

The VISINET Advisor

Staff Directory

A Visinet, Inc. Publication

May 2008

Chief Executive Officer

John Powers

Chief Financial Officer

Michael Wehling

Chief Operating Officer

John Hoffman, MSW

Director of Operations

Robin Chadwell, LCSW

Clinical Director

Michael R. Neise, Ph.D.

Consulting Psychiatrists

Michael Coy, MD Arun Sharma, MD

Director of Finance and Administration/Continuous Quality Improvement (CQI)

Dani Kessler, MS

State Services Coordinators

Radiance Klein, Omaha Mindy Wall, Lincoln
Jennifer Warren, Grand Island

State Services Supervisors (Omaha)

Kayla Zegers
Lisa Fisk (Drug/Alcohol Screening)

State Services Supervisors (Lincoln)

Leigh Loskill Michelle Hartman
Karla Grove (Drug/Alcohol Screening)

Escort Coordinator

Emily Wesseln, Lincoln

Escort Supervisors

Heidi Ezell, Omaha Brent Fuhr, Lincoln
Jamie Lnenicka, Omaha

IFP & Assessment Coordinators (CCAA)

Shane Berry, Omaha Cinda Konken, Lincoln

Therapy/CTA Coordinators

Monica Zinke, Omaha Sara Crandall, Lincoln

CTA Supervisor

Mindy Hinton, Omaha

Outpatient Services Coordinators

Robin Chadwell (Interim), Grand Island
Jennifer Warren (Interim), Grand Island

Treatment/Agency Supported Foster Care Coordinators

Sharon Heckathorn, Omaha Kadi Holmberg, Lincoln
Wynonne Harper, Omaha

TFC Supervisors

Karla Ahl, Omaha Laura Fischer, Omaha
Candra Glinsmann, Lincoln,

ABFC Supervisors

Jamie Rankin, Omaha Misti Crow, Omaha
Duncan Evans, Omaha Andrea Jacobs, Omaha
Ryan Vonderohe, Omaha Shawn Riddle, Omaha
Rachel Lukehart, Omaha Angie Allphin, Omaha
Stacy Wilkinson, Lincoln Megan Fergie, Lincoln
Jaimie Schriber, Lincoln

Recruiter, Licensing, Training Coordinator

Paula Gepson

Behavioral Learning Center (Lincoln-Based Program)

Jennifer Crank (Coordinator) Angela Wilkason (Supervisor)

CCAA Evaluators

Kevin Berryman, Omaha
Rebecca Dacus, Lincoln

Human Resources Coordinator

Jill Wehling

Billing Coordinator

Natalie Applegate

Executive Assistant

Sara Collins

From the Chief Officers

Contributed by John Powers CEO, Mike Wehling CFO, John Hoffman COO

Many of you have been inquiring about the Safety and In-Home Services Response for Bid (RFB) from the Department of Health and Human Services—Children and Family Services (DHHS-CFS) that was released on March 17, 2008. Therefore, we will take some time to educate you briefly on the research we have been performing as we have submitted a bid to the Department in the Eastern Omaha, Southeastern Lincoln, and Central Grand Island service areas by April 28, 2008. Many hours have been put into identifying evidence based/promising practice models on which to base our programs (as this is a major emphasis of the RFB in order to provide the Department with performance based outcomes with the services that we intend to provide). Additional time has been spent identifying and speaking to potential collaborative partners who have similar standards and quality expectations of their programs and staff.

As Visinet, Inc. finalized the Safety and In-Home Services Bid submission, all staff should begin familiarizing themselves with some basic terminology, including Family Engagement, Service Array, Trauma-Informed Principles of Care, Protective Capacity and Safety Services. While Family Centered Practice has always been at the forefront of Visinet, Inc.'s philosophy and mission; we are ready to move to the next level of Family Centered Practice implementation and will be enhancing training methodology to ensure that all employees have a **full** understanding of this approach. Remember, Family Centered Practice is a family, community oriented, strengths-based, highly individualized planning process aimed at helping people meet their unmet needs both within and outside of formal human services systems, while clients/families remain in their neighborhoods and homes (least restrictive environments) whenever possible.

While providing quality services, Visinet, Inc. staff should always strive to assist families to stabilize within their own natural environments and to secure informal resources for continued support. Emphasis must be placed on allowing families to identify their own goals. This will help them to invest in services and move more readily toward family stability. While Visinet, Inc. joins DHHS—CFS in conceptual shifts we will be moving from emphasizing problems to emphasizing strengths in families, from the role of the expert, to the role of an ally, from working in an office or professional environment, to working within the family home, and from teaching clients, to learning with them. We need to establish partnerships with our families and assist them in achieving goals that are identified by them. Together we can make a difference.

JOB OPENINGS

ADMINISTRATIVE POSITIONS

Outpatient Services Coordinator (Grand Island)
BLC Specialist (Lincoln)
IFP Therapist (Omaha, Lincoln)
IFP Skill Builder (Lincoln)

DIRECT CARE POSITIONS (All Locations)

Foster Parents, Therapists, Supervised Visitation Specialists
Community Treatment Aides, Family Support Workers
Mental Health Transportation/Escort Specialists
Parent Partners, Psychological Assistants

Visinet, Inc. is an Equal Opportunity Employer



VISINET, INC.

Eastern Service Area

Corporate Headquarters

11836 Arbor Street

Omaha, NE 68144

Phone: 402.898.8881

Fax: 402.898.8886

www.visinetinc.com

STATE SERVICES SOUND OFF

Contributed by **Radiance Klein, Mindy Wall, Emily Wesseln and Jennifer Warren**

Summer months are fast approaching. Keep in mind that client visitation schedules may be changing. Once school is out, many visits that generally occur in the evening will now be able to happen during the daytime. Please remember to be flexible with both parents and foster parents during this transition. Notify your supervisor immediately upon any permanent changes in your schedules.

If you plan to take vacation during the summer please communicate that with your supervisor to ensure that your families do not miss out on any anticipated visitations. Please remember appropriate work attire. Visinet wants you to be comfortably dressed during escorts and visits, but please make sure you are always dressed professionally and appropriately. A reminder to all staff that hats are prohibited during work hours. Also remember to wear appropriate tank tops, shorts, and skirts. Also we ask that you do not wear flip flops during your work day. The Visinet dress code is explained in the Employee Manual.

Maintaining confidentiality continues to be a concern with Visinet, Inc. staff. You may NEVER discuss a client with anyone other than Visinet office staff, the case manager or the Guardian ad Litem. This restriction prevents you from discussing any case information with other family members and relatives involved in the same case. Even if you are providing visits separately for each parent you are not allowed to acknowledge anything regarding the other parent.

Make sure you are getting an alternate phone number for foster parents. If the foster parents do not have a way to get a hold of them, ask if there is anyone else you can leave the children with in case of a no-show or early termination of the session. It should not be common practice for the FSW to keep the children due to unavailability of the foster parents even when the visit ends early.

Visinet, Inc. offers a complete full-time benefits package including medical, dental and life insurances, 401(k) plan with company match, paid time off and more. Contact your coordinator for more information, see if you qualify, and find out the requirements.

All Visinet, Inc. employees are required to attend a 30-minute weekly meeting with their supervisor. Employees in a dual role will attend weekly meetings with each supervisor. If you cannot attend your scheduled weekly meeting, you must call your supervisor in advance to reschedule. These weekly meetings should discuss case issues/concerns, appropriate interventions, Visinet, Inc. mission, goals, and philosophy and on-going training on PSMs/EM and Family/Person Centered Practice. Additionally, CFSR and DHHS trends should also be discussed to keep staff abreast of community state changes.

Visinet, Inc. employees are responsible for the information contained herein.

TREATMENT/AGENCY SUPPORTED FOSTER CARE FACTS

Contributed by **Sharon Heckathorn and Kadi Holmberg**

With summertime fast approaching we are looking ahead for what the foster children will be doing. It is not too early to start preparing for when school is out for the summer. Please empower foster parents to make arrangements where their foster child will be. There are a lot of options available, but they must sign the youth up early. The youth may be attending daycare, summer school, camps or other recreational activities. Please encourage foster parents to plan ahead. Summer will be here before we know it.

Please remind foster parents they are required to complete 24 in-service hours per year (48 hours for two years). Foster parents need to fill out the in-service forms as they complete their hours. We will be tracking all in-service hours as they are completed. Please have your foster parents call the appropriate Visinet office to find the dates and times of upcoming in-services.

The Foster Care Program in Omaha, Lincoln, and Grand Island/Hastings are continuing to recruit and train quality foster parents. If you know anyone who is interested in providing foster care, please have them contact Pat (898-4910) or Katie (898-4967) in Omaha; Nanette at 464-8866 X 1022 in Lincoln; or Sandi Rodeman in Grand Island/Hastings at 308-398-4662.

IFP POINTS TO PONDER

Contributed by **Cinda Konken and Shane Berry**

The IFP program would like to welcome Alisa Edgerton, IFP Therapist, to the Lincoln office. Alisa recently moved to Lincoln from Kearney. We are excited to have her as part of our IFP team.

Visinet, Inc. is dedicated to providing quality services to children and families. In order to continuously improve the quality of services provided to our clients it is important to gain client input. Please remember at the time of discharge to make sure to have families complete a Customer Satisfaction Survey and the referral source complete a Referral Source Satisfaction Survey. This can be filled out at the discharge meeting and turned in to the IFP Coordinator. Please be diligent and follow up on the completion of surveys so that any program positives can be identified and concerns can be addressed in a timely manner. Feedback is a very important part of the program enhancement and development.

Please remember to do collateral contacts for all phone calls. This includes both IFP Therapist and Skill Builders. All IFP Therapists should have a collateral entry each week to the HHS Case Manager giving them an update on how the case is going. Also, Therapists and Skill Builders should be documenting all phone contacts with clients and any other collaborating team members. Please make sure to date each entry and detail the information that was gathered by phone. At the end of each entry please make sure to sign your name with your credentials.

Thank you for all of your hard work. We have been receiving in many referrals, and this is a direct reflection of the job you are doing with your families. We appreciate your dedication to provide families with the best quality of services.

OUTPATIENT SERVICES

Articles contributed by Monica Zinke, Sara Crandall, Robin Chadwell (Interim) and Jenny Crank

CTA CONNECTION

As part of ongoing efforts to provide resources and interventions, the CTA supervision staff would like to review information on anxiety. Anxiety is defined as follows: Anxiety is a condition of mental uneasiness arising from fear, deep concern or apprehension. Anxiety is a feeling of great disquiet, referring to future uncertainty.

There are different levels of anxiety that one may experience, from mild to extreme. Experiencing a mild form of anxiety is not uncommon, as people are called upon to problem-solve the various challenges and obstacles faced. Overwhelming levels of anxiety could be caused by a trauma or sudden catastrophic event, a severe illness, victimization of some sort or a related mental health condition. There is a chronic level of anxiety that is medically/physiologically-based, psychiatrically diagnosable, and is often amenable to treatment. Medical/psychiatric treatment may be necessary for relief from chronic or severe anxiety. Anxiety is frequently treated with cognitive/behavioral therapy and medication. Some of the CTA family members may suffer from the more intense or frequent level of anxiety and this may be evident in their behaviors. Clients and families may seem overly worried, cautious, irritable or fidgety. Some behaviors or symptoms may seem very similar to ADD or ADHD. Depending on the severity, the families may need crisis intervention, or constant assistance to help identify the behaviors and replace them.

CTAs should talk to the therapist (and the program supervision staff) before adding any goals or interventions regarding anxiety, and staff with the therapist which behaviors to address. Please also be sure to include the intervention on your notes and communicate your efforts to the client's therapist. Please talk to the CTA Supervisor or Coordinator if you have any questions. More information about this topic is available from the CTA Supervisor/Coordinator and the handout from which the information was based is available from them. Please give any new ideas for interventions or training to the Program Coordinator at your site.

IN-SERVICE TRAINING OPPORTUNITIES

Omaha

May 1 First Aid 5-7
May 5 MANDT 9-5
May 6 and 8 MANDT 5-9
May 7 Safety Training 1-3
May 12, 14, 19, 21, and 28 Pride Training 6-8

Lincoln

May 3 CPR/First 9-3
May 13 & 14 Verbal MANDT 9-1 (must attend both days)
May 16 CPR/First 9-3
May 21 Physical MANDT 9-1

Grand Island

May 20 Verbal MANDT 9:30-3:30
May 23 Physical MANDT 9:30-1:30
May 28 CPR/First Aid 9:30-3

IN-HOME THERAPY NEWS

A key issue when it comes to sexual assault/abuse is addressing feelings of guilt or shame. Therapists may need to help the client change the perception of themselves from a cause of the abuse to a survivor who suffered traumatic events. Therapists may help them see that the abuse does not define them as a person; it is one piece of their identity and not their entire identity. A barrier is often families not wanting to admit or come to terms with the fact that the abuse happened. Another barrier could be that the survivor does not realize the actions that occurred were abuse, as it may have been normal to them. Stories he or she tells of abuse may seem disjointed or noncongruent. This at times is perceived as manipulation or casts doubt about the abuse but it could be that the trauma has affected the client's memory. Disclosing sexual assault can be an extremely difficult experience. There is a high level of fear regarding the potential reaction of those with whom s/he speaks, including friends and family. Many times people respond to the self-disclosure with comments that unintentionally blame the victim, causing her to feel as though she caused the assault and/or deserved it. Therapists need to be cognizant of this, both to not do so and to help address any feelings the client has about this or any revictimization due to these reactions.

Survivors often have many fears, including: fear of friends and family finding out, fear of the assault being reported in the newspaper or other forms of media, fear of being blamed for the assault, fear of retaliation by the perpetrator, and fear or a belief that nothing can be done. Advocates in this field generally do not encourage family therapy with the offending relative, especially not early in treatment. However, work with the non-offending parent is important. Support for this parent/relative is important to break any cycle, to prevent revictimization and to address trust and relationship issues.

Further information on this topic is available from agencies that specifically address sexual assault, such as the Omaha YWCA, the Nebraska Domestic Violence and Sexual Assault Coalition and RAINN (Rape Abuse Incest National Network). Actual implementation of interventions should be based on clinical appropriateness and staffed with your Coordinator and Dr. Neise.

BEHAVIORAL LEARNING CENTER

There is a lot of excitement around the BLC with the arrival of spring. We are working with the children on learning rules for outside play and interacting appropriately during outside activities. If a child misbehaves before going outside or while outside, they may be asked to sit on the bench to think about good choices.

The theme for April was: bugs, recycling, and the earth. The children really enjoyed pretending to find bugs in the dirt and looking through magnifying glasses. For the month of April, each day during lesson time, we worked with the children on writing their names and practicing letters. As we discuss daily during calendar time, the children learn that April has unpredictable weather and is often cold and rainy.

We are always focusing on positive behavior and rewarding for positive behavior. In the month of May our weekly rewards will be focusing around "spring time". Some of the weekly rewards may include: extra outside time, bubbles, sidewalk chalk, and bug catchers.



VISINET, INC.

PHILOSOPHY

Visinet, Inc. believes that working with the entire family within their natural environment is essential. Service design must be individually tailored to suit each family in order to implement the most effective methods, thereby reducing significant barriers. Visinet stresses the need for culturally competent professionals that have the ability to assess clients within the family's own cultural and social context. We believe that everyone receiving services will develop best within the framework of respect, accountability, and open communication.

MISSION

Visinet's mission is to provide families and individuals with a stable, nurturing and secure environment for the promotion of healthier family functioning. We encourage people to be self-sufficient; utilizing community resources when necessary. Every effort should be made to prevent extended out of home placement and maintain the least restrictive environment possible.

GOAL

Visinet's goal is to provide families and individuals the skills necessary to improve their quality of life.

SERVICE ANNIVERSARIES

Omaha Office:

7 Years:	Melissa Ibanez Danielle Kessler
5 Years:	Kate Ott
3 Years:	Tabitha Ross
1 Year :	Blair Spenceri Benjamin Sieff Sarah Weeks

Lincoln Office:

5 Years:	Carolyn Keim
4 Years:	Allison Arellano Jacqueline Winbolt
1 Year:	Shelley Ashmore Jill Sears

Grand Island Office:

1 Year:	Stephanie Godziemski
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SUGGESTIONS

No Suggestions this month

RISK MANAGEMENT

The Risk Management Committee helps assess and develop procedures for various security and risk features. Areas addressed by the committee include staff safety, client safety, security of information and building safety/security. Sometimes employees have questions about policies, as they may seem overly strict or unrelated. All procedures and policies relate to either COA compliance, contract stipulations or general practices to ensure the safety and security of staff and clients. Items such as having driver's licenses and insurance on file, secured areas for records and the required trainings are all efforts to maintain compliance with accreditation and funding sources and to ensure the safety and security of staff and clients. Please comply with requests, and also please feel free to give suggestions or ideas to any committee members. The Committee Chairs at each site are: Rita Watson (Omaha), Jenny Crank (Lincoln) and Jennifer Warren (Grand Island). Monica Zinke also serves as a chair to assist all sites with overall RM tasks. Dani Kessler serves as the COA Director.

HUMAN RESOURCES, RETENTION AND RECRUITMENT (HRRR)

Just a reminder, please do not throw away cups or cans which still contain liquid in them. This can create quite a mess for the cleaning crew, so please dispose of liquids in the breakroom sinks before throwing the cups or cans in the trash receptacles. We do have can recycling bins in each of the buildings.

Please turn in all personnel file information to the HR department as opposed to your direct supervisor. For example if an employee needs to turn in car insurance, please give directly to the HR department so that it may be tracked and filed appropriately. All employees are reminded approximately one month prior of all personnel file items that are set to expire. Please be prompt about getting any overdue or closely overdue items taken care of. Please also allow enough time when picking up your paycheck to fill out any forms that are due.

Angie Byrne will now be in charge of pagers and cell phones in the Omaha area, as well as Jenny Schmutte in the Lincoln office.

- Treatment Foster Care
- Agency Supported Foster Care
- Intensive Family Preservation
- Individual and Family Therapy
- Outpatient Psychological Services
- Outpatient Psychiatric Services
- Comprehensive Assessments
- Behavioral Learning Center
- Community Treatment Aide
- Crisis Response Team
- Family Support
- Supervised Visitation
- Escort/Transportation
- Drug/Alcohol Screening
- Parent Partnering
- Substance Abuse Assessment/Treatment

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