrastructure. The NFC has developed a network of qualified providers who deliver direct service provision to children and families with a plan designed to be fully capable of serving families at the contract start date. The following referrals have been accepted and served by the NFC and the NFC network of providers for the following services:

Referrals	November	December	Total	Percent
One Time Service Referrals				
Drug Screen	4	5	9	11%
Interpreter	5	8	13	16%
CCAA'S	N/A	N/A	N/A	N/A
Total One Time Service Referrals	9	13	22	27%
Service Coordination Referrals				
3A	15	16	31	38%
3B	13	3	16	20%
OJS	9	3	12	15%
Total Service Coordination Referrals	37	22	59	73%
Total Calls	46	35	81	

*Data derived from Intake and PRL data

b) Description of Strategic Partnerships /Collaborations:

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

Achievements:

1. The NFC formed a workgroup to review utilization data on legacy cases and reviewed both historical and current utilization data provided by the Department to identify trends and data analysis. The NFC reviewed the data and developed a capacity needs assessment of its network of providers. The following table depicts the capacity data analysis that was done based on 2009 data provided by the Department.

Projected Total Ward Count										
2009 Data	2009		2010		2011		2012		2013	
	N	%								
In Home	728	28%	1024	39%	1339	51%	1628	62%	1890	72%
Out of Home	1897	72%	1601	61%	1286	49%	998	38%	735	28%
Total Wards ESA	2625	100%								

2. The NFC worked with service providers to further develop services designed to decrease the number of children in out of home and developing services designed to provide more services in the home of children and families. As of this date the network capacity of the NFC has been developed with community agencies that provide quality services and providers that are committed to helping reform the child welfare system in Nebraska. The network breakdown includes:

NFC NETWORK OF SUBCONTRACT PROVIDERS	
Total # of Subcontracting Agencies in ESA	41
Total # of Collaborating partners of the NFC	5
Total # of other Lead Agencies subcontractors in ESA	2
Total # of Agency Foster Care subcontracting providers in ESA	11

*Data derived from Network Database

The network capacity was further developed by looking at the total number (one third) of families of the total number of families (see 2009 data above) scheduled to transition to the NFC. Based on a further breakdown of data the NFC capacity designed to support and sustain the reform goal was developed so that over the course of five years approximately seventy percent (70%) of children will receive services in their natural homes and only thirty percent (30%) will be in out of home care.

The NFC has developed a network of services and provides to ensure that services for youth and families are provided at the right time, right duration and at the appropriate intensity regardless of the service provider involved.

The following table depicts the total number of NFC Subcontractors by service type:

NFC Service Definition	Total Count of Providers by Service Type	NFC Service Definition	Total Count of Providers by Service Type
Addendum PTA	11	SA Evaluation	8
Assessment Drug and Alcohol	9	Traditional Foster Care	9
Community Based Evaluation	7	Traditional Foster Care Support	8
Family	14	Continuity Foster	11
Initial Diagnostic Interview	12	Foster Care	11
Parenting	10	ER Foster Care	11
Pre Treatment Assessment	13	Group Home A / Group Home B	6
Psychological Assessment	13	Intensive Residential Treatment	4
Psychological Testing	9	Treatment Group Home	3
Website-Heart Gallery and Specialized	3	Treatment Foster Care	3
CD Treatment	9	Residential Shelter Services	6
Drug Testing Adult	9	Respite for Foster Parents	11
Drug Testing Youth	6	Respite in Home for Foster Parents	11
Psych Consultation	1	Family Group Conferencing	3
Family Therapy	15	Home Supported Services	9
Group Therapy	14	Immediate Crisis	
Individual	16	Response to a family	7
Tutoring	5	Peer to Peer	1
Electronic Monitoring	2	Supervision in the Home of the Family	12
Family Support Services	14	Parent Education	18
Intensive Family Preservation	15	Transportation paid separate from the Family Support and purchased to commercial carrier	5
Mediation	5	Other	2
Specialized Adoption	4	Translator/Interpreter	5
Tracker Services	5		
Parenting Time/Visitation	16		

*Data derived from Network Database

3. The NFC has created a Provider Handbook, SharePoint website and conducted provider trainings to implement a more effective Child Welfare and Juvenile Service reform in Douglas and Sarpy Counties.
4. NFC has also been an actively involved participant in:
 - 1184
 - Foster Youth Council
 - TRY Region VI
 - Omaha Independent Living Plan
 - Through the Eyes for the Child
 - South Omaha Community Care Council
 - Judges Meetings
 - Foster Care Review Board
 - NeAHSC
 - MCAC
 - CASA
 - Governor Commission for Children

Only a few barriers were identified during the first quarter of the contract and during the first two months of transition of families to the NFC. Some of the barriers identified during this reporting period include:

Barriers:

1. The greatest barrier has been the Letters of Agreement for court ordered services with providers that are not within the NFC established network of quality providers. The NFC has worked diligently to ensure that services are arranged that are consistent with court orders. The NFC will continue to educate stakeholders so that Service Coordinators along with NFC clinical staff can make appropriate recommendations and referrals.
2. A second barrier identified during this reporting period is the number of court ordered treatment services that are no longer considered medically necessary. The NFC has ongoing dialogue with Magellan and Medicaid staff and has a pending Business Associate Agreement with Magellan so that all parties can collaborate with one another to meet the treatment and placement needs of children and families.

c) Results of the utilization of identified service models:

The Nebraska Families Collaborative has partnered with quality providers that are committed to promoting change in Nebraska and that are committed to the same principles of the NFC:

1. Children will live with their families. Exceptions will only be made where the provision of services will not protect them from further harm.
2. Children and their families along with their natural support systems will participate in service / case planning. The services offered will be both

comprehensive and unique to the child and family and based on their unique strengths and needs.

3. Children and their families will be encouraged and supported in the execution of their service plan.

Achievements:

1. The NFC successfully transitioned a total of 383 youth and 246 families during this reporting period. All legacy cases were successfully transferred to the NFC without disruption of services to children and families. Services offered to families include Child Welfare, Medicaid/Treatment and Community Resources. These services support the Child and Family Services goals and objectives by strengthening the service array and a supporting children and families.
2. NFC has developed a Clinical Network Consultation Team that will meet monthly to review the placement needs of children within the NFC network. This team is comprised of the NFC partner agencies as well as other key community agencies. The NFC partner agencies are committed to moving children into the right placement setting and utilizing community based services to support the youth when appropriate and necessary. NFC providers are committed to assist in court to offer alternatives based on individual and family needs.

Barriers:

1. The greatest barrier has been the known assumption that a paradigm is difficult in a large system such as Child Welfare. The NFC will work with CFS staff, providers, families and stakeholders to promote the following philosophical changes so that reform can begin to occur:
 - a) A secure parent child bond is fundamental to healthy child development, and it is a known protective factor against parental maltreatment.
 - b) Family/Person centered practices produce the best outcomes. The best place for a child is in a home or home-like environment.

- c) Services will be competency based with focus on specific skill assessment, corresponding intervention, and progress evaluation.
 - d) Culturally appropriate care matters.
 - e) No opportunity for strengthening a parent's or a child's capacity should be unused.
 - f) Age appropriate care matters. The NFC believes in the necessity of trauma informed care.
 - g) NFC staff, families, service providers and stakeholders will engage in collaborative problem solving.
2. The inability to obtain NFOCUS data continues to be a struggle. For the NFC to rely on valid data a greater emphasis should be placed on working to get NFOCUS data in a timely manner.

d) **Future Plans / Next Steps**

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

The NFC will continue to educate stakeholders and develop new services based on data and with input from the stakeholders.

The NFC has scheduled two provider focus group sessions during the month of February. These sessions will allow providers to give their input as well as provide them with any updates.

NFC is creating a Foster Care Charter Group which will be responsible for providing recommendations to the Board of Directors of the Nebraska Families Collaborative on the structure of Foster Care and the payment associated with the Foster Care service delivery system. The group is made up of Foster Care organizations affiliated as collaborating partners of NFC and the broader network of NFC, Foster Parents, Family Mentors, and community members at large.

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 CFSP goals and objectives.

2) **Contractor Employment Information**

NFC will have hired a total of 79.5 employees. During this reporting period a total of 84% of all employees have been hired. Seventy-eight percent of the Service Coordinators have been hired and 68% have begun to receive families after completing the initial training. 100% of the Service Coordinator Supervisors have been hired and trained.

Employment Information					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
Allotted FTE's for Service Coordinators		49.5			50
Filled Service Coordinator Positions		33.5			34
Service Coordinator positions currently in training		5			5
Vacant Service Coordinator positions		11			11
Average length of employment for Service Coordinators in days		80			80
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		95			95
Allotted FTE's for Team Support Specialist positions		5			5
Team Support positions that are filled		4			4
Allotted FTE's for Clinical Consultant positions		3			3
Clinical Consultant positions that are filled		3			3
Allotted FTE's for Intake Specialist		1			1
Intake Specialist position that is filled		1			1
Allotted FTE's for Other staff		6			6
Other positions that are filled		6			6
Allotted FTE's for Leadership Team		8			8
Leadership Team positions that are filled		7			7

*Data derived from Banner and Training Rooster

3) **Foster Parent Recruitment and Retention Update**

- a) and b) Numerous agencies subcontracted with NFC are currently in the process of recruiting a diverse group of potential foster families in both Douglas and Sarpy counties (Eastern Service Area) focus made on Bellevue, South Omaha and Papillion/Ralston areas as well as a focus on Spanish speaking families. The subcontracting agencies have:
- i. Posted newspaper ads
 - ii. Placed television ads
 - iii. Placed radio ads
 - iv. Displayed billboards
 - v. Distributed various agency materials
 - vi. Recruited at churches, schools, etc.
- b) Foster Home Transfers:
- i. Nova had 1 family transferred due to the reported lack of support from their previous agency. CSI had four families that have completed a transfer from the Department of Health and Human Services to Child Saving Institute. Two additional foster families were formerly with DHHS are in the process of transferring from DHHS. Boys Town is currently in the process of transferring 11 foster family homes previously licensed with the state. Boys Town is currently in the process of transferring 6 foster family homes from other agencies in the community.
 - ii. Nova had 4 families transferred to KVC due to wanting to be with a lead agency.

Number of NFC's Network of Foster Care Homes					
	QTR 1	QTR 2	QTR 3	Qtr 4	Total
Newly Licensed Foster Homes		33			33
Closed Foster Homes		16			16
Foster Homes transferred to your organization		58			58
Foster Homes transferred from your organization to another organization		10			10
Total Number of Licensed Foster Homes		503			503

*Data derived from Foster Care Data

- d) 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. Their culture and identification with a culture or religion is also considered. Of course their behaviors and needs are taken into consideration and whether or not a family is able to meet their needs based on those needs is essential. Foster parents will be assessed of whom they feel they work best with and the expectation that one of their

primary roles is mentor/role model to the family. Children need to be placed where they are safe and others are safe as well.

- e) Location of potential non-custodial and other relatives for placement is a priority and will be completed through utilization of Ecomaps, Genograms and additional technology.
- f) Supports and training:
 - i. 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.
 - ii. The PS-MAPP training can take place in a variety of setting including in the home, agency and online.
 - iii. Individuals should expect to spend 3 hours a week, for 10 weeks with two certified trainers. Twelve (12) hours of in-service hours each year is required to maintain and renew the license.
 - iv. 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
 - v. Indicated audience is Foster Parents, Kinship and Relative Providers, other staff.

4) Licensing Waivers:

No waivers were requested 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

5) Child and Family Services Plan Update:

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

The NFC has developed an infrastructure that supports systemic factors designed to impact quality services to children and families. The NFC has developed a service array that is community based and will meet the cultural and linguistic needs of children and families. The NFC fully intends to continue to seek stakeholder input to further develop Child Welfare, Medicaid/Treatment and Community Services. The NFC service delivery model is designed to maintain its sustainability and to promote safety, permanency and well being that far exceeds the terms of the contract.

6) **Disaster Plan Update:**

No changes have been made to Disaster Plan during this quarter. The Nebraska blizzard forced the office to close which gave the NFC an opportunity to test the calling tree and steps outlined in the initial Disaster Plan submitted to the Department. Fortunately the blizzard was not a Disaster but allowed the process to be deployed successfully.

7) **Chafee Foster Care Independence:**

The initial plan is scheduled as a deliverable for April 1, 2010. At, this time there are no changes to report. The NFC staff has collaborated with the foster care agencies, Foster Youth Council, Omaha Independent Living Plan, TRY team through Region 6 and Preparation for Adult Living Skills (PALS) staff and will continue to work with these agencies to ensure that youth receive the supports necessary and consistent with their Independent Living Plan. NFC will continue to follow the Departments guidelines to develop Case Plan goals specific to Independent Living and ensuring that services assist youth in achieving their stated outcomes.

8) **Training Update**

No additional trainings have been added to the NFC Training Plan. There have been several modifications to the training to include: requirements regarding timely completion, exceptions to completing training, and training hours. The following information details the training plan in greater detail:

Initial Training Curriculum	
HHS Service Coordinator	Training Employees receive classroom training from CFS Administrators and supervisors and CCFL employees over 20 days equaling 90+ hours of training. This training includes NSIS IA, NSIS Ongoing, N-Focus training applying to all necessary job requirements, OJS, and Legal training including testifying, ICWA, and adjudication and hearing types.
Professionalism in the Workplace	This training provides expectations for all NFC employees in their job positions and representatives of NFC. This training includes professional attire, communication styles, confidentiality, relationship building with HHS, community providers, and court and legal interactions.

Policies and Procedures—HR and program	This training is used to inform all employees of their rights and expectations as an employee of the NFC as well as program expectations as they apply to NFC and DHHS.
Personal safety	This training is focused on safety in the workplace and in the community. Employees are trained to be aware of risks, utilizing safety measures provided at NFC locations, and using proactive measures to keep self and clients safe.
Benefits, EAP, Insurance	This training provides all employees with information on their benefit options to include health and dental insurance, life insurance, vacation and sick hours, and the availability and purpose of EAP.
Defensive Driving	This training provides education on Defensive Driving through the use of videos and classroom training from the Boys Town Fire Chief. Employees learn the risks while driving, ways to protect themselves and other drivers, and what to do if an accident does occur. Employees complete a competency tool at the end of the training. Employees receive certification that they have completed this Defensive Driving course successfully.
Safety Orientation	This training provides Blood Borne Pathogens training as well as an overview of Fire Safety, Hazardous Weather protocols, and general First Aid.
N-Focus policies and expectations	This training provides a review of the DHHS N-Focus policies, the confidentiality statement signed by employees and a strict review of the expectations of N-Focus use. Employees are informed of the vast amount of information that is contained in N-Focus and the need to maintain client confidentiality as well as professionalism and only accessing Master Cases each employee is directly working with and only for work purposes. Employees are informed that any violation of N-Focus use can and likely will result in immediate termination.
IT, laptop and cell phone policies	Employees receive information about the rules and regulations associated with their internet, email, and Citrix access. Employees learn about using secured sights for confidential information, expectations for confidentiality with their laptops and cell phones, and how to protect themselves and their clients from any confidentiality breaches.
Penelope data tracking system	This training introduces NFC’s data system to employees. Penelope is used for all accounting measures, Outcomes, information gathering, and daily accountability for Service Coordinators.

On-going Training Curriculum	
Project Harmony Abuse Neglect 101 Training	Employees receive training regarding the aspects involved during a child abuse/neglect case. The training prepares mandatory reporters with knowledge and skill needed to recognize and report child abuse and neglect. Goals of the training are to learn how to define child abuse and neglect, understand their role as a reporter, become familiar with the roles and responsibilities of HHS, Contract Providers, law enforcement, and child advocacy centers, and understanding the sensitivity and stressful experience involved with reporting and working with abuse/neglect.
<u>MEPA/IEP Training</u>	Employees participate in an online training through the National Resource Center for Adoption (www.nrcadoption.org), sponsored by the Policy Division of the Administration for Children and Families (ACF) and the Office on Civil Rights (OCR). This training site was provided by DHHS to NFC as the expected training to use for this contract. Employees receive training regarding the laws and applications as it applies to the Multiethnic Placement Act and the Interethnic Adoption Provisions. NFC developed a competency tool and employees are required to complete this tool prior to completing this training.
Mental Health Overview	This training provides an overview of most common mental health services and evaluations provided to families working with NFC, their purposes, and information one should receive from these services and evaluations. The training also includes an overview of the DSM IV Axis I-V and what each area entails. Employees learn about Medicaid, Magellan, sliding fee agencies, Region services, and how to work with families to meet their mental health needs within their own budget whenever possible.
Outcomes	This training teaches employees about the outcomes identified in the contract between DHHS and NFC.
EBP/PPs	This training teaches employees about Evidenced Based Practices and Promising Practices used by NFC and the contracted providers of NFC. Employees learn why these EBP/PPs were chosen, their benefit to achieving best practices and timely permanency for families, and how these are evaluated by NFC.

Incentives and Penalties	Employees are trained about the penalties that will incur for violations to the Outcomes identified in the DHHS contract. Employees learn steps to take to avoid penalties and who to contact if Outcomes are not able to be achieved by no fault of the SC or SCS.
CFSR	This training gives an overview of the CFSR and the correlation between CFSR outcomes, NFC outcomes, and federal monies associated to the CFSR. Employees also learn about the time frames for the CFSR in the state of Nebraska, the Nebraska PIP, and future mock interviews for NFC employees and NFC's role during a CFSR review.
Safety Assessment/ Safety Plan, Conditions for Return, SC roles to ensure families are safe/working with CFS	This provides an overview /refresher training for employees once they have completed the DHHS 001 training. The training focuses on how the Safety Threats are associated with determining the Protective Capacities and the Outcome(s) for the Case Plan. Employees are trained how their involvement is necessary in developing Safety Plans and Conditions for Return and providing information for both the SA and SP. There is a strong focus on monitoring compliance of the Safety Plans, who to contact and when for violations, and alerting CFS when new Safety Threats are questioned. Employees also focus on monitoring the identified Safety Threats and Case Plan and working with CFS to show improvements and change in families when appropriate in order to move towards case closure.
Roles and Responsibilities and Workflow	This training provides a review of the Operations Manual Roles and Responsibilities for NFC employees as well as those for DHHS employees. A workflow of SC and SCS roles is provided and explained in detail to employees.
Wraparound, Family Centered Practice and guiding principles	This training provides an overview of the Wraparound and Family Centered Practice and how these both play a very strong role in Service Coordination, including providing services, for families. Distinctions between Wraparound and FCP and utilization of these guiding principles are provided in relation to completing PCAs, Family Team Meetings, and Case Plan development.
DHHS Contract and Operations Manual	Employees receive training specifically about the contract and operations manual and correlating these to the detailed Outcomes, Penalties, and Roles and Responsibilities.

Service Array and subcontracts, Provider Handbook	These trainings provide an association between EBP/PPs and the Penelope system. Employees learn about the providers NFC uses, NFC's responsibility to hold each contractor accountable for the contracts, and each employee's role with this as well. Employees learn all services provided by these contractors and their purpose.
Strengths and Stressors Assessment	This training teaches employees about the assessment used to identify areas of concern or strengths in the family. The assessment looks at Environment, Social Support, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being. This tool will be used with all families, regardless of adjudication type.
PCA, Case plan, and Family Team Meetings	This provides an in depth training to include a review of Safety Assessments, Safety Plans and Conditions for Return and how these correlate with the PCA, Case Plan, and FTMs. Employees are trained on assessing the Protective Capacities related to identified Safety Threats interviewing parents on capacities, and working with CFS and family to finalize the PCA. Employees are also trained how to develop a case plan using Safety Threats, Protective Capacities, and Family Team Meetings to develop strategies. There is a focus on using SMART techniques in developing the case plan. Employees receive an overview of expectations for Family Team Meetings using the Wraparound and FCP guiding principles, inclusion of CFS, and focus on change in the case plan.
Documentation and Narratives	Employees receive continued training regarding time frames for completion of narratives as well as quality documentation. Employees receive examples of documentation for Face to Face narratives, Family Team Meetings, PCAs, and Court Reports/ Case Plans. Employees learn about the responsibilities of quality documentation and the correlation between the CFSR and contracted Outcomes.
Supervision and Mandatory Consultation Points	Employees receive training regarding the professional and client specific supervision they can expect and its frequency. Training also includes NFC specific consultation points and DHHS mandatory consultation points, expected contact with NFC SCS and the DHHS CFS for each of these areas.

Home studies and QA expectations	This training teaches employees about the home study tool, expectations for quality home studies, who completes them and when, and the process to provide this to NFC QA and DHHS. The training also delves into the QA tool NFC and DHHS use to assess quality home studies and stresses the importance and need for quality detailed home studies.
Independent Living	This training provides an overview of the expectations of services to provide to youth working with NFC for independent living skill development and planning. A review of the Foster Youth Council, Ansell Casey website and testing tools, case planning, and the Omaha Independent Living Plan are provided.
Ecomaps and Genograms	This training teaches employees how to interview families to receive pertinent information for both ecomaps and genograms and how to involve them in developing these necessary and useful documents.
Car Seat Installation and ‘certification’	Employees complete an online training teaching them how to properly install car seats when transporting state wards. Once completing this training, employees must get ‘certification’ in properly installing car seats through Boys Town Hospital or the National Safety Council.
ICWA extended training	This training is provided by an ICWA specialist in the community furthering the understanding for the need to increase the support of maintaining ... get Sherri Eveleth’s thing.
CPR—Adult, Child, Infant/ First Aid	Employees receive certification in CPR and First Aid through completing the Challenge Course approved by the American Red Cross. CPR certification is good for one year and First Aid is good for three years. Employees not able to take the Challenge Course will take the full course through Boys Town Fire Department.
Adoption	This training will teach staff the specifics required in order to have a timely adoption occur once a child is eligible for adoption. Employees also learn to focus on achieving all aspects necessary for adoption during the life of the case including seeking all possible relative placements, setting up an adoption home study when appropriate, referring for new fingerprint checks, etc.
Developmental Disabilities	This training teaches employees more in depth about how to apply for DD services for youth and parents, what the criteria is, and what is available through DD services. There is also a focus on how to advocate and teach parents to advocate for meeting youth’s needs in school utilizing

	MDTs and IFPs.
DHHS programs	Employees learn about all the programs parents and families can apply for and utilize when not involved with CFS. Employees learn how these programs can be used to support families to achieve independence, assist in maintaining their safety, and help assist in successfully closing families safely.
Interviewing skills	Employees learn and practice skills to interview clients for the PCA, Genogram/ Ecomap, YLS, and general information gathering. Employees learn skills identified by the ACTION program, behavioral and clinical skills (not acting as therapist), and relationship building.
Collaborative Problem Solving, Mediation, and Conflict Resolution	Employees develop skills regarding mediating stressful or oppositional situations including FTMs, how to best work to resolve problems with all professionals including HHS and with families, and expectations for professionalism at all times during times of conflict.
Cultural Competence	This training can include areas of race, culture, religion, sexual orientation, and other areas of diversity within the community.
Corporate Compliance and Ethics	Employees learn about reporting any ethics or non-compliance activities within the agency. Employees learn what the violations are and who to report violations to.
NFC Policies and Procedures	Employees learn about the policies and procedures defined within the agency. Employees are trained in the specifics about these policies and procedures to ensure proper compliance.
Mental health	These trainings are frequent in the community and focus on specific mental health diagnoses, how to best support those with specific mental health needs, and how to identify concerns for mental health issues. Trainings also include how domestic violence, substance abuse, and child abuse of all types have a correlation with mental health.

*Data derived from NFC Training Plan

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

- D. Disproportionality Training: Presented by Dr. Khathib Waheed on Race: The Power of an Illusion offered by Douglas County Juvenile Court
- DBT Training: Presented by Jennifer Talarico with HFS
- Avoiding Ethics Complaints and Malpractice: Presented by Deborah Henson with the PESI organization
- Heartland Family Services Program training: Presented by program directors on all programs offered by HFS
- Youth Links tour and program education: Presented by Karla Dush
- OMNI Tour and program education: Presented by Susan Feyen and agency supervisors/directors
- Foster Youth Council on IL and sibling contact: Presented by Cindy Reed, Dillon, Oscar, and James
- When Words Hurt—Investigating and Proving a Case: Project Harmony webinar from Victor Vieth NCPTC Executive Director
- Role of the SC regarding ICPC, referrals, etc.: Presented by NFC Operations Director Treva Haugaard
- Additional Penelope data training for supervisors: Presented by NFC QA and Compliance Director Angela Bredenkamp

The Training matrix below outlines the number of Service Coordinators that completed the new employee training within the reporting period. In addition to the 33.5 individuals that completed the new worker training there were five individuals that were current trainees.

Training Report					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Number of Employees who completed initial training hours		33.5			33.5
Number of hours for DHHS New Employees Trainings Delivered		3015			3015
Number of hours for NFC New Employees Training Delivered		335			335
Number of NFC On-going /In-Service Training hours Delivered		2015			2015
Cost of Training Provided by NFC		\$138,475.00			\$138,475.00

*Data Derived from Training and Financial Departments

The NFC Provider Training matrix below outlines specific trainings that have been conducted with providers, stakeholders and key consumer groups through this reporting period. Additional trainings will be ongoing.

Provider NFC Trainings						
Training Name	Training Date	Location	# of Trainees	Training conducted by	Training Times	Agency(s) trained
Consumer panels of current and former Foster Care Youth	5/1/2009	BT Headquarters Auditorium	BT CSI OMNI	NFC	2 hours	Consumers and Stakeholders
Consumer panels of current and former Foster Care Youth	5/15/2009	CASA Building	40	NFC	2 hours	Consumers and Stakeholders
NFC Provider Forum	6/22/2009	C and A Industries	55	Provider agencies	2 hours	Provider agencies and Stakeholders
Region 6 Training	7/10/2009	Region Six	All staff			
CFSS Agency Lead training	7/13/2009	State CFSS Staff Training	All staff	NFC Staff	All day	CFS Staff
CFSS Agency Lead training	7/14/2009	State CFSS Staff Training	All staff	NFC Staff	All day	CFS Staff
CFSS Agency Lead training	7/15/2009	State CFSS Staff Training	All staff	NFC Staff	All day	CFS Staff
NFC Foster Families Presentation	8/24/09 and 8/25/09	Traditional Foster Families	Traditional Foster	NFC Staff	2 hours	Foster Families
Foster Parent Forums	9/29/2009	BT Headquarters Auditorium	10	NFC	2 hours	All Foster Care Agencies that comprise the NFC Network
NFC Provider Forum	9/29/2009	CASA Building	50	Foster Parent Panel and Foster Youth Council	2 hours	Consumers and Stakeholders

NFC Provider Training	10/30/2009	BT Headquarters Auditorium	51	NFC Staff	2 hours	All NFC Network Agencies
PS-MAPP Leader Training	10/27-30/09 and 11/17-20/09	CSI	23	PS-MAPP trainers Denise Gibson and Tom Persinger	64 hrs	Boys Town, CSI, Nebraska Children's Home, OMNI, Christian Heritage, Youth Care Inc, NFC, LFS, APEX, Child Connect, NOVA
NFC Provider Training	10/29/09 am session	BT Headquarters Auditorium	60	NFC Staff	2 hours	All NFC Network Agencies
NFC Provider Training	10/29/09 pm session	BT Headquarters Auditorium	51	NFC Staff	2 hours	All NFC Network Agencies
NFC Foster Care Home Study and Informational Training	12/21/2009	BT Headquarters Meeting Rm 7	20	NFC Staff	2 hours	Boys Town, CSI, Nebraska Children's Home, OMNI, Christian Heritage, Youth Care Inc, NFC, LFS, APEX, Child Connect, NOVA
CFSS Contractor	10/6/09, 10/22/09, 10/29/09	OSOB and Sarpy DHHS office	All staff	NFC Staff	2 hours	CFS Staff

*Data derived from Training Department

9) **EBP/PP Update**

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

i) Fidelity/Implementation

- **Data Quantity**

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

- **Data Quality**

- a) ROLES – ROLES data resides in National Database. Entry of data is audited to ensure that it is entered at admission and discharge.
 - b) Strengths and Stressors -- data resides in National Database. Entry of data is audited to ensure that it is entered at admission and discharge.
 - c) Treatment fidelity instrument – Administration of the In-Home Family Services Consultant Assessment Observation Instrument occurs twice per month during the first year as a Family Consultant and then once a month after a Family Consultant is certified. This is documented in the supervisor’s service delivery plan for each Family Consultant. In addition, fidelity measurements are administered during the certification process become part of a larger evaluation and review process, which is reviewed and approved by the Youth Care Evaluation Review Committee.
 - d) Boys Town Quality Management Council – The QA/QI structure of the NE/IA region is supported by an active Quality Management Council (QMC). Chaired the Coordinator of Compliance and Accreditation, the QMC regularly reviews all facets of program operation, licensing, accreditation, utilization review and safety issues related to programs. The records review committee completes quarterly file audits on all NE/IA programs to ensure compliance to programmatic standards, licensing and accreditation requirements, and best practice. The QMC reports results to the management team of NE/IA operations and the QA/QI committee of the Boys Town National Board of Trustees.
- **Strengths --** Overall strength is that these data measures are systematically tracked primarily through the National Database system, which warehouses all relevant treatment data for youth and families. This

data is readily available for review by supervisors during the consultation process with Family Consultants.

- **Weaknesses** – It is a continual challenge to complete the observation forms with Family Consultants in the family home, given the diverse geographic location of family homes, as our staff and program continue to grow due to increased demand.
- **Points for Improvement & Plan of Action** – Continued emphasis on the active consultation process between supervisors and family consultants to ensure timely and accurate use of observation forms, particularly for newer staff that require more frequent observations.

b) **Boys Town Treatment Family Home Program (TFH)**

i) Fidelity/Implementation

- **Data Quantity**
 - a) Child Behavior Checklist – 89% of youth complete prior to admission
 - b) ROLES – 100% of youth complete at admission and discharge
 - c) DISC – 100% of youth complete at admission and at every 12 months while in program
 - d) 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**
 - a) Child Behavior Checklist – Research staff track number of CBCL's received and for complete and accurate information. Feedback is given to the Boys Town admissions department monthly. Program goal is to receive complete and accurate CBCL's on 80% or more of youth admitted to the TFH program.
 - b) ROLES – ROLES data resides in National Database. Entry of data is audited to ensure that it is entered at admission and discharge.
 - c) DISC – The DISC is completed as part of orientation to Boys Town and is part of the orientation checklist. Yearly DISC reminders are part of the task due list within National Database.
 - d) Treatment fidelity instrument – Administration of the treatment fidelity instrument is documented in the clinical specialist service delivery plan for each family teacher. In addition, fidelity measurements during the certification process become part of a larger evaluation and review process, which is reviewed and approved by the Youth Care Evaluation Review Committee.
 - e) Boys Town Quality Management Council – The QA/QI structure of the NE/IA region is supported by an active Quality Management Council (QMC). Chaired the Coordinator of Compliance and Accreditation, the QMC regularly reviews all facets of program

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

- **Strengths** – Overall strength is that these data measures are systematically tracked primarily through the National Database system, which warehouses all relevant treatment data for youth. 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).
 - **Weaknesses** – An area needing improvement is working to receive complete and accurate CBCL's at admission, as we typically would not stop and admission due to the absence of this measure due to prioritizing youth and family needs.
 - **Points for Improvement & Plan of Action** -- Continued tracking of CBCL administration with timely feedback to admissions staff.
- c) **Celebrating Families**- Program will not begin until April 1, 2010, no data to report.
- d) **Cognitive Behavioral Therapy (CBT)**-No families requiring this intervention referred to date. No data to report.
- e) **Family Peer-to-Peer Mentoring**
- i) Fidelity/Implementation
 - **Data Quantity**
 - a) What percentage are receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)
 - b) 100% of our families receive our family survey (see Attachment A) randomly during the time they are receiving services by Nebraska Family Support Network and at case closure.
 - c) Our current response rate averages 40%. We have found that mailing a survey and expecting the family to complete and return it yields a low response rate. Therefore, to facilitate better response rates by our families, our family partners often provide the family a survey after a family team meeting for them to complete prior to close of the meeting.
 - **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. (See Attachment B). 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.

- **Strengths**

As you can see by our 4th quarter 2009 survey responses (see Attachment C), our 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.

- **Weaknesses**

Areas that need improvement include helping the families to more effectively communicate with their children and understanding their children's signs of relapse.

- **Points for Improvement & Plan of Action**

- a) We are reviewing the option of having our QA staff member call the families to increase our response rate.
- b) We will evaluate ways to assist the family in improving their ability to more effectively communicate with their children.

f) **Homebuilders**

i) Fidelity/Implementation

- **Data Quantity**

NCFAS – 100% of clients have a NCFAS completed within the first 3 sessions. No NFC families have discharged at this time, so 0% of families have had NCFAS completed at discharge.

- **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.

- **Strengths**

- a) Fidelity tools are good indicators of family/client progress.
- b) NCFAS has been completed at 100% for intakes with NFC.

- **Weaknesses**

None noted

- **Points for Improvement & Plan of Action**

Continued file reviews during active cases and thorough reviews at discharge.

g) **Multi-systemic Therapy (MST)**-No families requiring this intervention referred to date. No data to report for this reporting period.

h) **Nurturing Parenting Program**

i) Fidelity/Implementation

- **Data Quantity**

- a) Because only nine cases referred or transferred to Child Saving Institute during November and December 2009 involved parents who required home-based parenting instruction to address diminished parenting capacities, there is limited data upon which to draw conclusions. Of the nine cases, three are currently in the assessment phase, during which an intake Adult-Adolescent Parenting Inventory (AAPI) measure to assess parenting and child rearing attitudes is administered.
- b) Of the remaining six cases, four received *Adult-Adolescent Parenting Inventory* measures at the defined timelines. One case closed unexpectedly at court and efforts continue to obtain a discharge measure. The other case was initially referred as Intensive Family Preservation prior to November 1 and, therefore, was administered the North Carolina Family Assessment Scale in accordance with Safety and In-Home Service contract guidelines.
- c) Two Family Support referrals were excluded from the sample. In one case, the referral requested only that several unannounced visits occur throughout the day, for a period of several weeks, to monitor compliance with the safety plan. CSI representatives recommended parenting instruction to the Service Coordinator and Child and Family Service Specialist; however this recommendation was not accepted. The case was not referred or served as In-Home Safety due to the duration. In the second case, only two Family Support visits were completed (following an episode of In-Home Safety) before the case was successfully closed; therefore there was insufficient time to complete the measures.

- **Data Quality**

Parental responses to the AAPI are reviewed with In-Home Specialists during supervision to ensure responses are congruent with parental presentation. If a parent's interaction with their child is indicative of parenting attitudes not reflected by the AAPI, their responses are reviewed with them and they may be asked to redo the measure. This has not been necessary with NFC cases to date, however.

- **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. 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.

- **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 way than their behavior actually indicates. Therefore, it is necessary to pair this assessment with observation and critical analysis of parental capabilities. This has only occurred in one case since CSI implemented use of the Nurturing Parenting Program in July 2008 and, in this case, parenting skills have been addressed based on behavioral observation.

- **Points for Improvement & Plan of Action**

It is anticipated there will be sufficient data gathered during the next three months of service provision to allow for more detailed evaluation. Additionally, the Family Nurturing Plan, a document that identifies lesson-specific competencies that parents and program facilitators follow to ensure program fidelity is maintained, is being implemented to complement the AAPI in January 2010.

- i) **Parenting with Love and Limits**- EBP will be implemented in February 2010. No data to report for this reporting period.
- j) **Wraparound**-The NFC has contracted with the Nebraska Family Support Network to conduct the WFI. The purpose of the WFI surveys is to monitor and measure how the Wraparound principles and stages of engagement are being adhered to and implemented. The premise is that by accurately applying the Wraparound principles NFC should see better outcomes for children and families. The NFC has not conducted any of these surveys of its consumer to date and is scheduled to begin April 2010. This allows for transition of all families to the NFC and will allow for a greater statistical sample of families. This will be done monthly and ongoing throughout the duration of the contract. No data to report for this reporting period.