

## Quarterly Financial Report for Child Welfare and Juvenile Services

<b>Lead Agency Name:</b> Visinet, Inc. –ESA	
<b>Corporate Address:</b> 11836 Arbor St, Omaha, NE 68144	
<b>Lead Agency Contact Person:</b> John Hoffman, MSW Chief Operating Officer	<b>Telephone Number:</b> (402) 898-4903 (O) (402) 630-7061 (C)
<b>Quarter:</b> <input checked="" type="checkbox"/> Quarter 2	<b>Reporting Periods:</b> November 2 <sup>nd</sup> – December 31 <sup>st</sup> , 2009
<b>Date Submitted:</b> January 30, 2010	<b>Due Date:</b> 30-calendar days post end of qtr

Attached is Visinet, Inc.'s Eastern Service Area Quarterly Financial Report for the 2<sup>nd</sup> Quarter. Per the Operations Manual, this report includes a breakdown of expenses incurred for both direct and indirect costs of operation, as well as all payments received.

Please note that it does not include additional implementation costs that were incurred and not covered by the Implementation Contract as it was believed that those numbers will be in that report.

Please let us know if there are any additional needs for clarification or questions.

Respectfully,



John Hoffman, MSW  
Chief Operating Officer  
Visinet, Inc.

## Quarterly Report for Child Welfare and Juvenile Services

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<b>Quarter</b>	<b>Reporting Periods</b>	<b>Due Dates</b>
<input type="checkbox"/> Quarter 1	July 1 – September 30	October 15
<input 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
<b>Date Submitted:</b> January 15, 2010		<b>Date Received:</b>

### 1) Quarterly Summary

#### a) General Overview (Broad Description of Accomplishments and Barriers during the quarter)

Visinet has identified the achievement of several accomplishments during the initial phases of transition into the new Out-of-Home Care Reform. First and foremost is the transition of legacy cases and new families. This transition, while not without a few hurdles, has thus far been successful with Visinet providing Service Coordination responsibilities for 295 families in the Eastern Service Area within the time frame of November 1, 2009 through December 31, 2009. Transition of these families into the Visinet Families F.I.R.S.T. model was done with minimal disruption to biological families, foster families and other family team participants. Visinet has demonstrated the initial steps in employing the identified Evidenced Based/Promising Practice models of service delivery with families and has witnessed increased family participation and progress within the initial months. Further, overall families are having initial contacts with Service Coordinators and are receiving initial services within identified time frames. Family need has become the forefront of language used by Service Coordinators and service providers, thus demonstrating increased focus on family permanency, safety and well being.

Further successes demonstrated in the transition are the increasing partnership with DHHS and other lead agencies. It has appeared clear that all participants in this undertaking are committed to the establishment of collaborative and cooperative partnerships to ensure success in not only the transition but in the longevity of this system reform. Issues which have arisen have been addressed in a generally cohesive and comprehensive manner with forethought to long-term problem solving.

While the overall transition has been successful there have been some barriers to the process. These barriers appear to be largely systemic factors which have had some impact on daily functioning during the transition process. Barriers include Service Coordinators not obtaining timely access to N-Focus which has impacted their ability to assign themselves in a timely manner, receipt of partial and disorganized youth and family information impacting the distribution of cases and the establishment of Memorandums of Agreement (MOA) with providers which has necessitated numerous individual Letters of Agreement. Despite these initial systemic struggles it

appears that DHHS, lead agencies, and community providers are committed to working together to create a fluid and functional process for children and families.

Other barriers have been more internal to Visinet. The most significant of these is the hiring and retention of Service Coordinators. While Visinet believes overall this has been a success, because of the quantity of families transitioning, limited time frames for transition, and significant training time required for Service Coordinators, the loss of even a minute number of Service Coordinators has had a significant impact on the transition. It is anticipated that post transition this impact will be far less than the initial impact.

**b) Description of Strategic Partnerships /Collaborations (Accomplishments and Barriers in Collaborating / Partnering, Community Engagement, and Subcontractor Management)**

In the later parts of September and throughout the month of October, Visinet continued meeting, discussing, and networking with agencies providing services to children and families in the Eastern Service Area. In November, Visinet finalized our contracting process and established critical relationships with various providers. Visinet made efforts to subcontract with existing agencies to develop a comprehensive network and to minimize the effect on families throughout the transition process. Visinet estimates that agencies identified with " \* " should be completed with the contract process by February 1, 2010.

Within the Eastern Service Area, Visinet developed relationships with:

Group Homes/Shelters

Boys Town*	Child Connect	Child Saving Institute
Harvest Haven*	Heartland Family Services	Omaha Home for Boys
Release Ministries	The Salvation Army (Cares)*	Uta Halee & Cooper Village
Youth Care, Inc.	Youth Emergency Services*	

Foster Family Resource Care

APEX	Child Saving Institute	NOVA Therapeutic Community
Christian Heritage	Lutheran Family Services	Youth Care, Inc.
Child Connect	OMNI Behavioral Health	KVC Behavioral Healthcare*
Boys Town*	Nebraska Children's Home Society	

Stabilization Services

Child Connect	Child Saving Institute*	Capstone Behavioral Health
Youth Care, Inc	NOVA Therapeutic Community*	Nebraska Children's Home Society
OMNI Behavioral Health*	Owens & Associates	Owens Educational Services
Lutheran Family Services*	Heartland Family Services	Uta Halee & Cooper Village*

Family Navigators

Families Inspiring Families	Nebraska Family Support Network	
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Transportation

Midwest Special Services*	Papio-Transport Service*	Prince of the Road*
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Independent Living/Adolescent Permanency

Omaha Home for Boys	Preparation for Adult Living*	Release Ministries
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Other

Catholic Charities*	Capstone Behavioral Health	Club Z Tutoring*
Concord Center*	Lutheran Family Services	NFAPA
Heartland Behavioral Health		

**c) Results of the utilization of identified service models** (Broad Narrative regarding the Achievement and any Barriers to reaching intended results)

A significant barrier to full utilization of the identified service models has been the simultaneous nature of the contract implementation period and the requirement to transition current providers from DHHS contracts to subcontracting relationships with Visinet. Within days of signing the contract with DHHS, Visinet needed to facilitate the integration of services with more than 40 agencies providing services to the families assigned to Visinet for Service Coordination. Although many of these were in process prior to signing the contract, others we ascertained through multiple discussions.

**d) Future Plans / Next Steps** (Broad Description of any Plans/Steps to address any identified barriers)

Future plans of Visinet include finalizing the transition of children/youth and families into lead agency Service Coordination. It is expected that Visinet will conclude transition on February 28, 2010.

Additionally, Visinet will continue to focus on meeting all goals and outcomes as outlined in the contract and Operations Manual. This includes stringent focus on goals relating to the safety, permanency and well being of children and families as well as meeting goals and objectives related to concrete performance measures such as submission of court reports within identified time frames, making initial contacts within identified time frames and ensuring timely Service Coordination and service delivery to children and families.

Visinet will also continue to subcontract through general or child specific LOA's with those agencies providing services without an MOA. Future plans involve obtaining MOA's for each agency providing services through a subcontract with Visinet. Visinet is in the process of identifying those primary agencies providing care that have yet to contract with Visinet, develop quality relationships, and finalize an agreement.

Finally, Visinet will put significant effort and focus on enhancing and adhering to the identified model of Service Coordination and service delivery as well maintaining fidelity to all identified Evidence Based/Promising Practice models. Visinet is in the process of planning and implementing ongoing "booster" trainings to ensure staff at all levels have the foundation and information necessary to be successful in the above mentioned goals and outcomes.

**2) Contractor Employment Information** (Do not report forward fills) [See table below](#)

- a) Contractor allotted FTE's for Service Coordinators**
- b) Contractor Service Coordinator positions that are filled and able to carry a full caseload**  
(they have completed training)
- c) Contractor Service Coordinator positions that are currently in training**
- d) Contractor Service Coordinator positions that are vacant**
- e) Contractor allotted FTE's for Supervisor**
- f) Contractor Supervisor positions that are filled**
- g) Contractor Supervisor positions that are vacant**
- h) Average length of employment for Service Coordinators**
- i) Average length of employment for Supervisors**

Employment Information					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Average
a. Allotted FTE's for Service Coordinators		40			40
b. Filled Service Coordinator Positions		38			38
c. Service Coordinator positions currently in training		1			1
d. Vacant Service Coordinator positions		1			1
e. Allotted FTE's for Supervisor		8			8
f. Supervisor positions that are filled		8			8
g. Supervisor positions that are vacant		0			0
h. Average length of employment for Service Coordinators		.25 years			#DIV/0!
i. Average length of employment for Supervisors		.25 years			#DIV/0!

### 3) Foster Parent Recruitment and Retention Update

#### a) A description of the diligent recruitment activities this quarter of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the Service Area for whom foster and adoptive homes are needed.

In this reporting period, Visinet has utilized a variety of recruitment opportunities to increase the number of licensed Foster Family Resource Parents. Traditionally, Foster Family Resource Parents have been Visinet's greatest referral source through recommending their friends and family to serve foster children in this capacity. That trend continued this quarter and was encouraged through a referral bonus that Visinet provided their Foster Family Resource Parents who referred other families to Visinet. This has been a successful practice as it has allowed Visinet to develop a culturally and ethnically diverse population of Foster Family Resource Parents. Furthermore, Visinet has taken the opportunity to market for Foster Family Resource Parents at a number of events that likely candidates may be attending such as family and human service professional events. Visinet has also advertised in local publications, as well as the internet, for the purpose of recruiting potential Foster Family Resource Parents. Recruitment efforts from this reporting period have resulted in 15 families scheduled to attend the next PRIDE training in the ESA. Of these 15 families, 2 were the result of referrals from Service Coordinators working with Approved Resource Families, 6 were the result of referrals from current Foster Family Resource Parents, and 7 were the result of more standard forms of recruitment such as advertising and marketing.

The retention of Foster Family Resource Parents has been a priority for Visinet in this quarter. Visinet Resource Staff have conducted a variety of retention activities for the purpose of not only retaining current Foster Family Resource Parents, but also to increase the satisfaction of current Foster Family Resource Parents with Visinet as an agency. Retention has been an important aspect in the implementation process of the Child and Family Service Reform as there have been many changes for Foster Family Resource Parents. Activities designed to provide increased communication with Foster Family Resource Parents were held via community meetings, written communications, personal visits in the home and support calls to all Foster Family Resource Parents. Foster Family Resource Parent Stakeholder Meetings played an integral part of Visinet's transition process. Additionally, retention will be an increasing priority as placement stability is such an integral part of the Child and Family Services Reform. Retention activities will be to utilize Recruitment staff to meet with Approved relative and child-specific Resource Parents to encourage them to complete the Licensure process including PRIDE training. Another key

objective will involve the utilization of training opportunities with Foster Family Resource Parents to prepare them to improve their working relationship with the biological families of children in their care.

**i) Number of foster homes licensed this quarter**

Eleven foster homes were licensed this quarter in the ESA.

**ii) Number of foster homes closed this quarter**

Eighteen foster homes were closed this quarter in the ESA.

**b) A description of individualized recruitment of homes activities this quarter including relative placements to support children, families and resource families to meet the needs of highly specialized youth (DD and Treatment, older youth, youth with diverse cultural needs, etc)**

It is Visinet's belief that youth are best served within their families, including non-traditional families such as aunts, cousins, or grandparents. Families F.I.R.S.T. Service Coordinators will work diligently to locate and secure placements for children with relatives when placement at home was disrupted. From the initial assessment, the biological family was interviewed so that potential relatives and child-specific options were available, so that the family began to develop a network of support, as well as being prepared should removal of children from the home become necessary. In the event of removal, relative and child-specific options continued to be pursued for the children receiving services. When children were placed with relatives, these families received the necessary training and support from Visinet's Families F.I.R.S.T. and Resource staff, especially when there were highly specialized needs of the youth, including those with developmental disabilities, severe emotional disabilities, etc.

Visinet identified a significant need for homes capable of providing Foster Family Resource Care for those "difficult-to-place" foster children who present such risk factors as developmental disabilities, severe emotional disabilities, sexual offenders, medically fragile, and teenage populations. In consideration of these needs, two strategies were developed to increase resources necessary to meet these needs. The first strategy was to review our current roster of Foster Family Resource Parents to identify those families who were able and willing to meet the needs of youth from these populations. Meetings were held with these Foster Family Resource Parents to discuss availability and obstacles for caring for these youth. Additionally, trainings were made available for these Foster Family Resource Parents who were willing to work with these more difficult populations. The second strategy was to develop a Professional Foster Care program where Foster Family Resource Parents were dedicated to serving youth from these specific populations. Recruitment for these Professional Foster Family Resource Parents was targeted at families who had previously worked in Residential Group Home type settings. This provided pre-existing knowledge and training to compliment what Visinet provided in meeting the needs of these difficult populations. Visinet has made the commitment to bringing in these quality families through a thorough interview process as well as a competitive relocation package.

**i) Number of individualized foster homes approved this quarter**

Five individualized foster homes were approved this quarter in the ESA.

**ii) Number of individualized foster homes licensed this quarter**

One individualized foster home was licensed this quarter in the ESA.

**iii) Number of approved individualized foster homes closed this quarter**

Zero approved individualized foster homes were closed this quarter in the ESA.

**iv) Number of licensed individualized foster homes closed this quarter**

Zero licensed individualized foster homes were closed this quarter in the ESA.

**c) A description of foster homes transferred to your organization from another organization and transferred from your organization to another organization, including the reasons for the transfers.**

In the past quarter, 5 Foster Family Resource Homes have transferred to Visinet from other agencies. The Foster Family Resource Parents that transferred cited several different reasons for transferring to Visinet, including receiving additional support and needing one person to contact when in need of help.

In the past quarter, 12 Foster Family Resource Homes transferred to other agencies. Of the 12 homes that transferred, 10 transferred to KVC, 1 transferred to Boys Town, and 1 transferred to APEX. At the time of transfer, 7 of the Foster Family Resource Homes were in good standing. The additional 5 Foster Family Resource Homes that transferred had not provided foster care for an extended period of time and were demonstrating non-compliance with Visinet's licensure requests. It should be noted that of the 7 Foster Family Resource Homes that transferred in good standing, 2 have transferred their licenses back to Visinet.

**i) Number of foster homes transferred to your organization**

Five foster homes transferred to Visinet during this quarter in the ESA.

**ii) Number of foster homes transferred from your organization to another organization**

Twelve foster homes transferred from Visinet to another organization during this quarter in the ESA.

Foster Parent Recruitment and Retention			
Licensed Foster Homes	# of Families		
	New	Ongoing	Closed
	11	169	18
Approved Foster Homes	# of Families		
	New	Ongoing	Closed
	5	0	0
Individualized Foster Homes Licensed (Lisensed Specific Relative Care)	# of Families		
	New	Ongoing	Closed
	1	0	0
Transferred Homes from Another Organization	# of Families		
	5 Families		
Transferred Homes to Another Organization	# of Families		
	12 Families		

**d) Any updates to the protocol that “matches” children and youth with resource families**

With the implementation of the Child and Family Services Reform, Families F.I.R.S.T. staff worked to secure best fit placement for youth needing out of home care. Since the transition began, Visinet is finalizing the development of its Link F.I.R.S.T. process where Placement Specialists have been hired in each Service Area to match children and youth with the best fit of Foster Family Resource Parents. Visinet defines best fit as being a home that is able to provide for the safety, permanency, and well-being of the foster children placed with them by taking into consideration such placement criteria as cultural factors, school location, biological family location, therapeutic and behavioral needs of the child, current populations within the Foster Family Resource Home, sibling-placement potential, and other individualized needs.

**e) Any updates to the protocol that required to actively search and identify non-custodial (both maternal and paternal) and other relatives for possible placement and as life long connections**

In addition to the protocol listed above, the Link F.I.R.S.T. staff will begin taking a more active role in finding and securing relative placements for children needing out of home care. Previously, this had been the sole responsibility of the Families F.I.R.S.T. teams. The addition of this responsibility to the Link F.I.R.S.T. staff has helped expedite the relative placement approval process due to their organization connections with the Licensure staff in Visinet’s Resource Division.

**f) A description of the supports and education/ training for foster and adoptive parents and relatives and kin-care providers provided this quarter**

**i) a brief, one-paragraph syllabus of the training activity**

- (1) CPR and First Aid – The American Red Cross programs are designed to give the client the confidence to respond in any emergency situation with skills that can save a life. Additional trainings in blood borne pathogens, oxygen administration, and injury prevention are added to prepare the client to prevent and respond to life-threatening emergencies.
- (2) PRIDE – The Child Welfare League of America (CWLA) created a program to help protect and nurture children at risk and strengthen all the families involved. It requires teamwork among individuals with diverse knowledge and skills, but all working from a shared vision and toward a common goal. PRIDE is a model for the development and support of resource families. It is designed to strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for recruiting, preparing, and selecting foster parents and adoptive parents. It also provides foster parent in-service training and ongoing professional development.
- (3) Nurturing Parenting - Nurturing Parenting is an evidenced based program used to teach Foster Family Resource Parents practical parenting techniques that can be utilized in providing care for foster families. The program helps Foster Family Resource Parents effectively teach and discipline children in a foster setting through the use of consequences, role-plays, and logical outcomes to situations. Nurturing Parenting is also the program that is utilized with the biological families of the children in out of home placement providing a connection between the parenting environment within the Foster Family Resource Home and the biological family home where reunification is the plan.
- (4) Non-Violent Crisis Intervention (NCI) - The Nonviolent Crisis Intervention program is utilized to teach Foster Family Resource Parents to respond effectively to the warning signs that someone is beginning to lose control, but also addresses how they can deal with their own stress, anxieties, and emotions when confronted with these challenging situations. The program focuses on preventing disruptive behavior by communicating with individuals respectfully and with concern for their well-being. The program is recognized for its best practices of de-escalation techniques for emotionally escalated individuals. Follow-up debriefing strategies are also key components of the training program.
- (5) Car Passenger Safety - Child Passenger Safety Training teaches all foster family resource parents how to select and safely use and install child restraints. Child Passenger Safety Training also covers Nebraska seat belt and child restraint laws and Visinet's policies and safety recommendations for child and adult passenger safety.

**ii) indication of the setting/venue for the training activity**

CPR and First Aid, Non-Violent Crisis Intervention, Nurturing Parenting, and Car Passenger Safety are all trained to Foster Family Resource Parents as part of the PRIDE classes typically held at the Visinet offices.

**iii) indication of the duration of the training activity**

PRIDE is held in seven 6 hour sessions or fourteen 3 hour sessions. PRIDE incorporates CPR and First Aid, NCI, Nurturing Parenting, and Car Passenger Safety in the allotted schedule. In addition, CPR and First Aid is held in two 4 hour sessions or one 8 hour session. Car Seat Safety is held in one 3 hour session. Non-Violent Crisis Intervention is held in two 4 hour sessions or one 8 hour session. Nurturing Parenting is held in two 3 hour sessions or one 6 hour session.

**iv) provider of the training activity**

PRIDE, CPR and First Aid, Non-Violent Crisis Intervention, Nurturing Parenting, and Car Passenger Safety are all trained by Visinet’s Licensed Resource and Training Staff.

**v) indication of the audience to receive the training**

Training in CPR and First Aid, PRIDE, Nurturing Parenting, Non-Violent Crisis Intervention, and Car Passenger Safety is required of all Licensed Foster Family Resource Parents. Additionally, all Approved relative and child-specific foster homes are invited and strongly encouraged to attend Visinet’s 42 hour training which includes CPR and First Aid, Non-Violent Crisis Intervention, PRIDE, Car Passenger Safety, and Nurturing Parenting.

**4) Licensing Waivers (case-by-case waivers of non-safety licensing standards)**

**a) Number of case-by-case waivers granted this quarter**

<b>Licensing Waivers (case-by-case waivers of non-safety licensing standards)</b>					
	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Annual Total</b>
Number of case-by-case waivers granted		5			5

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

Granting licensing waivers on a case-by-case basis has allowed an increase in the placement of foster youth in relative or child specific homes. This provides the youth the opportunity to remain close with family, friends, and their established community connections.

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

- i) Physical Living Space** – When a prospective home falls significantly below the minimum licensing standards for appropriate living space, licensure is not possible. Temporary placement may be an option and a family may be encouraged to move to appropriate living quarters and complete the licensing process if this family would provide permanency for the child.
- ii) Income** – The amount of earned income received by a potential foster family must be sufficient to meet their basic needs prior to placement. If the additional cost of caring for youth placed in their home creates financial hardship, long term placement and licensure is not recommended. Visinet works with the family to explore financial options, community resources, and may make recommendations regarding the family's personal budget.
- iii) Training** – Caring for youth placed in out of home care can be difficult and may present significant challenges for the adult caregiver. After youth are placed, Visinet provides ongoing training and support to the home. If during the initial assessment or after placement, it is apparent that the foster parents lack the ability to meet the needs of the foster youth, licensure is not recommended and alternative placement is recommended.
- iv) Well being** – The wellbeing of the youth is of primary importance. All foster families, including relatives, must possess the ability to comprehend and meet the physical,

**d) 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**

Visinet will increase the number of Approved Resource Families who become licensed as Foster Family Resource Parents. Visinet currently utilizes its team of Resource Staff to encourage, train, support, and develop relationships with Approved relative and child-specific homes. Many families providing these services to youth have not had the additional assistance and resources of an agency. Multiple staff engages in a coordinated effort to develop positive relationships and individualize the type of support received by each family. All families are encouraged to enter into a formal relationship of training and support through the licensure process. Foster Family Resource peer support, additional training opportunities, networking, and connections to community events are made available.

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

Relative and child-specific families have difficulty attending the amount of training hours that licensure requires and is a major barrier, thus discouraging families from becoming licensed. Provision for additional or substitute training opportunities would be an option to consider for these specific families.

**5) Child and Family Services Plan Update. Quarterly reports will include a description of the specific accomplishments and progress made toward meeting each goal and objective in the State's CFSP, including information on outcomes for children and families, and a more comprehensive, coordinated, effective child and family services continuum.**

Implementation of Nebraska's Out-of-Home Care Reform Contracts began with transition of service coordination responsibilities to lead contractors on November 1, 2009. As a lead contractor Visinet established a transition plan for one third of the families being served in the Eastern Service Area beginning November 1, 2009 and reaching completion by February 28, 2010. Transition of families designated to receive Service Coordination through Visinet was estimated to occur in the following percentages by month:

- November - 30%
- December – 20%
- January – 30%
- February – 20%

Total family count estimated by DHHS was 1600, thus requiring each lead agency to assume Service Coordination responsibility for approximately 533 families. It is on the aforementioned number of families that Visinet based transition planning. The following outlines transition status as of December 31, 2009.

- November – 127 families (25%)
- December – 109 families (22%)

Visinet has transitioned approximately 47% of families during the initial two months of contract implementation. This demonstrates being within 3% of target transition planning. The 3%

difference can be explained by two primary contributing factors; firstly planning for cases to transition that did not transition due to case closure prior to transition or plan for closure prior to February 28, 2009 and secondly, errors in distribution of families leading to multiple agencies being assigned to families and needing reassign to one single agency for Service Coordination.

In addition to transition families, beginning November 1, 2009 all new families entering the care and/or custody of DHHS were assigned to a lead agency. Visinet assumed Service Coordination responsibilities for 40 new families in November and 19 new families in December. Finally, DHHS put into place a system for lead agencies to assist in timely completion of Initial Assessments through the utilization of Single Services. These are services delivered to families to assist the CFS Specialist responsible for the completion of Initial Assessments in determining the safety of children/youth and families. Single Services consisted largely of interpretation and Drug Screening and Testing for adults. During the month of November Visinet provided Single Services to 14 families, 10 of which were Drug Screening and Testing, 3 of which were Interpretation Services, and one of which was a Home Study on a relative. In December Visinet provided Single Services to 6 families, 3 of which were Drug Screening and Testing, 2 of which were Interpretation Services, and 1 of which was a transport.

In combination with Service Coordination, Visinet has developed and implemented an enhanced system of service delivery. Services are delivered in a fluent manner so as to best meet the individualized needs of each family and maintain fidelity to Evidence Based/Promising Practice models. Visinet Services are categorized in the following manner:

- **Crisis Services**

- Crisis Mobile Response

- Crisis Mobile Response (CMR) services are specifically designed to address imminent safety issues which will be responded to within two (2) hours or upon request. Furthermore, CMR is intended to maintain permanency of the family unit within their natural environment by following the identified safety plan. CMR addresses changes that must be made immediately within the family system in order to maintain the safety and well being of the family. In addition, CMR will offer parent(s) methods for improving their protective capacity through skill-based instruction or locating other informal supports that could assist in this role.

- Residential Safety

- Residential Safety Services are short term services delivered within a Child Caring facility which allow for the coordination, maintenance and daily supervision of youth. Further, while in Residential Safety, youth/family may be assessed for placement appropriateness, social-emotional issues, educational concerns, life skills, and safety. Determination of tools to be utilized in the screening inventories of youth/family is based on presenting challenges. Additionally, Residential Safety can be utilized to stabilize youth/families that are experiencing disruption. Once the disruption has been stabilized the goal is for reintegration of children/youth into the least restrictive level of placement, ideally back with their family.

- Crisis Respite

- Crisis Respite is designed to establish short-term intervention or temporary relief to caregivers. This will be provided by either an informal support identified by the family (with approved background checks), through a Foster Family Resource Parent or at the Youth Resource Center. Other specialized options for crisis respite could be available if the children/youth present with unique needs. At the initiation of the referral for crisis respite, the safety plan will be reviewed and if necessary, crisis respite goals

and outcomes will be implemented with the Family Team. Ideally, the identified informal support network will be accessible when a crisis occurs. However, a plan for implementation of the crisis respite and utilization will be reviewed and consistently monitored to ensure this is the most appropriate plan for the family. The family team will review the existing safety plan on an ongoing basis to ensure that the plan is effective and will continue to meet the safety needs and protective capacity of the family. Adjustments to the Safety Plan will be addressed and implemented per direction of the CFSS.

- **Stabilization Services**

- Intensive Family Preservation

Intensive Family Preservation (IFP) services are designed to address family system issues that affect overall protective capacity and parenting skills. IFP is implemented within the family home and is to be utilized to stabilize a family system when there is not an immediate safety issue; however, safety issues will be monitored and controlled for by Families F.I.R.S.T. IFP can either be used to prevent removal of children/youth from the family home or upon return from other placements to ensure success of the reunification process. IFP services will utilize a skill-based approach to assist families in establishing appropriate boundaries, relationships, rules and expectations within the home environment and will act to secure informal supports and resources.

- S.A.F.E. Services (Family Support)

S.A.F.E. Services are all-encompassing stabilization services designed to provide skill-based strategies and interventions to children/youth and families. Visinet has developed an approach that will provide individualized service delivery to a variety of populations.

The S.A.F.E. component provides focus on parenting skills, environmental skills, and community-based skills. It also provides opportunity for focus on specialized areas of child/youth and family need to include caring for medically fragile children. S.A.F.E. aims to empower families to take ownership of their challenges and engage in

re-establishing harmony within their home while committing to the following:

- To maintain permanency for children
- To promote safety and well-being of children and their families
- To educate, preserve family unity where children's safety can be of utmost importance
- To empower families to achieve or sustain self sufficiency
- To ensure the safe and successful reunification of children back with families
- To ensure movement to appropriate levels of services as quickly as possible

Connections Services (Visitation)

- The Connection component allows children/youth and families to maintain connections through their established interactions and relationships without the primary need of skill acquisition. The primary focus of this Connection is ensuring the safety of all family members. This service can be interchangeable with S.A.F.E.; thereby, producing S.A.F.E. Connections.
  
- Detention Alternative Services (OJS population)  
 Detention Alternative Services include enforcement of graduated sanctions that can be changed according to the youth's compliance with court ordered services, Conditions of Liberty, etc. There are numerous services at varied levels within Detention Alternative Services. These include but are not limited to
  - Intensive Community Supervision
  - Electronic Monitoring
  - Reporting Center
  - Drug Screening and Testing for Youth
  - Drug and Alcohol Supports
  - Educational Supports
  - Parent Supports
  - Community Service
  - Accountability
  - Jail Tours
  
- **Family Resource Care Services**
  - Foster Family Resource Care  
 Foster Family Resource Care can be provided by licensed foster parents and/or kinship/special placement parents. Visinet is a strong proponent of seeking and utilizing kinship and/or special care whenever possible as this serves to reduce anxiety experienced by children/youth and parents as they are familiar with the environment in which their children/youth are residing, have pre-established relationships with the care providers, and are afforded the opportunity to identify individuals whom they feel would be safe to provide care to their children/youth. In the interest of preserving families utilization of kinship care becomes of paramount importance when alternative permanency options must be considered and/or implemented.  
  
 Foster Family Resource Care may also allow for an entire family to move in with the Foster Family Resource Parent. This level of care will allow for even greater opportunity to:
    - Establish collaborative relationships between the Foster Family Resource Parent and the biological parent;
    - Enhance the safety, security and well being of the children and families receiving services;
    - Provide ongoing teaching opportunities that would otherwise not be available,
    - Establish internal ongoing support systems; and
    - Establish connections for children and families that will last a lifetime.
  
  - Alternative Family Resource Care

Alternative Family Resource Care is an innovative and creative approach to foster care. Alternative Family Resource Care will establish separate residences within the community designed to provide a “family like” living environment to youth that have developmental, emotional and/or behavioral challenges and do not meet criteria for other funding. In addition, Alternative Family Resource Care provides transitional living and permanency opportunities to adolescents with special needs when they are not able to return to their parental homes and have had limited movement toward permanency. Visinet will provide specialized care and skill based teaching within Alternative Family Resource Care with a focus on three (3) distinct populations of youth:

- Co-occurring Sexual Offender/Developmentally Disabled
- Severely Emotionally Disturbed
- Adolescents transitioning into Independent Living

○ Adolescent Permanency (Independent Living)

Resource Care Services will provide a home that will assist each youth in the opportunity to develop their own adolescent plan for permanency with special emphasis on independent/transitional living skills, which will be incorporated into the Family Plan. Youth will be the driving forces in the creation their plan with inclusion of suggestions from the youth’s family team. The Ansell Casey Independent Living Skills Assessment, as well as any additional assessments necessary to determine each youth’s areas of strength and need, will be completed with the youth. The structured plan will be established and assist the youth in development and enhancement of skills consistent with identified strengths and needs.

Each plan will include instruction that will be individualized to incorporate each youth’s learning styles and ability level as to have a more profound effect on overall skill development. While working on their independent living plan youth will be assisted with seeking educational opportunities, obtaining required academic records, registering for school, arranging transportation, and researching financial assistance. One on one and group teaching will be utilized in the delivery of the written curriculum of skill development. Corresponding assignments and activities with role-modeling and ‘hands on’ experiences will be utilized. Periodic evaluations will be used to measure progress and outcomes in the areas of identified skill development.

○ Youth Resource Center

The Youth Resource Center (YRC) will be designed to provide a structured and safe environment to children/youth as a short-term, out-of-home, safety facility. The YRC will serve as a resource to supervise children/youth that are considered to be at risk within their home and/or community. The aforementioned could be a result of a lack of supervision, parent availability, and/or school suspension or expulsion. The YRC is equipped to provide services and individualized programming to school age children/youth who are involved with DHHS-CFS and supportive resources for their families.

● **Community Support Services**

○ Respite

Respite services for biological and Foster Family Resource Parents are provided in licensed foster care homes, licensed child caring facilities or approved kinship/special

placement homes. If respite occurs in a kinship/special placement home there must be a biological or special relationship between the youth and the kinship provider.

Respite services promote family stability as they allow for a consistent place for children to go when biological and/or Foster Family Resource Parents need time to meet their own needs. Providing biological parents with an opportunity for “time-out” decreases the likelihood of repeat maltreatment occurring as a result of parental stress and decreases family disruption resulting from unmet needs of the parent. Providing Foster Family Resource Parents with Respite services decreases likelihood of placement disruption by allowing the Foster Family Resource Parents time to regroup and obtain input from their support system prior to reengaging with the children/youth placed in their home.

o Escort/Transportation

Escort services are a supportive resource that are differentiated from standard transportation in that Escort services are utilized to provide transportation for children/youth to and from necessary appointments when the child/youth requires supervision beyond the scope of what is offered through standard transportation. Escort services would be utilized in situations such as when it is necessary for a provider to remain at appointments with a child/youth to ensure the safety and security of the child/youth and the primary caregiver is not available or in situations where secure transport is required to get a youth to or from secure settings and/or related evaluations. This service will be extremely limited in use as it is the expectation that biological parents and/or Foster Family Resource Parents will assume primary responsibility for all transportation needs of child/youth. However, there are occasions when biological parents and Foster Family Resource Parents may need assistance in this area the service may be provided as a support.

o Drug Screening and Testing for Adults

DST-A is designed to assist adults in staying substance free. It is not a service designed to elicit change through teaching, but rather a service designed to screen for usage of substances and increase adult accountability. DST-A is not considered a replacement for treatment in the case of drug and/or alcohol addiction but can serve as a support to enhance an adult’s ability to remain drug free. DST-A services can be provided both within the family home and outside the family home in a designated testing site. Family need and accessibility will be considered in making determinations as to where an individual will be tested. Screening will be completed on a random basis and will be witnessed to ensure validity of testing results.

o Flexible Funding

One of the hallmarks of the system of care is the ability to have flexibility of services and funding streams. Visinet is committed to funding needs of children/youth and families that is directly related to safety, permanency and wellbeing. Visinet is aware that individuals experience challenging times, especially during economic hardships or when children/youth’s situational needs (e.g. educational or extracurricular) surpass a family’s budget. Therefore, Visinet has created the Flexible Funding service that will be provided on an as needed basis and must be deemed necessary by the family team including the CFSS, Family Service Coordinator and the youth/family. These additional supports will be paid through the use of monies specifically set aside for these purposes which will allow for payment of the aforementioned unique needs.

o Link F.I.R.S.T. (Single point of access, SPOA)

Send to Service Area Contract Liaison and Administrator  
Central Office CQI/OPS

Link F.I.R.S.T. is a single toll free phone number that provides immediate access to Families F.I.R.S.T. (Visinet is attempting to obtain the number 1-866-LINK 1ST). This access point will be through a 24-hour/day, 7-day/ week, 365-day/year established toll-free phone number, staffed by qualified personnel that will ensure that all calls requesting routine and/or emergency attention are triaged in a timely and appropriate manner. Link F.I.R.S.T. personnel will be trained to gather pertinent information regarding the children/youth and family in order to appropriately facilitate the needs of the caller.

In addition to serving in an intake capacity for CFS, Link F.I.R.S.T. will serve as a method to direct callers to their Service Coordinator or service provider. Furthermore, inquiries to Link F.I.R.S.T. will be utilized to assist children/youth and families as well as CFS with a linkage to community resources and informal supports.

- **Aftercare Services**

- A.F.T.E.R Link

- Aftercare planning for the family will begin with the initiation of the Family Plan and will continue throughout case closure. Once a family is discharged from the DHHS system active implementation of the aftercare plan will begin and will continue for a minimum of twelve (12) months post discharge. Aftercare will consist of regular and ongoing communication and contact with the families to assess and ensure ongoing success. If during the aftercare period DHHS makes a new referral, the contractor will end the current provision of aftercare and begin a new referral process with the child and family based on the new presenting issue(s).

- Formal Supports & Informal Supports

Each category of services offers components specific to family preservation, family support, and time-limited family reunification and adoption promotion and support services. The goal of service delivery is to assist children/youth and families in remaining intact whenever possible while building a network of supports around the family to empower and enhance their ability to maintain their safety, permanency and well being. When maintaining children/youth within their own homes is not possible the goal of service delivery becomes reunifying children/youth and families in a timely manner or assisting the family in obtaining alternative permanency when necessary.

While Visinet provides a large continuum of services within its own array, child/youth and family needs may indicate necessity for utilization of extended community based resources. Visinet has established collaborative relationships with numerous community providers so as to ensure that the needs and best interests of each child/youth and family can be met in a timely and effective manner. While numerous services within the continuum have been identified some are in various stages of development and will be enhanced and implemented based on information gathered throughout the transition so as to best meet the needs of children/youth and families. Further, Visinet plans to utilize information gathered through the CQI process to determine service utilization and effectiveness.

Information gathered during the initial stages of implementation reflects the following service utilization. This information has been gathered based on family and is thus reflective of family utilization. Utilization of Foster Family Resource Care has been broken down to reflect the numbers of youth placed in various types of foster care, to include licensed/traditional Foster Family Resource Care and relative/special placement Foster Family Resource Care. This is

based on actual numbers of youth placed in Foster Family Resource Care as of December 31, 2009.

- **Crisis Services**
  - Crisis Mobile Response – 1%
  - Residential Safety – 4%
  - Crisis Respite – 1%
  
- **Stabilization Services**
  - Intensive Family Preservation – 2%
  - S.A.F.E. – 25%
  - Connections – 28%
  - Detention Alternative
    - DST-Y – 4%
    - Electronic Monitoring – 5%
    - Intensive Community Supervision (Tracker) – 9%
    - Day Treatment – 1%
  
- **Family Resource Care Services**
  - Foster Family Resource Care – 46%
  - Adolescent Permanency – 3%
  - Group Living – 6%
  - Detention – 9%
  
- **Community Support Services**
  - DST – A – 12%
  - Escort/Transportation – 5%
  - Tutoring – 3%
  - Additional Community Supports (Visiting Nurses, Parenting Class, Empowerment Class, Interpretation, Family Navigator) – 4%
  
- **Therapeutic Services**
  - Individual Therapy – 30%
  - Family Therapy – 10%
  - Intensive Outpatient Therapy – 2%
  - Group Therapy – 2%
  - Psychiatric Services – 4%
  - Psychiatric Evaluations – 5%
  - Substance Abuse Treatment – 3%
  - Community Treatment Aide – 1%
  - Evaluations (Substance Abuse, Parenting, CCAA, Bio-Psychosocial)
    - 5%
  - Treatment Placements (TFC, RTC, TGH) – 10%

Utilization of Foster Family Resource Care has been broken down to reflect the numbers of youth placed in various types of foster care, to include licensed Family Resource Care and Relative/Special Placement Family Resource Care. As of December 31, 2009 Visinet had 288 youth placed in Foster Family Resource Care. The data below indicates that nearly 50% of youth placed in Foster Family Resource Care are placed in Relative/Special Placement Care. It is a primary goal of Visinet to reduce the number of youth placed in “stranger care” or Licensed/Traditional Family Resource Care to less than 40% within the initial contract year.

- Licensed/Traditional Family Resource Care
  - 168 youth or 58% of all youth placed in Foster Family Resource Care
- Relative/Special Placement Family Resource Care
  - 120 youth or 42% of all youth placed in Foster Family Resource Care

Information obtained from service utilization indicates a need to increase the implementation of initial Crisis and Stabilization services to promote children/youth remaining within their family homes. A pilot project has begun in the Eastern Service Area which includes Service Coordinator and CFS Specialist collaboration at the beginning of the Initial Assessment process to implement a more cohesive and comprehensive problem solving approach to assist families in remaining intact and/or implementing services designed to prevent removal or expedite reunification. It is anticipated that by providing initial Crisis and Stabilization services at an increased rate the percentage of youth receiving out of home care services will decrease.

- 6) Disaster Plan Updates shall include at minimum any changes to how you:**
- a. Identify and locate children/youth placed in out-of-home care and all families that are assigned to the Contractor.**
  - b. Identify, locate and continue availability of services for children/youth under State care or supervision that are displaced or adversely affected by a disaster.**
  - c. Respond to new CFS cases in areas adversely affected by a disaster, and provide services in those cases.**
  - d. Remain in communication with DHHS and other essential CFS personnel who are displaced because of a disaster; and**
  - e. Preserve essential program records.**

Due to the Disaster Plan being submitted initially in December 2009, there are no changes to report at this time.

- 7) Chafee Foster Care Independence Update shall include at a minimum any changes to how you:**
- a) Help youth transition to self-sufficiency;**
  - b) Help youth receive the education, training, and services necessary to obtain employment;**
  - c) Help youth prepare for and enter post-secondary training and educational institutions;**
  - d) Provide personal and emotional support to youth aging out of foster care through mentors and the promotion of interactions with dedicated adults**

Due to the initial Chafee Foster Care Independence Plan not yet being submitted, there are no changes to report at this time.

- 8) Training Update**
- a) A description of the additional types of new worker training offered and provided by the Department and the Contractor for Service Coordinators**

In addition to the 120 hour training provided by the state for Managers and Service Coordinators, Visinet provides all new employees a 105 hour pre-service training. Training will consist of learning how to create a family centered, strengths based environment by applying the principles of Wrap Around, Motivational Interviewing, Family Group Decision Making, and components of Homebuilders. Additionally, the training modules will include sections on the Family Centered Practice, Nebraska Safety Intervention System, Cultural Competency, Trauma-Informed Care, Aggression Replacement Training (ART ®), and the Nurturing Parent Curriculum.

In addition to the core curriculum, all Managers and Service Coordinators are trained in using our primary assessment tools, including the North Carolina Family Assessment Scale (reunification version) (NCFAS-R). Trainees are presented information regarding the purpose and importance of these tools; how to administer the assessments; and how to meaningfully include the information in the creation of the family's service plans.

A portion of the pre-service training is focused on documentation to ensure consistency among all workers in completing the assessments with respect to accuracy and details, purpose of each service, and service delivery to special populations. During this comprehensive training, new employees are also required to be trained in NCI, CPR, First Aid, Child Passenger Safety, Emergency Procedures and Blood Borne Pathogens, and Defensive Driving.

If the Managers or Service Coordinators are current employees, then they would complete the 35 hour Families F.I.R.S.T. Training (or 6 hours for some Managers) focusing on the EBP's of Wraparound, Motivational Interviewing, and components of Home Builders. They will also learn the assessments used (including the NCFAS-R), selecting services, and documentation.

**b) The number of contract staff who completed initial training requirements**

Eight Managers and thirty-two Service Coordinators completed the initial training requirements during this quarter in the ESA.

**c) The number of new employee training hours delivered (Count the number of employees and multiply by the duration of the training class)**

During this quarter, 7,851 hours\* of new employee training was delivered in the ESA.

\* Hours were calculated by adding the state's pre-service (73 X 120 hours) + Visinet's Training for new employees or current employees.

**d) A description of the types of on-going training/in-service training made available for service coordinators**

During the third quarter, Visinet's Training Division will complete the additional required trainings that include MEPA, ICWA, and an advanced training on Family Team Meeting. Visinet has already received the materials for the MEPA training and it will be delivered starting the week of 1/4/2010. A request will be made to the state to provide the ICWA training and any additional materials required by the contract. Three Visinet staff will be attending the state's Family Team Meeting TOT on 1/14/2010; as Visinet already includes the Family Team Meeting in the Families F.I.R.S.T. Training, an advanced course will be developed to ensure that all key points that will be evaluated for fidelity are trained to the Managers and Service Coordinators.

A number of additional trainings will be provided to employees that do not fall into the pre-service training. These are trainings identified thus far that will be provided to employees on as needed basis (and as additional training needs are identified, a curriculum will be designed and delivered to address such needs):

- KaleidaCare Training: KaleidaCare (web based utilization management system) training is provided to Managers and Service Coordinators to teach them how to use this system to assist with assessments.

- Court Testimony/Documentation Training: In collaboration with local Juvenile Court Judges, Visinet is providing training to staff on documentation that can be used in court and preparing testimony on cases they have been involved in that they may be called to testify on. Class sizes are limited as the trainings will be held in a juvenile courtroom in the two service areas; the classes will be held monthly.
- Intermediate and Advanced Skill Training: During Families F.I.R.S.T. pre-service training, staff receives extensive training in the primary skills necessary to begin serving children and families. On-going training will be scheduled each quarter offering intermediate and advanced skill training. Some of the skills that will be trained include: determining ABC's of an event; event sequencing; chaining; behavior analysis and techniques; using charts; shaping & successive approximations; emotional regulation skills (DBT/RET); and self-soothing techniques.

**e) Number of on-going/in-service training hours delivered to staff (Count the number of employees and multiply by the duration of the training class)**

None this quarter as they all received the initial 105 hours of pre-service training during this timeframe.

**f) Cost of training provided by the Contractor to Service Coordinators**

The total cost of training for Manager and Service Coordinators in the ESA during this quarter was \$142,248.00

\*\* Costs were calculated by multiplying wages X the number of hours an employee was in training. 20% was added to account for benefits and taxes. Additional costs of materials, mileage, trainer's wages, etc. were not included.

Training Report					
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Total
Number of New Employee Training hours Delivered		7851			7851
Number of On-going /In-Service Training hours Delivered		0			0
Cost of Training Provided by Contractor		\$142,248.00			\$142,248.00

The following section must be completed for all current programs (EBP/PP and Non-EBP/PP) and any new/added programs. Please copy and pasted each section requirements as needed.

**1) Program (EBP/PP): Nurturing Parenting**

**a) Fidelity/Implementation**

- **Data Quantity - What percentage is receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)**

- i) This EBP/PP was trained and is in the process of being implemented; as such there is no data to report.

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

i) This EBP/PP was trained and is in the process of being implemented; as such there is no data to report.

**b) Strengths**

i) Training of trainers occurred, training of service coordinators, managers, and family partners have also occurred; materials are being provided and are being used with families as needed.

**c) Weaknesses**

i) Assessments have not been incorporated into the implementation as of 12/31/09.

**d) Points for Improvement & Plan of Action**

i) Assessments will be introduced within the next 3-months.

**2) Program (EBP/PP): Homebuilders**

**a) Fidelity/Implementation**

- **Data Quantity - What percentage is receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)**

i) All new families referred to Families F.I.R.S.T. are assessed with the NCFAS within 30-days of their referral.

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

i) All NCFAS data is reviewed monthly by service coordinators to inform the Family Team meeting process;  
(1) Data is entered into a database and will be analyzed on an annual basis.

**b) Strengths**

i) The NCFAS data can be easily captured, reviewed, and analyzed.

**c) Weaknesses**

i) There are other components of homebuilders we could possibly look at for fidelity.

**d) Points for Improvement & Plan of Action**

- i) Eventually we would like to be able to look at other aspects of Homebuilders to assess and ensure our fidelity with the model. This is something we hope to be able to do during year two (2) of the contract.

### 3) Program (EBP/PP): Wraparound

#### a) Fidelity/Implementation

- **Data Quantity - What percentage is receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)**
  - i) The only known fidelity measure for Wraparound is the Wraparound Fidelity Index (WFI). This measure will not be conducted during the transition phase of the initiative as the data it produces will reflect the transition “bumps” that are occurring during this phase of implementing the model.
- **Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?**
  - i) n/a

#### b) Strengths

- i) n/a

#### c) Weaknesses

- i) n/a

#### d) Points for Improvement & Plan of Action

- i) Once transition of cases has been completed and we are able to implement our model as intended we will begin using the WFI to assess our adherence to the wraparound approach. We hope to be able to start this process during the Spring of 2010.

### 4) Program (EBP/PP): Trauma Focused Cognitive Behavior Therapy

#### a) Fidelity/Implementation

- **Data Quantity - What percentage is receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)**
  - i) There are no identified fidelity measures for this approach. Our understanding is that if an EBP/PP does not have an identified fidelity measure we do not have to create one.
- **Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?**
  - i) n/a

**b) Strengths**

i) n/a

**c) Weaknesses**

i) n/a

**d) Points for Improvement & Plan of Action**

i) n/a

**5) Program (EBP/PP): ART**

**a) Fidelity/Implementation**

- **Data Quantity - What percentage is receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)**

i) There are no identified fidelity measures for this approach. Our understanding is that if an EBP/PP does not have an identified fidelity measure we do not have to create one.

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

i) n/a

**b) Strengths**

i) A core set of staff have been trained in this approach.

**c) Weaknesses**

i) There is no measurable fidelity measures associated with ART which makes assessment of fidelity a challenge.

**d) Points for Improvement & Plan of Action**

i) In order to determine whether ART is being used as trained we will need to develop a set of tools to help identify the parameters of this approach. As we have a number of EBP/PP's where there are no fidelity measures per se, we will need to develop a plan for creating these tools given our resources. Plans for developing this approach will occur in phases. Phase I will include identifying the population this EBP/PP is best utilized with and then identifying a few outcome measures that are associated with the successful implementation of the approach.

**6) Program (EBP/PP): Motivational Interviewing**

**a) Fidelity/Implementation**

- **Data Quantity - What percentage is receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)**
  - i) There are no instruments associated with this EBP/PP.
  - ii) We have created a scale which we use internally with all families; this scale documents a family's readiness for change and provides information regarding where the family is with respect to the change cycle.
  
- **Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?**
  - i) Staff reviews their use of this in staffing with the Clinical Director as well as in supervision with their manager; the Clinical Director provides feedback for staff which they are then able to take and apply at their subsequent visits with the family.

**b) Strengths**

- (1) All staff is trained in the overall philosophy of Motivational Interviewing including the Eight Stages of Motivational Interviewing, Five Stages of Change, Eliciting Change Talk, OARS and DRES as well as active listening and asking questions. The Change Ruler skills are also taught. These skills, which have been taught in training, are provided to all staff in a workbook which is taken into the home with them to use the skills. This workbook is one of the essential tools used in the field.

**c) Weaknesses**

- (1) The measure we used is one that was developed by us and is not a standardized tool.

**d) Points for Improvement & Plan of Action**

- (1) Over time we will be able to identify a family's readiness for change score and associate it with the family's outcomes. We will also be able to empirically identify benchmarks associated with the change score. This process will take 24-36 months as we analyze the data and use it within our model.

**7) Program (EBP/PP): Family Group Decision Making**

**a) Fidelity/Implementation**

- **Data Quantity - What percentage is receiving instruments at the programs defined timeline? (For example, for Homebuilders, what percentage of clients have data on NCFAS or NCFAS-R, do they receive the required measure at intake, at the start of the program, at discharge, or six weeks in?)**
  - i) There are no fidelity measures for this program. We have created a number of tools that are used to show fidelity to the training provided which includes:
    - (a) The Family agenda which is updated monthly
    - (b) Pre-family team meeting documentation which includes
      - (i) The inclusion of family members

- **Data Quality - What are some of the processes you have in place to ensure the data you receive is reliable?**
  - i) Data is entered into a database where it is Quality Checked (QC) for timeliness of entries.

**b) Strengths**

- i) These documents that were created form the basis for staffings with the Clinical Director as well as supervision with managers.

**c) Weaknesses**

- i) These are documents that were created by us to meet our needs and are not standardized instruments.

**d) Points for Improvement & Plan of Action**

- i) Over time we will be able to identify other measures which can be created to help us determine fidelity to this program.

**8) Program (Non-EBP/PP): PRIDE**

**a) Fidelity/Implementation**

- **Program Quality - What are some of the processes you have in place to ensure the program is being implemented reliably? (If Data is collected for the Non-EBP, what percentage are receiving instrument at the programs defined timeline?)**
  - We have a core set of trainers who train foster parents in this model; as part of our process these trainings are updated based on needs of the program.

**b) Strengths**

- i) We have been using this program for several years and have a good training curriculum developed. We follow the CWLA curriculum and the foster parents complete their homework.

**c) Weaknesses**

- i) We do not have fidelity measures incorporated into our training.

**d) Points for Improvement & Plan of Action**

- i) In the future we will create measures for identifying how well potential foster parents are learning the training provided.