



Saint Francis
MINISTRIES

**Form A &
Request for Proposal for Contractual Services**

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

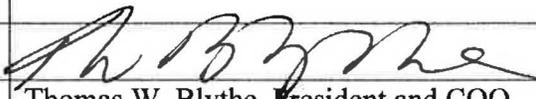
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

X NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Saint Francis Ministries, Inc.
COMPLETE ADDRESS:	Corporate Office 509 E. Elm Street Salina, Kansas 67401-2353
TELEPHONE NUMBER:	800.423.1342 Ext. 1115
FAX NUMBER:	785.825.2502
DATE:	
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Thomas W. Blythe, President and COO

Form A
Bidder Contact Sheet
Request for Proposal Number 5995 Z1

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	Saint Francis Community & Residential Services, Inc.
Bidder Address:	Corporate Office 509 E. Elm Street Salina, Kansas 67401-2353
Contact Person & Title:	Thomas W. Blythe; President and COO
E-mail Address:	Tom.Blythe@St-Francis.org
Telephone Number (Office):	800.423.1342 Ext. 1115
Telephone Number (Cellular):	785.488.6254
Fax Number:	785.825.2502

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Saint Francis Community & Residential Services, Inc.
Bidder Address:	Corporate Office 509 E. Elm Street Salina, Kansas 67401-2353
Contact Person & Title:	Diane Carver; Vice President for Children and Families Services
E-mail Address:	Diane.Carver@st-francis.org
Telephone Number (Office):	800.423.1342 Ext. 3026
Telephone Number (Cellular):	316-249-3839
Fax Number:	785.825.2502



Sections
2, 3, 4
initialed

**State of Nebraska State Purchasing Bureau
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES**

RETURN TO:
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508
Phone: (402) 471-6500

SOLICITATION NUMBER	RELEASE DATE
RFP 5995 Z1	January 9, 2019
OPENING DATE AND TIME	PROCUREMENT CONTACT
April 4, 2019 2:00 P.M. Central Time	Annette Walton / Nancy Storant

PLEASE READ CAREFULLY!
SCOPE OF SERVICE

The State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB), is issuing this Request for Proposal (RFP) Number 5995 Z1 for the purpose of selecting a qualified bidder to provide Full Service Case Management for Child Welfare Services. A more detailed description can be found in Section V. The resulting subaward may not be an exclusive subaward as the State reserves the right to subaward for the same or similar services from other sources now or in the future. Under federal law, the resulting contract awarded will also be a "subaward," and the Contractor will also be a "subrecipient," as defined by 45 CFR § 75.2.

The term of the subaward will be five (5) years commencing upon execution of the subaward by the State and the bidder (Parties). The subaward includes the option to renew for two (2) additional one (1) year periods upon mutual agreement of the Parties. The State reserves the right to extend the period of this subaward beyond the termination date when mutually agreeable to the Parties.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT:
<http://das.nebraska.gov/materiel/purchasing.html>.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the RFP, and the successful bidder's proposal or response will be posted to a public website managed by DAS, which can be found at <http://statecontracts.nebraska.gov>.

In addition and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all proposals or responses received regarding this RFP will be posted to the State Purchasing Bureau public website.

These postings will include the entire proposal or response. Bidders must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate container or envelope marked conspicuously in black ink with the words "PROPRIETARY INFORMATION". The bidder must submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992) **THE BIDDER MAY NOT ASSERT THAT THE ENTIRE PROPOSAL IS PROPRIETARY. COST PROPOSALS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA.** The State will then determine, in its discretion, if the interests served by nondisclosure outweighs any public purpose served by disclosure. (See Neb. Rev. Stat. § 84-712.05(3)) The bidder will be notified of the agency's decision. Absent a State determination that information is proprietary, the State will consider all information a public record subject to release regardless of any assertion that the information is proprietary.

If the agency determines it is required to release proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, proposal, or response to this RFP for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a proposal or response to this RFP, specifically waives any copyright or other protection the contract, proposal, or response to the RFP may have; and, acknowledges that they have the ability and authority to enter into such waiver. This reservation and waiver is a prerequisite for submitting a proposal or response to this RFP, and award of a contract. Failure to agree to the reservation and waiver will result in the proposal or response to the RFP being found non-responsive and rejected.

Any entity awarded a contract or submitting a proposal or response to the RFP agrees not to sue, file a claim, or make a demand of any kind, and will indemnify and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials from and against any and all claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and

attorney fees and expenses, sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of the contract or the proposals and responses to the RFP, awards, and other documents.

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INTRODUCTION

The Department of Health and Human Services (DHHS), Division of Children and Family Services (CFS) is dedicated to providing child welfare services in the least intrusive and least restrictive manner possible. Services offered are based on family voice and choice and designed to give families and children the opportunity to safely preserve their family whenever possible, engage with both formal and informal community resources, strengthen parents' protective capacity in order to keep children safe from harm, meet the needs of children and families as identified through the assessment process, be culturally humble, and include parents, siblings, and extended family.

The CFS continuum of services includes prevention activities and coordination, child protective services that focus on the safety, health and wellbeing of the child, parental and sibling engagement, family voice and choice in service provision, respite, resource families and independent living, adoption, domestic violence, safety, mental health, substance abuse and treatment services, as well as educational initiatives. These services are provided by CFS personnel or through contracted vendors.

CFS seeks a single external entity to provide full service case management, including the development and purchase of the full array of services to meet the needs of children and families in the Eastern Service Area of Nebraska. This service area is composed of the two counties, Douglas and Sarpy, with a combined population of 675,950 people. Douglas County is the most populous and urban county in the State of Nebraska. The Eastern Service Area has 40 percent of child welfare cases in the State of Nebraska, including a variety of families from different socio-economic and cultural backgrounds.

The Subrecipient selected to provide services to the Eastern Service Area will receive assignments based on the following process:

- Calls of reported child abuse and neglect come into the statewide reporting hotline and are screened by hotline staff. Some calls may not be accepted based on statutory requirements. Some families may be referred to the Alternate Response program. Alternative Response is a program that helps families with less severe reports of child abuse and/or neglect, connect with the supports and services they need in order to enhance the parent's ability to keep their children safe and healthy. The Alternative Response program is not a part of this RFP.
- If the report is opened for investigation, information is gathered to complete a safety assessment (within 24 hours of contact) and a risk assessment (within 30 days). The decision points of the safety and risk assessments determine if further CFS involvement is needed. If there is not a safety issue but the family has other unmet needs, CFS will refer the case to available community programs.
- If a case is opened for ongoing CFS involvement, either through court or non-court services, a referral will be made to the Subrecipient for the provision of ongoing services and case management.
- This referral will be made through a written formal document as well as a meeting to discuss the case to ensure a streamlined information exchange.
- The CFS investigative worker and the subrecipient's newly assigned case management worker will meet with the family together either at the home or at the first court hearing, to transfer case management responsibilities.

Summary of Key Roles and Responsibilities in Eastern Service Region under the subaward:

Role of CFS	Subrecipient	Courts
Abuse Hotline	Family Preservation	Assign Custody
Investigations	On-going case management	Hold review hearings
Legal Services	Service coordination	Case/custody closure
N-Focus SAQWIS System	Recruit Resource Families	
License Residential Providers	Foster Care	
	Adoptions	

Through this subaward, a Subrecipient must deliver high quality case management and child protection services, including provision of Well-Supported, Supported, and Promising Practice evidence-based models that strengthen families and build protective factors in families, in compliance with the federal Families First Preservation Services Act (FFPSA), part of the Bipartisan Budget Act of 2018 (H.R. 1892). When family preservation is not possible, the Subrecipient will ensure the recruitment and retention of culturally humble resource families to care for the child(ren), ensure the delivery of trauma-informed services, and engage and support the biological parents in the reunification process. If permanency is not attained for the child in a timely manner, then the Subrecipient will provide an array of culturally humble adoptive parents willing to provide a forever family to the child who support the engagement of the child in cultural activities and maintain sibling connections whenever possible.

GLOSSARY OF TERMS

Acceptance Test Procedure: Benchmarks and other performance criteria, developed by the State of Nebraska or other sources of testing standards, for measuring the effectiveness of products or services and the means used for testing such performance.

Addendum: Something to be added or deleted to an existing document; a supplement.

After Receipt of Order (ARO): After Receipt of Order.

Agency: Any state agency, board, or commission other than the University of Nebraska, the Nebraska State colleges, the courts, the Legislature, or any other office or agency established by the Constitution of Nebraska.

Agent/Representative: A person authorized to act on behalf of another.

Agreement: A contract or subaward, as defined herein, or both, as context provides.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Appropriation: Legislative authorization to expend public funds for a specific purpose. Money set apart for a specific use.

Award: All purchases, leases, subawards, or contracts which are based on competitive proposals will be awarded according to the provisions in the RFP. The State reserves the right to reject any or all proposals, wholly or in part, or to award to multiple bidders in whole or in part. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State.

Best and Final Offer (BAFO): In a competitive bid, the final offer submitted which contains the bidder's (vendor's) most favorable terms for price.

Bid/Proposal: The offer submitted by a vendor in a response to a written solicitation.

Bid Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the vendor will not withdraw the bid.

Bidder: A vendor who submits an offer bid in response to a written solicitation.

Business: Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

Business Day: Any weekday, except State-recognized holidays.

Calendar Day: Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays.

Cancellation: To call off or revoke a purchase order without expectation of conducting or performing it at a later time.

Central Processing Unit (CPU): Any computer or computer system that is used by the State to store, process, or retrieve data or perform other functions using Operating Systems and applications software.

Change Order: Document that provides amendments to an executed purchase order or subaward.

Collusion: An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose.

Commodities: Any equipment, material, supply or goods; anything movable or tangible that is provided or sold.

Commodities Description: Detailed descriptions of the items to be purchased; may include information necessary to obtain the desired quality, type, color, size, shape, or special characteristics necessary to perform the work intended to produce the desired results.

Competition: The effort or action of two or more commercial interests to obtain the same business from third parties.

Confidential Information: Unless otherwise defined below, "Confidential Information" shall also mean proprietary trade

secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Nebraska Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

Continuous Quality Improvement Culture: Behaviors and beliefs of Subrecipient personnel that constantly and consistently promote quality improvement in work and service delivered to clients.

Contract: An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement. See Subaward.

Contract Administration: The management of the contract / subaward which includes and is not limited to; contract / subaward signing, contract / subaward amendments and any necessary legal actions.

Contract Award: Occurs upon execution of the State document titled "Service Contract Award" by the proper authority.

Contract Management: The management of day to day activities at the agency which includes and is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Subrecipient. Contract management also encompasses contract monitoring which includes, but is not limited to, both on and offsite document and practice review focused on outcomes and objectives specified in the contract document.

Contract / Subaward Period: The duration of the contract / subaward.

Contractor: Any individual or entity having a contract to furnish commodities or services. See also Subrecipient.

Cooperative Purchasing: The combining of requirements of two or more political entities to obtain advantages of volume purchases, reduction in administrative expenses or other public benefits.

Copyright: A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work.

Critical Program Error: Any Program Error, whether or not known to the State, which prohibits or significantly impairs use of the Licensed Software as set forth in the documentation and intended in the subaward.

Customer Service: The process of ensuring customer satisfaction by providing assistance and advice on those products or services provided by the Subrecipient.

Default: The omission or failure to perform a contractual duty.

Deviation: Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or subaward.

Discharge: The formal act of ending a service or case.

Eastern Service Area: The geographic area of Douglas and Sarpy counties in Nebraska, designated for case management services.

Evaluation: The process of examining an offer after opening to determine the vendor's responsibility, responsiveness to requirements, and to ascertain other characteristics of the offer that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by the requesting agency that advises and assists the procuring office in the evaluation of bids/proposals (offers made in response to written solicitations).

Evidence-Based: Well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services as referenced in the Families First Prevention Services Act (FFPSA). Evidence-based models, as indicated in the FFPSA include Well-supported, Supported, and Promising Practice models.

Extension: Continuance of a subaward for a specified duration upon the agreement of the parties beyond the original Subaward Period. Not to be confused with "Renewal Period".

Federal Funding Agency: The United States Department of Health and Human Services (HHS).

Free on Board (F.O.B.) Destination: The delivery charges are included in the quoted price and prepaid by the vendor.

Vendor is responsible for all claims associated with damages during delivery of product.

Free on Board (F.O.B.) Point of Origin: The delivery charges are not included in the quoted price and are the responsibility of the agency. Agency is responsible for all claims associated with damages during delivery of product.

Foreign Corporation: A foreign corporation that was organized and chartered under the laws of another state, government, or country.

Independent Living Services: Services which prepare youth ages 14 to 19 for making the transition from adolescence to adulthood. Independent Living Services will include services who are expecting to be a parent, and parenting a child.
Installation Date: The date when the procedures described in "Installation by Subrecipient", and "Installation by State", as found in the RFP, or subaward, are completed.

Interested Party: A person, acting in their personal capacity, or an entity entering into a subaward or other agreement creating a legal interest therein.

Late Bid/Proposal: An offer received after the Opening Date and Time.

Licensed Software Documentation: The user manuals and any other materials in any form or medium customarily provided by the Subrecipient to the users of the Licensed Software which will provide the State with sufficient information to operate, diagnose, and maintain the Licensed Software properly, safely, and efficiently.

Maltreatment: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or, an act or failure to act which presents an imminent risk of serious harm.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Module (see System): A collection of routines and data structures that perform a specific function of software.

Must: See Mandatory/ Must and Shall/Will/Must.

National Institute for Governmental Purchasing (NIGP): National Institute of Governmental Purchasing – Source used for assignment of universal commodity codes to goods and services.

Non-Federal Entity: As defined by 45 CFR § 75.2, a state, local government, Indian tribe, institution of higher education (IHE), or nonprofit organization that carries out a Federal award as a recipient or subrecipient.

Nonprofit Organization: As defined by 45 CFR § 75.2, any corporation, trust, association, cooperative, or other organization, not including Institutions of Higher Education, that: (1) is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; (2) is not organized primarily for profit; and (3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

Open Market Purchase: Authorization may be given to an agency to purchase items above direct purchase authority due to the unique nature, price, quantity, location of the using agency, or time limitations by the AS Materiel Division, State Purchasing Bureau.

Opening Date and Time: Specified date and time for the public opening of received, labeled, and sealed formal proposals.

Operating System: The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources.

Operational Start Date: Date the Subrecipient starts managing referred child welfare case under this agreement.

Outsourcing: The subawarding out of a business process which an organization may have previously performed internally or has a new need for, to an independent organization from which the process is purchased back.

Payroll & Financial Center (PFC): Electronic procurement system of record.

Performance Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Subrecipient fulfills any and all obligations under the subaward.

Permanency: When a child: is returned to his/her parent; legally adopted; legal guardianship has been established; or has

been placed in another permanent living situation.

Platform: A specific hardware and Operating System combination that is different from other hardware and Operating System combinations to the extent that a different version of the Licensed Software product is required to execute properly in the environment established by such hardware and Operating System combination.

Point of Contact (POC): The person designated to receive communications and to communicate.

Pre-Bid/Pre-Proposal Conference: A meeting scheduled for the purpose of clarifying a written solicitation and related expectations.

Product: Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption.

Program Error: Code in Licensed Software which produces unintended results or actions, or which produces results or actions other than those described in the specifications. A program error includes, without limitation, any Critical Program Error.

Program Set: The group of programs and products, including the Licensed Software specified in the RFP, plus any additional programs and products licensed by the State under the subaward for use by the State.

Project: The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the subaward.

Promising Practice: a practice shall be considered to be a promising practice if the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measure of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one study that:

1. Was rated by an independent systematic review for the quality of the study design and execution and determined to be well designed and well executed; and
2. Utilized some form of control (such as an untreated group, a placebo group, or a wait list study. (Div E of Bipartisan Budget Act of 2018, HR 1892, Families First Prevention Services Act.)

Proposal: See Bid/Proposal.

Proprietary Information: Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serves no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

Protest/Grievance: A complaint about a governmental action or decision related to a RFP or resultant subaward, brought by a vendor who has timely submitted a bid response in connection with the award in question, to AS Materiel Division or another designated agency with the intention of achieving a remedial result.

Provisionally Licensed – A time-limited, non-renewable license issued to an applicant who is unable to comply with all licensure requirements and standards, and is capable of compliance within the time period stated on the license.

Public Proposal Opening: The process of opening correctly submitted offers at the time and place specified in the written solicitation and in the presence of anyone who wished to attend.

Quality Assurance: A program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met.

Quality Assurance Review: A critical evaluation of a project, service, or facility to ensure that all standards of quality are met.

Quality Improvement Process: A system involving the measurement, analysis, and actions taken to improve quality in services, treatment, or care.

Recommended Hardware Configuration: The data processing hardware (including all terminals, auxiliary storage, communication, and other peripheral devices) to the extent utilized by the State as recommended by the Subrecipient.

Release Date: The date of public release of the written solicitation to seek offers.

Renewal Period: Optional subaward periods subsequent to the original Subaward Period for a specified duration with previously agreed to terms and conditions. Not to be confused with Extension.

Request for Information (RFI): A general invitation to vendors requesting information for a potential future solicitation. The RFI is typically used as a research and information gathering tool for preparation of a solicitation.

Request for Proposal (RFP): A written solicitation utilized for obtaining competitive offers.

Resource Family: A family, subawarded through an accredited agency that has a child placing licensing license, who provides placement and permanency for children, support and education for parents, as well as supervised visitation for families whose children have been removed from the parental home due to abuse and/or neglect.

Resource Family Home: The residence in which a Resource Family lives and provides services as a Resource Family. (see Resource Family).

Responsible Bidder: A bidder who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance.

Responsive Bidder: A bidder who has submitted a bid which conforms to all requirements of the solicitation document.

Second Tier Subaward: an award provided by Subrecipient to another subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity.

Second Tier Subrecipient: A non-Federal entity that receives a subaward from the Subrecipient to carry out part of a Federal program.

Secure Transportation: Providing for the safe, secure, and humane treatment of youth during transport to a secure facility or psychiatric facility. Transportation Secure shall include the use of the least restrictive mechanical restraint available that allows for the safety and security of the youth, while preserving the dignity of the youth transported.

Service Area: geographic area designated by the Division of Children and Family Services for case management services. The Division of Children and Family Services has five service areas in Nebraska; Eastern, Central, Northern, Southeast, and Western.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Software License: Legal instrument with or without printed material that governs the use or redistribution of licensed software.

Sole Source – Commodity: When an item is available from only one source due to the unique nature of the requirement, its supplier, or market conditions.

Sole Source – Services: A service of such a unique nature that the vendor selected is clearly and justifiably the only practical source to provide the service. Determination that the vendor selected is justifiably the sole source is based on either the uniqueness of the service or sole availability at the location required.

Specifications: The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a subaward.

State Business Days: Days of the week considered as working days by the State of Nebraska, not including weekends or State holidays.

Statutory: These clauses are controlled by state law and are not subject to negotiation.

Subaward: As defined in 45 CFR § 75.2, an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the pass-through entity. See Contract.

Subcontractor: Individual or entity with whom the Subrecipient enters a subaward to perform a portion of the work awarded to the Subrecipient. See also Second Tier Subrecipient.

Subrecipient: The non-Federal entity (as defined by 45 CFR § 75.2) that receives a Subaward from a pass-through entity to carry out part of a Federal program. See Contractor.

Substantiated: An investigation disposition that concludes that the allegation of maltreatment or risk of maltreatment was supported or founded by state law or policy.

Supported Practice: a practice shall be considered to be a supported practice if the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least one (1) study that:

1. Was rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed;
2. Was a rigorous random controlled trial (or, if not available, a study using a rigorous quasi-experimental research design);
3. Was carried out in a usual care practice setting; and
4. The study described established that the practice has a sustained effect (when compared to a control group) for at least six (6) months beyond the end of the treatment. (Div E of Bipartisan Budget Act of 2018, HR 1892, Families First Prevention Services Act.)

System (see Module): Any collection or aggregation of two (2) or more Modules that is designed to function, or is represented by the Subrecipient as functioning or being capable of functioning, as an entity.

Termination: Occurs when either Party, pursuant to a power created by agreement or law, puts an end to the subaward prior to the stated expiration date. All obligations which are still executory on both sides are discharged but any right based on prior breach or performance survives.

Third Party: Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers, managers, employees, legally disinterested persons, and subcontractors, Second Tier Recipients, or agents, and their employees. It shall not include any entity or person who is an interested Party to the subaward or agreement.

Trade Secret: Information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. §87-502(4)).

Trademark: A word, phrase, logo, or other graphic symbol used by a manufacturer or vendor to distinguish its product from those of others, registered with the U.S. Patent and Trademark Office.

Upgrade: Any change that improves or alters the basic function of a product or service.

Utilization Management: The use of techniques that allow the Subrecipient to manage the cost of services by assessing its appropriateness before it is provided using evidence-based criteria or guidelines.

Vendor: An individual or entity lawfully conducting business in the State of Nebraska, or licensed to do so, who seeks to provide goods or services under the terms of a written solicitation.

Vendor Performance Report: A report issued to the Subrecipient by State Purchasing Bureau when products or services delivered or performed fail to meet the terms of the purchase order, subaward, and/or specifications, as reported to State Purchasing Bureau by the agency. The State Purchasing Bureau shall contact the Subrecipient regarding any such report. The vendor performance report will become a part of the permanent record for the Subrecipient. The State may require vendor to cure. Two such reports may be cause for immediate termination.

Well-Supported Practice: A practice shall be considered to be a well-supported practice if the practice is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child and parent outcomes, such as mental health, substance abuse, and child safety and well-being), as established by the results or outcomes of at least two (2) studies that;

1. Were rated by an independent systematic review for the quality of the study design and execution and determined to be well-designed and well-executed
2. Were rigorous random controlled trials (or, if not available, studies using a rigorous quasi-experimental research design);
3. Were carried out in a usual care or practice setting; and
4. At least one of the studies described established that the practice has a sustained effect (when compared to a control group) for at least one (1) year beyond the of treatment. (Div E of Bipartisan Budget Act of 2018, HR 1892, Families First Prevention Services Act.)

Will: See Shall/Will/Must.

Work Day: See Business Day.

I. PROCUREMENT PROCEDURE

A. GENERAL INFORMATION

The RFP is designed to solicit proposals from qualified bidders who will be responsible for providing Full Service Case Management for Child Welfare Services at a competitive and reasonable cost.

Proposals shall conform to all instructions, conditions, and requirements included in the RFP. Prospective bidders are expected to carefully examine all documents, schedules, and requirements in this RFP, and respond to each requirement in the format prescribed. Proposals may be found non-responsive if they do not conform to the RFP.

B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS

Procurement responsibilities related to this RFP reside with the State Purchasing Bureau. The point of contact (POC) for the procurement is as follows:

Name: Annette Walton / Nancy Storant Buyer(s)
Agency: State Purchasing Bureau
Address: 1526 K Street, Suite 130
Lincoln, NE 68508
Telephone: 402-471-6500
E-Mail: as.materielpurchasing@nebraska.gov

From the date the RFP is issued until the Intent to Award is issued, communication from the bidder is limited to the POC listed above. After the Intent to Award is issued, the bidder may communicate with individuals the State has designated as responsible for negotiating the subaward on behalf of the State. No member of the State Government, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this RFP. The POC will issue any clarifications or opinions regarding this RFP in writing. Only the buyer can modify the RFP, answer questions, render opinions, and only the SPB or awarding agency can award a subaward. Bidders shall not have any communication with, or attempt to communicate or influence any evaluator involved in this RFP.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts, subawards or obligations;
2. Contact required by the schedule of events or an event scheduled later by the RFP POC; and
3. Contact required for negotiation and execution of the final subaward.

The State reserves the right to reject a bidder's proposal, withdraw an Intent to Award, or terminate a subaward if the State determines there has been a violation of these procurement procedures.

C. SCHEDULE OF EVENTS

The State expects to adhere to the procurement schedule shown below, but all dates are approximate and subject to change.

ACTIVITY		DATE/TIME
1.	Release RFP	January 9, 2019
2.	Last day to submit written questions	January 23, 2019
3.	State responds to written questions through RFP "Addendum" and/or "Amendment" to be posted to the Internet at: http://das.nebraska.gov/materiel/purchasing.html	February 6, 2019
4.	Proposal opening Location: State Purchasing Bureau 1526 K Street, Suite 130 Lincoln, NE 68508	April 4, 2019 2:00 PM Central Time
5.	Review for conformance to RFP requirements	April 5, 2019
6.	Evaluation period	April 8, 2019 Through April 22, 2019
7.	"Oral Interviews/Presentations and/or Demonstrations" (if required)	TBD
8.	Post "Intent to Award" to Internet at: http://das.nebraska.gov/materiel/purchasing.html	May 15, 2019
9.	Subaward finalization period	May 14, 2019 Through June 14, 2019
10.	Award of subaward	July 1, 2019
11.	Subrecipient start date	January 1, 2020

D. WRITTEN QUESTIONS AND ANSWERS

Questions regarding the meaning or interpretation of any RFP provision must be submitted in writing to the State Purchasing Bureau and clearly marked "RFP Number 5995 Z1; Full Service Case Management for Child Welfare Services Questions". The POC is not obligated to respond to questions that are received late per the Schedule of Events.

Bidders should present, as questions, any assumptions upon which the bidder's proposal is or might be developed. Proposals will be evaluated without consideration of any known or unknown assumptions of a bidder. The subaward will not incorporate any known or unknown assumptions of a bidder.

It is preferred that questions be sent via e-mail to as.materielpurchasing@nebraska.gov, but may be delivered by hand or by U.S. Mail. It is recommended that bidders submit questions using the following format.

RFP Reference	Section	RFP Number	Page	Question

Written answers will be posted at <http://das.nebraska.gov/materiel/purchasing.html> per the Schedule of Events.

E. PRICES

Prices submitted on the cost proposal form shall remain fixed for the first two (2) years of the contract. Any annual request for an increase in the annual Not To Exceed amount, subsequent to the first two (2) years of the subaward shall not exceed five percent (5%) of the previous annual Not to Exceed amount. Increases will not be cumulative across the remaining periods of the subaward. Requests for an increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current subaward year. Documentation will be required by the State to support the increase in the annual Not To Exceed amount. Documentation must show an increase in external cost outside of the control of the Subrecipient.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the subaward by the parties. Per federal law, no profit may be made from this subaward. See 45 CFR § 75.400.

F. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Statutory)

Subrecipient must be authorized to transact business in the State of Nebraska and comply with all Nebraska Secretary of State Registration requirements. The Subrecipient who is the recipient of an Intent to Award may be required to certify that it has complied and produce a true and exact copy of its current (within ninety (90) calendar days of the intent to award) Certificate or Letter of Good Standing, or in the case of a sole proprietorship, provide written documentation of sole proprietorship and complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>. This must be accomplished prior to execution of the subaward.

G. ETHICS IN PUBLIC CONTRACTING

The State reserves the right to reject bids, withdraw an intent to award or award, or terminate a subaward if a bidder commits or has committed ethical violations, which include, but are not limited to:

1. Offering or giving, directly or indirectly, a bribe, fee, commission, compensation, gift, gratuity, or anything of value to any person or entity in an attempt to influence the bidding process;
2. Utilize the services of lobbyists, attorneys, political activists, or consultants to influence or subvert the bidding process;
3. Being considered for, presently being, or becoming debarred, suspended, ineligible, or excluded from receiving a subaward with any state or federal entity;
4. Submitting a proposal on behalf of another Party or entity; and
5. Collude with any person or entity to influence the bidding process, submit sham proposals, preclude bidding, fix pricing or costs, create an unfair advantage, subvert the bid, or prejudice the State.

The bidder shall include this clause in any subcontract or Second Tier Subaward entered into for the exclusive purpose of performing this subaward.

Bidder shall have an affirmative duty to report any violations of this clause by the bidder throughout the bidding process, and throughout the term of this subaward for the awarded Subrecipient and their subcontractors / Second Tier Subrecipients.

H. DEVIATIONS FROM THE REQUEST FOR PROPOSAL

The requirements contained in the RFP become a part of the terms and conditions of the subaward resulting from this RFP. Any deviations from the RFP in Sections II through VI must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the subaward. Any specifically defined deviations must not be in conflict with the basic nature of the RFP, requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

I. SUBMISSION OF PROPOSALS

Bidders should submit one proposal marked on the first page: "ORIGINAL". If multiple proposals are submitted, the State will retain one copy marked "ORIGINAL" and destroy the other copies. The Bidder is solely responsible for any variance between the copies submitted. Proposal responses should include the completed Form A, "Bidder Contact Sheet". Proposals must reference the RFP number and be sent to the specified address. Please note that the address label should appear as specified in Section I.B. on the face of each container or bidder's bid response packet. If a recipient phone number is required for delivery purposes, 402-471-6500 should be used. The RFP number should be included in all correspondence.

Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to requirements, completeness, and clarity of content. If the bidder's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming the State reserves the right to reject the proposal as non-conforming.

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this RFP.

The State shall not incur any liability for any costs incurred by bidders in replying to this RFP, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this RFP.

The Technical and Cost Proposals should be packaged separately (loose-leaf binders are preferred) on standard 8 1/2" by 11" paper, except that charts, diagrams and the like may be on fold-outs which, when folded, fit into the 8 1/2" by 11" format. Pages may be consecutively numbered for the entire proposal, or may be numbered consecutively within sections. Figures and tables should be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text. The Technical Proposal should not contain any reference to dollar amounts. However, information such as data concerning labor hours and categories, materials, subcontracts Second Tier Subrecipients and so forth, shall be considered in the Technical Proposal so that the bidder's understanding of the scope of work may be evaluated. The Technical Proposal shall disclose the bidder's technical approach in as much detail as possible, including, but not limited to, the information required by the Technical Proposal instructions.

J. BID PREPARATION COSTS

The State shall not incur any liability for any costs incurred by bidders in replying to this RFP, including any activity related to bidding on this RFP.

K. FAILURE TO COMPLY WITH REQUEST FOR PROPOSAL

Violation of the terms and conditions contained in this RFP or any resultant Subrecipient, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a bidder's proposal;
2. Withdrawal of the Intent to Award;
3. Withdrawal of the Award;
4. Termination of the resulting subaward;
5. Legal action; and
6. Suspension of the bidder from further bidding with the State for the period of time relative to the seriousness of the violation, such period to be within the sole discretion of the State.

L. BID CORRECTIONS

A bidder may correct a mistake in a bid prior to the time of opening by giving written notice to the State of intent to withdraw the bid for modification or to withdraw the bid completely. Changes in a bid after opening are acceptable only if the change is made to correct a minor error that does not affect price, quantity, quality, delivery, or contractual conditions. In case of a mathematical error in extension of price, unit price shall govern.

M. LATE PROPOSALS

Proposals received after the time and date of the proposal opening will be considered late proposals. Late proposals will be returned unopened, if requested by the bidder and at bidder's expense. The State is not responsible for proposals that are late or lost regardless of cause or fault.

N. PROPOSAL OPENING

The opening of proposals will be public and the bidders will be announced. Proposals **WILL NOT** be available for viewing by those present at the proposal opening. Vendors may contact the State to schedule an appointment for viewing proposals after the Intent to Award has been posted to the website. Once proposals are opened, they become the property of the State of Nebraska and will not be returned.

O. REQUEST FOR PROPOSAL/PROPOSAL REQUIREMENTS

The proposals will first be examined to determine if all requirements listed below have been addressed and whether further evaluation is warranted. Proposals not meeting the requirements may be rejected as non-responsive. The requirements are:

1. Original Request for Proposal for Contractual Services form signed using an indelible method;
2. Clarity and responsiveness of the proposal;
3. Completed Corporate Overview;
4. Completed Sections II through VI;
5. Completed Technical Approach;
6. Completed State Cost Proposal Template; and,
7. Completed Attachment 1: Award of Initial Funds.

P. EVALUATION COMMITTEE

Proposals are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of the State. Names of the members of the Evaluation Committee(s) will not be published prior to the intent to award.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFP may result in the rejection of this proposal and further administrative actions.

Q. EVALUATION OF PROPOSALS

All proposals that are responsive to the RFP will be evaluated. Each evaluation category will have a maximum point potential. The State will conduct a fair, impartial, and comprehensive evaluation of all proposals in accordance with the criteria set forth below. Areas that will be addressed and scored during the evaluation include:

1. Corporate Overview should include but is not limited to:
 - a. the ability, capacity, and skill of the bidder to deliver and implement the system or project that meets the requirements of the RFP;
 - b. the character, integrity, reputation, judgment, experience, and efficiency of the bidder;
 - c. whether the bidder can perform the subaward within the specified time frame;
 - d. the quality of bidder performance on prior subawards;
 - e. such other information that may be secured and that has a bearing on the decision to award the subaward;
2. Technical Approach; and,
3. Cost Proposal.

Neb. Rev. Stat. §73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone. When a state contract is to be awarded to the lowest responsible bidder, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident bidder, if all other factors are equal.

Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection and (ii) the management and daily business operations of the business are controlled by one or more persons described in subdivision(a) of this subsection. Any subaward entered into without compliance with this section shall be null and void.

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a proposal in accordance with Neb. Rev. Stat. §73-107 and has so indicated on the RFP cover page under "Bidder must complete the following" requesting priority/preference to be considered in the award of this subaward, the following will need to be submitted by the vendor within ten (10) business days of request:

1. Documentation from the United States Armed Forces confirming service;
2. Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions);
3. Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and
4. Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the bidder from consideration of the preference.

Evaluation criteria will be released with the RFP.

R. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The State may determine after the completion of the Technical and Cost Proposal evaluation that oral interviews/presentations and/or demonstrations are required. Every bidder may not be given an opportunity to interview/present and/or give demonstrations; the State reserves the right, in its discretion, to select only the top scoring bidders to present/give oral interviews. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Technical and Cost Proposals. The presentation process will allow the bidders to demonstrate their proposal offering, explaining and/or clarifying any unusual or significant elements related to their proposals. Bidders' key personnel, identified in their proposal, may be requested to participate in a structured interview to determine their understanding of the requirements of this proposal, their authority and reporting relationships within their firm, and their management style and philosophy. Only representatives of the State and the presenting bidder will be permitted to attend the oral interviews/presentations and/or demonstrations. A written copy or summary of the presentation, and demonstrative information (such as briefing charts, et cetera) may be offered by the bidder, but the State reserves the right to refuse or not consider the offered materials. Bidders shall not be allowed to alter or amend their proposals.

Once the oral interviews/presentations and/or demonstrations have been completed, the State reserves the right to make an award without any further discussion with the bidders regarding the proposals received.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

S. BEST AND FINAL OFFER

If best and final offers (BAFO) are requested by the State and submitted by the bidder, they will be evaluated (using the stated BAFO criteria), scored, and ranked by the Evaluation Committee. The State reserves the right to conduct more than one Best and Final Offer. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

T. REFERENCE AND CREDIT CHECKS

The State reserves the right to conduct and consider reference and credit checks. The State reserves the right to use third parties to conduct reference and credit checks. By submitting a proposal in response to this RFP, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients. Reference and credit checks may be grounds to reject a proposal, withdraw an intent to award, or rescind the award of a subaward.

U. AWARD

The State reserves the right to evaluate proposals and award subawards in a manner utilizing criteria selected at the State's discretion and in the State's best interest. After evaluation of the proposals, or at any point in the RFP process, the State of Nebraska may take one or more of the following actions:

1. Amend the RFP;
2. Extend the time of or establish a new proposal opening time;
3. Waive deviations or errors in the State's RFP process and in bidder proposals that are not material, do not compromise the RFP process or a bidder's proposal, and do not improve a bidder's competitive position;

4. Accept or reject a portion of or all of a proposal;
5. Accept or reject all proposals;
6. Withdraw the RFP;
7. Elect to rebid the RFP;
8. Award single lines or multiple lines to one or more bidders; or,
9. Award one or more all-inclusive subawards.

The RFP does not commit the State to award a subaward. Once intent to award decision has been determined, it will be posted to the Internet at:

<http://das.nebraska.gov/materiel/purchasing.html>

Grievance and protest procedure is available on the Internet at:

<http://das.nebraska.gov/materiel/purchasing.html>

Any protests must be filed by a bidder within ten (10) business days after the intent to award decision is posted to the Internet.

II. TERMS AND CONDITIONS

Bidders should complete Sections II through VI as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the subaward. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The subaward resulting from this RFP shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the RFP;
3. Questions and Answers;
4. Subrecipient's proposal (RFP and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the subaward.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP document and any Addenda, and 5) the Subrecipient's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

Subrecipient and State shall identify the subaward manager who shall serve as the point of contact for the executed subaward.

Communications regarding the executed subaward shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.

C. NOTICE (POC)

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing the subaward on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Subrecipient will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the Subrecipient.

D. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this subaward, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this subaward will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this subaward on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final subaward, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final subaward are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The bidder shall not commence any billable work until a valid subaward has been fully executed by the State and the successful Subrecipient. The Subrecipient will be notified in writing when work may begin.

F. CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
AB			

The State and the Subrecipient, upon the written agreement, may make changes to the contract within the general scope of the RFP. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the subaward shall not be deemed a change. The Subrecipient may not claim forfeiture of the subaward by reasons of such changes.

The Subrecipient shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Subrecipient shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Subrecipient's proposal, were foreseeable, or result from difficulties with or failure of the Subrecipient's proposal or performance.

No change shall be implemented by the Subrecipient until approved by the State, and the subaward is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the subaward and law.

G. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
AB			

If Subrecipient breaches the subaward or anticipates breaching the subaward, the Subrecipient shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the subaward. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

H. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
AB			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the subaward in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of subaward does not waive the right to immediately terminate the subaward for the same or different subaward breach which may occur at a different time. In case of default of the Subrecipient, the State may subaward the service from other sources and hold the Subrecipient responsible for any excess cost occasioned thereby.

The State's failure to make payment shall not be a breach, and the Subrecipient shall retain all available statutory remedies and protections.

I. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

J. REMEDIES FOR NONCOMPLIANCE

Acknowledge (Initial)	NOTES/COMMENTS:
	

DHHS may, if Subrecipient fails to comply with federal statutes, regulations, Title IV-E state plan, or with the terms of the Subaward:

1. Impose any of the Specific Conditions listed in 45 CFR § 75.207;
2. Temporarily withhold any payments pending the correction of the deficiency by Subrecipient;
3. Disallow all or part of the cost of the activity or action not in compliance;
4. Wholly or partly suspend or terminate Subaward (see also Termination, below, and Breach, above);
5. Recommend suspension or debarment proceedings be initiated by the Federal Funding Agency; and
6. Take any other remedies that may be legally available.

If DHHS imposes items 3, 4, or 6, above, DHHS may withhold future payments, or seek repayment to recoup costs paid by DHHS, or both.

Failures to comply include, but are not limited to, Subrecipient's inability to meet or exceed the federal standards contained in FFPSA. If this, or any other failure by Subrecipient to comply with any federal statute, regulation, Title IV-E state plan, or term of this Subaward, is a proximate cause of any reduction in federal funds to DHHS, DHHS may disallow costs under this Subaward in an amount up to DHHS' reduction in federal funding. Nothing in this section shall limit any other legal remedies available to DHHS.

K. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

If any term or condition of the subaward is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the subaward did not contain the provision held to be invalid or illegal.

L. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

1. **GENERAL**

The Subrecipient agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Subrecipient, its employees, subcontractors, consultants, representatives, and agents, resulting from this subaward, except to the extent such Subrecipient liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. **INTELLECTUAL PROPERTY**

The Subrecipient agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Subrecipient or its employees, subcontractors, Second Tier Subrecipients, consultants, representatives, and agents; provided, however, the State gives the Subrecipient prompt notice in writing of the claim. The Subrecipient may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Subrecipient has indemnified the State, the Subrecipient shall, at the Subrecipient's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Subrecipient, and the State may receive the remedies provided under this RFP.

3. **PERSONNEL**

The Subrecipient shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, and, Second Tier subrecipients and their employees provided by the Subrecipient.

4. **SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Subrecipient may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

M. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

In the event of any litigation, appeal, or other legal action to enforce any provision of the subaward, the Parties agree to pay all expenses of such action, as permitted by law and if order by the court, including attorney's fees and costs, if the other Party prevails.

N. PERFORMANCE BOND

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

The Subrecipient will be required to supply a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the subaward to include any renewal and/or extension periods. The amount of the bond must be an established dollar amount \$1,000,000. The bond will guarantee that the Subrecipient will faithfully perform all requirements, terms and conditions of the subaward. Failure to comply shall be grounds for forfeiture of the bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond will be returned when the service has been satisfactorily completed as solely determined by the State, after termination or expiration of the subaward.

O. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

Either Party may assign the subaward upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Subrecipient retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Subrecipient's business. Subrecipient agrees to cooperate with the State in executing amendments to the subaward to allow for the transaction. If a third party or entity is involved in the transaction, the Subrecipient will remain responsible for performance of the subaward until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this subaward and perform all obligations of the subaward.

P. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the subaward due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

Q. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

R. OFFICE OF PUBLIC COUNSEL (Statutory)

If it provides, under the terms of this subaward and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Subrecipient shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this subaward.

S. LONG-TERM CARE OMBUDSMAN (Statutory)

Subrecipient must comply with the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this subaward.

T. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>AB</i>			

The subaward may be terminated as follows:

1. The State and the Subrecipient, by mutual written agreement, may terminate the subaward at any time however, the two parties must agree, in writing, upon the termination conditions, including the effective date and, in case of partial termination, the portion to be terminated.
2. The State, in its sole discretion, may terminate the subaward for any reason upon thirty (30) calendar day's written notice to the Subrecipient. Such termination shall not relieve the Subrecipient of warranty or other service obligations incurred under the terms of the subaward. In the event of termination the Subrecipient shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the subaward immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Subrecipient has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Subrecipient or of any substantial part of the Subrecipient 's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the subaward by its Subrecipient, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Subrecipient under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Subrecipient has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Subrecipient has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Subrecipient intentionally discloses confidential information;
 - h. Subrecipient has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.
4. The Subrecipient may terminate the subaward upon sending written notification to DHHS setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if DHHS determines in the case of partial termination that the reduced or modified portion of the Subaward will not accomplish the purposes for which the Federal award was made, DHHS may terminate the Subaward in its entirety. In either case, the effective date shall be as provided by the Subrecipient and may be no less than 180 (one-hundred and eighty) days.
5. All notices of termination must be consistent with 45 CFR § 75.372 and shall provide a notice period and effective date as set forth in this Subaward.

U. CONTRACT AND GRANT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>AB</i>			

1. The following closeout procedures apply to this subaward at the end of each federal fiscal year, except for (a), which shall apply at the end of the federal fiscal year and the end of the subaward term, and (e), which shall apply at the end of the subaward term only:

- a. The Subrecipient shall finalize and pay all costs for services provided under this subaward as follows:

Term	Deadline to Finalize and Pay Obligations
Initial subaward Start date through September 30, 2019	November 15, 2019
October 1, 2019 through September 30, 2020	November 15, 2020
October 1, 2020 through September 30, 2021	November 15, 2021
October 1, 2021 through September 30, 2022	November 15, 2022
October 1, 2022 through September 30, 2023	November 15, 2023
October 1, 2023 through September 30, 2024	November 15, 2024
October 1, 2024 through September 30, 2025	November 15, 2025
October 1, 2025 through September 30, 2026	November 15, 2026

These deadlines apply to all costs whether paid with state or federal funds, or both. Costs that are not finalized and paid by these deadlines shall not be reimbursed by DHHS, except that DHHS may authorize an extension, in writing, of the above deadlines. If DHHS has previously paid for an incurred cost that has not been finalized and paid by Subrecipient by the applicable deadline, DHHS may withhold additional payments to recoup that cost.

- b. Consistent with the terms of the federal award, and after all reports are received, DHHS shall make any necessary adjustments upward or downward in the federal share of costs.
- c. DHHS shall make prompt payments, as consistent with the terms set forth herein, for all costs allowable under the terms of this Subaward.
- d. Subrecipient shall immediately return to DHHS any unobligated balance of cash advanced or shall manage such balance in accordance with DHHS instructions.
- e. Within 30 days, except as otherwise stated herein, Subrecipient shall assist and cooperate in the orderly transition and transfer of subaward activities and operations with the objective of preventing disruption of services. This includes but is not limited to:
- i. Transfer all completed or partially completed deliverables to the State;
 - ii. Transfer ownership and title to all completed or partially completed deliverables to the State;
 - iii. Return to the State all information and data, unless the Subrecipient is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Subrecipient's routine back up procedures;
 - iv. Cooperate with any successor Subrecipient, person or entity in the assumption of any or all of the obligations of this subaward;
 - v. Cooperate with any successor Subrecipient, person or entity with the transfer of information or data related to this subaward
 - vi. Return or vacate any state owned real or personal property; and
 - vii. Return all data in a mutually acceptable format and manner.
2. *Post-Closeout Adjustments and Continuing Responsibilities.* The closeout of the subaward does not affect any of the following:
- a. The right of DHHS to disallow costs and recover funds on the basis of a later audit or other review. DHHS shall make any cost disallowance determination and notify Subrecipient within the record retention period.
 - b. The obligation of Contractor to return any funds due as a result of later refunds, corrections, or other transactions including final indirect cost rate adjustments.
 - c. Audit requirements in 45 CFR § 75 Subpart F.
 - d. As applicable, property management and disposition requirements in Subpart D—Post Federal Award Requirements in 45 CFR §§ 75.317 through 75.323.
 - e. Records retention requirements contained herein.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

It is agreed that the Subrecipient is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Subrecipient is solely responsible for fulfilling the subaward. The Subrecipient or the Subrecipient's representative shall be the sole point of subaward regarding all contractual matters.

The Subrecipient shall secure, at its own expense, all personnel required to perform the services under the subaward. The personnel the Subrecipient uses to fulfill the subaward shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Subrecipient's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Subrecipient to the subaward shall be employees of the Subrecipient, a Second Tier Subrecipient or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Subrecipient, Second Tier Subrecipient, or a subcontractor to fulfill the terms of the subaward shall remain under the sole direction and control of the Subrecipient, Second Tier Subrecipient, or the subcontractor respectively.

With respect to its employees, the Subrecipient agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Subrecipient 's employees, including all insurance required by state law;
3. Damages incurred by Subrecipient 's employees within the scope of their duties under the subaward;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Subrecipient s employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Subrecipient , its officers, agents, or subcontractors or subcontractor's employees)

If the Subrecipient intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Subrecipient shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Subrecipient to reassign or remove from the project any Subrecipient or subcontractor employee.

Subrecipient shall insure that the terms and conditions contained in any subaward or contract with a Second Tier Subrecipient or subcontractor does not conflict with the terms and conditions of this subaward.

The Subrecipient shall include a similar provision, for the protection of the State, in the subaward with any subcontractor engaged to perform work on this Subrecipient .

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
AB			

The Subrecipient is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Subrecipient is an individual or sole proprietorship, the following applies:

1. The Subrecipient must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>

The completed United States Attestation Form should be submitted with the RFP response.
2. If the Subrecipient indicates on such attestation form that he or she is a qualified alien, the Subrecipient agrees to provide the US Citizenship and Immigration Services documentation required to verify the Subrecipient's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Subrecipient understands and agrees that lawful presence in the United States is required and the Subrecipient may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Subrecipient shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Subrecipients of the State of Nebraska, and their subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Subrecipient guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of subaward. The Subrecipient shall insert a similar provision in all subcontracts for services to be covered by any subaward / contract resulting from this RFP.

The Subrecipient shall comply with all civil rights and nondiscrimination law in the provision of the services under this Subaward. This includes, but is not limited to:

1. The Americans with Disabilities Act, 42 U.S.C. §§ 12101 et seq.;
2. Federal regulations governing programs and services provided under grants from the U.S. Department of Health and Human Services (HHS) at: 45 CFR § 75.300; 45 CFR §§ 80 et seq. (nondiscrimination under programs receiving or benefitting from assistance through HHS); 45 CFR §§ 84 et seq. (nondiscrimination on the basis of handicap in HHS programs or activities receiving federal financial assistance); 45 CFR §§ 86 et seq. (nondiscrimination on the basis of sex in education programs and activities receiving or benefitting from federal financial assistance); 45 CFR §§ 87 et seq. (Equal Treatment for Faith-Based Organizations); and 45 CFR §§ 91 et seq. (nondiscrimination on the basis of age in HHS programs or activities receiving federal financial assistance).

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

Subrecipient may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Subrecipient shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Subrecipient is not required to compromise Subrecipient's intellectual property or proprietary information unless expressly required to do so by this subaward.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

The subaward price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Subrecipient shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the subaward. The Subrecipient must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
RB			

1. *Data.* DHHS shall own all rights in data resulting from this Subaward. The Federal Funding Agency reserves the right to obtain, reproduce, publish, or otherwise use the data produced under this subaward, and to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.
2. *Copyright.* As consistent with federal law, Subrecipient may copyright any of the copyrightable material and may patent any of the patentable products produced in conjunction with the Scope of Work under subaward without written consent from DHHS. DHHS and any Federal Funding Agency hereby reserve a royalty-free, nonexclusive, and Irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use, the copyrightable material for federal or state government purposes.
3. *Patent.* All patent rights under this subaward shall be as set forth in the clause contained in 37 C.F.R. § 401.14, and consistent with all other applicable federal law.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BZ			

The Subrecipient shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Subrecipient shall not commence work on the subaward until the insurance is in place. If Subrecipient subcontracts or subawards any portion of the contract the Subrecipient must, throughout the term of the contract / subaward, either:

1. Provide equivalent insurance for each subcontractor / Second Tier Subrecipient and provide a COI verifying the coverage for the subcontractor / Second Tier Subrecipient;
2. Require each subcontractor / Second Tier Subrecipient to have equivalent insurance and provide written notice to the State that the Subrecipient has verified that each subcontractor / Second Tier Subrecipient has the required coverage; or,
3. Provide the State with copies of each subcontractor's / Second Tier Subrecipient's Certificate of Insurance evidencing the required coverage.

The Subrecipient shall not allow any subcontractor / Second Tier Subrecipient to commence work until the subcontractor / second tier subrecipient has equivalent insurance. The failure of the State to require a COI, or the failure of the Subrecipient to provide a COI or require subcontractor / Second Tier Subrecipient insurance shall not limit, relieve, or decrease the liability of the Subrecipient hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the subaward or within three (3) years of termination or expiration of the subaward, the Contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and three (3) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Subrecipient elects to increase the mandatory deductible amount, the Subrecipient shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this subaward, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Subrecipient shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the Subrecipient's employees to be engaged in work on the project under this subaward and, in case any such work is sublet, the Subrecipient shall require the subcontractor / Second Tier Subrecipient similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's / Second Tier Subrecipient's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Subrecipient shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Subrecipient and any subcontractor / Second Tier Subrecipient performing work covered by this subaward from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Subrecipient or by any subcontractor / Second Tier Subrecipient, or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$5,000,000 per occurrence
PROFESSIONAL LIABILITY	
All Other Professional Liability (Errors & Omissions)	\$1,000,000 Per Claim / Aggregate
COMMERCIAL CRIME	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$1,000,000
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$5,000,000
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.

3. EVIDENCE OF COVERAGE

The Subrecipient shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
 Attn: DHHS Service Area Administrator
 301 Centennial Mall South
 Lincoln, NE 68508

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Subrecipient shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Subrecipient .

H. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The Subrecipient hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

By submitting a proposal, bidder certifies that there does not now exist a relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this RFP or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or an appearance of conflict of interest.

The bidder certifies that it will not knowingly employ any individual known by bidder to have a conflict of interest.

The Parties shall not knowingly, for a period of two years after execution of the subaward, recruit or employ any employee or agent of the other Party who has worked on the RFP or project, or who had any influence on decisions affecting the RFP or project.

J. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>PS</i>			

The Subrecipient shall be responsible for the proper care and custody of any State-owned property which is furnished for the Subrecipient's use during the performance of the contract. The Subrecipient shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>PS</i>			

The Subrecipient shall use its best efforts to ensure that its employees, agents, and subcontractors comply with site rules and regulations while on State premises. If the Subrecipient must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Subrecipient.

L. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>PS</i>			

The Subrecipient agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

M. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Subrecipient shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.htm> and ensure that products and/or services provided under the subaward are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Subrecipient's performance, the State may create an amendment to the subaward to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

N. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>PS</i>			

The Subrecipient shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

O. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>PS</i>			

Subrecipient certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Subrecipient agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

IV. PAYMENT

A. COSTS

Under this subaward, DHHS shall only pay for actual and allowable costs (as defined in this section) incurred during the term of this subaward.

To be allowable, all costs must be:

1. Necessary for the performance of the subaward activities;
2. Reasonable, as provided in 45 CFR § 75.404;
3. Allocable to the federal award, as provided in 45 CFR § 75.405;
4. Consistent with all other requirements of the Cost Principles in 45 CFR §§ 75 Subpart E; and,
5. Consistent with all other law, regulation, policy, or other requirements applicable to the state or federal funds involved.

To be actual, all costs must be finalized and spent by the appropriate dates set forth in Section II.U. Contract and Grant Closeout, and as otherwise set forth herein. This may include, but is not limited to, restrictions on funds including in federal appropriations bills for the federal funds used in this subaward.

Any requirements applicable to the federal funds shall also be applied to the state funds involved in this subaward.

Per federal law, no profit may be made from this subaward. See 45 CFR § 75.400.

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. Any property tax payable on the Subrecipient's equipment which may be installed in a state-owned facility is the responsibility of the Subrecipient.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

Invoices for payments must be submitted by the Subrecipient to the agency requesting the services with sufficient detail to support payment. Subrecipient's invoice shall include the agency's name, address, contact phone number, date of invoice, and date of service. Invoices should be sent to DHHS Children and Family Services 301 Centennial Mall S. Lincoln, NE 68509. The terms and conditions included in the Subrecipient's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the subaward.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

Final inspection and approval of all work required under the subaward shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Subrecipient, Second Tier Subrecipient, or subcontractor duties under the subaward are being performed, and to inspect, monitor

or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

State will render payment to Subrecipient monthly when the terms and conditions of the subaward and specifications have been satisfactorily completed on the part of the Subrecipient as solely determined by the State. (Neb. Rev. Stat. §73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Subrecipient to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Subrecipient prior to the Effective Date of the subaward, and the Subrecipient hereby waives any claim or cause of action for any such services.

Payments may be withheld as set forth in 45 CFR § 75.305(a)(6), as amended from time to time, as otherwise provided herein, or according to other applicable law.

F. LATE PAYMENT (Statutory)

The Subrecipient may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The State's obligation to pay amounts due on the subaward for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the subaward with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Subrecipient written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Subrecipient shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date for noncancelable obligations properly incurred by Subrecipient prior to termination, and costs incurred on, or prior to, the termination date.

H. ACCESS TO RECORDS

Acknowledge (Initial)	NOTES/COMMENTS:
	

Subrecipient shall provide access for DHHS, or its authorized representative, to any documents, papers, or other records pertinent to Subaward, in order to make audits, examinations, excerpts, and transcripts. The Subrecipient shall provide the same access to the Federal Funding Agency, the Inspectors General, the Comptroller General of the United States, or any of their authorized representatives. These rights also includes timely and reasonable access to Subrecipient's personnel for the purpose of interview and discussion related to such documents, papers

or other records. These rights are not limited to the retention periods included herein but continue as long as the records are retained by Subrecipient.

Subrecipient shall comply with all federal retention requirements as amended from time to time and shall maintain all financial records, supporting documents, statistical records, and all other records pertinent to Subaward, for three (3) years from the date of submission of the final financial report, as provided in Section V.M. Reporting Requirements.

In addition to the foregoing retention periods, all records must be retained as specified in 45 CFR §§ 75.361 (a) through (f), as applicable. This includes, but is not limited to: if any litigation, claim, or audit is started before the expiration of the three (3) year period, the records must be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken.

Records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and all associated rules and regulations, including but not limited to the policies and procedures identified in 45 CFR § 164.316, shall be maintained for six (6) years from the date of their creation or date when the policy or procedures were last in effect.

I. AUDIT REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The Subrecipient shall comply with all applicable federal audit requirements, including but not limited to those in 45 CFR § 75 Subpart F; an audit required by these regulations must be prepared and issued by an independent auditor in accordance with generally accepted government auditing standards. A copy of the audit is to be made electronically available or sent to: Nebraska Department of Health and Human Services, Financial Services, and P.O. Box 95026, Lincoln, NE 68509-5026.

Subrecipient shall comply with 45 CFR §§ 75.508 through 75.512, including but not limited to: (a) procure or otherwise arrange for the audit required by this part in accordance with § 75.509, and ensure it is properly performed and submitted when due in accordance with § 75.512; (b) prepare appropriate financial statements, including the schedule of expenditures of Federal awards in accordance with § 75.510; (c) promptly follow up and take corrective action on audit findings, including preparation of a summary schedule of prior audit findings and a corrective action plan in accordance with § 75.511; (d) provide the auditor with access to personnel, accounts, books, records, supporting documentation, and other information as needed for the auditor to perform the audit required by law.

In addition to, and in no way in limitation of any obligation in this Subaward, Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this Subaward for which an exception has been taken or that has been disallowed because of such an exception, upon demand from DHHS.

The Subrecipient shall maintain its accounting records in accordance with generally accepted accounting principles. DHHS reserves the right to require Subrecipient to submit required financial reports on the accrual basis of accounting. If Subrecipient's records are not normally kept on the accrual basis, Subrecipient is not required to convert its accounting system but shall develop and submit in a timely manner such accrual information through an analysis of the documentation on hand (such as accounts payable).

J. FEDERAL FINANCIAL ASSISTANCE

Acknowledge (Initial)	NOTES/COMMENTS:
	

The Subrecipient shall comply with all applicable provisions of 45 C.F.R. §§ 87.1-87.2. The Subrecipient certifies that it shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.

K. SMOKE FREE PROVISIONS

Acknowledge (Initial)	NOTES/COMMENTS:
	

SMOKE FREE. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Subrecipient certifies that the Subrecipient will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

L. HUMAN TRAFFICKING PROVISIONS

Acknowledge (Initial)	NOTES/COMMENTS:
	

The Subrecipient shall comply with and be subject to the requirements of the Trafficking Victims Protection Act of 2000, 22 USC §§ 7101 et seq.

The Subrecipient, its employees, any subcontractors or Second Tier Subrecipients under this award, and Second Tier Subrecipients' or subcontractors' employees may not:

1. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
2. Procure a commercial sex act during the period of time that the award is in effect; or
3. Use forced labor in the performance of the subaward.

M. LOBBYING

Acknowledge (Initial)	NOTES/COMMENTS:
	

1. No federal or state funds paid under this Subaward shall be paid for any lobbying costs as set forth herein.
2. Lobbying Prohibited by 31 U.S.C. § 1352 and 45 CFR §§ 93 et seq, and Required Disclosures.
 - a. Subrecipient certifies that no federal or state appropriated funds shall be paid, by or on behalf of Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this award for: (a) the awarding of any federal agreement; (b) the making of any federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any federal agreement, grant, loan, or cooperative agreement.
 - b. If any funds, other than federal appropriated funds, have been paid or will be paid to any person for influencing or attempting to influence: an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with Subaward, Subrecipient shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. Lobbying Activities Prohibited under Federal Appropriations Bills.
 - a. No funds under Subaward shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any state or local government itself.
 - b. No funds under this Subaward shall be used to pay the salary or expenses of any grant or subaward recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
 - c. The prohibitions in the two sections immediately above shall include any activity to advocate or promote any proposed, pending or future federal, state or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.
4. Lobbying Costs Unallowable Under the Cost Principles. In addition to the above, no funds shall be paid for executive lobbying costs as set forth in 45 CFR § 75.450(b). If Subrecipient is a nonprofit organization or an Institute of Higher Education, other costs of lobbying are also unallowable as set forth in 45 CFR § 75.450(c).

N. MANDATORY DISCLOSURES

Acknowledge (Initial)	NOTES/COMMENTS:
	

The Subrecipient must disclose to the State, in a timely manner and in writing, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting this subaward in accordance with 2 CFR

§200.113. Failure to make required disclosures can result in any of the remedies described in §200.338 Remedies for noncompliance, including suspension or debarment. (See also 2 CFR part 180 and 31 U.S.C. 3321).

O. PUBLICATIONS

Acknowledge (Initial)	NOTES/COMMENTS:
	

Subrecipient must acknowledge federal and DHHS funding when issuing statements, press releases, requests for proposals, bid invitations, and other documents describing projects or programs funded in whole or in part with federal and DHHS funds. Subrecipient is required to state: (1) the percentage and dollar amounts of the total program or project costs financed with federal and DHHS funds; and (2) the percentage and dollar amount of the total costs financed by nongovernmental sources.

P. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE

Acknowledge (Initial)	NOTES/COMMENTS:
	

The Subrecipient certifies that neither it nor its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any state or federal department or agency. The Subrecipient certifies that it is registered with the System of Award Management (SAM) (<https://www.sam.gov>), in good standing, and that the entity will maintain annual certification in accordance with Federal Acquisition Regulations. Failure to comply with this section, including maintaining an active registration and/or good standing with SAM, may result in withholding of payments or immediate termination of the subaward.

Q. RESEARCH

Acknowledge (Initial)	NOTES/COMMENTS:
	

The Subrecipient shall not engage in research utilizing the information obtained through the performance of Subaward without the express written consent of DHHS. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this Subaward.

R. SUBRECIPIENTS OR CONTRACTORS UNDER THIS SUBAWARD

Acknowledge (Initial)	NOTES/COMMENTS:
	

In contracting or subawarding any portions of this subaward, Subrecipient shall follow 45 CFR §§ 75.327 through 75.335. If Subrecipient enters into a subaward (as defined by 45 CFR § 75.2) with any non-federal entity (also as defined by 45 CFR § 75.2) out any portion of this subaward, Subrecipient shall monitor the subaward as necessary

to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; that subaward performance goals are achieved. As applicable, Subrecipient shall follow the requirements for pass-through entities, including but not limited to 45 CFR § 75.352.

Subrecipient shall maintain copies of all procurement subawards and documentation of its compliance with the provisions cited above.

Subrecipient shall ensure that all subcontractors and Second Tier Subrecipients comply with all requirements of this subaward and applicable federal, state, county and municipal laws, ordinances, rules, and regulations.

V. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the following information in response to this RFP.

A. PROJECT OVERVIEW

The State of Nebraska, DHHS is issuing this RFP to solicit proposals from qualified bidders to provide Full Service Case Management, which includes the delivery of on-going case management and a continuum of services to children and families residing in Douglas and Sarpy counties (herein referred to as the Eastern Service Area). The objectives for the subaward are:

1. Delivering high quality case management to effectively serve child protection cases;
2. Results and accountability with managing and delivering prevention services that are Well-Supported, Evidenced-Based services in the Subrecipient's service continuum that integrate a strengthening families approach to build protective factors in families in accordance with the time periods stated in FFPSA;
3. Minimizing time in care and promoting reunification and/or adoption in 12 months or less;
4. Recruiting licensed Resource Family homes;
5. Retaining Resource Families for foster and adoptive placements;
6. Utilizing practice models that maximize Federal IV-E funds, and;
7. Identifying how the State benefits by utilizing a Subrecipient to provide case management services in these two counties.
8. The Subrecipient will develop an on-going case management model that:
 - a. Effectively engages 100% of families referred for service;
 - b. Operates in a culture of continuous quality improvement, as evidenced by data based decision-making and utilization of performance indicators and trend data;
 - c. Trains all staff to be trauma-informed, culturally humble, and to build on strengths-based and utilizes family voice and choice in planning and service provision; and,
 - d. Ensures 100% of families are applying for and accepting services available through public assistance programs such as Supplemental Nutrition Assistance Program (SNAP), Medicaid, Low Income Home Energy Assistance Program (LIHEAP), child care, and services available from non-profit and community organizations prior to the utilization of State General Funding for payment of services.
9. The Subrecipient will develop a continuum of services that will ensure:
 - a. Service expenditures are Well-Supported evidenced-based service in their service continuum in accordance with the time periods specified in the FFPSA;
 - b. Delivery to 100% of children and families during the time that DHHS is completing the Initial Assessment;
 - c. Delivery to 100% of children and families during the time the Subrecipient is delivering on-going case management, which prevents out-of-home placements and that supports reunification and permanency;
 - d. 100% of children served live at home safely, achieve permanency within timeframe of federal measures, and experience improved health and well-being as indicated using the North Carolina Family Assessment Scale;
 - e. Utilize appropriate funding sources, such as private pay from the family, private insurance provided by the family, Medicaid, or Behavioral Health Regions for treatment services for 100% eligible individuals;
 - f. At least 50% of all prevention service expenditures will meet the criteria of Well-Supported as outlined in the FFPSA; and,
 - g. A network of recruited and retained licensed foster homes, such that there is a ratio of two beds in licensed foster homes for every child in care in the Service Area.

B. PROJECT ENVIRONMENT

1. Attachment Three - Service Area Monthly Summary Reports document – Eastern Service Area data includes the number of children and families served in Douglas and Sarpy counties by placement type.

2. DHHS will utilize the Subrecipient's service array to prevent children from being placed out of the family home during the time that DHHS is conducting the Initial Assessment of safety and risk.
3. DHHS is responsible for the care of state wards served under the terms of this subaward. Such ultimate authority cannot be delegated to other parties. DHHS reserves all rights and responsibilities.
4. DHHS may make referrals for service delivery during the time DHHS is conducting the Initial Assessment.
5. DHHS will be the final authority on all decisions related to case management.
6. DHHS reserves sole authority for:
 - a. Staffing and operating the Child Abuse/Neglect Hotline system for community reporting of suspected child abuse/neglect;
 - b. Conducting all Initial Assessments of safety and risk;
 - c. Conducting Out-of-Home Assessments on accepted reports of child abuse/neglect allegations in out-of-home settings (including foster homes, daycare, group homes, and other facilities); and,
 - d. Licensing of foster homes, child care providers, group homes, and other facilities.
7. DHHS is the sole authority for:
 - a. Accepting all relinquishments of parental rights;
 - b. Consenting to adoptions; and,
 - c. Entering into guardianship and adoption subsidies.
8. DHHS reserves the right to:
 - a. Review and approve case plans and court reports prior to the Subrecipient submitting them to the courts and legal parties;
 - b. Provide legal support for legal staffing and to request early hearing or other motions;
 - c. Approve all requests for placement changes;
 - d. Approve all requests for case management transfers from the Eastern Service Area to another Service Area;
 - e. Approve all requests for courtesy supervision to be delivered in the Eastern Service Area; and,
 - f. Delegate authority to Subrecipient, where allowable by law, or rescind its delegated authority previously given to Subrecipient, at the discretion of DHHS.
9. DHHS will update the Eastern Service Area Operations Manual (Attachment Two) that outlines processes and responsibilities to ensure that the day-to-day operations in the Eastern Service Area are seamless throughout the life of the resulting subaward. The current Eastern Service Area Operations Manual is available for reference as Attachment Two.
10. Title IV-E foster care funds are an important funding source for states to provide foster care maintenance payments for eligible children.
 - a. DHHS seeks to make accurate and timely reimbursement claims for Title IV-E foster care maintenance payments.
 - b. When the state subawards to a child placing agency to perform administrative functions of the state, the state may claim federal financial participation through Title IV-E at the rate of fifty percent (50%) for administrative expenditures necessary for the proper and efficient administration of the foster care program, in accordance with the Families First Prevention Services Act.
 - c. DHHS goal is to maximize the amount of Title IV-E funds claimed in this subaward.
11. This Subaward will involve both state and federal funds. Information about the federal funding for Federal Fiscal Year 2019, as required by 45 CFR § 75.352, is contained on Attachment One Award of Additional Funds. DHHS shall provide Subrecipient further funding information for future Federal Fiscal Years.

C. PROGRAM REQUIREMENTS FOR ON-GOING CASE MANAGEMENT

1. The Subrecipient must operate within a culture of continuous quality improvement, with a focus on ensuring that children are safe, achieving timely permanency, and experience improved health and enhanced well-being through the Subrecipients work with the family to meet the children's needs and prevent recurrence of maltreatment. The Subrecipient must operate a continuous quality improvement program.

2. The Subrecipient shall develop, deliver and manage a model of on-going case management which:
 - a. Recruits and retains a qualified workforce to respond to and serve the diverse needs of abused or neglected and at-risk families.
 - i. The role and function of on-going case management staff and the supervision of on-going case management staff must not be subcontracted by the Subrecipient. On-going case management must be performed by direct employees of the Subrecipient.
 - ii. Staff delivering ongoing case management and supervising ongoing case management must have at least a Bachelor's Degree from an accredited university or college in social work, psychology, counseling, human development, education, criminal justice or other related area. Another Bachelor's Degree combined with four years of case management or human services experience is also acceptable.
 - iii. The Subrecipient must maintain written verification of the employee's college education.
 - iv. The Subrecipient must hire a diverse workforce that reflects the population being served.
 - v. The Subrecipient must organizationally understand, recognize and respond to the effects of all types of trauma experienced by the case management workforce.
 - b. Trains staff on the knowledge, skills and abilities required to conduct and supervise case management.
 - i. The Subrecipient shall ensure staff receive initial training in a manner that consistent with Neb. Rev. Stat. § 68-1214, and maximizes IV-E training funds for the State. This training must be approved by DHHS.
 - ii. After initial training, all case managers shall successfully complete the DHHS formal assessment process to demonstrate competency prior to assuming responsibilities as a case manager. The formal assessment process shall include a written and oral evaluation of the case manager's knowledge and competency in case management and support services. The Subrecipient shall maintain record of each case manager's competency assessment.
 - iii. The Subrecipient shall provide 24 hours of annual professional development training for staff and document training attended in the staff's training record.
 - iv. The Subrecipient shall provide a monthly training calendar to DHHS.
 - v. The Subrecipient shall use best practice guidelines, approved by DHHS, to train staff in, to include but not limited to, Trauma Informed Care and Motivational Interviewing.
 - c. Uses the DHHS-approved assessment model (currently DHHS uses the Structured Decision Making® (SDM) assessment model) to include, but not limited to, the Implementation of Safety Organized Practice model within the Eastern Service Area.
http://dhhs.ne.gov/children_family_services/Pages/Safety-Organized-Practice.aspx
 - i. The Subrecipient must conduct quality assurance reviews to ensure quality and timeliness of all assessments completed.
 - ii. The Subrecipient must develop a training plan and it must be approved by DHHS prior to implementation.
 - d. Coordinates, collaborates and communicates information sharing between individuals and agencies serving the child and family. At a minimum, this includes:
 - i. Child;
 - ii. Parents (custodial and non-custodial);
 - iii. Safety plan participants;
 - iv. The child's family members;
 - v. Resource Family parents or other temporary placement providers;
 - vi. Medical and dental providers;
 - vii. School representatives;
 - viii. Behavioral health providers;
 - ix. Law enforcement; and,
 - x. Legal parties in the court.
 - e. Creates a case plan during the course of service that:
 - i. Utilizes family voice and family choice.

- a) Based on the assessment approved by DHHS (currently, Family Strength and Needs Assessment (FSNA)), the child/family selects the strategies and action steps to achieve outcomes;
 - b) Addressing the services and supports associated with the identified needs of the child and family;
 - c) Monitoring progress with and updating strategies and outcomes;
 - d) Reviewing and updating goals throughout the life of the case;
 - e) Using the DHHS-approved case plan and court report template. Information will be provided to the awarded Subrecipient; and,
 - f) Submitting the case plan and court report to DHHS for approval at least three (3) business days prior to the date the report is due to the court.
- f. Creates a court report for court-involved cases. The court report shall:
- i. Utilize family voice and choice;
 - ii. Articulate safety or harm statement clearly;
 - iii. Include Structured Decision Making assessments;
 - iv. Outline visitation plan if child does not live with either parents or siblings;
 - v. Address Child Support;
 - vi. Outline reasonable or active efforts;
 - vii. Address areas of well-being to include educational, physical/developmental, emotional, mental/behavioral, as well as cultural considerations;
 - viii. Provide a summary and recommendations to the court; and,
 - ix. Be submitted along with the case plan at least three (3) state business days prior to the date the report is due to the court.
- g. Links children and families with informal and formal services and supports that:
- i. Are the least restrictive community-based services, in the intensity required, designed to meet the child and family's needs.
 - ii. Develop and strengthen connections for children and their families with caring individuals who will support the child throughout life.
 - iii. Identify the community resources available to meet the needs of the family preventatively and in times of crisis prior to discharge from the child welfare system.
- h. Ensures that youth transitioning to adulthood are provided appropriate Independent Living services. The Subrecipient shall develop and implement a system to record and report on the following:
- i. Number of youth in the Subrecipient's program that are receiving Independent Living services;
 - ii. Number of youth referred to a subcontractor / Second Tire Subrecipient for Independent Living services;
 - iii. Number of youth eligible for Independent Living services but who are not receiving Independent Living services and the reasons for not providing services;
 - iv. Independent Living services that each eligible youth is receiving each month;
 - v. Monthly summary of any community planning the Subrecipient participates in to prepare youth to become self-sufficient.
 - vi. Awarded Subrecipient must submit the system plan and report template within thirty (30) days after award of Subaward.
3. Referrals for on-going case management will be made by DHHS. This is a no reject, no eject subaward. The Subrecipient must:
- a. Accept and serve all children and families as of the date of the referral or court order, whichever is first;
 - b. Serve children and families unconditionally regardless of diagnosis, history, presenting problems, family composition or behaviors;
 - c. Provide case management to families with children between the ages of 0 and 19 who are either court involved or referred from DHHS for voluntary in-home services;
 - d. Maintain the capacity 24 hours a day, every day of the year to receive and serve children and families referred by DHHS, and;
 - e. Collaborate with DHHS to ensure families experience a seamless transition from the Initial Assessment Unit to On-going Case Management.

4. On-going Case Management must utilize best practice guidelines that include the DHHS-approved safety assessment model (currently DHHS uses the SDM) and the DHHS approved collaborative practice approach (Safety Organized Practice). The Subrecipient must ensure that the array of services and supports are available and accessible to children and families in the Eastern Service Area. The services and supports must have sufficient capacity to:
 - a. Assess the strengths and needs of children and families;
 - b. Address the needs of children and families in order to create and sustain a safe home environment;
 - c. Enable children to safely remain with their parents; and,
 - d. Safely reunify children as expeditiously as possible.

5. The Subrecipient must exhaust all other options prior to placing a child outside the family home. When placements outside the family home must occur, the Subrecipient shall:
 - a. Document why safety planning in home is not an option;
 - b. Document why placement with the other parent is not appropriate;
 - c. Provide a report to DHHS using the DHHS' preferred format that summarizes the decision to place the child outside the home or current placement and provides a justification for this decision including demonstrating that all other options were exhausted prior to placing a child outside the home or current placement;
 - d. Identify and consider all relatives and kin first, as possible placement options including placement with any known sibling;
 - e. Ensure appropriately safe parental visitations occur on a regular and consistent basis if the child is not living with a parent;
 - f. Ensure appropriately safe relative and kin foster parents complete all activities required for licensing;
 - g. Place siblings together when it is safe to do so. Document safety concerns if siblings are not placed together;
 - h. Ensure sibling visitations occur on a regular and consistent basis when siblings are not placed together;
 - i. Ensure the continuity of family relationships and preserve connections for the child that includes but is not limited to connections with his or her parents, neighborhood, community, faith, extended family, Tribe, school, and friends;
 - j. Ensure that the out-of-home placement is the least restrictive placement and most family-like setting;
 - k. Ensure that placements are in DHHS provisionally licensed foster homes or licensed foster homes or licensed facilities;
 - l. Ensure provisionally licensed homes receive full licensure within six (6) months of placement.
 - m. Ensure that the child continues to be educated in their school of origin or the school that will support the goal of improving the child's achievement. The Subrecipient shall consult with DHHS if the child will not be attending his/her school of origin or a school that does not support the improvement of the child's achievement in school; and,
 - n. Ensure that the child has the most normal and developmentally appropriate experiences that are generally afforded to children not involved with the child welfare system.

D. PROGRAM REQUIREMENTS FOR SERVICE DELIVERY

1. The bidder shall develop and submit with their bid a catalogue of in-home services available in each zip code of the Eastern Service Area. This catalogue shall be updated by the Subrecipient and provided to DHHS every quarter.
2. Services will be accessed by DHHS to support child safety through vigorous safety planning with the identified safety plan participants and promote family preservation activities, which will prevent children from being removed from the family home.
3. The service array must include Well-Supported, Supported, and evidenced-based in-home and out-of-home services and supports that integrate a strengthening families approach to build protective factors and maintain compliance with FFPSA. The Subrecipient must manage and or deliver an array of services that:
 - a. Is trauma-informed, trauma-capable;
 - b. Is culturally humble and linguistically appropriate;
 - c. Utilizes Well-Supported, Supported or promising practices to prevent children from entering foster care;

- d. At least 50% of all service expenditures related to children and families designated to be at "imminent risk of removal" will be Well-Supported evidenced-based practices as approved by the Administration of Children and Families by the end of the first year of the subaward;
 - e. Effectively engage those receiving the services;
 - f. Is delivered in the family home, neighborhood and community where the child and family reside whenever possible;
 - g. Utilizes data to demonstrate effectiveness;
 - h. Supports cross-agency collaboration with two-generational or whole family approaches; and,
 - i. Is consistent with any orders issued by the court.
4. The Subrecipient must ensure that a sufficient capacity of trained resource families are available to foster and adopt children in the Eastern Service Area, to include developing and implementing specific strategies to recruit resource families for historically difficult to place children (teenagers and children with medical and behavioral challenges).
- a. The Subrecipient is required to expand the availability of trained foster and adoptive families in the Eastern Service Area during the terms of the subaward, as measured by a ratio of placements to children. The baseline and performance targets will be established and mutually approved prior to subaward execution. DHHS will provide reimbursement rates for Resource Family care to the Subrecipient. Please see Attachment Three: Service Area Monthly Summary Report.
5. The Subrecipient must deliver the services and supports to help youth successfully transition into adulthood.
6. The Subrecipient must ensure that the array of service and supports can be individualized to meet the unique needs of *children* being referred in both court and non-court cases. The unique needs of the child population being referred include, but is not limited to:
- a. Children ages birth to five (5);
 - b. Infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from pre-natal drug exposure, or a Fetal Alcohol Spectrum Disorder;
 - c. Children who have a developmental disability or who demonstrate behaviors consistent with children who have a developmental disability, including Autism Spectrum Disorder (ASD);
 - d. Children who have been exposed to domestic violence;
 - e. Children who have extensive histories of trauma;
 - f. Children who have limited connections with supportive adults;
 - g. Youth that intersect with both the child welfare and juvenile justice systems;
 - h. Youth who are pregnant or parenting foster youth;
 - i. Youth identified as survivors of sex trafficking; and,
 - j. Youth who are near the age of majority and preparing to transition to adulthood.
7. The Subrecipient must ensure that the array of service and supports can be individualized to meet the unique needs of the *parents* being referred. The unique needs of this population include, but are not limited to:
- a. Parents who have extensive histories of trauma;
 - b. Parents experiencing stress, particularly caused by poverty;
 - c. Parents who have mental health and substance use disorders or co-occurring disorders;
 - d. Parents who have been impacted by domestic violence;
 - e. Young parents with very limited parenting knowledge and skills;
 - f. Parents who may be resistant to engaging with traditional service delivery models; and,
 - g. Parents who are currently incarcerated or reside in institutional settings.
8. The Subrecipient must effectively manage a service array within a culture of continuous quality improvement to ensure that:
- a. A single point of contact for referrals to be made at all times;
 - b. Sufficient service capacity is available to service the children and families being referred;
 - c. Services are geographically accessible to the children and families being served;
 - d. Services are delivered with appropriate frequency, intensity and duration;
 - e. Collaboration occurs with community-based and other child-serving agencies, including Medicaid Managed Care Organizations, the Regional Behavioral Health Authorities, public and private schools, public health clinics, community advocates and other interested parties, to ensure that

families are able to access and engage in the services and supports they need during and after formal child welfare system involvement. The Subrecipient shall report to DHHS any Medicaid Managed Care Organization that it believes is non-compliant with case management duties, network adequacy, or ensuring appropriate care delivery to the state Medicaid Program and CFS;

- f. Eligible families are assisted with accessing the services and supports offered through DHHS's Division of Children and Family Services Economic Assistance Programs such as SNAP; LIHEAP; Temporary Assistance for Needy Families (TANF) and Emergency Assistance;
 - g. All available and existing community resources available to the child and family must be exhausted before Subrecipient charges the costs of any activity to this Subaward;
 - h. An application is made through ACCESSNebraska for both public assistance and Medicaid prior to discharge of a child or family.
 - i. A complete and accurate application is made to Social Security and the DHHS Division of Developmental Disabilities for children or adults who are disabled;
 - j. Providers of services will provide information through written documentation or oral testimony for court proceedings, as requested;
 - k. Service array and rates associated with the service array are equal to or lower than rates paid to other providers contracted by DHHS, Current rates will be provided to awarded Subrecipient; and, State and federal funds will only be expended on items within the scope of the subaward, including, but not limited to case management and services.
9. Subrecipient must provide courtesy supervision of cases that transfer from other service areas outside of the Eastern Service Area, to ensure safety and monitoring of safety plans.

E. ADMINISTRATIVE REQUIREMENTS

1. The Subrecipient shall collaborate with DHHS to ensure families experience a seamless and well-coordinated transition from the Initial Assessment unit to on-going case management.
2. The Subrecipient must provide all in-state and out-of-state transportation related to the Subrecipient's primary business of serving children and families. Please see Attachment Seven, Estimated Mileage FY 2018.
 - a. The Subrecipient must ensure that it complies with all applicable Public Service Commission regulations and requirements to the extent they apply to the Subrecipient's activities in the performance of this subaward. Nebraska Public Service Commission website: <http://www.psc.nebraska.gov/>.
 - b. The Subrecipient must make a reasonable effort to maintain consistency in the individual driver(s) providing transportation and/or a transportation escort for the child.
 - c. The Subrecipient must provide secure transportation when necessary.
3. The Subrecipient shall complete a Social Security Administration Access Agreement.
4. Grievance Process
 - a. The Subrecipient must develop and distribute written guidance to families and Resource Family care families on how to lodge grievances about the Subrecipient and any actions related to the performance of the subaward.
 - b. The grievance process must conform to Neb. Rev. Stat. § 81-603 in that the process shall ensure that families are not dissuaded from utilizing the complaint process for fear of reprisal from the Subrecipient, Second Tier Subrecipients, or foster parents.
 - c. The Subrecipient must respond to grievances within ten (10) State business days related to the performance of this subaward.
 - d. The Subrecipient must maintain a file of all grievances and responses thereto related to the performance of this subaward.
5. Background Checks for Agents, Employees, Interns, Volunteers, Second Tier Subrecipients or Subcontractors:
 - a. The Subrecipient must complete and maintain the initial background checks before any agents, employees, interns, volunteers, Second Tier Subrecipients or subcontractors have direct unsupervised contact with any child or family, and every two years thereafter.
 - b. The Subrecipient must ensure, at a minimum, the following background checks have been completed on all agents, employees, interns, volunteers, Second Tier Subrecipients and subcontractors:

- i. Nebraska Sex Offender Registry maintained by the Nebraska State Patrol;
 - ii. Nebraska Child Abuse and Neglect Central Registry;
 - iii. Nebraska Adult Abuse and Neglect Central Registry;
 - iv. Nebraska Department Motor Vehicles Check for License Point Status;
 - v. Criminal Background Check; and,
 - vi. Drug Test for staff providing case management, and staff providing transportation to children and families under this subaward.
- c. The Subrecipient must ensure, at a minimum, the following background checks have been completed on all agents, employees, interns, volunteers, Second Tier Subrecipients and subcontractors who have been employed or resided in Nebraska for less than five (5) years if it is foreseeable that the individual may have contact with children and families in the performance of this subaward. If an individual's prior state of residence does not maintain a Sex Offender Registry, Child Abuse and Neglect Central Register, an Adult Abuse and Neglect Central Registry, or a similar registry, the Subrecipient shall complete criminal background checks in the cities, counties and states of previous residence. The Subrecipient must perform the following in the individual's prior states of employment or residence:
- i. Criminal history check for each state in which the individual resided or worked;
 - ii. Sexual Offender Registry;
 - iii. Child and Adult Abuse and Neglect Central Register/try; and,
 - iv. State repository of driving records.
- d. The Subrecipient must ensure, at a minimum:
- i. When a background check results in any non-traffic record being identified, the Subrecipient shall not allow the individual to have direct unsupervised contact with any child and will develop a process to review and determine if it wants to request DHHS approval for an agent, employee, intern, volunteer, Second Tier Subrecipients or subcontractor to have direct unsupervised contact with a child or family referred by DHHS. Requests for an exception shall be made in writing to DHHS and include but not limited to, the name and background information, along with supporting documentation from the Subrecipient as to why Subrecipient believes that such person does not pose a threat to children or families. DHHS shall have ten (10) state business days to respond to such a request. Failure to respond shall not constitute approval by DHHS. All documentation related to the process is maintained in the Subrecipient's staff personnel records.
 - ii. All required background checks for each employee must be completed before any direct contact with children and their families, and every two (2) years from the date of hire; and,
 - iii. All background check documentation must be maintained in staff personnel records. This includes documentation requested and received from states other than Nebraska.
- e. The Subrecipient shall be responsible for transporting children and families, and shall ensure that children and family members are transported safely and in accordance with Nebraska law, and will:
- i. Ensure each employee who has the responsibility to transport children has successfully completed a defensive driving course as sanctioned by the Nebraska Safety Council or similar agency within thirty (30) business days of his or her first day of employment with the Subrecipient.
 - ii. Adhere to 474 NAC 5-018.06D1 Driver Standards.
 - iii. Provide transportation as outlined in the Provider Service Referral provided by DHHS or a Visitation Plan approved by the court; and,
 - iv. Provide and use child safety restraints in accordance with Nebraska law.
6. The Subrecipient shall cooperate with performance reviews that focus on the quality of the day to day operations and financial performance of the Subrecipient.
7. Performance-Based Contracting:
- a. The Subrecipient is required to enter into performance-based contracts with child welfare service providers to incentivize improved performance outcomes, including those in V.L. Retainage and Performance Measurements

- b. The percent of the Subrecipient's subcontracted expenditures that are required to be performance-based will be mutually agreed upon prior to execution of subaward.
8. Subcontractors and Second Tier Subrecipients:
- a. The Subrecipient must appropriately determine whether the relationship between it and any entity is appropriately a contract with a subcontractor or a subaward with a Second Tier Subrecipient, as consistent with 45 CFR § 75.351.
 - b. In subcontracting any portions of Subaward, Subrecipient shall follow 45 CFR §§ 75.327 through 75.335, as applicable.
 - c. If subawarding out any portion of Subaward to a Second Tier Subrecipient, Subrecipient must also implement a competitive application process for any Second Tier Subrecipient. Subrecipient shall monitor the subaward as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward, as well as that subaward performance goals are achieved. As applicable, Subrecipient shall follow the requirements for pass-through entities, including but not limited to 45 CFR § 75.352.
 - d. The Subrecipient must ensure that information retained by any subcontractor or Second Tier Subrecipient meets state and federal legal requirements, and will be available to DHHS upon request. This includes, but is not limited to, financial information and source documentation of subcontractors or Second Tier Subrecipients for Title IV-E reimbursement and audit purposes, as well as copies of all subaward agreements and documentation, and procurement contracts and documentation of its compliance with 45 CFR §§ 75.327 through 75.335.
 - e. Subrecipient must not allow a subcontractor or Second Tier Subrecipient to further subcontract for services, other than foster family care, under this subaward.
 - f. The Subrecipient must ensure that subcontractors or Second Tier Subrecipients meet all background check requirements.
 - g. Subcontractors and Second Tier Subrecipients must work collaboratively with the agencies identified as Nebraska's Managed Care Organizations (MCO) to provide health care benefits and services to Medicaid and Children's Health Insurance Program (CHIP) enrollees. Providers delivering treatment services must be enrolled and sustain membership with the MCO.
 - h. The Subrecipient must receive prior written approval from DHHS before executing contracts or subawards with Subcontractors or Second Tier Subrecipients, and must make available, upon request by DHHS within ten (10) state business days of the request, a listing of the names of all subcontractors or Second Tier Subrecipients; the services all subcontractors or Second Tier Subrecipients provide; and the rates for all services paid by the Subrecipient to all subcontractors or Second Tier Subrecipients.
 - i. The Subrecipient must receive prior written approval from DHHS before Subrecipient, subcontractor or Second Tier Subrecipients engage in the practice of assessing or collecting client fees or co-pays for services.
9. The Subrecipient shall assist and cooperate with the orderly transition and transfer of subaward activities and operations to prevent the disruption of services delivered to children and families.
10. The Subrecipient will develop and implement a transition plan in the event this subaward reaches its term. As part of the transition plan, the Subrecipient shall:
- a. Outline and implement appropriate preparations for a successor agency;
 - b. Outline and implement plans for:
 - i. Staffing;
 - ii. Use and transition of equipment;
 - iii. Transition of case management to successor agency;
 - iv. Migration of any data owned by the DHHS; and,
 - v. Dispute resolution between DHHS and Subrecipient in regards to cases, case loads, and reimbursement for services.
11. Subrecipient's obligations under this subaward will continue throughout the term of the subaward even if Subrecipient's actual and allowable costs exceed the Annual Do Not Exceed Amount (see Cost Proposal). These obligations include, but are not limited to, accepting new referrals from DHHS and service all children, youth, and families according to the terms of this subaward and well as a material increase in families served.

F. TRANSITION AND IMPLEMENTATION

1. Preliminary Implementation Plan:

The Bidder shall be responsible for submitting a preliminary implementation plan with its proposal. The plan must describe the Subrecipient's plan to comply with all the provisions of the RFP. The plan must also address staffing, facilities, and other operational issues as identified in the RFP, including tasks, deliverables and milestones necessary to implement the program.

2. Transition after Termination:

At the end of the subaward term or other subaward termination, Subrecipient will aid in the transition to any new arrangement or provider of services. The respective accrued interests or obligations incurred to date of termination must also be equitably settled. Upon termination or expiration of this subaward, DHHS will work with Subrecipient to transfer all services as efficiently as possible with the goal to have all necessary services transferred by the effective date of the expiration or termination of the subaward. However, in the event that a transfer of all necessary services is not possible, Subrecipient will continue to provide necessary services in accordance with all terms and conditions of this subaward until all necessary client services are completely transferred.

G. READINESS REVIEW

1. Prior to the Operational Start Date, DHHS will conduct an operational and financial readiness review of the Subrecipient, and will provide needed technical assistance. The Subrecipient must cooperate with DHHS's review process to assess the Subrecipient's operational readiness and ability to provide covered services to children and families as of the Operational Start Date. The Subrecipient will be permitted to commence operations only if the readiness review factors are met to DHHS's satisfaction.

Based on the results of the review, DHHS will issue a letter of findings and, if necessary, request a corrective action plan from the Subrecipient.

The readiness review may cover all provisions of the subaward with a particular focus on assessing the following areas:

- a. The adequacy of the distribution of providers for in-home and Resource Family care services;
 - b. Staffing adequacy;
 - c. Subcontracts / subawards;
 - d. Quality assurance/continuous quality improvement;
 - e. Case management;
 - f. Utilization management;
 - g. Financial management;
 - h. Information processing and system testing;
 - i. Continuity of care;
 - j. Grievance and appeal process; and,
 - k. During the readiness review, the Subrecipient must provide to DHHS staff access to Subrecipient staff, operational documentation (including a demonstration of computer systems), private workspace, and the internet.
2. If the Subrecipient is unable to demonstrate its ability to meet the requirements of this subaward, as determined by DHHS, within the time frames specified by DHHS, DHHS may terminate this subaward.

H. FINANCIAL REQUIREMENTS

1. Cost Allocation Plan/Administrative Expenditures:

- a. The Subrecipient shall complete and submit a final Cost Allocation Plan to DHHS within ninety (90) days of Operational Start Date that outlines the administrative functions performed by the Subrecipient, and the plan for allocating the costs of performing those functions to activities or programs supported by the costs incurred. The Cost Allocation Plan and methodology shall be submitted to enable DHHS to claim federal administrative funds under Title IV-E. The document shall be in a format prescribed by DHHS. The Cost Allocation Plan will, at a minimum, include cost pools, allocation methodologies, and benefitting programs. The Subrecipient must input paid administrative expenditures that tie to its Cost Allocation Plan, and submit supporting financial documents as requested by DHHS, to include but not be limited to, payroll records, subcontracted expenditures, and operating expenditures on a monthly basis by no later than thirty (30) calendar days following the month expenditures were incurred. The Subrecipient must complete a monthly centralized random moment time study or other time tracking method as consistent with 45 CFR §§ 75 et seq. , developed and administered by the Subrecipient. The bidder shall submit a draft Cost Allocation Plan of development and implementation of their random moment time study or

other time tracking method with their proposal response. DHHS reserves the right to require the Subrecipient to implement and maintain a random moment time study.

- b. The Cost Allocation Plan and methodology shall be consistent with all requirements of the Title IV-E program, and be in furtherance of all program objectives, as set forth by DHHS. Subrecipient shall modify its Cost Allocation Plan and/or methodology at least annually or within thirty (30) calendar days of written notice by DHHS of a modification or amendment that will ensure the maximization of federal dollars. DHHS will review and approve all modifications.

2. Additional DHHS Financial Requirements:

- a. Monthly, DHHS will select a sample of individual expenditures and test for allowability and reasonableness, and that they are allocated to the correct funding source.
- b. Annually, DHHS will complete a comprehensive on-site review of the Subrecipient's financial information; including additional expenditure testing, allocation of expenditures to the correct fund source, and review of financial and subcontract / subaward monitoring policies.

3. Source Documentation/Service Expenditures:

- a. The Subrecipient and Second Tier Subrecipients must separate direct Resource Family care payments from other service delivery expenses and keep records of direct Resource Family care payments that are readily reviewable and traceable to source documentation in a format acceptable to DHHS including, but not limited to, payments to foster parents by check, electronic funds transfers, or other payment types.
- b. The Subrecipient must develop and maintain a plan to track, report, and retain all information needed for Title IV-E foster care maintenance claiming. The Subrecipient shall do the following:
 - i. Provide all necessary documentation to establish the child's initial and ongoing eligibility for Title IV-E, including, but not limited to:
 - a) A completed copy of the Income and Resources Data (IM-18FC) form;
 - b) Financial and third party liability information related to the child, his or her parents, and all related family members living in the child's household;
 - c) Documentation of the child's status related to citizenship, such as a birth certificate or verification of lawful permanent residency;
 - d) A copy of the first court order pertaining to the child's physical removal from the parent or specified relative home;
 - e) A copy of the petition leading to the first court order pertaining to the child's removal, and any documentation referenced in the order; and
 - f) All subsequent court orders during the child's out-of-home placement.
 - ii. Provide all necessary documentation to establish that the service meets the criteria for a "foster care maintenance payment" in 42 U.S.C. 675j;
 - iii. Provide all necessary documentation to establish that the placement resource meets the criteria for payment from Title IV-E funds. If the Subrecipient utilizes an out-of-state placement resource, the Subrecipient must secure and supply a copy of the license of the home or facility, if applicable, to DHHS and must cooperate with DHHS in obtaining other information needed to determine eligibility for payment from Title IV-E funds;
 - iv. Ensure that all requirements of Title IV-E pertaining to children for whom payment is requested are met;
 - v. At the request of DHHS, provide additional information, to enable DHHS to carry out its oversight and administrative responsibilities, including federal reviews and audits, state reviews and audits, and quality assurance reviews. The additional information shall be provided to DHHS within three (3) state business days of a written request by DHHS.
- c. The Subrecipient shall input documentation for services provided to children and families in the DHHS N-FOCUS or successor computer system using a format prescribed by DHHS. The Subrecipient shall input documentation for all services provided, except ongoing case management activities, at its discretion but no later than forty-five (45) calendar days following the end of the month in which the service was provided. The documentation must be readily reviewable and traceable to source documentation and reconcile to Subrecipient's financial statements so as to qualify for Title IV-E claiming. The obligation to provide documentation to DHHS, including but not limited to, source documentation of all services provided shall survive the expiration or termination of this subaward. The required format will be provided to the awarded Subrecipient.

- d. The Subrecipient must adjust its financial statements related to direct services if the paid claims change.
4. Foster Care Rates
 - a. In accordance with Neb. Rev. Stat. § 43-4215, on July 1, 2014 DHHS implemented new foster care reimbursement rates and methodology. DHHS will provide foster care rates to the Subrecipient, as well as any change in rates. The Subrecipient and Second Tier Subrecipients shall pay foster families using the rate methodology and same foster care maintenance rate paid to foster families by DHHS. Please see Attachment Five – Foster Care Reimbursement Rate Committee. The Subrecipient and Second Tier Subrecipient's shall pay child placing agencies using the same rate methodology and same administrative rate paid to child placing agencies for each child as determined by DHHS. DHHS reserves the right to revise the administrative rate to ensure that it remains a reasonable match with actual administrative costs.
 - b. To pay any foster parent at a rate exceeding the rates used by DHHS, Subrecipient must first submit a written request to exceed payment rates to DHHS. DHHS shall consider approving a rate higher than its foster parent rates in instances where the child has unique medical or behavioral needs, or a disability. DHHS must approve any proposed foster parent rates above the DHHS rates.
 5. All other costs not listed in V.H13 below, and that are associated with the performance of this subaward, are the responsibility of the Subrecipient. This includes, but is not limited to: court ordered services for which Subrecipient is unable to secure alternate funding sources; and assistance with funeral costs, if requested by family or legal guardian, for any child who dies while in the legal custody of DHHS or while being actively served under this subaward without court involvement.
 6. The Subrecipient shall follow all state and locally developed policies and protocols related to the authorization for the purchase of services for children, youth and families being served. This includes, but is not limited to, accessing other payment sources prior to utilizing child welfare or juvenile services funds. Said policies and protocols are currently available at: http://dhhs.ne.gov/children_family_services/.
 7. Payment Timeliness
 - a. The Subrecipient shall make payment in full to the Subcontractors or Second Tier Subrecipients for all goods delivered or services rendered on or before forty-five (45) calendar days after the date of receipt by the Subrecipient of an invoice meeting the Subrecipient's requirements, as set forth in Subrecipient's written policy, protocol or contract / subaward terms with the Subrecipient. Payment to treatment Subrecipients that are delayed due to coordination of benefits with insurance providers will be paid on or before 180 calendar days after receipt of an invoice as described above. Nothing in this subaward is intended to create a third party beneficiary relationship with Subrecipients.
 - b. Notwithstanding the above, Subrecipient must make all payments before the final deadlines set forth in Section II.N. Contract and Grant Close-Out,
 - c. These provisions shall survive expiration or termination of the subaward.
 8. Financial Statements
 - a. The Subrecipient shall provide monthly financial statements to DHHS within thirty (30) calendar days from the end of the month services were provided. The financial statements will include a balance sheet, income statement, and statement of cash flows in a format to be agreed upon during subaward negotiations. The financial statements will be prepared using the accrual basis of accounting and using Generally Accepted Accounting Principles (GAAP).
 - b. Thirty (30) calendar days following the end of each month, beginning thirty (30) days after Operational Start Date, an aging of accounts payable must be provided by Subrecipient to DHHS. The accounts payable aging will be consistent with the monthly financial statements provided to DHHS and list by subcontractor / Second Tier Subrecipient the amount owed to each vendor and: what portion of the amount owed has been due less than 30 days; what portion has been due between 30 days and 59 days; what portion has been due between 60 days and 89 days; what portion has been due between 90 days and 119 days; and what portion has been due 120 days or longer. In addition, a reconciliation of accrued expenses to the balance sheet must also be provided each month and year to DHHS. Nothing in this section is intended to limit access to Subrecipient's records and information as provided elsewhere in this subaward and the terms of this section shall survive expiration or termination of this subaward.

9. Equipment Costs.

- a. In addition to the requirements contained in 45 CFR § 75.439 regarding equipment, Subrecipient shall not make purchases of equipment in excess of an aggregate amount of \$25,000 (twenty five thousand dollars), unless DHHS has approved, in writing, prior to the purchase. Subrecipient shall not split or divide an equipment purchase into two or more purchases under \$25,000 for the purpose or intent of avoiding this requirement. Subrecipient must submit any such approval request in writing to the Director of the Division of Children and Family Services, who will respond to Subrecipient's request in writing within fifteen (15) days after receipt thereof.

10. Bonus, Gift or Other Payment of Funds to Employees

- a. The Subrecipient must obtain prior written approval from DHHS before issuing any bonus, gift, or other payment of funds beyond base pay or salary and the Subrecipient's normal employee benefit package provided to an employee, or prospective employee, which is paid from funds provided under this subaward. Subrecipient must submit any such approval request in writing to the Director of the Division of Children and Family Services, who will respond to Subrecipient's request in writing within fifteen (15) days after receipt thereof.

11. Marketing and Advertising Costs

- a. The Subrecipient specifically agrees that no advertising costs shall be paid from the funds provided under this subaward unless those advertising costs are consistent with 45 CFR § 75.421. In clarifying the application of subparagraph (b)(4) of 75.421 to this subaward, only informational or educational material regarding services being rendered or required under this subaward are allowable under said provision.

12. Dues and Membership Costs

- a. Subrecipient's dues and memberships in any business, technical, or profession organization, or any civic or community organization, must be approved by DHHS before the Subrecipient pays or commits to pay for such dues and membership, and must be consistent with the 45 CFR § 75 Subpart E. Employee dues and membership organizations are fringe benefits and should be approved according to the first paragraph of this subsection. Subrecipient must submit any such approval request in writing to the Director of the Division of Children and Family Services, who will respond to Subrecipient's request in writing within fifteen (15) days after receipt thereof.

13. Subrecipient not responsible for payment of the following:

- a. Medical and Mental Health Services paid by Medicaid, private insurance or alternative funding source for children and parents served under this subaward;
- b. Services funded by State Ward Education;
- c. Maintenance cost for youth placed in the Youth Rehabilitation and Treatment Center at Kearney and Geneva;
- d. Adoption and Guardianship Subsidies, and;
- e. Case management and extended services for a young adult who has entered into a voluntary services and support agreement under the Bridge to Independence Program, except those requirements under said program that should be performed prior to the time the young adult reaches 19 years of age and is discharged from Resource Family care.

I. FEDERAL AND STATE LEGAL AND POLICY REQUIREMENTS

1. The Subrecipient must abide by all policy requirements of Nebraska Administrative Code; applicable state and federal statutes and regulations; any other applicable codes; applicable program guidance and administrative memos; and applicable written policy directives and interpretations from, or as directed by, DHHS.
2. In addition to the federal law cited above in section III.C., Compliance With Civil Rights Laws And Equal Opportunity Employment / Nondiscrimination, Federal Laws include also include but are not limited to:
- a. Title IV of the Social Security Act, 42 U.S.C. §§ 601 – 687;
- b. Regulations regarding the Title IV-E Program at 45 CFR §§ 1355 et seq. and 45 CFR §§ 1356 et seq., 45 CFR §§ 1357 et seq.;
- c. The Health and Human Services Grant Guidance, 45 CFR §§ 75 et seq.;
- d. P.L. 114-22 Justice for Victims of Trafficking Act of 2015;

- e. Preventing Sex Trafficking and Strengthening Families Act, at 5 U.S.C. §§ 552, 20 U.S.C. § 1001, 25 U.S.C. § 450b, 28 U.S.C. § 1738B and 534, 42 U.S.C. §§ 1301, 1315, 622, 627, 652, 653, 654, 654a, 659a, 664, 666, 670, 671, 673, 673b, 675, 677, 679 and 679b;
- f. Child and Family Services Improvement and Innovation Act at 42 U.S.C. 1305;
- g. CAPTA Reauthorization Act of 2010, 42 U.S.C. §§ 5101 et seq.; 42 U.S.C. §§ 5116 et seq.;
- h. P.L. 110-351, Fostering Connections to Success and Increasing Adoptions Act of 2008;
- i. P.L. 109-248, Adam Walsh Child Protection and Safety Act of 2006, codified at 34 U.S.C. § 20911;
- j. P.L. 105-89, Adoption and Safe Families Act of 1997;
- k. P.L. 95-608, Indian Child Welfare Act (ICWA) of 1978, 25 U.S.C. §§ 1901 – 1963;
- l. P.L. 106-169, Federal Independent Living Requirements (John H. Chafee Foster Care Independence Act);
- m. P.L. 103-277, Pro-Children Act of 1994, 20 U.S.C. §§ 6081 et seq.;
- n. Pub.L. 114-95, Every Student Succeeds Act of 2017; and
- o. Div E of Bipartisan Budget Act of 2018, HR 1892, Families First Prevention Services Act.

3. Federal Policy includes but is not limited to:

- a. HHS Grants Policy Statement, currently available at: <https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsqps107.pdf> (or the current Grants Policy Statement, if a new one is issue during the term of this subaward);
- b. General Terms and Conditions of Mandatory Formula, Block and Entitlement Grant Programs administered by the Administration for Children and Families, currently available at: https://www.acf.hhs.gov/sites/default/files/assets/general_terms_and_conditions_mandatory.pdf; and,
- c. Any other applicable guidance from the Administration for Children and Families.

4. State Laws include but are not limited to:

- a. Nebraska Juvenile Code, Neb. Rev. Stat. §§ 43-245 through 43-2,129;
- b. Neb. Rev. Stat. § 68-1214;
- c. Neb. Rev. Stat. § 43-4204;
 - i. The Subrecipient must provide any and all necessary information, in a timely manner, requested by DHHS to complete any readiness assessment developed by DHHS. Said readiness assessment must, in part, assess the Subrecipient's readiness to execute contracts and begin preparations for any transition of case management services.
 - ii. The Subrecipient shall not directly provide more than thirty-five percent (35%) of direct services required under this subaward;
- d. Nebraska Indian Child Welfare Act, Neb. Rev. Stat. § 43-1502 through 43-1517;
- e. Foster Care Review Act, Neb. Rev. Stat. §§ 43-1301 et seq.;
- f. Court Appointed Special Advocate Act, Neb. Rev. Stat. §§ 43-3701 through 43-3720;
- g. Licensing and Approval Requirements:
 - i. All foster homes must be licensed or approved as defined in applicable policy, rules or regulations. DHHS will issue the license and is responsible for all licensing actions.
 - ii. Subrecipient shall ensure that persons providing Resource Family Service are in compliance with applicable Nebraska law, including, but not limited to, Neb. Rev. Stat. § 71-1902; and,
- h. Child Placement Practices:
 - i. All placements must be documented in N-FOCUS or successor computer program within 72 hours of a child's placement except in situations beyond the control of Subrecipient. For excepted situations, Subrecipient must work with DHHS to document placement as soon as possible.
 - ii. The Subrecipient shall obtain and maintain an active and ongoing Child-placing Agency license with DHHS, including the provision to license foster homes and relative foster homes.

5. Interstate Compacts

- a. Interstate Compact on the Placement of Children.
 - i. The Subrecipient must comply with the Interstate Compact on the Placement of Children (ICPC) process and policy regarding visiting state wards placed in other states.
- b. Interstate Compact on Adoption and Medical Assistance (ICAMA).

6. Waiver Demonstration

- a. The Subrecipient must cooperate with DHHS with respect to any services or reporting required pursuant to the Title IV-E Waiver Demonstration Project Terms and Conditions and Initial Design and Implementation Report, as DHHS deems appropriate and applicable.
- b. The Subrecipient and all subcontractors or Second Tier Subrecipients must comply with provider performance improvement measures in accordance with the Title IV-E Waiver Demonstration Project Terms and Conditions and Initial Design and Implementation Report administered by DHHS. The Subrecipient must include performance measures, indicators, and outcomes in agreements with its subcontractors and Second-Tier Subrecipients that mirror those DHHS has with its Subrecipients. Any changes to the performance measures, additional agreement language that could affect the implementation of provider performance improvement measures, or any other programmatic changes with Subrecipients must be approved by DHHS, in writing, prior to implementation. The Subrecipient must oversee the implementation of provider performance improvement measures with its subcontractors or Second-tier Subrecipient's. The Subrecipient must ensure its subcontractors and Second Tier Subrecipient's enter all necessary data as prescribed by DHHS. The Subrecipient must provide all documentation and data necessary for the completion of the Title IV-E Waiver Demonstration Project evaluation.

J. COST RECONCILIATION PROCEDURE

1. DHHS may, in its sole discretion, require reconciliations of payments made to the Subrecipient in excess of actual and allowable costs, but not more frequently than monthly. If Subrecipient's total actual and allowable costs pursuant to this Subaward are less than the total advance payments paid to the Subrecipient for the period of reconciliation, DHHS may withhold the difference from the next payment. If the total actual and allowable costs pursuant to this subaward exceed the total compensation paid for the period of reconciliation, DHHS shall reimburse Subrecipient for the difference.
2. If this Subaward is terminated early for any reason and terminated at any point other than the end of a subaward year DHHS will conduct a final reconciliation. If the total actual and allowable costs incurred pursuant to this subaward for that partial subaward year are less than the total compensation paid for that partial subaward year, Subrecipient shall repay the excess funds to DHHS within sixty (60) days of DHHS' written demand. DHHS may also withhold payments to recoup excess funds paid to Subrecipient. If the total actual and allowable costs pursuant to this subaward exceed the total compensation paid, DHHS shall reimburse Subrecipient for the difference.
3. At the end of the term of the subaward and at the end of each renewal term, DHHS will conduct a final reconciliation. If the total actual and allowable costs reported pursuant to this subaward are less than the total payments made, Subrecipient shall repay the excess funds to DHHS within sixty (60) days of DHHS' written demand. If the total actual and allowable costs pursuant to this subaward exceed the total compensation paid, DHHS shall reimburse Subrecipient for the difference.
4. In no case shall any payment or the total of payments made through the cost reconciliation process exceed the total annual Not To Exceed amount.
5. This provision shall survive the expiration or termination of this subaward.

K. INFORMATION SYSTEM REQUIREMENTS

1. The Subrecipient must use the state-provided case management system to perform all case management activities for services provided under this subaward. Connection to the state case management system must only be accomplished through state authorized connection and encryption methodology. Subrecipient employees are granted access to information systems and information created, collected, processed and stored on behalf of DHHS under the terms and conditions of this subaward, including but not limited to the Business Associate Provisions (Attachment Four), provided herein.
2. All information collected, processed, compiled and stored by the Subrecipient on behalf of DHHS under the terms and conditions defined in this subaward is the sole property of DHHS and subject to all privacy and security safeguards defined by DHHS and applicable federal guidance.
 - a. The Subrecipient must allow and provide DHHS access to any and all information and data collected related to the performance of this subaward.
 - b. Data systems created, owned, and maintained by the Subrecipient for the purpose of conducting case management in support of this subaward shall be configured per the guidance of paragraph V.K.6, and must have an independent assessment of the administrative, physical, technical and privacy controls conducted at least once every three years. Reports shall be provided to DHHS upon written request and in a format and time that is agreeable between the Subrecipient and DHHS.

3. The Subrecipient must assign a security administrator for all of its sites who will act as the liaison between the Subrecipient and DHHS. The security administrator, who must be identified in the proposal as part of the key personnel (see section VI, A, 2 Corporate Overview), will be responsible for:
 - a. Immediately notifying DHHS when a Subrecipient employee is hired or leaves employment;
 - b. Providing appropriate documentation to DHHS for the provisioning of user accounts;
 - c. Validating all Subrecipient user accounts with DHHS annual;
 - d. Conducting proper background checks for new employees;
 - e. Immediately notifying DHHS in the event of a security incident involving misuse of the state-provided case management system or loss of client information per the state and federal guidance outlined in V.K.6; and,
 - f. Ensuring security awareness and acceptable use training is conducted and documented for all staff on initial hire and annually thereafter. Documentation shall be provided to DHHS upon written request within three (3) business days.

4. The Subrecipient shall not request access for employees of subcontractors or Second Tier Subrecipients to state-provided case management systems without the express written consent of DHHS.

5. The Subrecipient must appoint a technology coordinator as the primary contact between the Subrecipient and DHHS to address IT related issues. The technology coordinator must be identified in the proposal as part of the key personnel (see section VI, A, 2 Corporate Overview.), The Subrecipient technology coordinator is responsible for the following:
 - a. Purchasing, installing, configuring and managing all hardware and software, all computer hardware support, hardware and software upgrades, the movement of all computer equipment, any needed network support, server and LAN printer support and software installation and configuration of information systems owned by the Subrecipient for the performance of responsibilities associated with this subaward. National Institute of Standards and Technology Special Publication (NIST SP) 800-53 must be used as guidance for securing network and computing resources.
 - b. Understanding that wireless laptops may be permitted under the terms and conditions of this subaward. Such laptop computers must be full disk encrypted. Subrecipient agrees to implement policies that address the physical security of mobile devices, the risk of using unsecured wireless connections, and rules of behavior that govern the appropriate use and safeguards Subrecipient employees must take when using mobile devices.
 - c. Immediately notifying DHHS of any lost or stolen computer hardware that may have been used to access, process, or store client information.
 - d. Providing DHHS with a detailed system security plan of any network infrastructure connecting to the agency network.
 - e. Understanding that remote or home office work sites may be permitted under the terms of this subaward provided each location meets the compliance requirements as detailed in publications listed in V.K.6. All agents, employees, interns, volunteers, Second Tier Subrecipients or subcontractors take reasonable and appropriate actions to ensure such work sites meet compliance requirements when accessing DHHS information.
 - f. Performing and documenting annual physical site reviews for all remote office and home office locations to ensure the security controls at remote or home office are met. The site safeguard reviews must include inspection of physical, administrative, technical and privacy safeguards implemented at each location. Documentation must include any noted deficiencies, recommendations, and actions taken to address noted deficiencies. Site review documentation must be made available upon request to DHHS agents or other applicable compliance officers with jurisdiction.

6. The Subrecipient must meet compliance requirements for all applicable state and federal physical, administrative, technical and privacy safeguard standards and abide by DHHS Information Technology Policies and Standards that govern the appropriate use of, disclosure of, privacy of, and security of information provided by DHHS or compiled by the Subrecipient on behalf of DHHS under the terms and conditions defined in this subaward. Such guidance includes, but is not limited to:
 - a. Health Insurance Portability Accountability Act of 1996 (HIPAA) Privacy Rule 45 CFR §§160 et seq. and §§164 Subparts A and E;
 - b. HIPAA –Security Rule 45 CFR §160 and §§164 Subparts A and C;
 - c. Internal Revenue Service (IRS) - Publication 1075, Tax Information Security Guidelines for Federal, State and Local Agencies;
 - d. Social Security Administration (SSA) - Computer Matching Agreement;

- e. Nebraska Information Technology Commission (NITC) Information Technology Policies and Standards; and,
- f. Centers for Medicare and Medicaid Services (CMS) Computer Matching Agreement.

L. RETAINAGE AND PERFORMANCE MEASUREMENTS

This is a performance-based subaward. The following approach, methodology, and measures will be applied in this subaward to ensure the Subrecipient provides effective outcomes for the children and families served.

1. Overview.

- a. A performance target for each measure will be mutually agreed upon by DHHS and the Subrecipient prior to subaward execution.
- b. DHHS shall initially withhold three percent (3%) of each monthly payment as retainage for an initial period of twelve (12) months after the Operational Start Date. After the first twelve (12) months, the percentage of retainage will be adjusted based on the Performance Measure (PM) score, as provided below. After the initial twelve (12) month period each designated period will be three (3) months.
- c. If, at the end of the designated period, Subrecipient meets all of the performance measures identified in Section V.L. 2. (b) i – v, , the retainage amount will be returned to the Subrecipient, in full, within 45 days of the end of the designated period. If the Subrecipient cannot meet all of the performance measures identified in Section V.L. 2. (b) i – v, , DHHS shall retain the designated portion of the retainage amount until Subrecipient becomes compliant with performance measures. Each performance measure will constitute twenty percent (20%) of the total retainage amount.
- d. Based on the PM Average, the percentage of retainage may also be adjusted upward or downward, as provided below.

2. Retainage Measures and Methodology.

a. Methodology

- i. **PM Average Calculation.** Each Performance Measure identified in Section V.L.2.b will be assigned a PM Score, with one hundred (100) points awarded to the agreed-upon target. If the Subrecipient does not meet the agreed upon target, one point will be subtracted for every one percent (1%) deviation from the agreed-upon target. If the Subrecipient exceeds the agreed-upon target, one point will be added for every one percent (1%) deviation from the agreed-upon target. The PM Average will be the sum of each PM Score divided by five (5).
- ii. **Retainage Rate.** At the end of each retainage period, the retainage rate shall be equal to the previous time period's retainage rate plus or minus a percentage that corresponds to a PM Average as listed in the table below.

PM Average	Percent Change
64.9 and below	0.5
65.0– 99.9	0.25
100 – 110.0	0
110.1 – 150.0	-0.25
150.1 and above	-0.5

- iii. At no point during the term of this subaward shall the retainage rate be less than one percent (1%) or more than five percent (5%).

b. Performance Measures Tied to Retainage:

- i. **Recurrence of Substantiated Maltreatment.** This outcome measures the rate of recurrence, expressed as a percentage, of substantiated maltreatment in a 12-month period in the Eastern Service Area, whether or not the child was involved with the court system. The Subrecipient is expected to achieve a lower % than the agreed upon target for recurrence of maltreatment.
- ii. **Average Time to Successful Case Closure for Non-Court Involved Children.** This outcome measures the average time to case closure (in days) for Non-Court Involved

Children, on a rolling 12-month average, for non-court children who exited care. The Subrecipient is expected to achieve a lower % than the agreed-upon target for average length of stay for Non-Court Involved Children.

- iii. **Rate of Removal of Non-Court Involved Children (in-home).** This outcome measures the average rate of removal, on a rolling 12-month average, children originally assigned to the Subrecipient as part of in-home, non-court involved cases. The Subrecipient is expected to maintain an equal or lower % than the agreed-upon target using evidence-based services designed to preserve families.
- iv. **Median Months to Reunification for Court Involved Children, in foster care.** This outcome measures all children discharged from foster care to reunification who had been in foster care for 8 days or longer. The Subrecipient is expected to achieve a lower median months than the agreed-upon target for months to reunification for court involved children.
- v. **Rate of Court Involved Children in Foster Care for 24 Months or More who Achieve Permanency.** This outcome incentivizes helping children with a longer than average stay in foster care achieve a positive permanency outcome. It measures the average time to achieve positive permanency (defined as Reunification, Adoption, or Guardianship) in years, on a rolling 12-month average, for court involved children. The Subrecipient is expected to achieve a lower % than the agreed-upon target..

3. Performance Measures Tied to Outcomes and Other Remedies:

- a. Subrecipient performance is also measured through the Federal Data indicators which is population data. The data indicators assess operational measures for safety, permanency and well-being. The Subrecipient shall meet or exceed the following federal targets for each of the measures indicated in this RFP and for the life of the subaward:
 - i. **Safety Outcome – Maltreatment in Foster Care – Federal target - <7.00**
Of all children in foster care during a 12-month period, what is the rate of victimization, per day of care?
Numerator: Of the children in the denominator, the total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode within the 12 month period.
Denominator: Of the children in foster care during a 12 month period, the total number of days that these children were in foster care as of the end of the 12 month period.
 - ii. **Safety Outcome – Recurrence of Maltreatment – Federal target - <7.9%**
Of all children who were victims of substantiated or indicated maltreatment report during a 12 month period, what percent were victims of an additional substantiated or indicated maltreatment report within 12 months?
Numerator: Of the children in the denominator, the number who had another substantiated or indicated maltreatment report within 12 months of their initial report.
Denominator: The number of children with at least one substantiated or indicated maltreatment report in a 12 month period.
 - iii. **Average Rate of Removal of Non-Court Involved Children (in-home).** This outcome measures the average rate of removal, on a rolling 12-month average, children originally assigned to the Subrecipient as part of in-home, non-court involved cases. The Subrecipient is expected to maintain an equal or lower % than the agreed upon target using evidence-based services designed to preserve families.
 - iv. **Permanency Outcome – Permanency in 12 months for Children Entering Foster Care. - Federal target - >43.8%**
Of all children who enter foster care in a 12 month period, what percentage are discharged to permanency within 12 months of entering care?
Numerator: Number of children in the denominator who are discharged to permanency within 12 months of entering care.
Denominator: Number of children who enter foster care in a 12 month period.

- v. **Permanency Outcome – Permanency in 12 months for Children in Care 12 to 23 Months. – Federal target - >46.2%**
Of all children in care on the first day of a 12-month period who had been in care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?
Numerator: Number of children in the denominator who discharged to permanency within 12 months of the first day in care.
Denominator: Number of children in care on the first day of a 12 month period who had been in care (in that episode) between 12 and 23 months.
- vi. **Permanency Outcome – Permanency in 12 months for Children in Care 24 Months or more. – Federal target - >36.3%**
Of all children in care on the first day of a 12-month period who had been in care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?
Numerator: Number of children in the denominator who discharged to permanency within 12 months of the first day.
Denominator: Number of children in care on the first day of a 12 month period who had been in care (in that episode) for 24 months or more.
- vii. **Permanency Outcome – Re-entry into Foster Care – Federal target - <8.3%**
Of all children who enter care in a 12-month period, who discharged within 12 months to reunification and live with relative or guardianship, what percent re-entered care within 12 months of their discharge?
Numerator: Number of children who re-enter foster care within 12 months of discharge.
Denominator: Number of children who enter care in a 12 month period who are discharged within 12 months to reunification, living with a relative or guardianship.
- viii. **Permanency Outcome – Placement Stability. - Federal target - <4.12**
Of all children who enter foster care in a 12 month period, what is the rate of placement moves per day of foster care?
Numerator: Of the children in the denominator, the total number of placement moves during a 12 month period.
Denominator: Among the children who enter foster care in a 12 month period, the total number of days that these children were in foster care as of the end of the 12 month period.
- ix. **Well-being Outcome – Sibling Placement.**
Children are entitled to live with other siblings in care when in the best interest of the child.
Numerator: The number of children who are placed with at least one other sibling in Out of Home (OOH) care.
Denominator: The number of children who have siblings in OOH placement on the last day of the month.
- x. **Well-being Outcome – Relative/Kinship Placement.**
Children are entitled to live with relatives/kin while in care when in the best interest of the child.
Numerator: The number of children who are placed with a relative/kin while in OOH placement.
Denominator: The number of children who are in OOH placement on the last day of the month.
- xi. **Well-being Outcome – Completed 12th Grade.**
Children aging out of state wardship that have completed the 12th grade.

Numerator: The number of children aging out of state wardship who have completed the 12th grade.

Denominator: Total number of children aging out of state wardship for reason of emancipation.

xii. **Well-being Outcome – School stability.**

Children are entitled to remain in their same school when in the best interest of the child.

Numerator: The number of children who are age 5 or older and attending the same school as prior to removal to OOH.

Denominator: The number of children who are age 5 or older in OOH placement on the last day of the month.

xiii. **Well-being Outcome – Early Placement Stability.**

For all children in care 6 to 12 continuous months during a designated 12 month period, the percent with two or more placement changes during their first 6 months in care.

Numerator: Number of children in care for 6 to 12 continuous months during the designated 12 month period who have changed placements 3 or more times.

Denominator: Number of children in care for 6 to 12 continuous months in the designated 12 month period.

xiv. **Well-being Outcome – Placement Stability within 1 Year.**

For all children in care 12 to 24 continuous months in a designated 12 month period, the percent with two or more placement changes during their first 12 months in care since their removal date.

Numerator: Number of children in care 12 to 24 continuous months during the designated 12 month time period who have changed placements 2 or more times.

Denominator: Number of children in care for 12 to 24 continuous months in the designated 12 month time period.

xv. **Well-being Outcome – Placement Stability for Children in Care for Extended Time Periods.**

For all children in care 18 continuous months or more in the designated 12 month period, the percent with three or more placement changes since their removal date.

Numerator: Number of children in care for 18 continuous months or more during the designated time period who have changed placements three or more times.

Denominator: Number of children in care for 18 continuous months or more in the designated 12 month time period.

xvi. **Well-being Outcome – Case Manager Stability.**

For all children in care 6 to 12 continuous months during a designated 12 month period, the percent with two or more case manager changes during their first 6 months in care.

Numerator: Number of children in care for 6 to 12 continuous months during the designated 12 month period who have changed case managers 2 or more times.

Denominator: Number of children in care for 6 to 12 continuous months in the designated 12 month period.

xvii. **Well-being Outcome – Case Manager Changes within 1 Year.**

For all children in care 12 to 24 continuous months in a designated 12 month period, the percent with three or more case manager changes during their first 12 months in care since their removal date.

Numerator: Number of children in care 12 to 24 continuous months during the designated 12 month time period who have changed case managers 3 or more times.

Denominator: Number of children in care for 12 to 24 continuous months in the designated 12 month time period.

xviii. **Well-being Outcome – Case Manager Changes for Children in Care for Extended Time Periods.**

For all children in care 18 continuous months or more in the designated 12 month

period, the percent with three or more case manager changes since their removal date.

Numerator: Number of children in care for 18 continuous months or more during the designated time period who have changed case manager three or more times.

Denominator: Number of children in care for 18 continuous months or more in the designated 12 month time period.

xix. Well-being Outcome – Non-Court Cases

For all children who were victims of a substantiated or indicated maltreatment report during a 12 month period and non-court services were offered what percent were victims of another substantiated or indicated maltreatment report within 12 months of closure of the non-court case.

Numerator: Of the children in the denominator, the number who had another substantiated or indicated maltreatment report within 12 months of closure of the non-court case.

Denominator: The number of children with at least one substantiated or indicated maltreatment report for which non-court services were offered in a 12 month period.

4. Performance Improvement Plan (PIP)

DHHS reserves the right to require a PIP be submitted at any point if performance measures as referenced in Section V. L Retainage and Performance Measurements are not being met. The plan will be submitted in writing and must contain strategies to meet and maintain the identified outcome. This PIP shall be submitted within 14 Subrecipient business days of the request.

M. REPORTING REQUIREMENTS (DELIVERABLES)

1. Cost Allocation Plan

A cost allocation plan meeting the standards set forth in this RFP must be submitted to and approved by DHHS by no later than ninety (90) days after Operational Start Date. DHHS will not unreasonably withhold approval of such cost allocation plan.

2. Financial Reports

a. Financial statements must be provided by the Subrecipient to DHHS within thirty (30) calendar days of the end of each month. The financial statements must include a balance sheet, income statement, and statement of cash flows in a format to be agreed upon during subaward negotiations. The financial statements must be prepared using the accrual basis of accounting and using GAAP.

b. Thirty (30) calendar days following the end of each month, an aging of accounts payable must be provided by the Subrecipient to DHHS. The accounts payable aging must be consistent with the monthly financial statements provided to DHHS and list, by subcontractor or Second Tier Subrecipient, the amount owed to each subcontractor or Second Tier Subrecipient and what portion of the amount owed has been due less than thirty (30) days; what portion has been due between thirty (30) days and fifty-nine (59) days; what portion has been due between sixty (60) days and eighty-nine (89) days; what portion has been due between ninety (90) days and one hundred nineteen (119) days; and what portion has been due one hundred twenty (120) days or longer. In addition, a reconciliation of accrued expenses to the balance sheet must also be provided each month to the DHHS. Nothing in this section is intended to limit access to the Subrecipients records and information as provided elsewhere in this subaward and the terms of this section shall survive expiration or termination of this subaward.

3. Expenditures

a. The Subrecipient must track and report, quarterly and annually, all federal and state expenditures, including administrative costs, in a format to be agreed upon during subaward negotiations. This report shall be due on the 15th day following the end of the quarter and 15th day after the end of the subaward year. Tracking includes, but is not limited to, reconciling its monthly financial statements to invoices for services for purposes of claiming reimbursement under Title IV-E of the Social Security Act. The reconciliations must be readily reviewable and traceable to source documentation. Source documentation includes, but is not limited to: invoices, timesheets, and other billing documents; payments to foster parents and other providers by check, electronic funds transfer, or other types of payment; and contracts, subawards, and other

writings documenting the agreement of the parties relating to services and compensation. In the event that such reconciliation is not completed by the last day of the second month following the end of a reporting quarter, DHHS may elect to withhold the next advance payment until the reconciliation is completed. DHHS may also withhold the final payment necessary to effect reconciliation from any payment made.

4. State and Federal Reports

- a. The Subrecipient shall provide any and all information requested, in writing, by DHHS that is deemed necessary to complete reports required by any applicable federal or state law or regulation, including but not limited to caseloads, training, coordination with Tribes, Foster and Adoptive Parent Recruitment and Retention Plans, monthly caseworker visits, Continuous Quality Improvement, and others.

5. Outcome Measures

- a. The Subrecipient shall submit monthly reports on Outcome Measures as addressed in Section V, subsection L 2-3.

6. Performance Reviews

- a. The Subrecipient shall submit a written monthly report for performance measures indicated in Section V, subsection L, Retainage and Performance Measurements

7. Foster Care

- a. The Subrecipient shall provide a written quarterly report of licensed Resource Family (foster) homes recruited and retained during the month.

8. Training

- a. The Subrecipient shall submit a quarterly report of training that occurred for case management staff, to include but not limited to training curricula, training rosters, and hours of training.

9. Grievances

- a. The Subrecipient must provide to DHHS a quarterly report of all grievances about the performance or actions of the Subrecipient made by children, families or constituents.

10. Critical Incident Reports

- a. The Subrecipient shall immediately report (verbally) to DHHS any Critical Incident. The term Critical Incident includes, but is not limited to:
 - i. Death of a child resulting from abuse or neglect;
 - ii. Near fatality, life threatening condition or serious injury of a child resulting from abuse or neglect;
 - iii. Suicide, or attempted suicide of a state ward or child who DHHS serves;
 - iv. Death of a state ward or child DHHS is working with by other means, accidental or non-accidental;
 - v. Death or non-accidental serious injury of a staff person while on the job;
 - vi. Allegations or arrests of a state ward or child who is served by DHHS is involved with for serious illegal/criminal activity (i.e. homicide; manslaughter; near fatality of another person; sexual assault; assault – first or second degree; aggravated or armed robbery; etc.,
 - vii. Any other event that is highly concerning, poses potential liability, or is of emerging public interest; and;
 - viii. Any incident that meets the definition of sexual abuse as defined in Neb. Rev. Stat. § 28-318.
- b. The Subrecipient shall provide to DHHS a written report of the Critical Incident within four (4) hours on the DHHS-approved format.

11. Safety Standards:

- a. The Subrecipient shall immediately report any circumstances that would require a report pursuant to Neb. Rev. Stat. § 28-711 to the DHHS Hotline (1-800-652-1999), or appropriate law enforcement agency, or 911, if an emergency, in addition to the assigned DHHS personnel.
- b. The Subrecipient must provide documentation of its protocol after award of the subaward for reporting suspected abuse and neglect for staff in its employment and with any subcontractors or Second Tier Subrecipients.

12. Laws Violations by Employees

- a. The Subrecipient must report, within 24 hours, to DHHS, any non-traffic arrest or conviction of an employee who may have contact with children and families in the performance of this subaward.

N. CAPACITY BUILDING COMPONENT

- 1. DHHS will reimburse actual and allowable expenses incurred by the Subrecipient for reasonable and prudent incremental management, administrative, and support staff, as well as reasonable and prudent operating expenses incurred prior to Operational Start Date that are necessary to build capacity in Nebraska to support transition planning, staff recruitment, and service contract procurement. Such reimbursement of actual and allowable costs shall not exceed \$300,000 (three hundred thousand dollars).

VI. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Technical and Cost Proposal. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their proposals; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in the following subdivisions; format and order:

A. PROPOSAL SUBMISSION

1. REQUEST FOR PROPOSAL FORM

By signing the "RFP for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this RFP, agrees to the Terms and Conditions stated in this RFP unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

The RFP for Contractual Services form must be signed using an indelible method (not electronically) and returned per the schedule of events in order to be considered for an award.

Sealed proposals must be received in the State Purchasing Bureau by the date and time of the proposal opening per the Schedule of Events. No late proposals will be accepted. No electronic, e-mail, fax, voice, or telephone proposals will be accepted.

It is the responsibility of the bidder to check the website for all information relevant to this solicitation to include addenda and/or amendments issued prior to the opening date. Website address is as follows: <http://das.nebraska.gov/materiel/purchasing.html>

Further, Sections II through VI must be completed and returned with the proposal response.

2. CORPORATE OVERVIEW

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should describe its corporate structure. It should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized. Per Neb Rev Stat. § 43-4204, the Subrecipient must have a board of directors of which at least fifty-one percent of the membership is composed of Nebraska residents who are not employed by the Subrecipient or by a subcontractor of the Subrecipient. Failure to provide a plan that sufficiently addresses the statutory requirements, in the sole discretion of DHHS, may result in a rejection of any bid. Any new entity created will have to execute all final contractual documents, but the entity does not have to be created unless awarded the subaward. The bidder should describe how it will comply with the requirements of the governing board and financial liquidity as described in Neb. Rev. Stat. § 43-4204.

While the bidder does not have to be a "non-Federal entity," as defined by 45 CFR § 75.2 as it may be amended from time to time, the Subrecipients (if a new entity is created for the purposes of this contract) must be a "non-Federal entity" as provided in said regulation

b. FINANCIAL STATEMENTS

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

c. CHANGE OF OWNERSHIP

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded vendor(s) will require notification to the State.

d. OFFICE LOCATION

The bidder's office location responsible for performance pursuant to an award of a subaward with the State of Nebraska should be identified.

e. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous ten (10) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract / subaward number(s) and/or any other information available to identify such contract(s) / subaward(s). If no such contracts / subawards exist, so declare.

f. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's proposal response is or was an employee of the State within the past twenty-four (24) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

g. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract / subaward terminated for default during the past ten (10) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past ten (10) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past ten (10) years, so declare.

If at any time during the past ten (10) years, the bidder has had a contract / subaward terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

The bidder should provide a summary matrix listing the bidder's previous projects similar to this RFP in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

The bidder should address the following:

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this RFP. These descriptions should include:
 - a) The time period of the project;
 - b) The scheduled and actual completion dates;
 - c) The Subrecipient's responsibilities;
 - d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
 - e) Each project description should identify whether the work was performed as the prime Subrecipient or as a subcontractor. If a bidder performed as the prime Subrecipient the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
- ii. The bidder's financial management capacity including experience / ability to manage federal funds, financial stability, systems, and cost allocation plans.
- iii. Subrecipient and subcontractor(s)/ Second Tier Subrecipient experience should be listed separately. Narrative descriptions submitted for subcontractors / Second Tier Subrecipient should be specifically identified as subcontractor Second Tier Subrecipient projects.
- iv. If the work was performed as a subcontractor / Second Tier Subrecipient, the narrative description should identify the same information as requested for the Subrecipient above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor / Second Tier Subrecipient.
- v. Bidder should describe previous experience with service the child welfare population or any other relevant experience with the child welfare population.

i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the subaward resulting from this RFP. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the RFP in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

j. SUBCONTRACTORS

If the bidder intends to subcontract / subaward, any part of its performance hereunder, the bidder should provide:

- i. name, address, and telephone number of the subcontractor(s) / Second Tier Subrecipient(s);
- ii. specific tasks for each subcontractor(s) / Second Tier Subrecipient(s);
- iii. percentage of performance hours intended for each subcontract / subaward; and
- iv. total percentage of subcontractor(s) / Second Tier Subrecipient(s) performance hours.

k. REFERENCES

The bidder should provide three references from a non-DHHS individual familiar with the bidders' corporate experience.

3. TECHNICAL APPROACH

The technical approach section of the Technical Proposal should include the following items:

- a. Attachment Four – Business Associate Agreement
- b. Attachment Six - Business Requirements Matrix;
- c. Catalogue of In-Home Services;
- d. Preliminary Implementation Plan;
- e. Draft Cost Allocation Plan of development and implementation of Random Moment Time Study or other time tracking method; and
- f. Transitional Plan



**Technical Proposal &
Attachment 6**

CO Corporate Overview

a. **BIDDER IDENTIFICATION (Bidder Information below)**

Saint Francis Ministries, Inc.,
f/k/a Saint Francis Community Services, Inc.
Corporate Office
509 E. Elm Street
Salina, KS 67401-2353
Phone: 785.825.0541 / 800.423.1342
Fax: 785.825.2502
<https://saintfrancisministries.org/>

Saint Francis Ministries, Inc. has 10 subsidiaries *providing healing and hope to children and families* in seven (7) states and two Central American countries. Our vision is *Saint Francis will be recognized nationally and internationally for transforming lives and systems in ways others believe impossible.*

The 10 subsidiaries include the following:

Saint Francis Community Services, Inc.
Saint Francis Community and Residential Services, Inc.
Saint Francis Community and Family Services, Inc.
Saint Francis Community and Outreach Services, Inc. (Texas and International Outreach)
Saint Francis Community Services in Nebraska, Inc.
Saint Francis Community Services in Oklahoma, Inc.
Saint Francis Community Services in Mississippi, Inc.
Saint Francis Community Services in Illinois, Inc.
Bridgeway, Inc.
Saint Francis Foundation, Inc.

Section VI.A.2.a. of the Request for Proposal requires the entity that is a successful bidder and Subrecipient of the subaward to have a board of directors of which at least fifty-one percent of the membership is composed of Nebraska residents who are not employed by the Subrecipient, as required by Nebraska Revised Statutes § 43-4204. Saint Francis will comply with this statutory requirement if awarded the subaward.

Section VI.A.2.a. also provides that a bidder may create a new entity to perform the work under the subaward after the subaward is awarded. As permitted by the RFP, Saint Francis intends to create such a new entity if awarded the subaward. Saint Francis already provides Agency Supported Foster Care services for the Division of Children and Family Services in Western Nebraska and has deep connections in the state, both among child welfare professionals and in the Episcopal Church. Saint Francis has identified a number of individuals who are residents of Nebraska and are affiliated with Saint Francis, the Episcopal Church, or both with sufficient experience in child welfare, health care, and nonprofit management to serve as board members of the new entity. Upon the request of the Department of Administrative Services and the Department of Health and Human Services, either prior to or upon being awarded the subaward,

Saint Francis will be prepared to identify the Nebraska residents it has identified to serve as board members of the new entity.

b. FINANCIAL STATEMENTS – See below

c. CHANGE OF OWNERSHIP – No

d. OFFICE LOCATIONS IN NEBRASKA

Grand Island Office
1811 W. 2nd Street, Ste 105
Grand Island, NE 68801

North Platte Office
121 N. Dewey, Ste. 201
North Platte, NE 69404

Omaha Office
Have already begun exploring properties
Address to be determined

Organized: 1945

CO-1: Financial Statements and Litigation

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

Comply: X

b. FINANCIAL STATEMENTS

The most Recent Audited Financial Reports can be found in Attachment A.

The name, address, and telephone number of the fiscally responsible representative of Saint Francis is Intrust Bank, Mark Heiman, P.O. Box 1, Wichita, KS 67201 Phone 316-383-1482.

a. BIDDER INFORMATION
Description of Organization

Saint Francis Ministries, Inc., f/k/a Saint Francis Community Services, Inc., (Saint Francis) is an independent not-for-profit 501(c)(3) organization dedicated to providing healing and hope to children, adults and families, and changing lives in ways that others believe impossible. Initially established in 1945 as a boys' home in rural Ellsworth, Kansas, Saint Francis's Child Management and Information Systems 2018 report shows that we have grown to serve over 18,000 children and families each year.

Saint Francis is dedicated to the needs of children and families as we advocate for and work to help them achieve safety, permanency, and well-being. Feeling safe and secure is vital to the growth of children and the prosperity of family. We value both traditional and non-traditional families, believing families make children's lives better. Though rooted in the Episcopal tradition, Saint Francis is an independent community organization dedicated to the protection, nurturing, and healing of all children in body, mind, and spirit. To that end, while partnering with government agencies in supporting children and families in crisis, Saint Francis honors religious freedom. Saint Francis welcomes the opportunity to provide important and life-changing services to children from all walks of life.

Saint Francis is strategically located throughout seven (7) states and two (2) Central American countries, delivering the best possible services to children and families in their home communities with accessibility to staff and services with timely responses. We are licensed to provide and currently offer child welfare services in five (5) states, including Nebraska, Kansas, Oklahoma, Texas, and Arkansas, where services are provided in urban, suburban, rural, and frontier counties. In Kansas, Saint Francis has been licensed and in good standing as a Child Placing Agency since 1970 and Joint Commission accredited since 1974, earning the Gold Seal of Approval by demonstrating compliance with the Joint Commission's national standards for health care quality and safety in behavioral health care.

Saint Francis is well positioned to meet the State of Nebraska Department of Health and Human Services' (DHHS) Division of Children and Family Services (DCFS) goal of providing full service case management, including the development and purchase of the full array of services to meet the needs of children and families in the Eastern Service Area of Nebraska. As the subrecipient, we will "deliver high quality case management and child protection services, including provision of Well-Supported, Supported, and Promising Practice evidence-based models that strengthen families and build protective factors in families, in compliance with the federal Family First Prevention Services Act (FFPSA)."

As child welfare specialists, "when family preservation is not possible, Saint Francis will ensure the recruitment and retention of culturally humble resource families to care for the child(ren), ensure the delivery of trauma-informed services, and engage and support the biological parents in the reunification process." If permanency is not attained for the child in a timely manner, then

Saint Francis “will provide an array of culturally humble adoptive parents willing to provide a forever family to the child who support the engagement of the child in cultural activities and maintain sibling connections whenever possible.” Saint Francis looks forward to partnering with the State of Nebraska and collaborating with other community and network providers to offer family centered services that enhance the safety, permanency, and well-being of children.

For over seven decades’ Saint Francis has provided quality child welfare services in urban, rural, and frontier settings. Our track record of performance improvement, success in meeting outcomes, and “doing the right thing” for children and families is evidenced in our long-standing relationships with our multi-state contractors. Some of our highlights are listed below.

- **We have maintained a 90% or higher rate of child placement in a family-like setting from FY10 through FY18¹.**
- **Our success in retaining foster care home families is evidenced by having a satisfaction rate of 97.4% with over 813 foster homes throughout Kansas, Nebraska, and Oklahoma.**
- **We have over 57% Reunification Permanency compared to the national average of 49%².**
- **In the Kansas Wichita Region, we have succeeded in finding at least one responsible adult connection for 90.6% of youth aging out of foster care in FY18³.**

Saint Francis believes that families are the best resource for achieving and maintaining permanency for children. When children must be separated from their parents or caregivers due to safety and/or health concerns, there can be long-term consequences. Saint Francis strongly supports the use of a family-centered service delivery model to maintain children in their home communities, and we have a rich history of successfully connecting children with their families while providing for their safety and health.

Our service delivery model and methodology affirm and respect the strengths of the child and family and encourages a natural collaboration among the child, family, their support systems, community-based support systems, Saint Francis, the State, and others. The collaborative process of designing a service plan and course of action to make positive changes will lead the child and family toward permanency. Saint Francis uses elements of Family Voice and Choice (FVFC) to provide family case planning. Likewise, community-based care strengthens children, youth, families, and communities. Our extensive kinship searching methods, support system building strategies, and community engagement techniques bring communities and families together to achieve safety, permanency, and well-being for children.

Building on a quality foundation of core services and decades of experience in providing well-supported practices in child welfare services across the center of the U.S., Saint Francis continues to refine our service delivery model to meet the changing and unique needs of diverse populations. Throughout these states, Saint Francis has continuously demonstrated the ability to

¹ Kansas Department for Children and Families: Prevention and Protection Services, Foster Care\Adoption Case Management Contract Performance

Outcomes, <http://www.dcf.ks.gov/services/PPS/Pages/CaseManagementContractOutcomes.aspx>

²Children’s Bureau: *The AFCARS Report* <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>

³Kansas Department for Children and Families: Permanent Connection SFY2018,

http://www.dcf.ks.gov/services/PPS/Documents/FY2018DataReports/FCAD_ContractOutcomes/PermanentConnectionFY2018.pdf

perform high quality case management within the parameters of government-awarded contracts in Family Preservation; Reunification, Foster Care, and Adoption (RFCA) services, including Independent Living and Another Planned Permanent Living Arrangement (APPLA) services; and recruiting and retaining kinship and foster family homes/Foster Care Home Placement. Our experience in capacity, network building and partnership, trauma-informed and evidence-based therapies, and family preservation services has contributed to our ability to develop infrastructures and tailor service delivery to specific communities.

As our service area grows, Saint Francis adapts to the changing environment of our clients, delivering high quality care that suits each family's emotional and physical situations. Our expansion throughout Kansas and into Oklahoma (2008), Nebraska (2012), Texas (2017), and Arkansas (2019) highlights our ability not only to meet the needs of the community but to establish trust within these communities as well. Additionally, our licensure to practice the Family Centered Treatment model in Nebraska will further our ability to bring lasting hope and healing to families across the country. Brief descriptions of each state are provided below.

Kansas

Saint Francis's Family Preservation, Kinship, and Reunification, Foster Care, and Adoption (RFCA) programs and services in Kansas have focused on family care and engaging communities to assist children and families in achieving safety, permanency, and well-being since 1986. Through these programs, we have decades of experience offering community-based services that are evidence-based, family-centered, and trauma-informed. Our approach is tailored to meet the individual needs of the family and incorporate the Six Protective Factors defined by the U.S. Department of Health and Human Services. Furthermore, our trauma-informed treatment and services practice model addresses the effects of trauma on individuals and families based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Principles of a Trauma-Informed Approach. We have provided reunification, foster care, and adoption services throughout the state of Kansas for 18 years, and Family Preservation services for 22 years. We are primed to take our community-based service delivery model and 74 years of case management experience to children and families in Nebraska's Eastern Service Area.

Saint Francis is currently contracted to provide foster care reunification, adoption, and child placement services in Kansas and has successfully held this status since 2000. Additionally, we have verified hundreds of family foster homes and supported three (3) youth residential centers for those children needing a more structured setting. During this time, Saint Francis has expanded to meet the needs of children and families in many different geographical areas, including urban, suburban, rural, and frontier areas of the state. With expert understanding of the complexities that exist within these geographic populations, our organization provides timely, family-centered services tailored to the unique environment of the family home, with direct assistance in building familial, kin, foster care, and community-based support networks. We provide direct services to children and families throughout 75 of Kansas's 105 counties and serve the remaining counties with community-based services.

Since 1998, Saint Francis's Clinical Services and Behavioral Health department has provided support to strengthen, unite and reunite children and their families through mental health counseling, psychological evaluation, testing, assessments, and substance use disorder treatment services. Saint Francis uses well established, evidenced-based mental health services for children

and their families. We provide crisis intervention, individual, family, and/or group therapy. We do so in home, school, community, our three (3) behavioral health offices, and our psychiatric residential treatment facility.

Nebraska

Saint Francis currently provides kinship/foster care home and adoption homes, family support programs, Intensive Family Preservation, Intensive Family Reunification, and Family Centered Treatment services in Nebraska. We have provided foster care services for the Nebraska Department of Health and Human Services (DHHS) since 2012 and Intensive Family Preservation Services (IFP) since 2017, adding Intensive Family Reunification services in 2018 after demonstrating positive results through IFP. We were then approached by DHHS to become the first certified Family Centered Treatment (FCT) provider in Nebraska in 2018. We are currently the only provider of this evidence-based practice model in Nebraska.

Our ability to pull from decades of experience in Family Preservation, adoption, and kinship/foster care services in Kansas enabled our organization to recognize the needs and accomplish the goals presented in Nebraska. Initially, Saint Francis worked with Nebraska DHHS to develop much needed foster care homes to prevent children from being placed out-of-state. By making our organization readily available and responsive to the needs of Nebraska's communities, Saint Francis is able to maintain 59 foster homes in rural and frontier areas where they are much needed, keeping children in their communities and closer to their families, friends, and support networks. Since providing foster care services in 2012, our goals and objectives have expanded in Nebraska to develop a family support program and include adoption services.

Our efforts to build and establish vital resources in Nebraska have allowed us to develop a professional team dedicated to recognizing the needs of different geographical environments, as well as accessing and connecting referred families to a variety of existing community resources and options. After a meeting with DHHS to discuss their goals and strategies, we ascertained that the area of greatest need was the shortage of providers in western Nebraska, particularly North Platte and Gering, as well as in Grand Island, located in the central part of the state. In successfully expanding our services to the more rural areas of the state, Saint Francis has demonstrated the ability to bring our services to families in an efficient and timely manner and our desire and ability to bring hope and healing to those in different community settings.

Oklahoma

In 2012, Saint Francis was selected as a Bridge Resource Provider in Oklahoma City, Tulsa and McAlester. A Bridge Resource Family provides temporary care, love, and nurturing to a child. They welcome children into their home at any hour, day or night, and manage a wide array of emotions/behaviors of those in their care. They successfully navigate agency regulations, policies, and paperwork and serve as mentors and social community supports, actively helping biological families improve their abilities to safely care for their children with the goal of achieving safe and timely permanency for the child. They actively assist in the child's transition and the family's transition to reunification, legal guardianship, adoption, independent living, or APPLA and work to maintain the child's connection to kin, culture, and community.

Saint Francis recruits, trains, assesses, approves, and provides on-going support services for Bridge Resource Families to maintain the least restrictive out of home care placements for children and youth in state conservatorship. Prospective families receive 27 hours of pre-service training, plus six (6) hours of orientation, as well as assistance with decision making and licensure processes. Furthermore, staff provide professional support, ongoing training and support groups, crisis intervention, and other identified services for every Bridge Resource Family, with a goal of providing a caring and stable family environment where each child is safe until permanency. Our office locations are in McAlester, Oklahoma City and Tulsa, and our service areas are Oklahoma City and contiguous counties in Northeast and Southeast Oklahoma.

Texas

Saint Francis became a Child Placing Agency in Abilene, Tx in 2016 and we have made community partnership a priority to bring families into the community-based care network and to provide resources for children in foster care. We have successfully adapted our service model to Texas' standards and become part of the provider community in Abilene to meet the needs of Texas children and families by adapting to statutes, policy procedures, and to bridge gaps to diverse demographics and resources. We have worked with the State, faith-based communities, and other providers in the development and implementation of recruitment activities to engage more qualified families. We have fully implemented the CANS 2.0 process to provide timely and efficient assessment of needs to identify the most appropriate and beneficial service plans for the children of Abilene.

Our child placing agency (CPA) in Abilene actively seeks caring homes in family-like settings to facilitate and provide the least restrictive out of home care placement for children. We recruit foster care families that provide various levels of care to children, ranging in age from 0 to 19, including respite and emergency care. Potential foster care families receive extensive training prior to child placement, in addition to assistance in decision making and verification processes with our staff. Saint Francis collaborates with the families to determine best placement strategies for children, providing ongoing professional support, training, and other services after placement. We assist relatives and fictive kin with the State's verification process so that care may be continued in a warm and caring environment where children will be safe and remain in their communities until permanency is secured.

Arkansas

In 2019, Saint Francis was awarded the Intensive In-Home Services contract for children and families in 15 counties in Arkansas to safely reduce the number of children in state conservatorship. These services will prevent children from being removed from the home and also provide essential supports to families whose children have been removed in order to facilitate successful reunification. At the time of this submission, we are in the implementation process. In these counties, we will provide intensive, long term, evidence based, and trauma informed in-home services aimed at reducing child abuse and neglect; improving family functioning; enhancing parenting skills; addressing mental health and substance abuse issues; reducing child behavior problems; connecting families to formal and informal concrete supports; and empowering families to be able to solve future problems independently. Saint

Francis’s services are strength-based and tailored to the unique needs of each family; our staff develop a solid understanding of environmental, behavioral, and cognitive interventions when working with families to provide the best care possible.

Summary

Saint Francis staff live and work in the communities we serve; our connection to community and local support services is vital to our success in building new infrastructures and strengthening existing resources to change the lives of children and families in ways others believe impossible.

As successful providers of Family Preservation, RFCA and other services in the center of the U.S. for over 20 years, Saint Francis has developed significant expertise in building the necessary professional infrastructure needed to initiate work across the Eastern Service Area of Nebraska. Staff members who make up the heart of Saint Francis are competent, dedicated, and caring individuals who go the extra mile to make a difference in the lives of the children and families they serve. We actively seek to enhance parenting skills, address mental health and substance use issues, reduce child behavior problems, and empower youth and families to solve future problems independently through developing formal and informal concrete supports in compassionate and meaningful ways.

c. RELATIONSHIP WITH THE STATE

Table CO is the Nebraska State Grants and Contracts from January 1, 2009 to present.

Table CO	NEBRASKA STATE GRANTS & CONTRACTS	1/1/2009 to present
Table CO	Governmental Agency Name	Program/Type of Service
		Contract Period
	Nebraska Department of Health and Human Services	Title IV-E - Agency Supported Foster Care (ASFC)
	Division of Children and Family Services	0G-1801NEFOST
	Nebraska Department of Health and Human Services	Family Centered Treatment (FCT)
	Division of Children and Family Services	
	Nebraska Department of Health and Human Services	Parenting Skills and Visitation Services
	Division of Children and Family Services	
	Nebraska Department of Health and Human Services	Parenting Time, Visitation Services and FSW
	Division of Children and Family Services	(North Platte area)
	Nebraska Department of Health and Human Services	Intensive Family Preservation Services (IFP)
	Division of Children and Family Services	
	Nebraska Department of Health and Human Services	Intensive Family Preservation Services (IFP)
	Division of Children and Family Services	(North Platte and Scottsbluff Panhandle areas)
	Nebraska Department of Health and Human Services	In Home Safety Services
		9/1/12-6/30/13

Division of Children and Family Services		
Nebraska Department of Health and Human Services	Family Support Services	9/1/12-6/30/13
Division of Children and Family Services		
Nebraska Department of Health and Human Services	Intensive Family Reunification Services (IFR)	7/16/18-present
Division of Children and Family Services	(North Platte and west to the Panhandle areas) #82636-04	
Nebraska Department of Health and Human Services	Drug Testing Services	10/2018-present
Division of Children and Family Services	(Grand Island area)	

f. BIDDER'S EMPLOYEE RELATIONS TO STATE None

g. CONTRACT PERFORMANCE

Saint Francis has not had a contract / subaward terminated for default during the past ten (10) years. We do not have any of those events as described below that would affect the viability or stability of the organization.

CO-2: Summary Matrix Similar Projects

The bidder should provide a summary matrix listing the bidder's previous projects similar to this RFP in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.

Comply: X

h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE

Since 1945, Saint Francis has been fundamentally involved in protecting children, restoring families, and helping individuals live healthy lives. Our mission is to *provide healing and hope to children and families*. From a boys' home serving 12 troubled youth to an international, seven state community-based non-profit, we have continued to grow to meet the needs of 13,753⁴ children and 4337 families each year. We strive to develop, implement, and maintain quality assurance and program improvement in our services to continually achieve better outcomes for the persons in our care.

Saint Francis administers family preservation, foster care, kinship care, family reunification, and adoption services throughout five (5) states. We are licensed to provide child welfare services in Nebraska, Kansas, Arkansas, Oklahoma, and Texas. Since 1970, we have been in good standing as a Child Placing Agency in Kansas.

Our experience as a Child Welfare Case-Management provider began when the State of Kansas first privatized services and awarded Saint Francis the Family Preservation Contract for the rural and frontier West Region. Saint Francis began providing reintegration, foster care, and kinship care services for the West Region in 2000, and Adoption services were added in 2005.

⁴ Saint Francis Community Services Child Information System Demographics for 2018.

Our programs are delivered using a family-centered model to provide the best community-based services to achieve safety, well-being, and permanency for children and families. Our track records of performance improvement, success in meeting outcomes, and “doing the right thing” for children and families are evidenced in our long-standing relationships with our contractors. We remain dedicated to meeting performance outcomes and simultaneously building lasting and strong partnerships with many diverse community providers.

With 37 offices and over 1,200 staff members strategically located throughout our service areas, Saint Francis has demonstrated the ability to meet the needs of the families we serve in a timely manner. We fully engage communities in serving children, youth, and families. Some of our community outreach programs for family stability include behavioral health services, substance use outpatient and intensive treatment, fatherhood initiative programs, community health programs, refugee resettlement, immigrant child and family services, family support programs, workforce development, truancy prevention programs, and parenting programs. We have built trusted long-term relationships with partnering organizations that can most effectively meet this need in a manner that achieves better outcomes for children.

In addition to RFCAs services, we have grown our services to continue to meet the needs of the children and families in our care. Saint Francis has three (3) residential treatment facilities in Kansas that provide 24-hour intensive care to children and teens suffering the greatest trauma; a secure residential living environment for youth ages 12-18 who have chronic runaway behaviors and have been adjudicated by the courts as children in need of care (CINC); and a psychiatric residential treatment facility; and a restorative residential therapy to minor female victims of commercial sex trafficking. Additionally, we provide residential independent living programs and employment to intellectually and developmentally disabled adults in Gulf Port and Picayune Mississippi.

In 2017, Saint Francis formed an alliance with the International Social Service-USA Branch to provide cross-border social services to children and families separated by voluntary or forced migration, adoption, abduction or human trafficking. We conduct joint information sessions for social workers, judges, lawyers and other child protection professionals, focusing on the international processes required to reunify children with their families abroad.

In 2018, we began our Refugee Resettlement program to provide initial and ongoing resettlement services to immigrants who qualify for refugee status through the U.S. government. Federal and state refugee agency grants fund programs that begin with refugees’ arrival in the U.S. through a process of acclimation to living in the U.S. Programs, including housing and employment assistance, navigating health and educational systems, and cultural orientation.

The following Prime Subrecipient Projects (See CO-2 A.) performed by Saint Francis, including all contract foster care work currently being done in Nebraska, Kansas, Oklahoma, Texas, and Arkansas demonstrates our ability to perform the Scope of Work described in the Full Service Case management RFP for Douglas and Sarpy counties.

CO-2. A. Prime Subrecipient Projects
1970
Licensed and in good standing as a Child Placing Agency (1970 –current)
1974

CO-2. A. Prime Subrecipient Projects	
Joint Commission accredited earning the Gold Seal of Approval (1974 –current)	
1996	
Family Preservation Program, Kansas	
Selected as the Family Preservation provider for 53 counties in Western Kansas -Region IV (1996 – 2013) State of Kansas’ Department of Children and Families (KS-DCF)	
Intensive in-home mediation and therapy to families (1996-current) KS-DCF	
1997	
Foster Care Homes, Kansas	
Established a Foster Care Homes program providing care for children and youth in foster homes (1997-current) KS-DCF (<i>Currently we have 813 homes throughout four states</i>).	
2000	
Reintegration/Foster Care Program, Kansas	
Selected as the Reintegration/Foster Care provider for 53 counties in Western Kansas (Region IV) (2000-current) KS-DCF	
Assures foster children are placed in the least restrictive environment consistent with their needs	
Oversees the Care Center to manage placement for children in Region IV in Kansas in out-of-home placements	
2005	
Reintegration/Foster Care Program, Kansas	
Includes Adoption Services (2005-current) KS-DCF	
2007	
Foster Care Homes, Kansas	
Established Therapeutic Foster Care program in Kansas (2007-current) KS-DCF	
2008	
Therapeutic Foster Care, Oklahoma	
Established a therapeutic foster care program serving children and families in western Oklahoma. State of Oklahoma Department of Human Services Child Protective Services (OK-CPS) (2008-2018)	
2009	
Family Preservation Program, Kansas	
Selected as the Family Preservation provider for 24 counties in Northeastern Kansas (Region III) for four years (2009 – 2013). The one-year of after-care ended June 30, 2014. KS-DCF	
2012	
Foster Care Homes Program, Nebraska	
Established a foster care homes program serving children and families in Nebraska. State of Nebraska’s Department of Health & Human Services Division of Children and Family Services (NE-DCFS) (2012-current)	
Intensive Family Preservation Program, Nebraska	
Established an intensive family preservation program (2012-current) NE-DCFS	
Providing home and services to children and parents that will keep children in their homes with their families	
Family Support Program, Nebraska	

CO-2. A. Prime Subrecipient Projects	
	Established family support services to children and their families identified by DHHS (2012-current) NE-DCFS
	Providing skill development, improved family functioning, and community engagement for support and sustainability
2013	
	Foster Care Homes (Bridge Resource Families) Program, Oklahoma
	Selected as a Bridge Resource provider in the Oklahoma City and Tulsa, Oklahoma districts which is for the recruitment and training of potential families to be Bridge resource families in 2012, OK-CPS
	Family Preservation Program, Kansas
	Selected as the Family Preservation provider for 65 counties in the West Region (2013 – current) KS-DCF Selected as the Family Preservation provider for 10 counties in the Wichita Region (2013 – current) KS-DCF
	Reintegration/Foster Care/Adoption Program, Kansas
	Selected as the Reintegration/Foster Care/Adoption provider for 65 counties in the West Region (2013 – current) KS-DCF
	Selected as the Reintegration/Foster Care/Adoption provider for 10 counties in the Wichita Region for four years (2013 – current) KS-DCF
	Permanency Clinic is a continuum of mental health services available to children, youth, and families to address the emotional and behavioral needs of the children and families served by the Saint Francis Permanency Contract
2015	
	Adoption Services, Nebraska
	Established an adoption program in Western Nebraska (2015-current) NE-DCFS
	Psychiatric Residential Treatment Facility, Kansas
	Established a new state of the art 40-bed, 28,000-square-foot residential facility providing a “healing environment” to nurture the physical, emotional, and spiritual needs of children and youth ages 6-18. (2015-current)
2016	
	Clover House, Kansas
	Established a Restorative Home for adolescent female survivors of human trafficking (2016-current) KS-DCF
	International Ministries, Honduras & El Salvador
	Protect children, strengthen families, and search for solutions that threaten their safety and well-being in El Salvador and Honduras (2016-current)
2017	
	YRC II, Kansas
	Established a male and female Youth Residential Care (YRC II) a 24-hour group home or residential facility for teenagers DCF (2017-current) KS-DCF
	Foster Care Homes, Texas
	Received our Child Placement Agency License. State of Texas’ Department of Family and Protective Services (TX-DFPS) (2017-current)
2018	
	Migration Ministries, Kansas
	Acquired Refugee Resettlement (2018-current)
	Secure Care, Kansas
	Established an 18-bed secure facility for juveniles judged to be chronic runaways with the treatment program designed around trauma informed care for females ages 12-18. (2018-current) KS-DCF

CO-2. A. Prime Subrecipient Projects	
Family Centered Treatment	
	Became the first certified Family Centered Treatment (FCT) provider in Nebraska. (2018-current) NE-DCFS
2019	
Intensive In-Home Services, Arkansas	
	Selected to provide Intensive In-Home Services to 15 rural counties in Arkansas. State of Arkansas's Department of Human Services Division of Children and Family Services (AR-DCFS) (2019-current)

For reference purposes, following table (see CO-2 B on pg. 14) are the Names and Contact Information for the contracts mentioned above.

CO-2 B. References

Current Major State		Contracts	Contacts
Governmental Agency Name	Program/Type of Service	Contract #	Contact Person
Kansas Department for Children and Families	Reintegration, Foster Care & Adoption Services	37677/37680	Linda Cambron
			Linda.Cambron@ks.gov
			Ph. 785-291-3251
			Fax 785-296-1158
Kansas Department for Children and Families	Family Preservation Services	37681/37683	Linda Cambron
			Linda.Cambron@ks.gov
			Ph. 785-291-3251
			Fax 785-296-1158
Nebraska Department of Health and Human Services	Agency Supported Foster Care	0G-1701NEFOST	Ross Manhart
			Ross.Manhart@nebraska.gov
			Ph. 402-471-9732
Oklahoma Department of Human Services Division of Children and Family Services	Bridge Resource Family Services	93141504	Keri Peck
			Keri.Peck@okdhs.org
			Ph. 405-818-8528
			Fax 405-487-4783
Texas Department of Family and Protective Services	Foster Care	24469293	Kristan Risovi-Telfer
			Kristan.Risovi-Telfer@dfps.state.tx.us
			Ph. 817-792-4425
			Fax 512-276-3524
Arkansas Department of Human Services Division of Children and Family Services	Intensive In-Home Services	710-19-1010	Latisha Young
			Latisha.Young@dhs.arkansas.gov
			Ph. 501-682-8866
			Fax 501-682-6968

The table below (See CO-2 C.) is the noted contracts originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

CO-2 C. Originally Submitted Budgets and Actual Budgets					
Governmental Agency Name	Program/Type of Service	Original Scheduled Completion Date	Original Budget	Current Planned Completion Date	Current Planned Budget
Kansas Department for Children and Families	Reintegration, Foster Care & Adoption S	6/30/19	\$91,226,479	6/30/19	\$91,226,479
Kansas Department for Children and Families	Family Preservation	6/30/19	\$5,504,643	6/30/19	\$5,504,643
Nebraska Department of Health and Human S	Agency Supported Foster Care	6/30/19	\$1,449,649	6/30/19	\$1,449,649
Oklahoma Department of Human Services Division of Children and Family Services	Bridge Resource Family Services	6/30/19	\$1,503,452	6/30/19	\$1,503,452
Texas Department of Family and Protective S	Foster Care	6/30/19	\$49,899	6/30/19	\$49,899
Arkansas Department of Human Services Division of Children and Family Services	Intensive In-Home Services	1/1/19	\$837,612	6/30/19	\$837,612

Over the past 74 years, Saint Francis has experienced tremendous growth in services provided to an ever-increasing number of children and families. Visionary leadership, trained personnel, strategic planning, and continuous performance improvement provide the foundation for success across all Saint Francis departments and programs. We approach each program we develop with an unwavering vision of providing opportunities for growth and healing to each child and family we serve in an environment of accountability and responsibility.

Kansas: Saint Francis began providing Kansas contracted Family Preservation services in 1996, Permanency Services (Reintegration, Foster Care, and Kinship Care case management) in 2000, and Adoption services in 2005. Saint Francis has successful met and continues to meet Children and Family Services Review (CFSR) outcomes including safety and placement stability.

Below are descriptions, by state, of some of the relevant services currently provided by Saint Francis (pg.16).

CO-2 D. Kansas Relevant Services
Family Preservation Contract with State of Kansas
Foster Care Homes Program
Reintegration/Foster Care/Adoption Contract with State of Kansas
Adoption
Permanency Clinic
Kinship
Therapeutic Foster Care
Salina West Psychiatric Residential Treatment Facility (PRTF)
Salina West Youth Residential Center (YRC II)
Clover House
Secure Care
Fostering in Faith
Immigrant Child and Family Services

Family Preservation

Through our Family Preservation contracts with the State of Kansas, Saint Francis provides home and community-based services to children and parents to keep children in their homes and with their families. The local Department for Children and Families (DCF) offices refer families who are in imminent danger of having a child removed from the home. Upon referral, assessments are completed, a plan is created, and services are initiated. Behavioral Health Clinicians and Family Support workers meet with the family to strengthen parenting skills, enhance family communication and problem-solving skills, develop structure and guidelines within the family, locate and access resources, and improve the family’s ability to respond to a variety of situations. Services to the family are provided for one year, with the anticipation of those services abating as family functioning improves. The goal is to reestablish and safeguard family safety and well-being.

Foster Care Homes

The Saint Francis Foster Care Homes program recruits, trains, and supports licensed foster families to provide the least restrictive out-of-home placement for children and youth in State custody. Saint Francis actively recruits families to provide various levels of foster care service to children from ages 0 to 18, including respite, emergency care, and adoption. Prospective foster families receive 30 hours of pre-service training in addition to assistance with the decision-making and licensure process. Continual training opportunities in a vast array of subjects are made available to foster families.

FCH staff provide professional support, ongoing training and support groups, crisis intervention, and other identified services for every foster family. A Saint Francis Families website assists foster families in communicating with staff and retrieving information about children in their care. Foster families take an active role in deciding which children will blend best within their household, with the goal being to provide a caring and stable family environment where each child will be safe until permanency is achieved.

Reunification/Foster Care/Adoption

As one of two State of Kansas Contractors in Kansas, Saint Francis provides comprehensive case management/permanency services to children and families. Local DCF offices refer children in

need of out-of-home placement. Each child's and family's situation and needs are immediately assessed. Children are placed in the least restrictive environment possible while maintaining connections with family, kin, school, and home communities. Efforts are made to engage both parents. Staff members work with birth parents to strengthen parenting skills, improve home conditions, and identify and access community-based services to achieve reunification. Most children are reunited with their birth families; however, those who cannot be reunified move on to adoption, permanent custodianship, or independent living.

Adoption

Saint Francis provides adoption services for children in out-of-home care with permanency goals of adoption. Children become legally available for adoption after the relinquishment or termination of parental rights through the courts. Saint Francis staff prepare children for adoption; identify/recruit adoptive resources for children; complete adoption family assessments; and support the adoptive parent and child through legal finalization and aftercare.

Permanency Clinic

RFCA/PC is a continuum of mental health services available to children, youth, and families to address their emotional and behavioral health needs. Most of the services are available at any stage of the foster care, reintegration, and adoption process. The services include mental health medication management, psychological and other mental/behavioral health testing/evaluation, in-home family therapy, and specialized, child-focused therapies. Saint Francis RFCA case management teams refer children and families based on need. Referrals are submitted to Saint Francis Mental Health Liaisons in Wichita or Salina (as assigned). Maintaining family ties is extremely important for all children and families. When children are removed from their birth family homes and placed in out-of-home care, placement with relatives or kin is given first priority. It is in the best interest of children to be placed with relatives or kin who can provide healthy and safe homes. Kin is defined as any family member or person who has a significant relationship with the child or child's family.

Kinship

Kinship care is the full-time care, nurturing and protection of children by relatives, members of their tribes or class, godparents, or any adult who has a kinship bond with a child.

The Kinship program helps locate family and kin using X-Treme Recruiters. Once a relative or kin are found, a Kinship Specialist assesses the family to ensure the home is safe for the child. Background checks are completed on all family members 10 and older, fingerprints are completed on all family members 14 and older, and an environmental walkthrough of the home is completed. A formal interview process and assessment is also completed.

Kinship Support Workers are assigned to help support the home as soon as a child is placed. Kinship Workers help the families maneuver the complex child welfare system, help them locate resources, and advocate for the family's needs. The Kinship Support Worker remains working with the family until the child returns to his/her biological family, achieves adoption, the family takes guardianship, or the child is moved to a non-kinship placement.

Therapeutic Foster Care (TFC)

TFC is a family-based program whose overall purpose is to improve the mental health status, emotional and social adjustment of youth requiring out-of-home placement; particularly youth

who display criminal behaviors or thinking. TFC utilizes Cognitive Behavioral Therapy training and intervention tools, which have been successful for youth with criminogenic characteristics, to improve and teach the youth decision making skills, coping skills, social skills, and to address underlying problems which are negatively affecting the youth's ability to live successfully with their family or in the community. Therapeutic foster parents are an integral part of the team, are viewed as colleagues, and are active agents of interventions and change. Therapeutic foster parents are trained in Cognitive Behavioral skills and techniques and are provided weekly support by TFC staff.

The program serves youth ages 10 through 22, with the optimum length of placement being a minimum of six months. Other key components include staff trained in Cognitive Behavioral Therapy, a pre-placement interview and assessment with the youth, the program's ability to meet the youth's needs, and development of a treatment plan with input from the professional team.

Psychiatric Residential Treatment Facility

Saint Francis provides trauma-informed treatment services for youths ages 6-18 who have a profile of mental illness and chronic behavior problems, placing themselves or others in danger of being harmed. The program includes services and staff equipped to treat seriously disturbed youth who might have additional problems with sexual abuse and alcohol or drug use/abuse. Treatment is daily and intensive with a trauma-informed approach including individual, group, and family therapy, activity therapy, relationship development, emotion regulation skill building, life skill building, psychiatric evaluations, and consummate medication. Youth who have stabilized emotionally are transitioned to a community-based environment which includes their family, or in the case of youth in state custody, a foster or group home.

Youth Residential Center (YRC II)

YRC II is a secure residential living environment for youth ages 12-18 who require a structured daily living routine. Individualized care plans are created for each client that include goals, objectives, and services that are designed to encourage progress during the client's stay. A variety of different services are provided through outpatient and in-house services, including, but not limited to, substance use treatment, individual and group therapy sessions, family therapy, case management services, psychiatric evaluations, medication management services, individual counseling, social work services, education services, independent/basic living skills groups, and various psycho-social groups designed to meet the youth's individualized needs and promote an overall balanced and healthy living environment.

Clover House

Our restorative residential home for minor survivors of sexual exploitation/human trafficking is one of only a handful of similar programs in the nation and is unique in its approach to supporting survivors. Based on evidence and research around vulnerabilities, protective factors and resiliency, Clover House provides the resources necessary for youth to move from severe trauma to healing to wholeness. Our intensive and intentional staffing pattern allows our youth to receive individual attention and support, so that restorative, healing relationships can be built. Education, mental health, substance abuse treatment, life-skills training, and case management services are integrated into the program. Clover House is designed to provide an intensive, individualized approach to supporting an adolescent's healing journey.

Secure Care

Secure Care is a secure residential living environment for youth ages 12-18 who have chronic runaway behaviors and have been adjudicated by the courts as children in need of care (CINC). Individualized care plans are created for each client that include goals, objectives, and services that are designed to encourage progress. A variety of services are provided though outpatient and in-house services, including - but not limited to - substance use treatment, individual and group therapy sessions, family therapy, case management services, psychiatric evaluations, medication management services, individual counseling, social work services, educational services, independent/basic living skills and various psycho-social groups.

Fostering in Faith

Through our Fostering in Faith program, Saint Francis reaches out to the faith-based community to share the needs of our older youths without identified resources (with the youth’s permission) with a wide network of churches throughout the nation. Congregations put our children’s stories in their bulletins and flyers, and members actively pray for their permanency and well-being. This outreach can lead to lifelong connections for youth, their families and have inspire a church member to become a foster or adoptive parent through ongoing information about the need for caregivers.

Immigrant Child and Family Services

Saint Francis’s Immigrant Child and Family Services program assesses the needs facing the immigration experience and engages a comprehensive approach to meeting these needs. In addition to helping ensure culturally and linguistically appropriate services, Saint Francis is recognized by and employs staff accredited by the Board of Immigration Appeals, providing immigration support services and legal assistance, as well as case management support to effectively serve the needs of immigrant clients.

Nebraska: Initially, Saint Francis worked with Nebraska DHHS to develop much needed foster care homes in rural communities to prevent children from being placed out-of-state. By making our organization readily available and responsive to the needs of Nebraska’s communities, Saint Francis was able to keep children in their communities and closer to their families, friends, and support networks. Since providing foster care services in 2012, Nebraska has requested Saint Francis expand our services to meet additional child welfare needs. Most recently, we implemented Family Centered Treatment (FCT) in Nebraska in October 2018.

CO-2 E. Nebraska Relevant Services
Saint Francis Supported Foster Care (Scottsbluff, North Platte, Grand Island, Lincoln)
Intensive Family Preservation (North Platte, Grand Island)
Intensive Family Reunification (North Platte, Grand Island)
Family Support & Visitation Services (North Platte, Grand Island)
Drug Screening (North Platte, Grand Island)
NE Juvenile Service Delivery Project (Scottsbluff, North Platte, Grand Island)
Family Centered Treatment (Scottsbluff, North Platte)
Adoption Home Studies

Below are descriptions of some of the key child and family programs offered in Nebraska that are not already detailed above.

Saint Francis Supported Foster Care

Saint Francis recruits, trains, licenses, and supports foster parents who accept placement of children referred by Nebraska's Department of Health and Human Services (DHHS). Saint Francis provides active and ongoing efforts to solicit families who are invested in meeting the unique and special needs of the children and youth served by DHHS. Saint Francis makes targeted and diligent efforts to locate foster families for specific children upon the request of DHHS. Recruitment efforts include engaging communities across the state through outreach and education, with emphasis on the need for foster parents who reflect the ethnic and racial diversity of the children served by DHHS.

With regard to Agency Supported Foster Care, Saint Francis works collaboratively with DHHS local staff to develop Foster Care Recruitment and Retention Plans that are reflective of the types of foster parents needed to meet the unique and special needs of children referred by DHHS, and who are reflective of the ethnic and racial diversity of children served in the Service Area. Saint Francis trains all affiliated foster homes on the Reasonable and Prudent Parent Standard and provides ongoing training. Saint Francis works to ensure that relative and kinship foster parents referred by DHHS complete licensing activities in order to maximize IV-E federal funding. Saint Francis completes all foster care home studies in accordance with DHHS policy, updating home studies for licensed homes every two years, and for all homes when there is a change in circumstance within the foster care home.

Saint Francis is readily accessible and responsive to foster parents in meeting their needs and intervening as necessary to stabilize crisis episodes and prevent placement disruptions. Support includes providing face-to-face visits in the foster parent's home a minimum of once per month, and more frequently as needed based on the needs of the foster parent and or the child, as determined by the Family Strength and Needs Assessment Tool. More frequent contact may be necessary to maintain communication and develop ongoing rapport.

Intensive Family Reunification

The goal of Family Reunification is to work intensively with the family in their home to reunify a child currently in out-of-home care. Intensive Family Reunification utilizes a dyad (two core case team members) approach with a therapist and skill builder to provide pre-reunification as well as support services after the child returns home.

Family Centered Treatment® (FCT)

FCT is an evidence-based model of intensive in-home treatment services for youth and families using psychotherapy designed to reduce maltreatment, improve caretaking and coping skills, enhance family resiliency, develop healthy and nurturing relationships, and increase children's physical, mental, emotional, and educational well-being through family value changes. Service provision includes therapeutic interventions and family sessions to address chronic family functioning behavior in response to the youth's mental health needs. FCT interventions are provided typically, but not limited to, the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned home from an out-of-home

placement. FCT has had successful outcomes in several states and jurisdictions working with families who have had multi-generational system involvement. Instead of addressing the symptoms of a behavior and obtaining compliance with a family plan, the foundation of the model is to treat systemic trauma that a family may have experienced and to treat the underlying cause of the family's issues.

Oklahoma: Saint Francis has experience in providing therapeutic foster home services since 2009 through our subsidiary corporation Saint Francis Community Services in Oklahoma, Inc., with offices in McAlester, Oklahoma City, and Tulsa. In addition to Oklahoma, Saint Francis has been successful in providing foster home services in Nebraska, Texas, and Kansas.

Through our Oklahoma Therapeutic Foster Care program and culturally competent staff, Saint Francis has demonstrated its knowledge of the Oklahoma child welfare programs and specifically of resource family recruitment, assessment, training, and support to make Bridge resource families successful.

CO-2 F. Oklahoma Relevant Services

Bridge Resource Families (Tulsa, Oklahoma City, McAlester)

A Bridge Resource Family provides temporary care, love, and nurturing to a child. They welcome children into their home at any hour of the day or night, manage a wide array of emotions and behaviors, and cope with the agency's regulations, policies and paperwork. They serve mentors, actively helping the biological family improve their ability to safely care for their children, while staying connected and assisting in the child's transition to reunification, legal guardianship, or adoption to another family. As foster parents, they work to maintain the child's connection to kin, culture, and community.

Saint Francis recruits, trains, assesses, approves, and provides on-going support services for Bridge Resource Families to provide the least restrictive out-of-home placement for children and youth in state custody. Prospective families receive 27 hours of pre-service training plus six hours of orientation, as well as assistance with the decision making and licensure processes. Staff provide professional support, ongoing training and support groups, crisis intervention, and other identified services for every Bridge Resource Family. Bridge Resource Families take an active role in deciding which children will blend best within their household, with a goal of providing a caring and stable family environment where each child will be safe until permanency is achieved. Our service area is Oklahoma City and contiguous counties, Northeast and Southeast Oklahoma.

Texas: In 2017, Saint Francis became a licensed Child Placing Agency in Texas. That same year we began providing Foster Care Homes in Region 2.

CO-2 G. Texas Relevant Services

Foster Care Homes (Region 2)

Within Region 2 of Texas, Foster Care Homes facilitates and provides the least restrictive, out-of-home placement for children by placing them in a caring, family-like atmosphere. Foster Care Homes actively recruits foster care families to provide various levels of care to children birth through 19, including respite (part-time) and emergency care. Potential foster care families receive extensive training prior to child placement, in addition to assistance with the decision-making and verification process. Foster care families take an active role in deciding which children will blend best with their families.

Saint Francis provides ongoing professional support, training, and other identified services. In addition to foster families, Saint Francis assists relatives and fictive kin with the verification process and the continued care of children already placed in their homes. The goal is to provide a warm, caring environment where children can be safe and remain in their home communities until permanency is secured.

Arkansas: In 2018, Saint Francis was awarded the Intensive In-Home Services contract for 15 rural counties in Arkansas.

CO-2 II. Arkansas Relevant Services

Intensive In-Home Services

The Intensive In-Home Services program is a home and community-based diversion and reunification program that utilizes the Family Centered Treatment (FCT) model. The goal of the program is to safely reduce the number of children in care by providing intensive, long term, evidence based and trauma informed in-home services aimed at reducing child abuse and neglect, improving family functioning, enhancing parenting skills, addressing mental health and substance abuse issues, reducing child behavior problems, connecting families to formal and informal concrete supports, and empowering families to be able to solve future problems independently.

The family intervention specialist (FIS) takes a systematic approach and involves school teachers, family members, friends, community members, etc., to help the family develop a healthy social support network. Essential components of the FIS treatment strategy include therapeutic coaching; providing parenting skills education; facilitating educational achievement; offering special strategies concentrating on issues of sexual problem behaviors and substance abuse; teaching age appropriate personal habits and social skills; and helping the family access community resources.

ii. Financial Management Capacity

Saint Francis Ministries, Inc. (hereinafter “Saint Francis” within this section) has a 74 year history of assuring financial stability to its diverse programs that span seven (7) states. Over those 74 years, Saint Francis has demonstrated financial stability and solvency to carry out its mission. Saint Francis believes it continues to have the ability to fulfil the requirements of this procurement.

Financial Condition

Below is a summary of Saint Francis's consolidated balance and operating results for fiscal years ended 2017 and 2018 along with the financial position and results for the period ended February 28, 2019.

Audited financial statements for FY 2017 and FY 2018 have been included in the packet.

Saint Francis has a line of credit with a Wichita, Kansas-based bank in the amount of \$10 million. The line is secured by investments, annuities and a mortgage on Saint Francis's psychiatric residential treatment facility (PRFT) in Salina, KS. The line of credit's maturity has been extended to June 30, 2019.

Financial Condition Summary

ASSETS	February 28, 2019	June 30, 2018	June 30, 2017
<u>Current Assets</u>			
Cash	2,182,812	323,138	599,563
Accounts receivable	14,797,561	13,908,775	17,470,508
Other current assets	1,316,999	1,037,841	873,632
Total Current Assets	18,297,373	15,269,754	18,943,703
<u>Property, Plant and Equipment</u>			
	12,366,602	11,906,381	12,908,960
<u>Other assets</u>			
Investments	11,232,343	10,798,512	8,808,971
Other	854,306	854,306	852,377
Total Other Assets	12,086,649	11,652,818	9,661,348
TOTAL ASSETS	42,750,625	38,828,953	41,514,011
LIABILITIES AND NET ASSETS			
	February 28, 2019	June 30, 2018	June 30, 2017
<u>Current Liabilities</u>			
Accounts Payable	7,480,049	7,091,851	7,500,350
Line of credit	8,759,492	5,337,732	2,100,000
Accrued expenses	5,441,308	4,137,912	2,899,383
Other current liabilities	18,257	14,419	16,663
Total Current Liabilities	21,699,105	16,581,914	12,516,396
Long-term Obligations	85,137	90,408	107,204
Deferred Operating Revenue	1,341,883	1,660,695	1,317,072

Total Liabilities	23,126,125	18,333,017	13,940,672
Net Assets	19,624,500	20,495,936	27,573,339
TOTAL LIABILITIES AND NET ASSETS	42,750,625	38,828,953	41,514,011

STATEMENT OF ACTIVITIES	For the Eight Months Ended February 28, 2019	For the Year Ended June 30, 2018	For the Year Ended June 30, 2017
Changes in Net Assets from Operations			
Operating revenues	88,905,846	115,881,690	108,261,665
Operating expenses			
Program services	77,614,032	107,370,618	95,449,553
Fundraising	843,333	1,210,632	1,345,737
Management and general	14,364,993	17,573,168	15,510,543
Total operating expenses	92,822,358	126,154,418	112,305,833
Total changes in net assets from operations	(3,916,512)	(10,272,728)	(4,044,168)
Nonoperating Change			
Gifts and Bequests	585,634	1,042,604	826,426
Other Income (Expense)	2,330,408	2,152,721	1,085,737
Total Nonoperating Changes - Net	2,916,043	3,195,325	1,912,163
Total Changes in Net Assets	(1,000,470)	(7,077,403)	(2,132,005)

Budgeting and Financial Systems

Budgeting System

Saint Francis is in the process of upgrading its current Excel worksheet-based budgeting system to Adaptive Insights, Inc.'s (hereinafter Adaptive) cloud-based budgeting and reporting system. Adaptive system links with Saint Francis's underlying accounting system (Black Baud's Financial Edge) and provides the ability to build custom models and reports allowing for immediate feedback and planning based on actual results. Adaptive will be used for reporting beginning in May 2019 and budgeting for FY 2020.

Accounting System

Saint Francis uses Financial Edge accounting software for general ledger, fixed assets and accounts payable processing. The Controller and Director of Accounting Services maintain Financial Edge setting up new Saint Francis programs, departments, entities, corporations, and accounting codes as needed. The Director of Accounting Services also establishes the security for the application and users by assigning each employee a set of permissions as designated for the specific employee. Each user is given rights only for the functions used in his/her workflow. IT staff install updates to the software as necessary and backs up the system daily.

Accounting staff in the Corporate Financial Services department produce monthly financial reports for the parent and eight (8) subsidiary corporations. The consolidated financial statements include the accounts of Saint Francis and its wholly-owned subsidiaries. All significant intercompany transactions are eliminated in the audited consolidated financial statements, but not on the monthly internal statements.

Accounting staff code expenses using a descriptive chart of accounts following U.S. generally accepted accounting principles and compliant with applicable governmental regulations. The account structure used enables Saint Francis to produce financial statements for up to 999 cost centers in separate "entities" (contract category or major operational group) within a corporation. The Financial Services department currently produces monthly financial reports for over 175 different cost centers.

Accounting staff use Financial Edge's fixed asset module to track the property and equipment for each corporation. Depreciation expense is recorded in the general ledger directly from the fixed asset module by the accountant responsible for updating capital records. Property and equipment acquisitions are recorded at cost, if purchased, or at fair market value on the date of the gift, if donated. Software development costs to develop software are used to meet internal needs and cloud-based applications. Saint Francis capitalizes property and equipment with a useful life greater than one year and cost in excess of \$4,000.

Accounts payable transactions are posted continuously by the Accounts Payable Supervisor or designee. The Accounts Payable Supervisor or designee also generates corrections to the accounts payable postings as those are detected. The Accounts Payable Department receives all invoices and scans them into the accounts payable module using PaperSave software. PaperSave provides a paperless workflow for approvals and coding invoices. The Accounts Payable Department currently processes around 500 ACH payments and 300 manual checks weekly. Saint Francis encourages vendors to have payments directly deposited into their bank accounts via ACH. ACH payments typically post to vendor's bank account on Friday. Vendors are notified of payment by email using EFT-O-Matic software. Manual checks are usually mailed each Friday unless a payment outside of the regular processing schedule is required.

Saint Francis generates payments for foster homes through CIS/CMS, an internally developed client management software. CIS/CMS captures placement history for Saint Francis clients which includes placement in homes licensed by Saint Francis, homes licensed by other agencies and also non-licensed homes. Along with calculating payments required to the foster family, CIS/CMS calculates revenue expected by Foster Care Homes from Saint Francis's Reintegration/Foster Care/Adoption (RFCA) programs. The system along with Contract Services Department personnel routinely review the prior month's changes and adjust payments and revenue as needed.

CIS/CMS software will be replaced when a newly developed cloud-based system, which is under development, is completed. Workflow and functionality will generally remain the same as described herein.

A Contract Services accountant approves foster care payments in CIS/CMS. After reviewing for errors and/or irregularities and resolving matters noted for follow-up, the Contract Services accountant approves payments which are then directly imported into Financial Edge by Accounts Payable staff. Once a payment has been approved, it cannot be re-produced in the CIS/CMS Foster Care Payment system. Payment adjustments can be made by first recouping the original claim and then generating a new payment. A Saint Francis sponsored foster home can view payments on the Family Matters website, a secure foster care homes website that provides foster homes limited access to CIS/CMS data, after they become an authorized user.

When processing payments for Saint Francis sponsored homes, the Foster Care Payment system will create an AP/AR spreadsheet which summarizes the Foster Care Homes revenue by office and the Reintegration/Foster Care expenses by general ledger expense account. Accounts Payable and Accounts Receivable use this information to record the expense/revenue for the payment between the programs.

Foster parent payments are issued on a bi-weekly and monthly schedule. Monthly payments are made on the Friday closest to the 15th of each month. Payments to foster parents follow this schedule and include reimbursements for respite, mileage, etc. If necessary, the process can be run at other times to correct payment errors.

Contract Services Department staff are responsible for processing client-related expenses for all contracts and submitting them to Accounts Payable for payment. Data related to contract programs is stored in the CIS/CMS database. CIS/CMS tracks expenses, case activity, and other data by client. The information contained in CIS/CMS generates foster family payments and payments for other client-related expenses. Payments are processed through CIS/CMS, which validates the payments against authorizations entered in the system and assigns the general ledger account coding. Payment information can be directly imported into Financial Edge by Accounts Payable staff for further processing.

Examples of these payments include placement costs, kinship payments, daycare, financial assistance, mileage reimbursement, birth certificate applications, and payments for drug testing. There are specific guidelines for each payment type.

1. Placement Costs to Child Placing Agencies

Placement costs are paid for children in out-of-home placement. Placement costs paid to agencies other than Saint Francis are guided by the Provider and Procedure Manual produced by the Care Center. The Care Center authorizes payment in the CIS/CMS system placement history of each client.

Agencies submit billings for placements to Financial Services. The CIS/CMS payment system generates a payment for each client's placement. Contract Services accountants review payments and compare them to the agency submission. Differences in rates and service dates are verified by the Care Center or field staff prior to payment. Contract Services accountants can make changes, as necessary, to the payment generated by the CIS/CMS payment system. Contract Services corrections are the result of the other agency charging a lesser rate than the authorization. Payments will not be made to

placements not billed by the outside agency. After completing the review, the Contract Services accountant approves payments to be directly imported into Financial Edge by Accounts Payable for further processing.

Once a payment has been approved, it cannot be re-produced in the CIS/CMS payment system. Payment adjustments are made by first recouping the original claim and then generating a new payment.

Agency payments are reviewed monthly to ensure that payments were properly paid and overpayments, if any, have been recouped. This review checks for discrepancies, if any, caused by changes in CIS/CMS data made after payment was approved.

2. Kinship Payments

Kinship payments are for children in out-of-home placement who are in unlicensed homes of relatives or non-related kin. Kinship placements are initially setup as unpaid until Saint Francis receives a direct payment determination from the applicable State agency, at that point the Kinship director will approve a stipend depending on the State agency's determination.

These homes are unpaid placements until payment is authorized. The Kinship Supervisor or Kinship Director determine the daily-rate and payment frequency. The Care Center authorizes payment through the CIS/CMS placement history of each client. CIS/CMS can process monthly or bi-weekly payments.

CIS/CMS generates a payment for each kinship placement based on procedure codes designating a monthly or bi-weekly payment cycle. Payments are reviewed by the Contract Services accountant. After completing the review and resolving matters, if any, for follow-up, the Financial Services accountant approves the payments to be directly imported into Financial Edge by Accounts Payable for further processing.

Once approved, a payment cannot be re-produced in the CIS/CMS payment system. Payment adjustments are made by first recouping the original claim and then generating a new payment.

3. Daycare

Daycare payments are guided by the Daycare Policy and Procedure Handbook produced by the Care Center. The Care Center establishes approved daycare providers in CIS/CMS and authorizes payments for each client. The Daycare Provider submits a signed Daycare Provider Timesheet to Contract Services for billing. The Contract Services clerk verifies the timesheet against the authorization, re-calculates the units due, and checks for duplicate submissions. Payment is based on the authorized rate and the amount of units submitted that do not exceed the authorized maximum frequency.

A Contract Services clerk enters claims based on a signed daycare timesheet in an CIS/CMS SmartSpreadsheet. The CIS/CMS system validates these entries against the authorization. The Contract Services accountant reviews the entries and approves them for payment after issues identified, if any, are resolved. Approved payments are directly imported into Financial Edge by Accounts Payable for further processing.

4. Financial Assistance to Clients

When a need arises for a Reintegration/Foster Care/Adoption (RFCA) client, Case Management team members will submit a supervisor approved Request for Financial Assistance Form to the Care Center. Requests for client financial assistance must include receipts and/or statements and a complete payee address. Field staff must also present a viable explanation for the expense and document, if applicable, how they attempted to find other community resources.

The Care Center enters an authorization in the CIS/CMS payment system and notifies the Contract Services clerk when payment can be made. Claims are entered into the CIS/CMS SmartSpreadsheet by the Financial Services clerk. CIS/CMS validates these entries against the authorization information. The Contract Services accountant reviews the entries and approves them for payment. Approved payments are directly imported into Financial Edge by Accounts Payable.

5. Mileage to Foster Homes

Foster homes are reimbursed for certain types of mileage when transporting clients. Policies for reimbursement are based on the type of foster home:

- Unlicensed,
- Saint Francis sponsored
- Sponsored by another agency.

All foster homes are reimbursed at the same rate unless an alternative agreement is made with the sponsoring agency.

Saint Francis foster homes and unlicensed homes are reimbursed for transporting clients to activities requested by the case management team, such as case plans, family visits, court and other case-related meetings. Transportation related to medical appointments should be reimbursed by Medicaid. In certain instances, to meet specific client needs, the case management team can approve an exception to the regular mileage policy. Once notified by the field, Care Center staff enters an authorization in CIS/CMS for a mileage exception.

Foster families sponsored by other agencies are only compensated for transporting clients over 60 miles round-trip. The mileage must be for case-related activities and cannot be for medical reasons. All reimbursements require an authorization in CIS/CMS prior to payment. Field staff submits the request to the Care Center for authorization. Mileage without prior authorization will be denied payment.

Foster parents complete a mileage log form and submit it to their Saint Francis worker, to request reimbursement. Saint Francis staff reviews and approves the log before sending it to Contract Services. A Contract Services clerk reviews the log, evaluates the reason for transport, and calculates the reimbursement. The Financial Services clerk denies any mileage submitted after the designated 180-day time limit. If the mileage is deemed unreasonable for the destination described on the log, Financial Services will re-calculate the mileage and reduce the reimbursement.

Saint Francis foster homes have the option of completing the mileage log form on the Family Matters website, a secure foster care homes website that provides foster homes with limited access to CIS/CMS data. The on-line form requires the same information as

the paper form. Once completed, the form is electronically sent to the Foster Care Home staff for approval. Once approved, Contract Services is notified, and the Financial Services clerk reviews the form as described above. The family will receive a notice as to what mileage was denied and why with their check or remittance advice from AP.

Claims are entered into the CIS/CMS SmartSpreadsheet by the Contract Services clerk. The CIS/CMS system validates these entries against the authorization information. If there is no authorization, CIS/CMS will check for duplicates and ensure that the service dates fall within the referral dates of the client. The Contract Services accountant reviews the entries and approves them for payment. Approved payments are directly imported into Financial Edge by Accounts Payable for further processing.

6. Birth Certificate Applications

Birth certificate applications are processed by the Contract Services clerk. Field staff complete an application for the appropriate state and submit it to Contract Service; the Contract Services clerk then reviews the application and collects the required paperwork. The clerk is expected to stay current and knowledgeable about each state's regulations.

Payment is submitted with each application, and, accordingly, a claim is entered into the CIS/CMS SmartSpreadsheet by the Contract Services clerk. Since there is no authorization, Contract Services clerk checks for duplicates and ensure service dates fall within the client referral dates. The Contract Services accountant reviews the entries and approves them for payment. Approved payments are directly imported into Financial Edge by Accounts Payable for further processing.

Birth certificates are mailed to Contract Services from state vital records. Contract Services mails the birth certificate to the employee who made the original request. Birth certificate applications are tracked to insure Saint Francis receives all requested certificates.

7. Payments for Drug Testing

Contract Services processes payments to vendors for drug testing clients and families. These clients can be from Reintegration/Foster Care/Adoption or Family Preservation. Only those services not paid directly by the State or Medicaid are processed for payment.

The Contract Services clerk creates a spreadsheet summarizing charges applicable to each client. Claims are then entered into an CIS/CMS SmartSpreadsheet. Because there is no authorization, CIS/CMS will check for duplicates and ensure that the service dates fall within client referral dates. The CIS/CMS entries are reviewed and approved by the Contract Services accountant against the original statement. Once approved, the Contract Services accountant forwards the forms to Accounts Payable for PaperSave auto-entry into Financial Edge.

8. Other Authorized Payments

Other payments not described above can be required for services to Reintegration/Foster Care/Adoption clients. These payments are authorized by the Care Center through CIS/CMS. The authorization and any invoices and/or statements are submitted to Contract Services for processing.

Claims are entered into authorizations typically with a small number entered via the CIS/CMS SmartSpreadsheet by the Contract Services clerk. The CIS/CMS system validates these entries against the authorization information. The Contract Services accountant reviews the entries and approves them for payment. Approved payments are directly imported into Financial Edge by Accounts Payable for further processing.

PDS Cortex (PDS) accounts receivable software is used to process balances due from clients (typically but not in every case) submitted to insurance companies and to generate accounts receivable entries. The Director of Accounting Services reconciles the entries to the general ledger. Separate journal entries for each program are imported into the general ledger monthly. Client accounts receivable are tracked through PDS. Account Receivable (AR) staff receive information on forms for patient status, provider agreements, new admissions, discharges, changes in level of care, and moves in foster homes on a daily basis. New accounts are set up in the billing program as required. Spreadsheets are maintained reflecting the daily census and units of service for various programs. The account aging updates daily as payment is received and is reviewed regularly to determine follow-up action required and to minimize account aging. Correspondence from insurance and agency payers is addressed as it comes into the AR Services office.

Non-account receivable cash receipts are prepared daily by the Treasury Accountant. These are imported into the system throughout the month by an accountant.

Ultipro, the payroll software, generates the payroll entries from time records submitted by hourly employees and payroll data it maintains for salaried personnel. The Payroll Accountant runs reports from Ultipro to prepare a journal entry that is imported into the general ledger. The accountant reconciles this entry to the Ultipro payroll records after each payroll. An accrued payroll entry is done at the end of each month. This entry includes an accrual for Earned Time Off. The Controller or designee reviews and approves payroll and accrual entries before being posted into the general ledger. All payroll activities are centralized in one corporation through a common paymaster and the disbursement of expense to all other corporations is managed through intercompany due to/from accounts.

Corporate/Parent Guarantee

Saint Francis currently is affiliated with ten subsidiary corporations in Nebraska, Arkansas, Illinois, Mississippi, Oklahoma and Texas. Each corporation actively operates as a private, non-profit organization granted 501(c)(3) status by the Internal Revenue Service and operates under its own board of directors, as well as under the guidance of the parent corporation board of Saint Francis. The parent corporation hereby unconditionally guarantees performance by the respondent of each and every obligation, warranty, covenant, term and condition of the contract.

<p>CO-3 MANAGEMENT OF THE PROJECT</p> <p>The bidder should present a detailed description of its proposed approach to the management of the project.</p> <p>The bidder should identify the specific professionals who will work on the State’s project if their company is awarded the subaward resulting from this RFP. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.</p> <p>The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder’s understanding of the skill mixes required to carry out the requirements of the RFP in addition to assessing the experience of specific individuals.</p>	<p>Comply: X</p>
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i. PERSONNEL/MANAGEMENT APPROACH

A diverse ten-member volunteer board of directors governs Saint Francis Ministries. Within the ten (10) subsidiaries there are diverse boards who govern their operations. Members represent both a national and international perspective and have a wide range of professional experience in the church, business, health care, legal/judicial and academic fields. Board members meet three times each year. Board members are voting members of the Corporation and have full power and authority to amend the Articles of Incorporation, elect members, and perform all other acts required or permitted under the law for members of a not-for-profit corporation.

Saint Francis has a four-member senior executive team directed by our Dean, President and Chief Executive Officer (CEO), The Very Reverend Robert Nelson Smith. Members of the senior executive team include the President and Chief Operating Officer (COO), Tom Blythe; President and Chief Public Policy and Community Engagement Officer (CPP), Dr. Page Walley; and President and Chief Development Officer (CDO), The Very Reverend David Hodges. Answering to the President and COO are the Chief Compliance Officer (CCO), Chief Technology Officer (CTO), Chief Financial Officer (CFO), and Chief Clinical Officer (CCO). Reporting to these chief officers are a number of vice presidents, associate and assistant vice presidents, and directors who oversee a staff of over 1,200 employees.

The Very Reverend Robert Nelson Smith assumed leadership of Saint Francis Community Services in July 2014, becoming the ministry’s sixth President. As the Dean and President/CEO he leads the largest social welfare ministry founded in the Episcopal tradition. Rev. Smith provides overall strategic direction, financial viability and corporate vision, and evaluates effects of external forces on Saint Francis and affiliate corporate entities with operational budgets in excess of \$140 million. He ensures attainment of strategic goals and objectives occur through recruitment, selection, development, motivation, evaluation and retention of qualified staff. The Very Rev. Fr. Smith also keeps board and senior staff informed about current trends, issues, opportunities, threats and activities related to the child welfare arena and marketplace; he encourages the integration of Saint Francis within the community(s) served by overseeing an

effective communication and public relations program; and works with appropriate legislators, regulators, and representatives of child welfare sector, industry, civil, legislative, and church leaders to develop legislative initiatives and social policy statements which will improve child welfare services and behavior health programs.

Fr. Smith earned a Bachelor of Arts from Eastern Illinois University and a Master of Arts in Business from Webster University in St. Louis. He has 20 years of healthcare administrative experience, having served in executive leadership positions in healthcare organizations in Wisconsin and Illinois. Prior to that, he worked on Capitol Hill as a legislative assistant for a member of the House of Representatives.

Reporting to the Rev. Smith is Tom Blythe, President and COO, who provides strategic direction for residential programs and child and family services programs. In addition, he oversees administrative and support functions including Administrative Services, Finance, Technology, Compliance, Clinical, Mental Health and Substance Use Disorder Services, Innovation, Consulting and International Ministries.

Mr. Blythe holds a bachelor's degree in business administration from Drake University and a master's degree in human resources management from Webster University in St. Louis. His career has spanned a variety of management positions for hospitals and health systems in Illinois. Before joining Saint Francis Community Services in 2015, Blythe was System Vice President for Human Resources at St. Mary's Good Samaritan, an organization that included 1,900 health care workers and two acute-care hospitals, serving 300,000 people in a nine-county area of Illinois.

James T. Wicks is Saint Francis Ministries' Chief Compliance Officer and General Counsel, reporting to CEO and President Rev. Robert N. Smith and COO Tom Blythe. He is responsible for overseeing Saint Francis's litigation, transactional, risk, compliance, intellectual property, government contracting, and corporate governance issues. He supervises the Legal Services division of the Legal Department, which, through a team of staff attorneys, provides services in child and family welfare cases in Kansas and other jurisdictions and trains staff in core legal issues and court procedure and decorum. Mr. Wicks supervises the Director of Risk Management and provides council for various internal clients, including Human Resources, The Saint Francis Foundation, and international operations.

Mr. Wicks is a graduate of the Harvard Law School and of the College of the University of Chicago. He began his law practice in New York City with Cahill Gordon & Reindel, where he concentrated on First Amendment and Antitrust litigation. He subsequently practiced in New York with the law firms of Stanley S. Arkin, P.C. and Chadbourne & Parke, where his practice involved white collar criminal defense and high-net-worth matrimonial law. Before joining Saint Francis, Mr. Wicks was Counsel in the Kansas City, Missouri office of Bryan Cave LLP, where he specialized in complex commercial litigation and class action defense.

Kevin Carrico is a child welfare lawyer and currently serves as the Vice President of CINC Legal Services, reporting to the Chief Compliance Officer. Mr. Carrico has served Saint Francis for the past 19 years. In 1994, Mr. Carrico graduated from Creighton University School of Law in Omaha, Nebraska. After four years as a lawyer in private practice, he joined Saint Francis. He initiates daily communication with Saint Francis program and administrative leadership on the programs and services being delivered particularly as they relate to social work delivery, legal risks, courtroom dynamics, and practice expectations. Mr. Carrico also engages regularly with

Saint Francis Social Workers and Support Staff to discuss staff performance improvement and quality assurance with the goal toward improving services to children and families.

To provide quality services, Mr. Carrico attends root cause analysis meetings and/or performs timely legal file reviews. To increase the legal knowledge base of front line Saint Francis workers, he coordinates and conducts on-going quarterly legal trainings for staff. To ensure that Saint Francis workers are knowledgeable about court expectations and know the identity of the local Saint Francis Field Staff Attorney, Mr. Carrico works with other departments to have newly-hired workers from selected departments meeting with the Saint Francis attorney within 90 days of their start date. To improve operational efficiency, he meets with the Saint Francis Legal Department Attorneys on a monthly basis to discuss timely permanencies and outcome measures related to service delivery.

William Whymark, Ph.d, Chief Information Officer, provides oversight for all aspects of information technology and leads the strategy and development of all data science programs for Saint Francis. Dr. Whymark reports directly to CEO and President Rev. Robert N. Smith and COO Tom Blythe, and is over the IT team including the Technology coordinator and Security Administrator for our Nebraskan programs.

Dr. Whymark holds a Ph.d in the marketing sciences and he brings over 20 years of experience leading analytics at companies such as General Electric, GE Capital, American Airlines, and IBM. While at IBM, Whymark created mega off-shore data science hubs to drive IBM Watson Artificial Intelligence solutions to diversified industrial markets. Further, Whymark has done extensive work partnering with governmental agencies to design complex data science solutions to optimize organizational processes, saving states and municipalities millions of dollars. He has extensive knowledge regarding all areas of data science with a specialty in applying artificial intelligence and machine learning protocols to solve organizational problems.

The Vice President of Administrative Services, Tracy Hervey, reports to the President and COO and provides leadership over critical support functions within the Saint Francis ministry that include human resources, training and development, compensation and benefits, organizational excellence, marketing, communications, facilities, safety, and strategic planning. A lifelong human resource professional, Ms. Hervey has always applied her skills to the service of children, beginning with the Kansas Children's Service League more than 20 years ago. Joining Saint Francis in 2007, she served as Director of Human Resources for our offices in Wichita and throughout western Kansas, Mississippi, Nebraska, Texas, Arkansas, and Oklahoma.

Ms. Hervey has a bachelor's degree in business administration from Wichita State University and a master's degree in human resources management from Webster University in St. Louis. She also holds a PHR and SHRM-CP certification.

Saint Francis's Quality Assurance and Performance Improvement, program implementation and maintenance will be led by the Vice President of Innovation and System Improvement, Matt Stephens. Mr. Stephens reports to Mr. Blythe, President and COO. Saint Francis's commitment to quality is evidenced by its pursuit of the Malcolm Baldrige National Quality Award and the systematic use of Lean/Six Sigma as the process improvement methodology focusing on elimination of waste and decrease in variance. Mr. Stephens holds a green belt in Lean/ Six Sigma and has served as a Kansas Quality Award Examiner (2017). Mr. Stephens has worked in social services for over 20 years in a variety of roles and organizations. Mr. Stephens was a

Child Welfare Scholar Recipient awarded by the State of Kansas; upon completion of a bachelor's level social work degree from Kansas State University, Mr. Stephens worked as a Child Protection Social Worker for the State of Kansas. Before joining Saint Francis Community Services in 2016, Stephens was a licensed adult care home operator at Neuvant House an assisted living community in Lawrence KS.

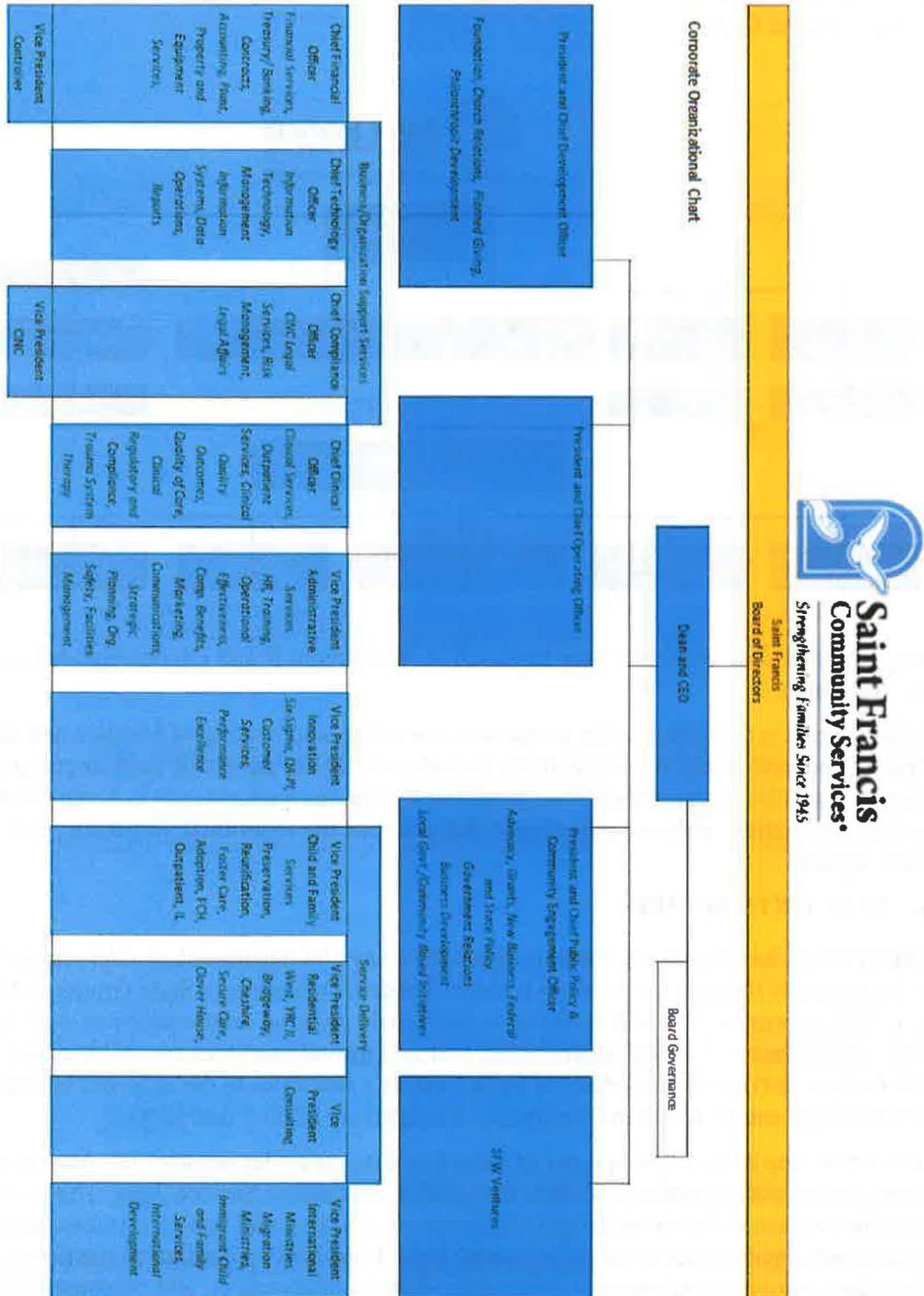
His current work includes oversight of quality assurance, data management, and facilitating process improvement efforts.

The Vice President of Children and Family Services, Diane Carver, reports directly to the President and COO and oversees the Assistant Vice President of Services for Nebraska Eastern Service Area. Mrs. Carver has over 40 years of child welfare experience, serving first in the public state system as a regional and central office administrator before serving with Saint Francis. Mrs. Carver has provided leadership for all aspects of child welfare including prevention, protection, reintegration, adoption, and independent living services. Responsibilities of her position includes leadership, planning, coordination, implementation, administration and continuous improvement of program operations. Her work involves direction of a large professional and paraprofessional workforce, allocations, program planning, community development, information management, policies and procedures. Mrs. Carver has served on numerous community and professional work groups which supports system improvements.

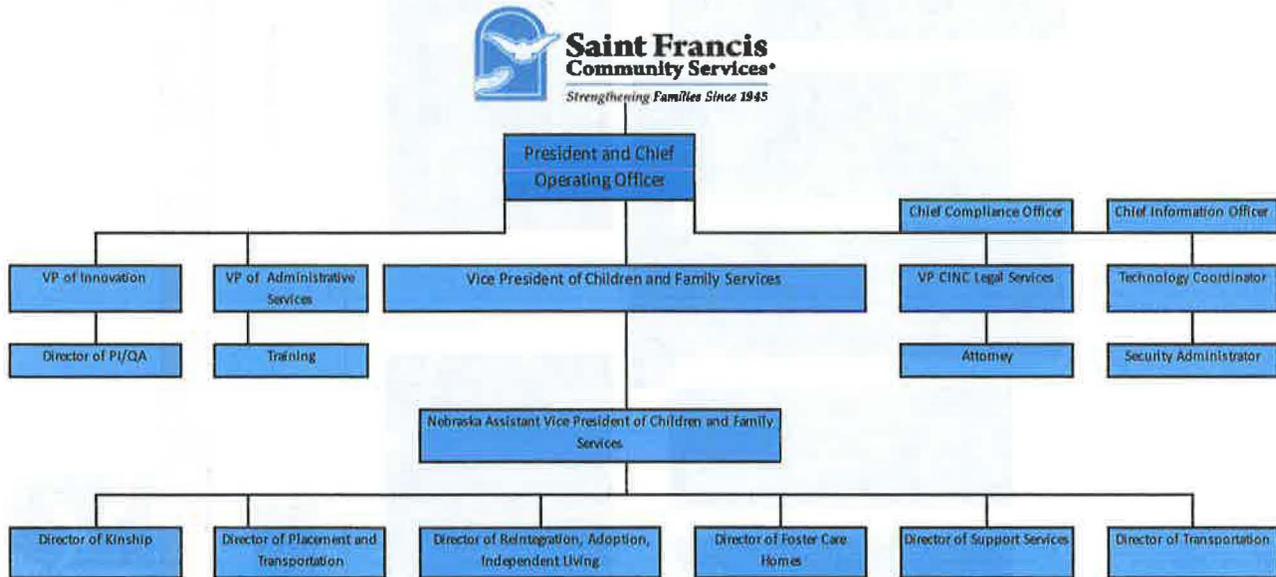
The Assistant Vice President of Services for Nebraska Eastern Service Area, To Be Hired, will hold a master's degree in social work or related degree, and have five (5) years minimum child welfare direct service experience. They will report to the Vice President of Children and Family Services. They are responsible for administering and managing the Regions service delivery and contract outcomes. Some of their interface and support functions will include design, develop and implement the child welfare programs according to DHHS contracts. Monitor program to assure compliance with contract, regulatory, licensing and accreditation standards. Advise the Vice President of critical trends, problems or events in assigned areas.

The Assistant Vice President will be over the directors of Kinship; Placement and Transportation; Reintegration, Adoption, and Independent Living; Foster Care Homes; Support Services; Family Preservation; and Transportation. A Director of Family Preservation will be added to the Organizational Chart when awarded. A full Staffing Matrix can be found on pgs. 93-96.

A Corporate Organizational Chart highlighting Executive Leadership and the areas of focus for each is provided below.



A Nebraska Eastern Service Area Organizational Chart highlighting the team leadership, and reporting relationships is provided below. A Director of Family Preservation who will report to the Nebraska Assistant Vice President of Children and Family Services will be added to this Organizational Chart.



Key resumes, and references may be found in Attachment R and job descriptions may be found in Attachment J.

Saint Francis is dedicated to the protection, nurturing, and healing of children and families in body, mind, and spirit. We respectfully provide services to people of various cultures, races, ethnic, disability status, orientation, gender and religious backgrounds in a manner that recognizes, values, affirms, and respects the worth of the individual, protecting and preserving their dignity.

j. SUBCONTRACTORS.

Saint Francis has developed relationships with many Nebraskan stakeholders including subcontractors through our work in noted in **Table CO: Nebraska State Grants and Contracts 1/1/2009 to present.** We will continue to build upon existing relationships as well as establish new subcontracts with local stakeholders that will provide services for children and families in the Eastern Service Area. Details of Saint Francis’s strategies to develop and maintain these relationships can be found in Community Engagement ENG-1 and ENG-2.

The initial step in the development of Saint Francis’s provider network has been to forge partnerships with potential providers throughout the Eastern Service Area. These meetings were designed to assess the strengths and challenges of children and family services, as well as placement opportunities in the community. Saint Francis is committed to partnering with providers whose commitment to community-based, collaborative, and outcome-driven service is matched by their commitment to quality child-focused, family-centered, and trauma-informed care.

During start-up, Saint Francis leadership will establish the infrastructure needed to deliver timely services in the area. Saint Francis will enter into affiliate agreements with care givers and subcontractors for placement and establish service providers for behavioral health needs, physical and dental health services, and other entities necessary to deliver required services in new counties.

Providers who wish to join the Saint Francis provider network in providing paid foster care and/or purchased services in Region 1 will enter into more formal discussions with Saint Francis once the contract award has been announced. Prospective providers will be required to supply documentation of their qualifications that meets the criteria to join the Saint Francis provider network, including professional credentialing, as a prerequisite to providing services. The provider’s current standing with DHHS is an important qualifier for inclusion in the Saint Francis provider network, and Saint Francis will consult DHHS further should DHHS staff voice concerns about any providers applying to the network.

We utilize a structured application and monitoring process for assessment of quality of services. A provider manual which outlines expectations, regulations, and monitoring processes is maintained and distributed to all child placement agencies. It challenges caregivers and subcontractors to provide services that support the healing process as a part of the permanency goal and will include supervision, food, shelter, age appropriate daily living skills instruction, transportation, recreation, and supporting parent/child interactions. Placement providers are expected to participate in and support the execution of case plan activities and objectives.

Our processes for the credentialing of on-site assessments are outlined in the table CO-3 A.

CO-3 A. Saint Francis’s Steps of Credentialing On-Site Assessments	
All new providers go through an application process that is vetted by Saint Francis in addition to the current Nebraska regulatory oversight agencies	
Application packets include enrollment application, copies of all applicable licenses, copies of any accreditations, certifications and DHHS provider agreement, copies of all liability insurance certificates, mission and program descriptions, and a completed W-9 form	
Documentation is reviewed, site visit occurs, and if passing inspection, the following occurs:	
<ul style="list-style-type: none"> • Draft agreement 	
<ul style="list-style-type: none"> • Copy of the Saint Francis Provider Manual (includes claims submission and processing manual, Saint Francis Critical Incident policy, Saint Francis Emergency Contact Phone Listing, and the Monitoring Tool developed by Saint Francis utilized to conduct quality reviews) is provided 	
<ul style="list-style-type: none"> • Rates and term negotiations are conducted 	
Contract agreed upon and signed	
The process includes:	
<ul style="list-style-type: none"> • A list of all critical incidents over the past year is reviewed by Provider Relations staff to pull trends 	
<ul style="list-style-type: none"> • Review of any resolved concerns and actions plans for the last year 	
<ul style="list-style-type: none"> • Review of any active concerns 	
<ul style="list-style-type: none"> • On site review of the environment, case reads of 10% of files, interviews 	
<ul style="list-style-type: none"> • Conversation over any situations in the last year 	

CO-3 A. Saint Francis's Steps of Credentialing On-Site Assessments

Following the site audit, provider receives a formal audit summary. The sum scores of file reads must result in a 90% or greater score; if below 90%, an Action Plan is created with the provider to complete to resolution.

During the on-site visit, providers must provide the following documentation to pass file review:

- DHHS License
- Profession and General Liability Insurance
- Copies of:
 - Insurance Card for each vehicle transporting Saint Francis youth
 - Policy and Procedure manuals
 - Youth Handbook
 - Posted Behavior Management System
 - Previous month's activity schedule
 - Previous month's food menu
 - Fire drill logs and posted evacuation route
 - Tornado drill logs and posted tornado shelter area
 - Current floor plan

Upon agreement, the name, address, and telephone number of the subcontractor(s)/Second Tier Subrecipient(s), with specific tasks for each subcontractor(s)/Second Tier Subrecipient(s), will be provided to DHHS. When the majority of percentage of subcontractor(s)/Second Tier Subrecipient(s) for the Eastern Service Area has been determined, performance hours intended for each subcontract/subaward and total percentage of subcontractor(s)/Second Tier Subrecipient(s) performance hours will be presented.

Continually monitoring the providers caring for the children in conservatorship is essential to ensuring they receive the best possible care. To monitor the performance of subcontractors, we review indicators such as: disruptions, missed appointments, runaways, legal charges involving youth, and work towards permanency. It is the expectation that the subcontractor submits a monthly report on each child, and this is carefully reviewed by the Case Managers to see how the child is doing and if there are any issues. We also do a thorough monthly Worker/Child visit in the home or facility and visit with the child about any issues.

We monitor the capacity of services and placements of our network by tracking the length of time it takes to find a placement or to get a child in for services, the utilization of emergency or shelter placement, and feedback from children, families, and providers. If placement trends indicate that we are placing children in certain offices or counties consistently away from their community, we know to evaluate the reasons for these decisions to see where gaps exist, such as if there is a shortage of placements; we then look at ways to boost referrals for new foster homes.

k. Saint Francis Community Services, Inc. REFERENCES

Nebraska State Purchasing Bureau
c/o Saint Francis Community and Family Services, Inc.
Corporate Office
509 E. Elm Street
Salina, KS 67401-2353

It is my, Timothy J. Wood, LPC, Executive Director of the Family Centered Treatment Foundation Inc.'s., privilege to provide Saint Francis Community and Family Services, Inc. a letter of reference for the Nebraska Full Service Case Management for Child Welfare Services Request for Proposal; Solicitation Number RFP 5995 Z1.

The Family Centered Treatment Foundation (FCTF) provides FCT Licensing, training and oversight for the Family Centered Treatment® (FCT) evidence-based, in-home family therapy model to Saint Francis Community and Family Services, Inc. Speaking on behalf of FCTF, since early 2018, our collective experience working with Saint Francis has been excellent. Saint Francis as an organization has demonstrated attention to detail in quality service delivery and implementation science best practices of the FCT project. Objectively, Saint Francis has met or is on pace to meet implementation science standards for provision of the FCT Model and has demonstrated a good understanding of how to build programs for sustainable success. Both through subjective discussions with state stakeholders and through objective assessment of implementation assessments of FCT, the quality of services with Saint Francis has been excellent. We at the Foundation feel confident about the relationship working with Saint Francis now and into the future.

Saint Francis has a long history of providing high quality case management services to children and families in child protection cases. They deliver a continuum of evidence-based prevention services that strengthen families. They also promote the best possible care of a child including reunification, when possible, foster care and/or adoption. They are an excellent candidate for the case management services needed in Douglas and Sarpy counties and I highly recommend them.

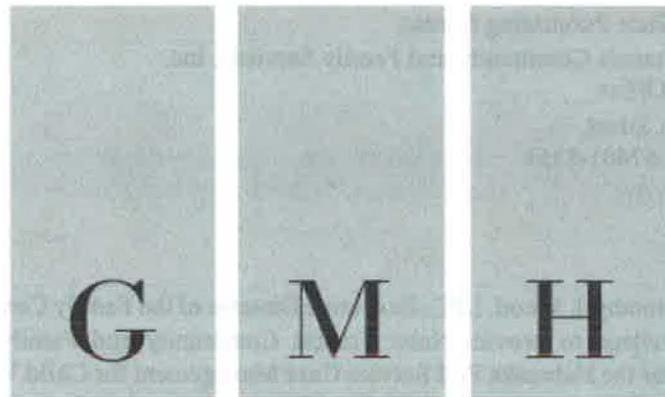
If you would like additional information about Saint Francis, you can telephone me at 704-787-6869.

Sincerely,



Timothy J. Wood, LPC
Executive Director
Family Centered Treatment Foundation, Inc.





S O C I A L S E R V I C E S C O N S U L T I N G

It is my privilege to provide Saint Francis Community and Family Services, Inc. a letter of reference for the Nebraska Full Service Case Management for Child Welfare Services Request for Proposal; Solicitation Number RFP 5995 Z1.

I have worked alongside St. Francis Community and Family Services as a Child Welfare professional for the last twenty years in Kansas. Most recently, I was the Secretary for the Kansas Department for Children and Families in Kansas, and St. Francis was one of our primary partners.

St. Francis has been providing quality child welfare services in Kansas since the beginning of their organization. They have provided quality residential care, family preservation and strengthening programs, foster care case management and adoption services among other services.

Saint Francis has a long history of providing high quality case management services to children and families in child protection cases. They deliver a continuum of evidence-based prevention services that strengthen families. They also promote the best possible care of a child including reunification, when possible, foster care and/or adoption. They are an excellent candidate for the case management services needed in Douglas and Sarpy counties and I highly recommend them.

If you would like additional information about this organization and its fantastic leadership, I am happy to answer questions. I can be reached at 7857605961.

Sincerely,

Gina Meier-Hummel, LMSW
President, GMHUMMEL LLC

PHYLLIS GILMORE
286 N. Overlook Street
OLATHE, KS 66061
913-238-9983

March 16, 2019

Nebraska State Purchasing Bureau
c/o Saint Francis Community and Family Services, Inc.
Corporate office
509 East Elm St
Salina, Kansas 67401 - 2353

To Whom it may concern:

It is my, Phyllis Gilmore, former Secretary of the Kansas Department for Children and Families, privilege to provide Saint Francis Community and Family Services, Inc. a letter of reference for the Nebraska Full-Service Case Management for Child Welfare Services Request for Proposal; Solicitation Number RFP 5995 Z1.

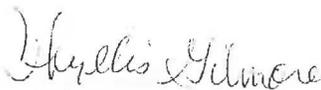
Saint Francis has served in the area of child welfare in Kansas for many years. When I became Secretary in 2012, they were the contractor for one of our regions. During my tenure which ended in 2018, that was expanded to serving two regions. They provided services in the area of foster care, adoption and prevention. We found them to be willing to listen to what we wanted them to do and tried hard to comply with our directives. I remember specifically one case involving the constituent of a state senator who was quite involved in the situation. The constituent, a grandparent, was quite unhappy about the way the case was being handled. When we intervened and spoke with Saint Francis about this, they were able to turn the situation around. Both the grandparent and the state senator were quite satisfied with the outcome.

We also found when we asked Saint Francis to speak with an employee about a case, they were willing to do so, even to the point of placing an individual on leave while investigating the situation. I especially appreciated their willingness to comply with our wishes without argument in most instances.

Saint Francis has a long history of providing high-quality case management for children and families in child welfare cases. They use a delivery system of evidence-based prevention services that has proven to strengthen families. They also work diligently to establish reunification of a child with his family whenever possible. If that is not possible, they endeavor to provide good foster care and or adoption in a timely manner. Saint Francis is a very capable candidate for the case management services needed in your state and I highly recommend them to you.

If you would like to contact me further about this matter, you are welcome to do so.

Sincerely,



Phyllis Gilmore
Former Secretary

TI Transition and Implementation

<p>TI-1 Preliminary implementation plan. Description of Saint Francis’s plan to comply with provisions of RFP 5995 Z1, including staffing, facilities, and other operational issues such as tasks and deliverables necessary to implement the program.</p>	<p>Comply: X</p>
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Response:

To ensure the transition of quality service delivery to children and families, Saint Francis will use the Intensive Family Preservation (In Home Services) and Reintegration, Foster Care, and Adoption (RFCAs) service delivery models in conjunction with the implementation plan to provide the appropriate services during the transition and throughout ongoing case management services (see pgs. 57 and 58 for models). We will collaborate with DHHS staff to develop joint operational processes and Eastern Service Area-specific protocols to implement the Saint Francis Service Delivery Models. These protocols and joint operational processes will include, but are not limited to, establishing methods and frequency of communication, jurisdictional expectations, and clarification of DHHS’s and Saint Francis’s respective roles and responsibilities

The transition for Saint Francis into the Eastern Service Area will be very similar to the transition Saint Francis implemented when it was awarded the Wichita Region in Kansas in 2013. The Eastern Service Area presents similar challenges to those in Kansas’s Wichita region, and is similarly composed in size, the number of children in out-of-home care, and demographics when comparing the blend of urban and rural composition. For FY17, Kansas’s Wichita Region had an average 1,454 children in out-of-home placement⁵, and the Eastern Service Area had 1,559 in out-of-home placement as of June 2018⁶.

As with Kansas’s Wichita Region, our most recent large-scale contract commencement for RFCAs and Intensive Family Preservation Services, our initial plan is to serve the Eastern Service Area out of one strategically located office. For the Wichita Region, however, Saint Francis was given less than six months to plan, hire staff, prepare offices, update our data system, and work with community stakeholders while developing a comprehensive provider network. On July 1, 2013, every child in the case load was transitioned to our organization in a single day. At that point, Saint Francis was responsible for all placements, all legal and court work, all case plans, weekly visitation with the parents, all services for the family and child, as well as all adoption work, including Points of Severance for termination hearings, finding adoption resources,

⁵Kansas Department for Children and Families Prevention and Protection Services: *FY 2017 Removals, Exits and Out of Home Summary (FACTS)*, http://www.dcf.ks.gov/services/PPS/Documents/FY2017DataReports/FCAD_Summary/FACTSRemovalsExitsOOH SFY17.pdf

⁶Attachment Three RFP 5995 Z1 Full Service Case Management, <http://das.nebraska.gov/materiel/purchasing/5995/5995%20Z1%20Attachment%203%20Service%20Area%20Monthly%20Summary%20R%20agency.pdf>

choosing the appropriate family for the child, and then working with the adoptive family in preparation for the adoption. Saint Francis was responsible for picking up each child within 4 hours of the referral, regardless of the time of day and then assuring the child had a placement. During our six (6) years of serving the Wichita Region, Saint Francis has never missed or refused a single referral, and we were able to implement the seamless transition of these services within a timely manner.

Our previous experience in the development and implementation of service delivery while ensuring a seamless transition of case management services to children and families in other areas and other states will enable Saint Francis to strategically define and successfully carry out tasks, deliverables, and milestones necessary to implement the Eastern Service Area's Full Service Case Management Program as defined in RFP 5995 Z1. Our Service Delivery Model is established and has been successfully adapted to serve children and families in a variety of geographical and cultural settings for over 22 years.

Saint Francis will not minimize the preparation process and will exercise due diligence in defining and executing each stage and strategy in the implementation plan. This includes stages and strategies for establishing the office location, community engagement with stakeholders and service providers, staffing including engaging DHHS staff or qualified staff from current child welfare agencies in the area who may be misplaced by an incoming child welfare provider, subcontracting for services, and ensuring service provision. The six month preliminary implementation phase and subsequent readiness review by DHHS will allow for thoughtful planning for each aspect of the contract and successful implementation of services.

Saint Francis is prepared to manage the transition from DHHS to Saint Francis in the Eastern Service Area, as well as the transition between staff and other community stakeholders currently providing services. Saint Francis has extensive experience transitioning cases and our staff understand the difficulty of this process for all involved.

Our key transition team members collaborating with DHHS will most likely be the Vice President of Children and Family Services; Assistant Vice President of Children and Family Services; Assistant Vice President of Children and Family Services for the Eastern Service Area, Executive Director of Western Nebraska; Vice President of Administrative Services; Vice President of Innovation; Director of Performance Improvement and Quality Assurance; Chief Compliance Officer; Chief Information Officer; and the Technology Coordinator. This team will collaborate with DHHS to begin building the infrastructure needed to ensure quality service delivery.

Saint Francis will enter into affiliate agreements with care givers and subcontractors for in home services and placement, and we will establish service providers for behavioral health needs, physical and dental health services, and other entities necessary to deliver required services. Saint Francis will communicate with providers, foster parents, judiciary officials, and other community members through a series of stakeholder meetings, sharing the proposed timelines associated with the transfer of placement responsibilities. We will engage in ongoing transition meetings with DHHS State partners in the Eastern Service Area.

Saint Francis has extensive experience building and maintaining the infrastructures necessary to support the full continuum of child welfare services and purchased services for children and will do so for the children and families in the Eastern Service Area. This infrastructure includes

locating our office space in a strategic locations capable of providing services across the catchment area, hiring appropriate and qualified staff, and identifying and coordinating required purchased service providers. The infrastructure will ensure placement capacity for referrals and availability of services to be delivered to the child in their home community at Operational Start Date, with emphasis on providing a family-like setting in the least restrictive placement to minimize the number of moves children make while in care. This infrastructure will be developed with community partnerships to enhance the local resources already available to children and families and thus avoid service disruption.

a. Community Engagement/ Meetings with Stakeholders

We have included a draft Community Engagement Plan in ENG-1 to ENG-2. This plan outlines our initial methods and strategies for locating and engaging community resource providers and other stakeholders. During the preliminary start up phase, Saint Francis staff will continue to utilize these strategies and build upon this plan, working with DHHS and other stakeholders to define and implement a community engagement process that will fully meet the needs of children and families in the Eastern Service Area.

After the contract award, Saint Francis will host stakeholder meetings in defined population hubs to reintroduce our organization to the community, request input about community concerns, request input about activities and tactics for long-term community engagement, identify local networks/coalitions, and identify needed outreach to nontraditional partners. Throughout this transition phase, Saint Francis will involve community stakeholders, formally and informally, as we build processes and protocols to meet desired outcomes. Saint Francis legal teams will begin building relationships with courts in Douglas and Sarpy counties in order to better understand the details of the legal system in that area.

b. Provider Relationships/Eastern Service Area Network

Development strategies are community-based and begin with establishing relationships with providers. After the contract award, Saint Francis staff will continue to build upon and solidify connections with local providers and others in the Eastern Service Area network. We will assess needs to build capacity and reach out to partners to support and enhance current services. Our refined Quality Assurance Process Improvement (QA/PI) department measures outcomes, and this data is distributed to levels of the organization to inform ongoing assessments of service delivery and to improve the beneficial impact of services on those in our care.

During the start-up phase, Saint Francis staff and transition team members will introduce our information sharing processes and communication of needs to partnering CPAs that they previously met during the development of this proposal. Information Sharing meetings will focus on developing a routine for disseminating monthly capacity needs reports to facilitate the process of recruiting foster care homes, including reports on the demographics of children in care, the number of placements outside the child's county of origin, and a separated siblings report.

Saint Francis will also begin recruiting foster homes and enacting our foster home recruitment plan detailed in PLC-1 to PLC-3. At this time, the Saint Francis Recruitment Department will work with our Marketing and Communications Department to efficiently utilize diverse forms of media and person-to-person interaction with the public to widely disseminate the needs of Eastern Service Area children in conservatorship and inspire the local community to engage in becoming foster resource families. Our Marketing and Communications staff will work with

transition team members and recruitment staff to identify and implement targeted marketing strategies, including the use of paid media outlets.

In the development of this proposal, key Saint Francis staff made connections to and created relationships with Eastern Service Area community-based organizations, CPAs, GROs, mental health and IDD providers, parent and maternity support programs, parenting class providers, churches, faith-based organizations, CASA, psychiatric treatment facilities, IL providers, and higher education partners. We will leverage these relationships and those with other stakeholders to promote and highlight recruitment needs throughout Eastern Service Area communities (see ENG-1 in the Community Engagement section of this proposal).

c. Staffing/Workforce Development

Recruiting and maintaining qualified and skilled staff is essential in providing quality services to children and families. Beginning at award announcement, Saint Francis will begin recruiting and training staff to perform the scope of work detailed in RFP 5995 Z1 and within this proposal.

The table of anticipated Key Staff, their experience, and qualifications can be found on pgs. 93-96 in WRK-1. Job descriptions are available in Attachment J, and an organization chart is on pg. 35-36. Table WRK-1.A details the number of staff to be hired for the positions necessary to immediately begin providing services to ensure families experience a smooth and non-disruptive transition. Saint Francis will ensure that the appropriate number of professionals will be hired to fill the necessary positions to maintain quality service delivery and positive outcomes.

Saint Francis values the experience and knowledge base of current provider staff and other local child welfare professionals who have served in the community, and we will prioritize recruitment of these professionals during implementation of the start-up phase and beyond. For more information on how we recruit, train, and retain a qualified workforce, please WRK-1 in the Workforce section of this proposal.

During the start-up phase, Saint Francis will begin training staff on the necessary evidence-based and trauma-informed practices, policies, and protocols. This will include training staff on joint processes agreed upon in collaboration with DHHS and updating the Eastern Service Area Operations Manual.

d. Technology and Information Systems

At the initiation of the start-up phase, Saint Francis's administrative and IT teams will begin to collaborate with DHHS to create protocols for the electronic transfer of information from Saint Francis's client management system (CMS) to N-FOCUS. Before the Operational Start Date, Saint Francis's IT team, consisting of (but not limited to) a Security Administrator and a Technology Coordinator, will work with DHHS to ensure that our client management system (CMS) is capable of accommodating imports to N-FOCUS and exports from N-FOCUS. In order to successfully integrate the N-FOCUS system with our practices, Saint Francis proposes to send a task force of IT and case management employees as soon as the contract is awarded to complete the following steps:

1. Identify current workflows in the N-FOCUS system
2. Assess the system's compatibility with Saint Francis software and hardware
3. Understand current database architecture and historical data management
4. Understand communication and alert systems

5. Provide an outline of how N-FOCUS will integrate with owned systems
6. Execute any changes necessary to integrate successfully with DHHS systems

For more information on our technology and information protocols and processes, please see IST-1 in the Information Systems Requirements section of this proposal.

e. Readiness Review

Saint Francis is aware that DHHS will conduct an operational and financial readiness review of our organization prior to the Operational Start Date and will provide technical assistance if necessary. Saint Francis will cooperate the DHHS review process; during the readiness review, Saint Francis will provide DHHS staff access to Saint Francis staff, operational documentation (including a demonstration of computer systems), private workspace, and internet connection. We understand that Saint Francis will be permitted to commence operations only if the readiness review factors are met to DHHS's satisfaction. DHHS will issue a letter of findings based on the results of the review and, if necessary, request a corrective action plan from Saint Francis.

The readiness review may cover all provisions of the subaward with a particular focus on assessing the following areas:

- The adequacy of the distribution of providers for in-home and Resource Family care services
- Staffing adequacy
- Subcontracts / subawards
- Quality assurance/continuous quality improvement
- Case management
- Utilization management
- Financial management
- Information processing and system testing
- Continuity of care
- Grievance and appeal process

Saint Francis has experience in establishing child welfare services from the ground up in a variety of geographical areas; this includes developing foster care homes, family preservation, reunification case management, foster care, adoption services, and Independent Living (and APPLA) permanency services. We have highly qualified, trained, coordinated, and licensed staff who work efficiently to ensure the best possible outcomes for those in our care, and will continue to build and train this staff in the Eastern Service Area. Saint Francis will deliver the required services outlined in RFP 5995 Z1, and in this proposal, upon completion of the readiness review and subsequent implementation of services.

f. Time Table

The time line, table TI-1.A below (pg. 47) has been developed to provide a visualization of how we plan to meet these responsibilities within the next 12 months. Saint Francis leadership will devote resources to the project, and our first step will be to hire an Assistant Vice President of Services for the Eastern Service Area. Resource development will include procuring office space, developing fleet management systems, and initiating human resource recruitment and training.

TI-1.A. Saint Francis Eastern Service Area Timeline	4/19	5/19	6/19	7/19	8/19	9/19	10/19	11/19	12/19	1/20	2/20	3/20
Submit Proposal	✓											
Intent to Award Posted		✓										
Subaward Finalization Phase			✓									
Award of Subaward				✓								
6 month Start Up Phase				✓	✓	✓	✓	✓	✓			
Readiness Review								✓	✓			
Subrecipient Operational Start Date										✓		
IL system to record and report services finalized				✓								
Final Cost Allocation Plan Submitted to DHHS						✓						
Recruit staff in new contract area		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Training Plan Developed/ Approved				✓								
Continual Staff Training					✓	✓	✓	✓	✓	✓	✓	✓
New Policy, Statutory Changes					✓	✓	✓	✓	✓	✓	✓	✓
X-Treme Recruiting (new hires, booster)					✓	✓	✓	✓	✓	✓	✓	✓
Strengthening Families					✓	✓	✓	✓	✓	✓	✓	✓
Update /train staff on DHHS policy changes					✓	✓	✓	✓	✓	✓	✓	✓
SDM/ MI/ NCFAS/ ASQ / FCT/ CROPS/ CSDC					✓	✓	✓	✓	✓	✓	✓	✓
Safety Planning					✓	✓	✓	✓	✓	✓	✓	✓
Engage communities & hold stakeholder meetings; convene regular quarterly stakeholder meetings	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Legal Dept. begins building relationships with courts in new counties				✓	✓	✓	✓	✓	✓	✓	✓	✓
Begin to locate and acquire office space				✓	✓	✓	✓	✓				
Initiate Foster Care Recruitment in New Counties				✓	✓	✓	✓	✓	✓	✓	✓	✓
Update MIS System				✓	✓	✓	✓	✓	✓	✓	✓	✓
Obtain affiliate agreements and subcontractor contracts in new counties / DHHS approval				✓	✓	✓	✓	✓	✓	✓	✓	✓
Use N-FOCUS system for data management										✓	✓	✓
Accept new Referrals for ongoing case management (in home and out of home)										✓	✓	✓
Monitoring Fidelity to EBP Models				✓	✓	✓	✓	✓	✓	✓	✓	✓
Begin submitting monthly report on:											✓	✓
Outcome measures											✓	✓
Performance Measures											✓	✓
Financial Statements											✓	✓
Aging of accounts payable											✓	✓
Begin Submitting Quarterly report on:												✓
Expenditures												✓
Catalogue of Services												✓
Training to case management staff												✓
Recruited foster care homes												✓
Grievances												✓

FIN Financial Requirements

<p>FIN- 1: Submit a draft Cost Proposal Plan that Summarizes the methods and procedures that the bidder will use to allocate costs to various programs, services, subcontracts and agreements. The draft Cost Allocation Plan will, at a minimum, include cost pools; allocation methodologies; and benefitting programs</p>	<p>Comply: X</p>
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Response:

The Saint Francis Cost Allocation Plan calculates and spreads agency-wide indirect costs to departments that receive a service from other departments and is based on the Direct Allocation method described in OMB Circular A-122.

At each month end, the indirect costs are allocated based on the actual Direct Expenses by each program.

Direct Expenses are accounted for on the General Ledger by specific project codes and are coded directly to those specific project codes when invoices/expenditures are received.

The cost pools identified within Saint Francis are:

- Clinical Services
- Customer Care
- Marketing
- Financial Services
- Communications
- Corporate Operations
- IT Technology
- New Business Development
- Human Resources
- Training
- Office of the President
- Advocacy
- QA/PI
- Legal
- Employee Wellness
- IT Software Development
- Grant Writing

The Saint Francis draft Cost Proposal for RFP 5995 Z1 is submitted as Attachment C.

<p>FIN- 2: Plan of how Saint Francis will implement a Random Moment Time Study or other time tracking method consistent with 45 CFR §75 et seq. with employees in order to maximize Title IV-E Funding.</p>	<p>Comply: X</p>
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Response:

Appropriate organization case management staff will participate in Random Moment Time Studies (RMTS) through email. Saint Francis knows that case management staff will be randomly selected to complete RMTS samples. We understand the RMTS system is an approved alternative to workers maintaining time records of 100% of paid time and is part of DHHS's cost allocation plan used to claim federal funds.

Our organization will continue to utilize a designated staff person as the RMTS Coordinator and one staff member as an alternate who will serve as back up, to carry out the duties of maintaining and submitting employee rosters.

Case management staff who will complete RMTS samples receive training during employee orientation prior to completing an RMTS. Online training is available and will be developed as needed for ongoing guidance. Our RMTS Coordinator will provide guidance and assistance for staff as needed.

FIN- 3: Describe how Saint Francis will comply with the requirements of the governing board and financial liquidity as described in Neb. Stat. § 43-4204.

Comply: X

Saint Francis will comply with the requirements of the governing board and financial liquidity as described in Neb. Rev. Stat. § 43-4204 to complete a readiness assessment as developed by DHHS to determine the lead agency's viability and as mentioned in RFP 5995 Z1 V.I.4.c.i. The readiness assessment shall evaluate organization, operational, and programmatic capabilities and performance. As mentioned in RFP 5995 Z1 V.G.1, Saint Francis will provide any and all necessary information, in a timely manner, to complete the readiness assessment developed by DHHS to assess, in addition to other items, Saint Francis's financial management. During the readiness review, Saint Francis will provide to DHHS access to Saint Francis staff, operational documentation, private workspace, and the internet to conduct the financial assessment.

For more information on Saint Francis's financial management capacity, including but not limited to our budgeting and accounting systems, please see pg. 22 above.

IST Information System Requirements

IST- 1: Describe a plan of how Saint Francis will adopt and use the state-provided case management system to perform all case management activities for services provided under this subaward. Connection to the state case management system must only be accomplished through state authorized connection and encryption methodology. Subrecipient employees are granted access to information systems and information created, collected, processed and stored on behalf of DHHS under the terms and conditions of this subaward, including but not limited to the Business Associate Provisions (Attachment Four). The bidder should describe their plan to comply with these requirements.

Comply: X

Response:

Saint Francis Ministries will use the DHHS SAQWIS system (N-FOCUS) to track case management activities under this award. A secure connection can be maintained between each Saint Francis device and the N-FOCUS system using an encrypted VPN. Saint Francis Ministries uses Cisco AnyConnect to ensure this and provides remote users with secure IPsec (IKEv2) or SSL VPN connections to the Cisco 5500 Series Adaptive Security Appliance (ASA). This is industry-standard VPN encryption technology that ensures security and safety of data transfer.

a. Start-up

In order to successfully integrate the N-FOCUS system with our practices, Saint Francis Ministries proposes to send a task force of IT and case management employees as soon as the contract is awarded to complete the following steps:

1. Identify current workflows in the N-FOCUS system
2. Assess system's compatibility with Saint Francis software and hardware
3. Understand current database architecture and historical data management
4. Understand communication and alert system
5. Provide an outline of how N-FOCUS will integrate with owned systems
6. Execute any changes necessary to integrate successfully with DHHS systems

b. HIPAA Compliance, Privacy, and Security

Saint Francis is up-to-date on HIPAA compliance and holds the security and privacy of data in the highest regard. Physical safeguards include limited facility access and control, with authorized access in place. All covered entities, or companies that must be HIPAA compliant, must have policies about use and access to workstations and electronic media. This includes transferring, removing, disposing and re-using electronic media and electronic protected health information (ePHI). Technical safeguards require access control to allow only the authorized to access electronic protected health data. Access control includes using unique user IDs, an emergency access procedure, automatic log off, and encryption and decryption. Audit reports, or tracking logs, are implemented to keep records of activity on hardware and software. This is especially useful in pinpointing the source or cause of security violations. Technical policies should also cover integrity controls, or measures put in place to confirm that ePHI hasn't been altered or destroyed.

IT disaster recovery and offsite backup are key to ensuring that any electronic media errors or failures can be quickly remedied, and that patient health information can be recovered accurately and intact. Network (or transmission) security is the last technical safeguard required of HIPAA compliant hosts to protect against unauthorized public access of ePHI. This concerns all methods of transmitting data, whether it is via email, Internet, or even over a private network.

c. Staffing

Saint Francis Ministries will appoint one of its senior network administrators as the Security Administrator for this project. This employee has over 15 years of experience in the field and

will oversee all of the sites working on this DHHS contract through this award. He will be assigned the following job duties:

- Direct oversight of network configuration
- Bi-annual evaluation of network security weaknesses
- Software and Hardware maintenance
- User training and security and network interface
- Allocating data science and IT resources
- Notifying DHHS when an employee is hired or leaves employment
- Providing documentation for DHHS user accounts
- Conducting background checks for all new employees
- Notifying DHHS immediately in the event of a security incident involving misuse of the state's case management system or loss of client information
- Ensuring security awareness and acceptable use training is conducted and documented for all staff on initial hire and annually thereafter, providing documentation for DHHS upon request within three (3) days

Saint Francis will appoint a senior data scientist to be the Technology Coordinator for this project. This employee has over 20 years of experience in the Technology sector and oversees the Saint Francis's hardware. He is also in charge of cloud management and is familiar with the fourth revision of NIST Special Publication 800-53. He will be assigned the following job duties:

- Purchasing, installing, configuring, and managing all hardware and software, all computer hardware support, hardware and software upgrades; movement of all computer equipment; needed network support; server and LAN printer support; and software installation and configuration of information systems owned by Saint Francis for the performance of responsibilities associated with this award
- Understanding the requirements for use of wireless laptops under this award under the conditions that the disk is encrypted and the appropriate safeguards are in place
- Notifying DHHS of any lost or stolen hardware that may have been used to access, process, or store information
- Providing DHHS with a detailed security plan of any network infrastructure connecting to the agency network
- Understanding that remote or home office sites may be permitted provided each location meets compliance requirements, ensuring all agents, employees, interns, and subcontractors take reasonable actions to ensure such worksites meet these compliance requirements when accessing DHHS information
- Performing and documenting annual physical site reviews for all remote office and home office locations to ensure the security controls are met, and documenting any noted deficiencies, recommendations, and actions taken to address noted deficiencies, making this information available upon request to DHHS

d. Storage

Case management data is highly confidential, and it is critical that data is available at all times to facilitate smooth processing. We recently moved our database to the Microsoft Azure cloud

environment. Migrating to a cloud platform helps to keep data safe, secure, and ensures availability for use at all times, therefore enabling activities to run smoothly throughout any kind of disaster. Saint Francis has policies and procedures in place for protecting confidential information, a data back-up plan, and a disaster recovery plan.

Saint Francis’s use of the cloud platform for our user-interfaces, which captures data into a data lake with the ability to attach documents and maintain case files, supports many popular disaster recovery architectures. With data centers in regions all around the world, the Azure cloud platform provides a set of cloud-based disaster recovery services that enable rapid recovery of data. Electronic data, documents, case files, behavioral assessments, raw data captures, and programs or software utilized for the purposes of this contract will be available to DHHS for review. Expansion of electronic storage and exchange of information is possible with the cloud-based data lake structure in Microsoft Azure, which contains security precautions and measures related to data security, leakage, loss, and theft, including unified security management and threat detection/protection.

Our data storage architecture consists of Microsoft Azure Cloud, an on-premise data center, and Amazon Web Service. Data is encrypted at both cloud and offsite data center portals, connected through VPN (Cisco AnyConnect, providing remote users with secure IPsec [IKEv2] or SSL VPN connections to Cisco 500 Series Adaptive Security Appliance [ASA] and Azure Express Router. All desktops are password and firewall protected with two-factor authentication and rigorous password requirements. Additionally, our database interfaces feature automatic log-off settings. Our databases and systems are HIPAA compliant, which requires all hosts with electronic protected health information (ePHI) to implement physical and technical safeguards, listed below. Whenever possible, information will be sent to DHHS electronically.

Cloud-based data storage is regular, invisible, and virtually immune to server crashes which could impact the ability to access vital information regarding a child’s case. Data back-up occurs every 20 minutes, therefore if a server goes down locally, the maximum amount of work that can be lost is the last 19 minutes of work entered into any of our systems. Data is stored at two geographic locations, preventing a natural disaster from destroying all data since the other server hosting the cloud would remain intact. See Table IST-1.A. below.

Benefits	Cloud Service for Data Recovery	Table IST-1.A
Fast Performance	Fast disk-based storage and retrieval of files.	
No Tape	Eliminate costs associated with transporting, storing, and retrieving tape media and associated tape backup software.	
Compliance	Fast retrieval of files allows you to avoid fines for missing compliance deadlines.	
Elasticity	Add any amount of data, quickly. Easily expire and delete without handling media.	
Secure	Secure and durable cloud disaster recovery platform with industry-recognized certifications and audits.	

e. Data Collection and Case Management

Saint Francis currently utilizes an electronic Child Management and Information Systems (CIS/CMS) for data collection of placements and trend management, including placement needs.

This custom-designed, intuitive, and user-friendly data management system is a cloud-based system that assures security and access, regardless of location, across diverse geographies. The CIS/CMS system is ideal for staff out in the field, as the system can be easily utilized via portable devices, and digitized forms will provide easy migration to other data systems, such as N-FOCUS, for ease of reporting for compliance with DHHS requirements and for the completion of court reports. Saint Francis's Information Technology team is currently developing a secure, state-of-the-art electronic data management system for our services that is expected to launch mid-2019.

The Saint Francis Information Technology team, in conjunction with our Quality Assurance and Performance Improvement Departments, are able to modify our reporting system to comply with the standards and expectations of the State of Nebraska, this RFP, and N-FOCUS reporting methods. This allows Saint Francis staff to capture information regarding case planning, service delivery, assessments, case review, and other needs, as well as communicate contract specific outcomes and provide a culture of Continuous Quality Improvement (please see CQI-1 for more details).

CSM Case Management

CSM-1: Saint Francis's philosophy on case management and the on-going case management model we plan to utilize to effectively serve all populations involved with child protection cases. Include any Well-Supported, Supported, or Evidence Based models that are used. The bidder should describe its understanding or statutory requirements related to the provision of case management. The bidder should describe its knowledge of and ability to coordinate services across various state and community programs available to children/families.

Comply: X

Response:

Saint Francis is dedicated to meeting the needs of children to help them achieve safety, permanency, and well-being. We value both traditional and non-traditional families, believing families make children's lives better, and we seek to strengthen families to achieve these goals. Saint Francis's Reunification, Foster Care, and Adoption (RFCA) and our Family Preservation service delivery models reflect this philosophy. Over the past 22 years, Saint Francis has successfully utilized these models to help children and families achieve positive outcomes, adapting and applying them to address the specific cultural and geographical demographics serve to provide evidence-based and trauma informed practices to meet individual needs.

We have the expertise and experience to develop and implement Full Service Case Management for Child Welfare Services in Nebraska's Eastern Service Region, as specified in RFP 5995 Z1 scope of work. Our ongoing case management model will meet the objectives of the RFP, which include the following:

- Delivering high quality case management to effectively serve child protection cases

- Managing and delivering prevention services that are timely, well-supported, and evidence-based through a service continuum that integrates a strengthening families approach to build protective factors in families in accordance with FFPSA
- Minimizing time in care and promoting permanency, especially reunification and/or adoption when in the best interest of the child.
- Recruiting resource, foster, and adoptive families
- Retaining families for foster and adoptive placements
- Utilizing practice models that maximize Federal IV-E funds

Furthermore, this case management model provides strategies to effectively engage families referred. It cultivates and operates within a culture of continuous quality improvement, maintains a professional and qualified staff who are trained to be trauma-informed, culturally humble, and connect families to community and government based supports, and thereby promotes reunification and family preservation.

Saint Francis's case management service delivery models are well suited to accept referrals from DHHS when the state agency identifies a safety threat for children and the need for Safety Planning (with in-home or out-of-home services). Our Family Preservation Service Delivery Model provides quality case management services for those children and families requiring in-home services, and our RFCA Service Delivery Model provides quality case management services for those children and families requiring out-of-home services.

Saint Francis's Family Preservation Service Delivery Model (pg. 57 below) and RFCA Service Delivery Model (pg. 58 below) illustrate these family-centered, community-based, evidence-based, strengths-based, culturally humble, and trauma-informed services. Each aspect of service delivery, from referral to case closure, is focused on providing quality on-going case management services, from Family Preservation in home services, to reunification and other forms of permanency that achieve safe, timely permanency based on the best interests of the individual child. Saint Francis understands that each state and catchment area poses unique challenges that can impact the design of an FPS or RFCA model; we will use our expertise to anticipate these challenges and work with the DHHS to adapt the model and methodology to best serve the needs of the population.

Using the RFP Number 5995 Z1 Full Service Case Management for Child Welfare Services, the Family First Prevention Services Act (FFPSA), and the California Evidence-Based Clearinghouse for Child Welfare (CEBC), the evidence-based practices outlined on pg. 60 below were chosen for their "best fit". Knowing that final guidance to support Nebraska in identifying promising, supported, or well-supported practices that may be eligible for Title IV-E funding is DHHS' discretion under the Family First Prevention Services Act (FFPSA), our Family Preservation and RFCA programs would be open to negotiating relevant contract amendments reflecting an adjustment in evidence-based practices at such time as DHHS may elect additional or alternative practices under the state option.

a. Trauma-Informed Treatment and Services

Saint Francis's overall practice model addresses the effects of trauma based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Six Principles of a Trauma-Informed Approach. These principles include 1) Safety; 2) Trustworthiness and Transparency; 3)

Peer Support; 4) Collaboration and Mutuality; 5) Empowerment: Voice and Choice; and 6) Cultural, Historical and Gender Issues. This approach is driven by principles allowing Saint Francis staff to assess and match the strategy to the specific needs of a family.

Staff training, both general trauma training and intervention specific, assures that our workforce understands the prevalence and widespread impact of trauma, particularly for the families served. The routine trauma screening and assessment process identifies signs and symptoms of trauma, as well as family resilience. Staff use this information with families in case planning and pinpointing the trauma-specific interventions that will meet the family's needs. Interventions have been selected based on the best available evidence of each related to the application to child welfare and the efficacy in the remission and abatement of trauma-related symptoms.

Additionally, Saint Francis responds to secondary traumatic stress experienced by staff through multi-level supports including (but not limited to) the following: supervision, employee assistance support, and staff support groups utilizing the Resilience Alliance model designed specifically for the child welfare workforce (please see WRK-1).

b. Motivational Interviewing (MI)

MI is listed in the CEBC-CW as a *well-supported practice with medium child welfare relevance*. Our staff are experienced in this client-centered, directive method designed to enhance client motivation for behavior change that can be used by itself or in combination with other treatments. MI focuses on exploring and resolving ambivalence by increasing the intrinsic motivation to change and has been utilized in pretreatment work to engage and motivate clients for other treatment modalities. The goals of MI are to enhance internal motivation to change, reinforce this motivation, and to develop a plan to achieve change. Emphasis is placed on the importance of the change and confidence that the change can be accomplished. Please see Table CSM-1.A and CSM-1.B below for required/formal and supplemental assessments, respectively.

c. Court Responsibilities

Our Legal Department trains staff to have a thorough knowledge of their local court system, to submit reports as required, to attend court hearings, and to be prepared to testify in court. Information is provided via reports to the court and testimony in court. Our staff submit reports to the court with copies to DHHS, the County/District Attorney, the GAL, and other attorneys involved in the case, according to timelines established by the court and in collaboration with DHHS. Supervisors review and approve court reports for content prior to submission to the court and other involved parties. Court reports are sent through the court portal, faxed, e-mailed or hand-delivered to the court to ensure that timelines and court expectations are met. Our staff submit reports to the court.

d. Transportation

To meet transportation challenges, Saint Francis will utilize our current model of coordinating transportation with a team dedicated to ensuring that children are provided timely services to placements and appointments when appropriate or necessary to their Case Plan. Families may receive transportation to appointments as well. The Placement Director will oversee a Transportation Coordinator located in each office, who will schedule a fleet of drivers for that office's service area. The transportation team focus is to complete trips as safely and economically as possible. Drivers are assigned trips based on a child's placement or

destination. By keeping loaded miles greater than unloaded, it helps to eliminate wasted deadhead miles, saving both vehicle and maintenance costs.

Saint Francis will also utilize ride sharing with children traveling in the same general direction, which creates efficiency by maximizing passengers, while keeping a focus on the personal safety of children and understanding when ride sharing may not be appropriate due to a child's special needs or behaviors. This is accomplished by borrowing drivers between offices to assure that all transportation needs are met. It is our policy that transportation should never be a barrier to a parent or child attending visitation, an appointment, court, or any other case plan activity.

In addition to each office's transportation team, Saint Francis leases vehicles and hires drivers to transport children and families for visitation to take them to medical and behavior health appointments, court, and any other important events.

As transportation challenges can arise in any setting, this practice occurs whether the office and services are in an urban or rural/frontier area. Providing timely service to children and families is imperative in case management. Saint Francis drivers receive extensive employment and background checks prior to hire, and once they have received orientation, receive training in trauma-informed practice and other areas mentioned in RFP 5995 Z1, to effectively respond to our clients.

e. Program Oversight

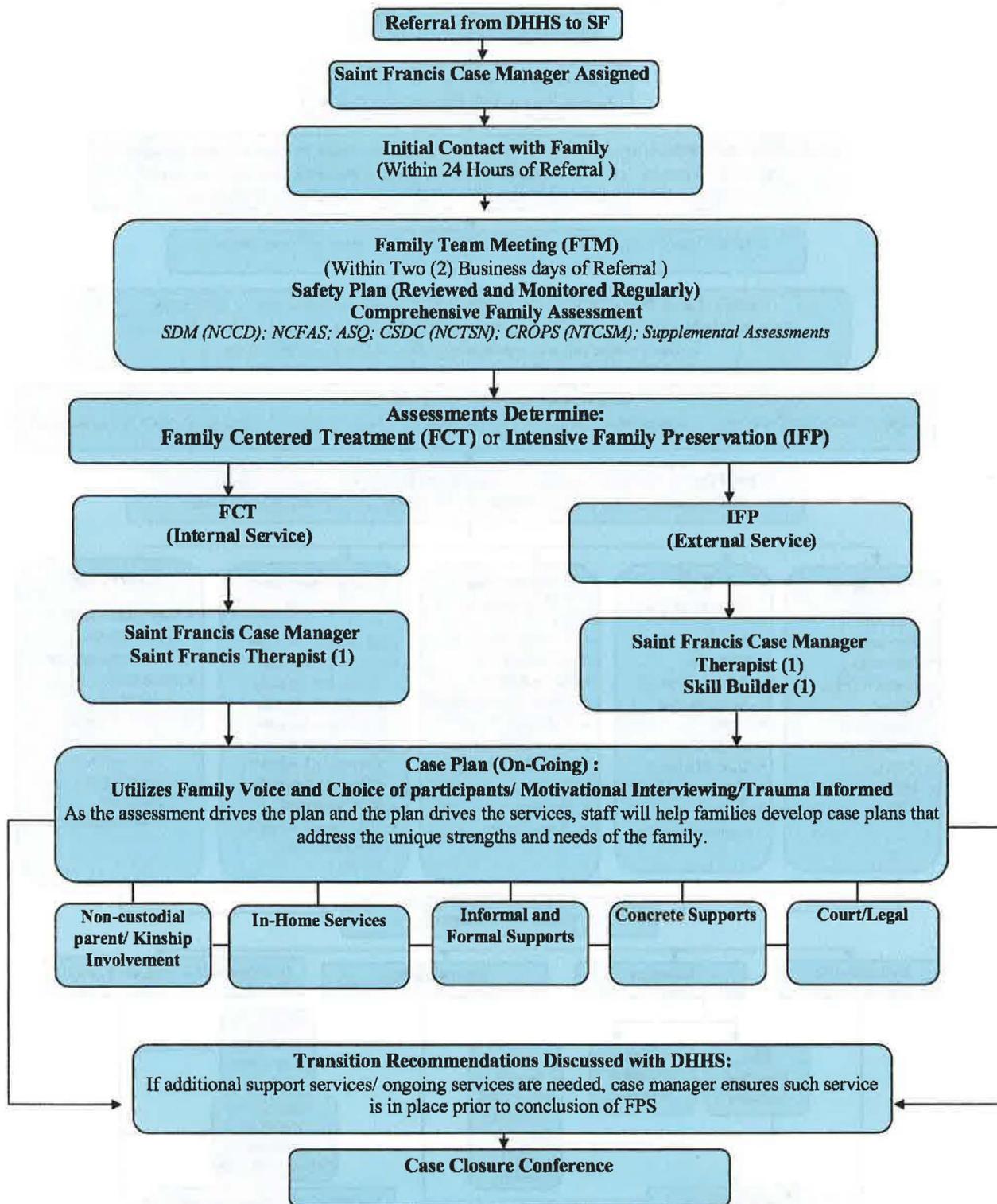
Saint Francis will track and monitor Program Outcomes as well as utilization of services. Additionally, we will complete Clinical Utilization Reviews. A Clinical Utilization Review is completed on a random sample of cases as directed by the Clinical Director of Family Preservation. Cases are reviewed for compliance to program guidelines, use of standard clinical practice, and completeness of documentation. Furthermore, our comprehensive risk management program tracks critical incidents involving children and foster care placement/providers.

The Quality Assurance and Performance Improvement Department (QA/PI) tracks data and contract outcomes in service departments, alerting case management of safety issues as well as using data to inform continuous quality improvement of safety and other outcomes. The Saint Francis QA/PI department analyzes data received by case management dyads to track the impact of services, case progress, and other contract specific outcomes. The QA/PI department alerts case management dyads if data indicates a case is not progressing towards the permanency, safety, and well-being of the child. This allows staff to modify strategies to reach desired goals and help the team anticipate changes to the permanency plan.

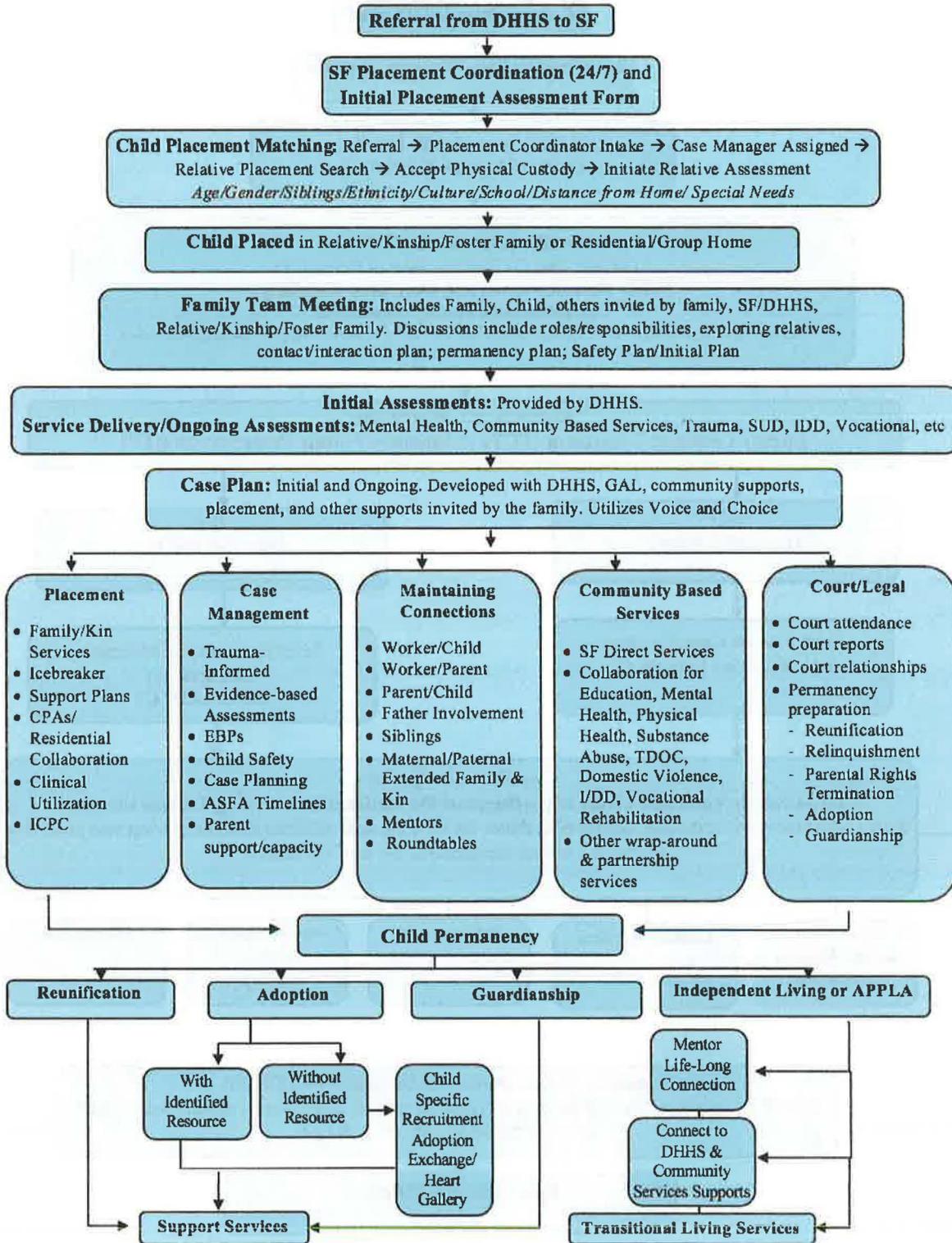
Furthermore, providing information on referral demographics to directors and community engagement teams can help Saint Francis build programs and develop resources that directly address specific issues in the community. This creates a circle of information and feedback that is easily communicated to other departments, allowing them to in turn provide solutions that increase the positive impact of our services in a variety of community settings (urban, suburban, and rural/frontier).

Please see UTZ-1 Utilization Management section, as well as CQI-1 in the Continuous Quality Improvement section, of this proposal for more details.

Saint Francis Family Preservation (In Home Services) Service Delivery Model



Saint Francis RFCA Service Delivery Model



Family Preservation Services (In-Home-Services)

a. Case Management Service Delivery

Case Managers assigned to Family Preservation cases will have a variety of responsibilities including, but not limited to, engagement, case planning, safety planning, non-custodial involvement, court responsibilities, and linking families to formal and informal supports. Saint Francis sees safety planning, non-custodial involvement, and linking families to formal and informal supports as a shared opportunity with the family as well as those providing the Intensive Family Preservation programs.

Engagement begins with the initial contact with the family and continues through the family's involvement in the assessment, in designing the Case Plan and services to be provided, participation in services, and in the evaluation of those services. New referrals are assigned to a Case Manager who makes initial contact with the family within 24 hours of our receipt of the referral. During initial contact staff introduce themselves, explain the reason for the contact, review referral information, explain the home visit and encourage the parent to involve others including the non-custodial parent if applicable, and other community supports involved with the family. The Case Manager and family determine a date and time to hold the Family Team Meeting (FTM) with the family's schedule taking precedence.

The FTM is held within 72 hours of the referral (or as agreed upon by Saint Francis and DHHS). During the FTM, roles and responsibilities are reviewed for participants, the reason for the DHHS referral is noted, and the family's understanding for the referral is explored including level of services and commitment required. Staff provide the family with emergency contact information, the *Benefits of Father Involvement*, and/or the *Benefits of Co-Parenting* material. A Safety Plan is created as appropriate and the family is provided a copy. Needed releases of information are obtained. Medicaid and other insurance information is gathered.

The Case Manager will utilize a comprehensive family assessment to evaluate the needs of the family across multiple domains. The assessment tools included in the comprehensive family assessment assist the family in identifying safety concerns, functional challenges, trauma-related issues, and substance use concerns. Families will then be empowered to use their voice and choice to make selections on service providers to meet their unique needs. In addition, the Case Manager will screen for referral to one of two (2) types of Intensive Family Preservation programs: Family Centered-Treatment (FCT) or Intensive Family Preservation (IFP). Both programs are outlined in later sections of this document. Referral into FCT or IFP is based on a combination of factors including program qualifications, SDM scores, and NCFAS scores. Please see table CSM-1.A. below for list of required assessments.

CSM.1.A. Table of Required Assessments (In-Home and Out-Of-Home)

<p>Structured Decision Making – an assessment that promotes safety and well-being; offering workers a framework for consistent decision making; and a way to target in-demand resources toward those who can benefit the most (NCCD). Risk and safety assessment will be completed when services start and at critical points specified in DHHS policy.</p>
<p>North Carolina Family Assessment Scale - an evidence-based tool to assess family functioning in domains for Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-being.</p>
<p>Ages and Stages Questionnaire – developmental screening tool for infants and young children (ASQ: Ages & Stages Questionnaires), children ages 0-3.</p>
<p>Child Stress Disorder Checklist – an observer report measures to screen for childhood traumatic stress symptoms (NCTSN), children ages 0-18.</p>
<p>Child Report of Post-Traumatic Symptoms – a self-report measure for children and adolescents that assesses a broad range of post-traumatic symptoms which can be used to measure changes in symptoms over time (NCTSN), children ages 6-18.</p>

Supplemental assessments will be made available to Case Managers to assist with identify further needs in the areas of individual functioning (please see pg.73 below).

Our case management staff conduct quality in-person alone time with each child in the family, prior to the Case Plan and at minimum once a month thereafter. For children over 12 months of age and/or verbal, a portion of one monthly visit will be with the child alone. The purpose of the visit is to assess safety, stability, and well-being. The visit will include developing/reviewing Case Plan goals and tasks or discussing progress in achieving goals and addressing issues, as age appropriate.

More frequent alone time will be based on the worker’s determination of necessity to ensure the child’s safety, stability, and well-being. Additional visitation with each child in the family home will be determined based on the circumstances of the case, such as risk and safety concerns present during the service delivery period, the age and vulnerability of the children, and the reason for the agency’s involvement with the family.

Staff arrange the case plan meeting around the family’s schedule to allow the family’s support persons to participate, including the non-custodial parent and DHHS staff. The Case Plan is built from an understanding of the family’s strengths and recognition of how they have resolved problems in the past, with the objective of addressing current concerns and returning the family to stability quickly. Case plans are completed in accordance with State regulations.

Our Case Managers are trained to use principles of Family Voice and Choice (FVFC) in case planning. Families are empowered to choose their own tasks/activities and interventions, so the family has ownership of their Case Plan. Case Plan objectives and activities are written in a manner that captures individuals’ and/ or families’ words and ideas. As the assessment drives the

plan and the plan drives the services, staff will help families develop a Case Plan that address the unique strengths and needs of the family. Each family member is asked to identify individual tasks/activities to achieve their goal of maintenance of the intact family. The child and family are assisted in accessing community supports and services to help achieve the family Case Plan.

The Case Manager will assist the family in overcoming barriers to achieving the objectives and activities contained within their Case Plan. Assistance could include helping a family find access to concrete supports in times of need such as flex funds, transportation, daycare, and other resources. Additionally, staff will have the *Motivational Interviewing* skills to assist a family in moving towards the *Action Stage of Change*. As the goal of Family Preservation services is to have the family functioning in a safe and healthy way, specific efforts are made to connect the family to community resources to support long-term success.

b. Safety Plans and Family Safety Networks

The Safety Plan is a temporary, short-term plan to keep the child and other members of the family safe while more permanent safety provisions can be put in place. The Safety Plan should be used whenever the plan will enhance family safety and only when it is reasonable to believe safety can be achieved through the plan. For families whose presenting concern to the agency was for a reason other than abuse or neglect, the plan should only be used to address safety issues affecting the family, such as behavior of a child or youth that can be harmful to self or others.

In order to be effective, individuals who are necessary to the Safety Plan must be able and willing to cooperate in carrying out the plan and should be involved in the planning. A Safety Plan empowers the family to remain responsible for their lives, avoids resistance by the family to externally imposed conditions, and can be used as an assessment tool to help the staff and the family decide together whether change is possible. Families who have the access and availability to reach out to natural supports are more likely to do so and are less likely to engage in abusive or neglectful behaviors.

The Safety Plan is monitored and reviewed regularly by staff. Safety and risk are assessed at contacts with the parents and caretaker, child, and youth. It is documented for in-person contact. The documentation logs guide the staff to assess past and current safety and risk concerns. Safety and risk are discussed in monthly supervision meetings to ensure concerns are being addressed, parties involved in the plan are following through with tasks, and the safety concern is mitigated.

c. Case Management/ Linking Families to Formal and Informal Supports

Saint Francis fully understands the target population for our services will include children who are neglected, abused, dependent, or otherwise in need of services. Family needs generally include some combination of the following: communication; limit setting; effective relations; monitoring of the child's peers; interactions with the school; marital relations; problem solving skills; support from extended family and community; and concrete needs. The Case Manager will assist parents in accessing services from other providers that will address psychiatric problems and medication monitoring, substance abuse prevention, domestic violence, and an overall commitment to parenting.

The Case Manager will assist families in developing support systems and linking families to formal and informal supports. These support systems are critical for sustaining families during times of crisis and buffering against future stress. This includes, but is not limited to, accessing services for medical, dental, developmental, and mental health, as well as substance use, vocational rehabilitation, disability services, education, or other identified needs. Staff assist families in utilizing health care benefits such as private insurance, Medicaid, or Medicare. We confirm access to available services and supports for children. When these resources are not already in place, staff assist caregivers in applying for benefits. If the family is expected to pay for services, staff work with the family to budget for the expense, accessing resources with sliding fee scales and identifying community funding sources for the needed services. For more information on the types of services available to Nebraska families, please see PPF-1 to PPF-5.

Workers are trained in helping families to identify both relative and non-relative supports, such as those with personal ties to the family who are invested in their safety and well-being. Families are asked to identify individuals whose support will be beneficial to their Case Plan, and those individuals are asked to commit to be a support to the family.

Non-custodial parents, when a positive influence on the family's unification, safety, and well-being, are asked to participate in in-home services (please see CSM-3 for more details). This may mean being involved in case planning meetings, being contacted by parents for advice, or providing positive feedback to family members throughout the life of the case.

Creating a supportive social network for positive reinforcement and accountability is an important factor in developing a family's resilience to ineffective and/or unsafe parenting behaviors. The Case Manager will help families develop a social support network within their natural environment from extended family and close friends, schools, neighbors, fellow church members, and others.

Saint Francis Family Preservation has a process in place for locating these connections, which allows the worker and family to connect or reconnect with other family members to establish long term relationships. The Case Manager will work to maintain important connections to relatives, kin, and communities throughout the life of the case. Once relatives and other social connections have been identified, they are assessed for safety and matching of the family's needs.

Saint Francis works continuously to develop relationships and collaborate with community organizations, human services agencies, state and local government agencies, and those providing valuable resources to families. The Case Manager is educated on the repertoire of these agencies to make informed recommendations to families, and act as stewards of Saint Francis when connecting families to these services. When a family is introduced to a community support, the Case Manager will act as their representative and will assist them, at the level of involvement desired by the family, to secure services. Linking to formal and informal supports is a shared responsibility with those providing service delivery for Family Preservation referrals.

d. Case Transition and Closure

The desired outcome is that the family will need no further intervention aside from possible necessary long-term services such as medication management/therapy. If long-term service is needed, the Case Manager will help the family ensure that such service is in place prior to the conclusion of Family Preservation Services.

The goal of every referral is the safe maintenance of the child in the family home. The Case Manager will close the family's case at the end of the service period or when Case Plan goals and activities have been successfully achieved prior to end of service period.

There will be occasions when a family needs ongoing support to build new skills or practice existing skills. Our Case Manager will discuss transition recommendations with DHHS prior to a case closure conference to assure that connections to community resources, behavioral health services, or treatment services have been made prior to case closure. The Case Manager will work closely with the family and DHHS to ensure that the family's needs to achieve safety and well-being have been met, and that their concerns for the future are addressed prior to case closure. Recommendations for ongoing treatment to assure the safety and well-being of the family are based on family strengths, services provided throughout Family Preservation, the family's response to the services provided, assessment results, goals achieved, and activities completed on the Case Plan.

If a child is removed from the home during Family Preservation, Saint Francis will coordinate efforts with DHHS to see that the family's case is transitioned to the appropriate level of service if they are to remain in Family Preservation, or that case closure procedures are followed as dictated by DHHS if Family Preservation is no longer appropriate to the family's needs.

Saint Francis will work with DHHS to establish a case closure timeline, including but not limited to the point in the treatment at which the degree of therapist involvement with the family diminishes over time, a detailed closure procedure, as well as reasons a case may be closed early beyond the control of our organization. Should this occur, we will coordinate with DHHS to the best of our efforts to supply any transitional support to the children, family, and DHHS, and to ensure that the case is closed in a timely manner.

Examples of early case closures due to reasons beyond the control of our organization may include: 1) If the family refuses services and DHHS' effort to re-engage the family are not successful; 2) The family moves out of state or places children out of state; 3) The family moves their children to another caregiver's residence within the state, after consultation with DHHS regarding a potential referral for new caregiver. Services can be resumed if the family and/or children return to Nebraska during the referral period.

Saint Francis Family Preservation: Internal Referrals

a. Family Centered Treatment (FCT)

FCT is an evidence-based treatment program designed to find simple, practical and common-sense solutions for families faced with disruption or dissolution of their family. This model of intensive in-home treatment services for youth and families utilizes psychotherapy designed to reduce maltreatment, improve caretaking and coping skills, enhance family resiliency, develop health and nurturing relationships, and increase children's emotional, physical, mental and educational well-being through changes in family values.

Using a joining process that works with highly-resistive families, FCT operates under the premise of Family Preservation and Keeping Families Together and can be utilized for families with children of all ages.

FCT does not simply treat behaviors but, viewing problematic behaviors as symptoms and outward expressions of deeper-rooted traumas, addresses the emotions and emotional responses

behind behavior as the point of intervention. In so doing, FCT adapts to the needs of the family, including those experiencing past or present trauma, sexual or otherwise. FCT is purposefully constructed as a generalized model designed to incorporate a variety of presenting problems and is therefore inclusive of client/family focused interventions. Furthermore, this approach teaches the family and the individual to recognize how and where change can and should occur, thus facilitating more functional patterns of behavior. Once the new skills are internalized and adopted into the family value system, the family can recognize when behaviors are inappropriate and implement a more effective manner of dealing with crisis situations.

FCT is currently rated as a *promising practice* on the California Evidence-Based Clearinghouse for Child Welfare (CEBC-CW), with a rating of *high child welfare relevance*. A high rating in this area indicates that “the program was designed, or is commonly used, to meet the needs of children, youth, young adults, and/or families receiving child welfare services.” FCT is known for its proven outcomes and continues to grow its research base, making it likely to move up on the clearinghouse ratings released.

When compared to other major evidence-based practices, FCT has a significantly lower implementation cost. As the Family Centered Treatment Foundation website explains, FCT can positively influence other aspects of the program including “marketing and collateral relations, clinical goal planning and documentation, team effectiveness and staff retention, utilization review of necessity for services, hiring motivated clinicians, and improving data collection, research and distribution”⁷.

The expected length of Family Centered Treatment is approximately 180 days and offers 24/7 on-call crisis support for families with their clinical staff.

b. FCT Team Structure

All services to a family will be delivered by a single worker, a Saint Francis Therapist. Each Saint Francis Therapist will be supervised weekly, on an individual and team basis, by a Clinical Supervisor/Licensed Independent Mental Health Practitioner. A Clinical Supervisor (CS) has a team of no more than eight (8) Saint Francis Therapists, with each managing a case load of no more than 4-5 families. Clinical Supervisors will report directly to the Program Director. The Program Director overseeing Saint Francis’s Family Preservation program will report directly to the Assistant Vice President of Children and Family Services.

Our services shall be available twenty-four (24) hours a day, seven (7) days a week for emergency crisis intervention. The Saint Francis Therapist shall provide Family Centered Treatment, with both individual and family meetings (as needed), in the family’s home or natural environment and at times that are convenient and reasonable for the family. The Saint Francis Therapist will meet with the family approximately two (2) times a week for multi-hour sessions, which may include daytime, evenings, and weekends. Saint Francis will ensure coverage by other team members when the scheduled therapist is unavailable.

Family Preservation Services: External Referrals

a. Intensive Family Preservation

⁷ Family Centered Treatment: The FCT Foundation, <http://www.familycenteredtreatment.org/fctf-mission>

External referrals will be made for Intensive Family Preservation (IFP) services, which are six (6) weeks in duration. Services will be provided to families in crisis, whose children are at imminent risk of removal and placement or for families who have recently had a child placed out of home. Intensive Family Preservation aims to keep children at home in a safe, stable, and nurturing family environment, improve parenting capacity and family functioning, improve children's well-being, and prevent unnecessary placement and/or safely facilitate the reunification of children with their families. Services are provided by a therapist and skill builder.

This service is designed to create rapid, sustainable change in the family unit by focusing on interventions that build on family strengths in order to eliminate safety threats and/or reduce the risk of child maltreatment.

Frequency of home visits will be based on assessed family needs and risks, as well as Case Plan goals and activities. Direct service hours are a combination of a therapist and skill builder hours spent with the family. Direct service is defined as in-person visits, phone calls, and HIPAA compliant video conferencing. At a minimum, 50% of all direct service hours provided by the therapist must be in-person visits with the family. Likewise, 50% of all direct services provided by the skill builder must be in-person visits with the family. IFP should be a minimum of 8 hours per week of direct service time for all families served during the length of the referral period.

b. Team Structure: IFP External Referrals

The IFP dyad of one (1) assigned therapist and one (1) assigned skill builder caseload size will not exceed 4-6 families. An IFP Supervisor will supervise a maximum of six (6) case management dyads.

Therapists providing services must be either a fully Licensed Mental Health Practitioner, or a provisionally Licensed Mental Health Practitioner under the supervision of a fully License Mental Health Practitioner. The contractor may also consider individuals who are MSE (Master's Degree Counseling) Level and have completed all of the required classes but are currently obtaining internship hours with the contractor. Interns must be supervised by a fully Licensed Mental Health Practitioner.

The skill builder must have obtained a bachelor's degree in human services, such as a degree in Social Work, Psychology, Sociology, Early Childhood Development, or a related field. The skill builder may also be enrolled in college and be within two (2) semesters of completing a bachelor's degree in human service or a related field. A person who is on semester, summer, or other break, who was enrolled the previous semester and will be enrolled after the break, shall be considered to be enrolled in college.

This service must be delivered in the family home or in a natural family environment, be available 24 hours a day, 7 days a week, including holidays and weekends. This service must include multiple in-person direct contacts and indirect contacts with the family each week. This service also includes discharge planning of specific community resources that connect families to concrete supports to build upon the parent resilience and fundamental parenting knowledge initiated by the IFP team.

Reunification, Foster Care, and Adoption Services (RFCA Out-Of-Home Services)

a. Case Management Service Delivery

Saint Francis's RFCA Service Delivery Model offers family-centered, family focused, community-based, evidence-based, and trauma-informed services for children and families. The RFCA Service Delivery Model on pg. 58 above provides a visual representation of our framework, model, and methodology. Aspects of service delivery, including ongoing case management, maintaining connections, community based services, and court/legal operations are focused on achieving timely child permanency.

Integral to Saint Francis's success in providing quality services is a deep understanding of the cultures and environments being served coupled with a thorough knowledge of the challenges these communities face. By balancing a foundation of RFCA core service delivery with agility and over 22 years of experience across 5 states (Kansas, Texas, Oklahoma, Nebraska, Arkansas), we have learned to refine our RFCA Service Delivery Model to meet the unique needs of diverse populations.

When Saint Francis receives a referral for Out-Of-Home Services (RFCA), Saint Francis will provide the following:

- Referral and provision of all necessary supports, services and interventions to address the conditions identified in the assessment provided by DHHS
- Monitor the community agencies providing services to children and families to ensure they are timely, consistent and helping mitigate safety concerns and helping achieving permanency
- Saint Francis will provide timely services and interventions that are individualized, accessible, culturally competent, linguistically appropriate and trauma informed.
- Saint Francis will document all contacts and information related to the family members, service providers and progress reports
- Saint Francis will complete assessments and evaluations through the life of the case and ensure they are updated and complete prior to closing a case on N-FOCUS
- Document using N-FOCUS within 3 days
- Provide transportation to for services
- Request reports for the court from service agencies including engagement of the child or parent in services
- Submit all required documents to DHHS for review and approval
- Saint Francis will collaborate as required with DHHS staff to engage the child and family in a relative/kin search, Family Team Meeting (FTM), and assessment process.

From intake to placement, in ongoing case management for RFCA services, and through case closure, Saint Francis will ensure that our service delivery model addresses and promotes the safety, permanency, and well-being of those in our care.

b. Intake/Placement for RFCA Services

Since 2000, Saint Francis has had admissions, placement, and on-call staff available to accept, disseminate, and process referrals 24 hours per day, 365 days per year. We are able to accept, assign, manage, and track incoming referrals from DHHS, to coordinate placement referrals, locate and arrange appropriate placements, respond to and coordinate after-hours emergency

calls—including dispatching staff if/when direct contact is necessary— and to engage in provider relations work with all placement providers. Provider relations work includes working with subcontractors on quality assurance/performance improvement (QA/PI) measures and maintaining placement management information. Having dedicated staff for this function facilitates timely and quality service for state partners and subcontractors.

The Placement Director will lead the Placement Supervisor, Placement Coordinators, and Clinical Utilization in securing the most appropriate, family-like, and least restrictive placement options that reduce the number of needed moves for children referred for out of home services. Local on-call staff will be qualified to administer placement screening tools for the child to assure a match with a family or facility that will best meet the child's needs.

Saint Francis Placement Coordinators will exhaust other options prior to placing a child outside the family home. As mentioned in RFA 5995 Z1 V.C.5, when placement outside the family home must occur, Saint Francis staff will:

- Document why Safety Planning in the home is not an option.
- Document why placement with the other parent is not appropriate.
- Report to DHHS using DHHS' preferred format summarizing the decision to place the child outside the home or current placement, demonstrating that options were exhausted prior to placing the child outside the home or current placement.
- Identify and consider all relatives and kin first, as possible placement options including placement with any known sibling;
- Ensure appropriately safe parental visitations occur on a regular and consistent basis if the child is not living with a parent;
- Ensure appropriately safe relative/kinship foster parents complete all activities required for licensing;
- Place siblings together when it is safe to do so and document safety concerns if siblings are not placed together;
- Ensure sibling visitations occur on a regular and consistent basis when siblings are not placed together;
- Ensure the continuity of family relationships and preserve connections for the child that includes but is not limited to connections with his or her parents, neighborhood, community, faith, extended family, Tribe, school, and friends;
- Ensure that the out-of-home placement is the least restrictive placement and most family-like setting;
- Ensure that placements are in DHHS provisionally licensed foster homes or licensed foster homes or licensed facilities;
- Ensure provisionally licensed homes receive full licensure within six (6) months of placement;
- Ensure that the child continues to be educated in their school of origin or the school that will support the goal of improving the child's achievement. The Subrecipient shall consult with DHHS if the child will not be attending his/her school of origin or a school that does not support the improvement of the child's achievement in school; and,
- Ensure that the child has the most normal and developmentally appropriate experiences that are generally afforded to children not involved with the child welfare system.

Saint Francis has developed a thorough and effective intake model for child welfare services. We value our DHHS partners' knowledge and expertise in gathering information about a child's supports, as well as in assessing their needs during initial assessments. We value the tremendous work being done at the Project Harmony advocacy and triage center. A strong partnership will be developed with the center. Case management teams will work closely with DHHS to ensure placement stability, continuity of care, and services for children.

Our case management and kinship teams initiate a rigorous search for relative and kinship connections, placement options, and suggested supports at the time of referral by discussing information with the child's assigned DHHS worker. Every minute counts when it comes to locating safe and appropriate out of home placement for children, and we endeavor to make the first placement the only placement for children. The role of the triage center at Project Harmony adds to the success of this endeavor by allowing the child to have a safe place for a few hours while assessing their needs and placement options.

Upon receipt of a referral, staff immediately enter pertinent information into the CIS/CMS system, and N-FOCUS, as needed, to ensure the best possible placement is located for the child if placement is not already been determined by DHHS. Simultaneously, kinship options are explored for each child coming into care. Placement staff immediately forward the referral to the appropriate case management teams. The supervisor then assigns a case management team to the child. Once placement has been determined, the Placement Coordinator relays information to the case management team.

When a child referred for out of home placement, the case management team will accept physical custody of the child from DHHS. Our staff will partner with the DHHS worker to ease the child's transition, to ensure the child's immediate needs are understood, that they are as comfortable as possible, and that all required information and documentation is received. The case management team also coordinates with kinship staff, including the X-Treme Recruiter (XTR), regarding any kinship placements being pursued. If the placement is a relative, a Kinship Worker will be assigned immediately to begin providing needed supports. The referred child will be immediately transported to the relative/kinship placement or foster home, ensuring it is most appropriate for the child's needs.

If the placement occurs after-hours, Saint Francis placement staff shares information that is available at the time with the foster family, including a copy of the Initial Referral. The family will be updated when additional information becomes available. At a minimum, the placement will include a placement agreement, access to medical treatment, medication, and the physical necessities required to properly care for the child.

i) No Reject/ No Eject

Saint Francis understands and accepts the No Reject/No Eject mandate for Full Service Case Management for Child Welfare Services. We will work with the State to ensure the smooth transfer of both new referrals and children being served in the current contract into the Saint Francis system of care.

Placement Coordinators will use the Saint Francis CIS/CMS and/or the N-FOCUS data management program and work with the child and family to prioritize placements close to the child's home. The placement search begins by exploring relatives from the child's community, then extending the search to include a relative placement regardless of location. Saint Francis

understands that maintaining the child's connection to relatives and kin throughout the life of the case promotes the child's continued connection with their home community. We explore relative and kinship placements options before moving to a foster parent in the same community and then expand our search outward. Our Placement Coordinators carefully rule out each option before moving to the next or less optimal placement, such as placement in congregate care outside of the region.

In the absence of appropriate relative or kinship options, Placement Coordinators review available openings with foster families in the child's home community and school (or preschool) catchment area. The process considers a multitude of factors, including gender, race, ethnicity, culture, language, school needs (e.g. special education), community/family support systems, behavioral issues, supervision needs, daycare, after-school programs, health and dental care, medication management, access to mental health resources, self-sufficiency needs, and potential for permanency. Saint Francis's goal is to make the child's first placement the only placement until permanency is achieved.

We know that each child is unique and the circumstances for their out of home care will often require additional collaboration between agencies to meet needs timely and efficiently. Saint Francis staff will seek to meet regularly with regional and local DHHS staff to get information as early as possible, understanding that no amount of planning can fully prepare for an emergency situation. Saint Francis has a reputation of being a good partner across five states to caregivers, contractors and subcontractors, and it will continue that practice in the Eastern Service Area.

ii) Placement in Home Communities

Saint Francis believes that all children should be provided safe placements that meet the child's individual needs. Saint Francis will work with DHHS upon referral to review all available information and assessments, and perform additional assessments as needed, to determine which placement options best address the child's needs. Placement Coordinators consider placement referral based on strengths, needs, and risk factors for each child, and coordinate with an array of community placement resources that can provide the appropriate services in the least restrictive environment.

Placement decisions are made in the best interest of the child. Decision factors include, but are not limited to age, gender, siblings, ethnicity, culture, language, school, distance from home community, and special needs. Therefore, Saint Francis will place children with the best available, most appropriate placement, regardless of who the CPA is for the foster family. Saint Francis Provider Relations is responsible for collaborating with case teams and DHHS to manage a child's placement. Provider Relations will meet monthly with subcontracted providers to solicit current and upcoming placement availability within their respective provider networks.

Relative placements are the first choice for children removed from their home, if safety can be provided in such placements. Kinship or family foster homes is the next level of care considered for placement. Saint Francis's RFCAs Service Delivery Model promotes the placement of children within a family setting when safely possible using protocols and procedures adapted to cultural and geographic needs. **In the Kansas regions we have served since 2010, we have maintained an average 90% or higher rate of child placement in a family-like setting⁸.**

⁸ Ibid 1

Saint Francis's philosophy of community engagement and care leverages the strengths of community providers to best meet the needs of children and families. Based upon behavior management needs, a small percentage of the children and youth served may need a more structured environment to ensure safety. We evaluate current service availability and reach out to the community to expand capacity. If the community cannot provide the needed services, Saint Francis will expand the search area.

iii) Placement Stability

Saint Francis works for a child's first placement to be the best and only placement until the child achieves permanency. We offer kinship finding and support services, assessment tools to determine the least restrictive environment, training, and trauma-informed education for families and caregivers to promote placement stability. We will directly connect families and caregivers to community support systems through our own resources and those of the provider network and will conduct clinical reviews to address stability issues. Family Voice and Family Choice (FVFC) case planning incorporates the goals, tasks, and supports identified to build on existing strengths and increase parenting capacity and thus post-placement stability. From first contact with the family through case closure, Saint Francis supports connections between children, families, kin, and communities so that timely permanency is accomplished with support from Saint Francis and sustained by the family with naturally-occurring community supports.

For more information on how placement stability in local communities preserves connections for the child, please see CSM-3.

For more information on Utilization Management and placement stability, please see UTZ-1.

c. Case Planning

Case planning is a strength based, continuous and ongoing process that incorporates the principles of Family Voice and Choice (FVFC), conducted in partnership with the child, family, DHHS, community-based supports, and Saint Francis staff. Case planning meetings guide the family and the child to identify strengths and needs to develop a Case Plan that will build on those strengths and meet their needs. These meetings address the reasons the child was removed from the home, court duties, potential consequences, service and health needs, permanency plans, visitation plans, and other objectives necessary to achieving timely safety, permanency, and well-being for the child.

Through FVFC, families are empowered to choose their own tasks/activities and interventions, thus creating a sense of ownership in their Case Plan. Within the Case Plan objectives/goals and corresponding skills/instruction and activities needed to achieve them are written in a manner that captures the individual's and/or family's words and ideas, emphasizing existing strengths and skills to build the foundation for each family member's goal of maintaining an intact family. The Case Plan is a mutually developed written agreement between the child, birth family, and involved parties. The Case Plan establishes and formalizes the family's commitment to participate in activities progressing toward a specific permanency goal, addresses the reason for a child being placed in out of home care, and addresses the child's individual needs.

The FVFC model provides a variety of methods to engage children and youth to participate in the case planning process. This includes methods for both when the child can be physically at the family case planning meeting and when they cannot. The case management team will work with

the courts, DHHS, and the child or youth to develop the most appropriate way in which to allow the child/youth to contribute to the case planning meeting.

Kinship searches are initiated at the time of referral, during the Family Team Meeting (FTM), and throughout the life of the case to identify, locate, and engage relative, family, and kinship relationships that are safe, positive, and meaningful to the child. Those considered appropriate to the case planning process are invited to develop and carry out a plan that will lead to the safety, permanency, and well-being of the child. Saint Francis will make reasonable efforts to ensure children, youth, families, and family members who are the subject of the Case Plan and caregivers participate in case planning. See CSM-3 for how we engage family and kin to strengthen and preserve connections for the child.

Case management teams will notify required participants of the initial and subsequent service planning meetings for ongoing case management, including family meetings in which the youth is ready for discharge to permanency or when other changes occur in the Case Plan. DHHS will complete the initial FTM if still the primary case manager 15 days from legal status change.

Saint Francis will coordinate conferences and case planning staffing with DHHS, including but not limited to: Family Group Conferences, safety service meetings and meetings required by the court and DHHS.

Saint Francis values engaging families in family service design. We provide services in the most family-like setting possible, linking families to community-based diverse and comprehensive supports, and strengthening the capacities of families to function independently. Our family-centered practice model is characterized by mutual trust, respect, honesty, and open communication between those who are involved in the case. Full disclosure between parent/caregiver and worker is imperative to laying the foundation for mutual respect and building a positive relationship with the family. Saint Francis workers are trained in the principles of FVFC oriented case planning strategies, which values cultural humility in respect to each family's culture, history, perspectives, and challenges.

Case management teams use information gathered in the referral and assessments to guide the case planning process to address and ensure the health and safety of the children referred. Further assessments and screenings are made before the comprehensive service planning meeting and throughout the life of the case as needed. As the assessments drive the plan and the plan drives the services, staff will help families develop a Case Plan that addresses the unique strengths and needs of the family. Each family member is asked to identify tasks/activities to achieve their goal of maintaining the intact family. The child and family are assisted in accessing community-based supports and services to help achieve goals outlined in the Case Plan.

A comprehensive Case Plan is designed to guide service delivery that will meet the unique needs of the child and family. Case plans will at a minimum include a permanency plan, concurrent permanency plan, visitation plan, service plan, as well as transition/support services plan and a case closure conference when appropriate. Case plans are reviewed throughout the life of the case and updated to reflect the changing needs of the child and family. This includes adjusting the service type, frequency, and duration of services based on the individualized needs of the child and family members. The written Case Plan will be documented via CIS/CMS and/or N-FOCUS and in accordance with DHHS standards.

Case Plans will:

- Be relevant to the critical issues in the family situation
- Be realistic in terms of the emotional, physical, and intellectual capabilities of family members
- Be written in language that is clear and understandable to the family and youth
- Case Plan permanency objectives will be written in a manner that captures the individual's words and ideas, including the parents and the children ages seven (7) and older that are able to participate in the case planning process
- Utilize the family Strengths and Needs Assessment to allow the child/family to select the strategies and actions to achieve outcomes
- Address the issues identified in family and child assessments
- Specify the steps to be taken to address the identified issues
- Describe how success will be determined
- Specify the time lines and review dates
- Describe possible outcomes as the Case Plan is implemented
- Have the signatures of Case Plan participants
- Utilize and document the participation of the family
- Include any relevant orders from the court
- Include actions likely to be taken by DHHS and Saint Francis if conditions of the agreement are not fulfilled

The following outlines the steps within service planning:

- Family Voice and Choice is intentionally elicited and prioritized
- Youth Voice and Choice is respected
- Family members are encouraged to express their own views and self-advocate
- Case management team ensures options/choices reflect family preferences
- Respects and builds on family's culture and beliefs
- Family Voice and Choice guides care and planning
- Case plans are guided by family preferences and recognize the families' long-term, on-going relationship with child

i) Screening and Assessment

Assessment, both formal and informal, is an ongoing process that begins at referral and continues throughout the life of a case. At the point of referral, Saint Francis will utilize the assessment model approved by DHHS. *Structured Decision Making* (SDM) will be the primary assessment tool utilized for safety and risk for the initial planning for protection and mitigation of risk. Saint Francis staff will engage children and families utilizing the DHHS approved collaborative practice approach, *Safety Organized Practice (SOP)*, including *Appreciative Inquiry*, *Motivational Interviewing* and *Cultural Humility*, to develop a respectful, trusting relationship while simultaneously observing and assessing the situation with every interaction.

The on-going assessment process provides information on a child and family's strengths, needs, resources, priorities, concerns, and unique characteristics and identifies services that will be most beneficial. Furthermore, assessments help staff evaluate the effectiveness of interventions.

Assessments are the key to effective planning for social, educational, behavioral, and related health services that will ensure safety and minimize risk. The information gathered from both the formal and informal assessments are included in the Child and Family Profile and is essential when developing Case Plan goals and reports to the court.

After the Family Team Meeting and prior to the first comprehensive Case Plan, the assigned case management team will work with the family to complete formal screens and assessments. Based on the results of the *SDM* assessment, the case management team will have a series of evidence-based assessments available to further explore individual areas to help support the case planning process.

A table of supplemental evidence-based assessments is available below (Table CSM.1.B):

CSM.1.B Table of Supplemental Assessments

Child Stress Disorder Checklist-Kansas (CSDC-KS): Completed by the parent/caregiver for every child birth to 18 and is used to screen for traumatic experiences/events and symptoms, both acute and chronic, associated with that experience.

Child Report of Post-Traumatic Symptoms (CROPS): Completed by every child age 6 to 18 to screen for traumatic experience/events and symptoms associated with that experience from their own perspective.

Ages and Stages Questionnaire-Social Emotional (ASQ-SE): Completed by the caregiver for every child birth to 2 to assess the social and emotional development including self-regulation, compliance, adaptive functioning, autonomy, affect, social communication and interaction with people.

Preschool and Early Childhood Functional Assessment Scale (PECFAS): Completed by the case management team for all children ages 3 to 5 to assess for emotional or behavioral symptoms or disorders.

Child and Adolescent Functioning Assessment Scale (CAFAS): Completed by the case management team for all children ages 6 to 18 to assess the degree of impairment in emotional, behavioral, psychiatric, psychological and/or substance abuse.

Parenting Stress Index – Short Form (PSI-SF): Completed by the primary caregiver, or parental reunification option, to assess the overarching domains of parenting stress including parental distress, parent-child dysfunctional interaction difficult child and overall stress.

The formal assessments (listed on pg. 60 in Family Preservation) utilized will be re-administered at different times throughout the life of the case, specifically prior to each Case Plan, at times of changes within the family, and prior to recommending reunification.

Once the assessments are completed and entered into the Saint Francis CIS/CMS system, the case management team receives “Practice Tips” that are put together for that individual client based on the individual scores of the assessments. The “Practice Tips” highlight services that could be helpful, conversations that may be beneficial to have, and things to do with the child and family to improve functioning. The case management team also receives sample Case Plan goals/tasks to discuss with the family that could address the needs identified through the assessment process.

The comprehensive Case Plan is informed by these assessments; the results of the individual assessments are added to the overall family centered assessment to create a Child and Family Profile that is utilized to create specific tasks and goals that address the assessed needs.

Currently, Saint Francis utilizes a Child and Family Profile as the comprehensive family-based assessment and provides a map for guiding the case management team and family in developing a comprehensive Case Plan. This comprehensive Case Plan in turn guides the work toward the reunification of the family unit. The Child and Family Profile assesses the children and family’s strengths, needs, supports, characteristics and interactions in essential areas of functioning including family history, living conditions, financial conditions, interactions between adult caregivers, interactions between caregivers and children, supports available to the family, developmental stimulation available to the children, and each child’s behaviors. The assessment includes questions related to relatives and kin, mental and physical health, alcohol and drug use/abuse, developmental disabilities, school, and community.

The Child and Family Profile brings together the initial DHHS safety and risk assessments *SDM*, the *North Carolina Family Assessment Scale (NCFAS-G+R)*, and any trauma and functional assessments utilized, including an *Ecomap* and *Genogram*.

The Ecomap diagrams the family’s connections to the larger environment in which the family lives, and depicts relationships, communication patterns, and the flow of energy between family members, friends, and relatives outside the household, school, and other community supports and systems.

The Genogram is a diagram of the family across generations that identifies family members, their relationships, communication patterns, family patterns, and other important events. The Child and Family Profile is updated prior to each Case Plan as the formal assessments are re-administered. This allows for the family to see the progress being made and helps to outline the tasks and goals that are still needing to be accomplished.

ii) Family Team Meeting (FTM)

Saint Francis will collaborate with DHHS as needed to organize, plan, and attend the FTM within 72 hours of the referral. Saint Francis case management teams will actively participate in the FTM beginning with an informal assessment process by observing interactions, identifying safety concerns, and monitoring for trauma symptoms.

During initial contact, the staff introduce themselves, explain the reason for contact, and discuss the reason for the DHHS referral in detail, including the family’s understanding for the referral. Court orders are discussed with the family, along with information regarding the legal process, responsibility of court parties, and upcoming scheduled hearings.

The case manager encourages the parent to involve others, including the noncustodial parent (if applicable) along with other community-based supports involved with the family. DHHS reviews roles and responsibilities during the FTM, and the case worker will provide the family with emergency contact information as well as co-parenting and other materials associated with the needs of the family.

Other meetings and assessments, including Parent Time within 3 days of a referral, may be scheduled during the FTM. If the permanency plan is reunification, this may include scheduling an Icebreaker meeting or phone call between foster and biological parents. Please see CSM-4 for more information on the purpose and function of Icebreaker meetings.

Saint Francis will share preliminary service recommendations for the child and family with DHHS during the FTM.

Saint Francis will collaborate as required with DHHS staff to engage the child and family in a relative/kinship search and assessment process. The Case Plan is developed using elements of the Family Voice and Family Choice (FVFC) model, engaging participants to contribute to the Case Plan by identifying individual goals, needs, and responsibilities that will contribute to the permanency plan.

By affirming and respecting the strengths of the child and family through FVFC, we invite a natural collaboration among the child, the family, their support system, community-based support systems, Saint Francis, DHHS, the court, and others in designing a plan and a course of action to make positive changes that will lead the child and family toward permanency. Saint Francis staff provide family-centered, evidence-based, trauma-informed, and community-based services for children and families referred. Participants may include, but are not limited to, DHHS, member(s) of the case management team, age appropriate children, caregivers, relatives, kinship, and foster families. Parents/caregivers are encouraged to invite other parties with a vested interest in the child's safety and well-being.

Children and families are informed of the assessment process, and formal assessments are scheduled prior to the comprehensive case plan meeting. If the case is court-involved, parents/caregivers agree to follow court orders. A Safety Plan is created as appropriate and the family is provided a copy of this plan immediately. At this juncture, we collect releases of information and information on the children's/family's Medicaid or other insurance information. A signed copy of the Case Plan is provided to the family and to DHHS. The roles of DHHS and case management teams are clarified for the family and provided in writing. Children and families are apprised of the purpose of assessments, the fidelity of evidence-based screening tools, and how results are applied to this and subsequent Case Plan activities.

Parents/Caregivers and age appropriate children/youths participate in addressing activities to be completed immediately to address the safety concerns and the reasons for referral/removal. A plan for decreasing risk factors and increasing protective factors is initiated.

iii) Comprehensive Case Plan

The engagement and assessment process lead to a comprehensive Case Plan that guides service delivery to meet the unique needs of each family. This Case Plan is the mutually developed document formalizing the family's agreement to participate in achieving the permanency goal that is developed cooperatively with the child, family, kinship supports, DHHS, Saint Francis,

and other community-based resources. It builds on information provided by the child, family, their kinship supports, guardians, resource/foster families, school staff/records, court personnel, therapists, DHHS, Saint Francis, assessments, medical reports, and other sources of knowledge about the child and family. A Case Plan is required for each child in DHHS custody, and the needs of children not removed from the home but residing in the home/placement are addressed/assessed and become part of the Case Plan.

A permanency plan is decided along with the tasks and goals required to achieve timely placement. The case management team documents a reason if reunification is not the initial permanency goal. Case management teams then develop a visitation plan for parent, child, siblings, and other family members, recognizing that nurturing and attachments between participants is vital to strengthening protective factors and promoting reunification. Additional plans are developed for Worker/Child and Parent Time. Plans for contact will meet federal and DHHS regulations and will be documented on the Case Plan. If not already discussed, case management teams will discuss the purpose, expectations, and timeline of Icebreaker activities.

The Case Plan contains specific services to be provided to meet the needs of the family and identifies specific steps to be taken by the family, DHHS, Saint Francis case management teams, and any other service providers involved. The plan documents the steps to be taken to meet the child and family's permanency goals, time frames to meet these goals, and criteria for success. Each Case Plan requires, at a minimum, a permanency plan, concurrent permanency plan, service plan, visitation plan, as well as a transition or case closure plan when needed.

d. Life Books

Case management teams create a "Life Book" to keep children connected to things and people important to them. A Life Book, similar to a scrapbook, is created for children in our care, regardless of age, and contains documents that may be personal or meaningful to the child, such as photographs of family and friends, awards earned in school, notes and cards, artwork, and other items. A Life Book may keep the child connected to what they value as well as provide a way for case management teams to help the child articulate their own goals and needs for family case planning. Looking at pictures, papers, etc. with the child helps start conversations about what the child sees as important in his or her life and how we can keep them connected to the things that make them stronger.

e. Permanency Planning

Saint Francis achieves permanency for children in our care through reunification, adoption, guardianship, or Another Planned Permanency Living Arrangement (APPLA). We maintain permanency stability through ongoing assessments and supplying supportive "wraparound" services driven by the family through the transition period or length of time determined by the court.

We make placement, service, and permanency decisions based on the best interest of the individual child and using the family preferences and decision-making skills to guide the process. The experienced leadership and skilled staff who possess the ability to anticipate, collaborate, and adapt to the changing needs of the environment of the children and families served contributes to the ongoing success of the Saint Francis model and methodology. Saint Francis's permanency planning model can lead to shorter stays for children in out of home care

and increase the exits to positive permanency outcomes. This model allows us to document case progression and anticipate any changes that may occur to the permanency plan; conduct extensive relative, family, and kinship searches early on and throughout the life of the case; identify possible social and family supports for concurrent permanency plans; and to assess, identify, and provide wraparound services tailored to the family and child's needs to decrease time in out of home care and increase stability after placement.

The Case Plan, which can be reviewed or changed throughout the life of the case, will address steps that need to be taken to achieve the desired permanency outcome, and identifies services for a child or youth (and to the child or youth's family) with the following goals in mind: 1) a safe and permanent living situation for a child or youth; 2) a committed family for the child or youth; 3) an enduring and nurturing family relationship that can meet the child or youth's needs; 4) a sense of security for the child or youth; 5) a legal status for the child or youth that protects their rights; and 6) input from wraparound service providers and the family.

Saint Francis case management teams will promote reunification as a permanency plan unless it is not in the best interest of the child. Reasons why reunification was not chosen as a permanency plan will be documented in the Case Plan. An alternative permanency plan may include adoption, APPLA, or other permanency option defined by DHHS.

A child's permanency plan includes concurrent permanency goals consisting of a primary permanency goal and at least one alternate permanency goal. Concurrent permanency planning is the process by which Saint Francis and DHHS pursue two different permanency goals simultaneously. Working on both outcomes at the same time allows the child to achieve positive permanency as quickly as possible.

Concurrent case planning emphasizes frequent interaction with birth families to achieve the preferred permanency goal of reunification while simultaneously developing another goal as an alternative permanency plan for the child, if reunification cannot be achieved. Concurrent case planning minimizes the negative impact of separation and loss on the child and maintains the continuity in the child's family and sibling relationships.

i) Permanency through Reunification

Maintaining children in the home requires a focus on nurturing and attachment, increasing knowledge of parenting for child and youth development, recognizing and developing parental resilience, increasing social and emotional competence in children, and building connections to community-based supports that will sustain the family, assist in decision-making, and support permanency through reunification.

Saint Francis has currently achieved a permanency through reunification outcome of over 57%, compared to the national average of 49%, in Kansas⁹.

When reunification is the agreed upon permanency plan, the case management team will collaborate with the child, family, and other professionals to provide intense reunification services to develop, monitor, and achieve permanency. This will include collaboration with a Family Support Worker to help ensure successful reunification. A Case Plan promoting reunification may contain more detailed visitation and service plans since reunification may require the case management team to spend more time with the family or provide the family with

⁹ Ibid 2

different resources. The case management team will identify and connect the child/family to community-based supports that help the participants achieve goals toward reunification and provide a safe, stable environment for children. Assessments will determine the child and family's needs and strengths and will inform achievable goals and benchmarks for each individual to successfully meet before the child can be placed back in the home.

At the Worker/Parent visit, the case management team informs the parent/s of their progress or lack of progress toward reunification and reiterates the consequences for not meeting required and established goals in the Case Plan. If the family is having trouble or is incapable of meeting state and federal standards that demonstrate progression toward reunification, then the case management team, in concert with DHHS, courts, and any other appropriate entities, may indicate that changes in the Case Plan be made to reflect lack of progress. This could include changing service delivery or the Case Plan from reunification to a concurrent permanency plan, such as adoption, independent living, guardianship, or Another Planned Permanent Living Arrangement (APPLA).

a. Family Support Worker

Saint Francis is dedicated to providing reunification services to children and parents when the initial referral is received. At the FTM, a Family Support Worker will be assigned to the family to assist the case management team in coaching parents through perceived barriers and to identify services to rectify issues that caused a child's removal. The Family Support Worker will be responsible for ensuring that the child receives the dental and health services connected to the child and that visitation arrangements are confirmed. If the visit is to be supervised, they are the primary staff providing that support. They will also act as a liaison for community providers and gather information for the case management team to provide to court parties and other entities.

The Family Support Worker assigned to work with parents and/or guardians will have the following training: Documentation, Difficult Conversation, Case Management Procedures, Social Worker Safety, MANDT Day-1, Poverty, and Engagement.

b. Parent Support Worker

The Parent Support Worker will have contact with the parent and/or guardian at least one-time per week for the first 90 days after referral. This contact may be face to face or by phone depending upon the circumstance and the needs of the parents. Services will be provided to parents on a weekly basis for 90 days unless there are changes which make weekly contact unnecessary (please see Limited Engagement section below). Contact with parents will be weekly and each contact will be documented on the Worker/Parent Visit Activity Log. At least one Worker/Parent Contact per month will occur in the home. This contact will also assess the safety of other siblings who may be residing in the home. If there are safety concerns that would prevent in home visits, those will be staffed with a supervisor.

Engagement between the parent and Parent Support Worker may be limited due to the individual circumstances of each case. Instances in which Parent/Parent Support Worker interactions may be limited, as well as how Saint Francis staff plans on addressing these limitations may include, but are not limited to, the following:

- If a parent resides out of state, weekly phone contact will be made to help parents find resources in their area.

- If a parent is incarcerated, weekly interactions through phone call or letters may be used as deemed appropriate by department of correction guidelines.
- If a parent refuses intensive services, the Parent Support Worker will attempt to contact the parent weekly for 30 days. Contact will then be by phone one time per month to reassess their willingness to participate.
- If a parent completes all Case Plan tasks prior to 90 days, a staffing with the supervisor and case team will be held to assess continued engagement with the parent(s).

Instances in which a parent may be excluded from services may include the following:

- Parents who are incarcerated for 12 months or more. (*Parent Support Service will obtain information regarding location, inmate ID, and will send letter to the parent giving pertinent contact information to the case team.*)
- When a youth's initial permanency goal is not reunification, or there is a goal change within the initial 90 days.

c. Parent Support Services Procedures

Saint Francis Parent Support Services will begin the day of referral. Attempts will be made to make initial contact with parent(s) face-to-face or by phone. The procedure to initiate parent support services, and provide parent support services through on-going case management, is as follows:

- Obtain viable contact information for each parent or guardian
- Set up the Family Team Meeting/team meeting
- Answer questions and give guidance as needed to help parents initially engage in services.
- Attend the Family Team Meeting with Parent(s) to obtain necessary background information
- Set up next meeting with parent(s) within seven (7) days of Family Team Meeting.
- Within seven (7) days of referral, staff the referral with the Case Manager and obtain suggestions of Case Plan activities the parent(s) can work on prior to the actual Case Plan.
- Attend the initial Case Plan to learn about the needs of the parents and family and determine
- Within 30 days of referral, work with parent(s) to help them identify their support network by completing an Ecomap and providing a copy to the parent.
- Help parent(s) find resources needed to complete Case Plan activities in their community or other communities based on the resource needed.
- Provide necessary support to help the parent complete Case Plan activities which could include transporting the parent to appointments or help them obtain the service needed to complete Case Plan activities.
- Attend court hearings at the request of the parents or the case team.
- Participate in a Worker/Parent meeting with the case team one time a month to help the parent(s) prepare for transition of services.
- Complete progress reports as required by the supervisor; each report will be given to the case team and the supervisor. The progress report will outline reason for referral, services provided, barriers, strengths, status of parent(s), court orders, and summary of progress.
- Ask the parent(s) to complete a Survey in effort to track the quality of the service being provided and if the parent(s) feels the services is beneficial. The Survey's information will be entered by a designated person or will be completed online by the parent.

d. Parent Support Community Based Services

To assist families in achieving reunification, Saint Francis has worked diligently, and will continue to work diligently, to establish positive relationships with local service providers to ensure children and families have access to appropriate services in a timely manner. In developing a community-based network that provides families and children access to not only supportive social networks but financial, medical, and other community resources, Saint Francis engages the family in a “wraparound” approach to connect them to resources that will support the completion of reunification goals as well as reunification stability. This approach may include case management teams facilitating and scheduling an Icebreaker meeting between foster and biological parents. Please see CSM-4 for more information regarding the purpose and function of Icebreakers.

Creating a supportive social network for positive reinforcement and accountability is an important factor in developing a family’s resilience to ineffective and unsafe parenting behaviors. The case management team will help families develop a social support network within their natural environment from extended family and close friends to schools, neighbors, fellow church members, and others. Saint Francis believes that, from the beginning, family-centered practice requires identifying extended family and kinship resources to broaden the natural support network of families involved in the child welfare system. Workers are trained in helping families identify both relative and kinship supports, such as those with personal ties to the family who are invested in their safety and well-being. Families are asked to identify individuals whose support will be beneficial to the reunification plan, and those individuals are asked to commit to be a support to the family.

In addition to social supports, Saint Francis will connect parents and children to concrete supports and community-based services to alleviate stressors that may lead to abuse, provide information and knowledge on how to parent affectively, promote life skills training, and any other needs addressed in the Case Plan. This “wraparound” approach includes, but is not limited to, connecting families and children to services that addresses financial, health, psychiatric, Substance Use Disorder, legal, work placement, and other needs.

The case management teams will tailor their Worker/Child and Parent Time plans to promote and encourage reunification as a permanency plan and to meet the needs addressed in the Case Plan. Since each Case Plan is strength-based and family/child specific, progression toward reunification will be determined by benchmarks set through the courts, the Case Plan, the Saint Francis case management team, and DHHS.

Reunification permanency planning approaches Worker/Parent visits with the *Do For, Do With, Do Without* approach; as the family enhances its protective capacities and functioning reaches a safe, healthy level, responsibility for Case Plan activities gradually transfers to family members. The gradual nature of increasing responsibility in tandem with acquiring skills and behaviors allows parents to care for their children in an increasingly competent manner.

At the initial level of intervention, a case worker may do many things *for* parents (e.g., scheduling of and transportation to appointments). As the family’s level of functioning improves, the case worker will work *with* parents (i.e., demonstrating skills like arranging appointments, assisting with arranging transportation). By completion of case activities and upon assessment results indicating increased capacities for the safety, health, and well-being of children within the

home, the case manager will expect parents to perform necessary tasks *without* assistance, demonstrating their ability to utilize supports and services to maintain safety.

Once the case management team determines that the parent(s) have successfully completed tasks outlined in the Case Plan, Saint Francis may initiate reunification procedures. When Saint Francis, DHHS, and the courts confirm that the child can be safely reunified, and the child has been placed back in the home, the case management team will supply support services to the family to ensure stability in the placement, as well as the safety and well-being of the child.

e. Post Reunification Support Services

Saint Francis will initiate the reunification process when DHHS, courts, Saint Francis staff, and other entities verify that reunification of children with parents is safe. After the child has been returned to the home, Saint Francis case management teams will continue to supply support services as needed and as dictated by the court. These “wraparound” services are provided to increase the stability of the child and to assist family members in connecting with community providers to improve family functioning.

Saint Francis will provide and connect biological parents to community-based support services, beginning at the intake process and continuing through reunification, and supply transitional support services after reunification for a length of time directed by the court. For more information on the types of services available to Nebraska families, please see PPF-1 to PPF-5.

The primary goal of support services is to ensure that the permanent placement does not disrupt and result in the child having to reenter out of home care. Services will be provided to assist the child and family in obtaining and maintaining the resources needed to stabilize the child’s permanency. Staff will assist families in developing their own support network of family, kin, and community providers to improve family functioning.

It is expected that families will experience some difficult times during the reunification period. Services and supports will be increased as needed to assure the stability of the placement during this time, including connecting the parents to day care services, as needed, to support the success of the reunification plan for the child and family. As in the reunification process, the goal will be to decrease the level, intensity, and frequency of services over time, allowing the child and family to exercise their ability to function on their own.

The case management team will conduct face-to-face contact with the child after reunification to ensure stability, safety, and well-being. This includes providing supervision after the child is returned to ensure safety and provide services as needed. The case management team will develop and conduct assessments regarding the safety in the home and monitor and assess the progress of the child and family toward managing without the organization’s support.

Services will be revised as needed throughout this period, with a plan to gradually disengage the family so that they can maintain a stable environment with their own natural support system. The case management team will update the Case Plan and ensure that the Case Plan includes a deadline for terminating court involvement. The case management team will evaluate the plan every 90 days. Reports will be provided to DHHS, including documenting safety assessments, staffing where the decision of reunification is made, Case Plan and its updates, and contacts with collaterals and service providers.

ii.) Permanency Through Adoption Services

Saint Francis's philosophy is that all children need permanency in their lives. The Adoption and Safe Families Act (ASFA) guidelines suggest that when reasonable efforts to achieve reunification are not successful, and when permanency, safety, and well-being cannot be provided through reunification, other alternatives, such as adoption, must be explored in order to achieve timely permanency for children in out of home care.

Saint Francis actively supports maintaining family and kinship connections that promote permanency by conducting rigorous searches throughout the life of the case to identify and pursue relative and kinship resources. At referral, Saint Francis case management teams use kinship recruitment techniques to identify, contact, and connect families and children to relatives, extended family, and kinship supports to contribute to and support the Family Case Plan. Every effort is made to connect and place children with relatives early in the Family Case Plan and may be the preferable out of home care option.

When children become legally available for adoption, Saint Francis case management teams can draw from these resources as well as employ more intensive kinship recruitment techniques, such as Child Specific Recruitment, X-Treme Recruitment (see above), and the Adoption Exchange to contact potential adoptive families if the child does not have an identified resource for permanent placement. Families located through kinship searches are first considered for permanent placement if the child's goal changes to adoption or guardianship, thus reducing the number of losses for the child.

The decision to change the Case Plan from reunification to adoption is made by the child's case management team, DHHS, the State, and the court. Factors considered in establishing adoption as the permanency goal may include, but are not limited to, the following:

- The parent(s)' lack of progress in completing the goals and objective of the Case Plan
- Length of time spent in out-of-home care
- The wishes and concerns related to permanency options of youths age 14 and older
- The probability an adoptive family can be developed for the youth prior to age 18
- Existing placement with relatives or non-related kin on a permanent basis

In order to achieve timely permanency through adoption, Saint Francis equips our data management system with tracking measures that identify pivotal milestones in reunification efforts and notifies case management teams when such milestones are not being met. This method alerts the case management teams about the progression of permanency cases early on in the process and can prepare teams for potential Case Plan changes. The case management team tracks the viability of reunification efforts throughout the life of the case. If the courts and DHHS deem reunification to not be a viable option for the child, the case management team begins to provide its expertise in the adoption process to promote timely permanency for the child.

Termination of parental rights is considered if a child has been placed in out of home care for 12 continuous months, or 15 of the last 22 months. Throughout the case management process, there is full disclosure and involvement of families in decision-making. Therefore, when it is later decided that inadequate progress is being made toward reunification, and termination of parental rights is in the best interest of the child, parents are better able to understand the recommendations made by Saint Francis. Preparing birth parents for the possible permanency goal of adoption and the need for termination of parental rights is an ongoing process that begins with an open and honest presentation of the ASFA timelines throughout the life of the case.

When the permanency goal is changed to adoption and requires termination of parental rights, parents are again informed of their rights and how the process works in the court of jurisdiction. Saint Francis ensures that communications involve respectful, open, honest, and full disclosure with the parents. Parents are encouraged to consult with an attorney. Saint Francis case management teams then provide services to effectuate the child becoming legally available for adoption. This can occur through voluntary relinquishment of the child to the State by both parents/legal guardian/s, termination of parental rights of both parents with custody given to DHHS for the purpose of adoption, or a combination of relinquishment and termination of parental rights. Saint Francis updates the Case Plan and utilizes resources that will prepare both the birth family and child for the adoption process and finalization.

During the transition to adoption, the child's case worker will explain the new permanency goal to the child and will work to prepare the child for the adoption process. The case management team will work with the Foster Care Homes Director overseeing the recruitment database to identify families interested in being an adoptive resource for the child for children who do not have an identified adoptive family. Preparation of prospective families begins when they express interest in adoption. The families are asked to complete an Adoption Inquiry Form which initiates the adoption home assessment and preparation process for prospective adoptive resources. If the family already has an adoption home study on file, or one available from another private agency, this study is requested and updated as needed. The case management team, along with the current placement family, and other professionals involved with the child, help the child through the transition and grieving process. The case management team and the placement family prepare the child for a healthy attachment to their new permanent family.

Services are provided for both the child and the prospective adoptive family, respectively, until a match is made. Once a match is made and a family has decided to move forward with adoption, pre-placement, placement, and post-adoption services are coordinated with the best interests of parties involved, always keeping in mind the ultimate goals of permanency, well-being, and safety for the child. Saint Francis will provide post-adoptive (support) services to children and youth from the Eastern Service Area who have been legally adopted regardless of where the adoption was consummated.

Our staff train adoptive families on the availability and use of a wide variety of community-based services, such as Right Turn, to strengthen or create family and community-based networks that empowers children, youth, and families to achieve their goals and maintain permanency beyond their work with our organization. The case management team will continue to work with the child and adoptive family to maintain connections to "wraparound" services, connect them to local post-adoption resources, and help them to utilize community resources to support the family as needed, for as long as the court orders.

iii.) Permanency through APPLA

Saint Francis may consider Another Planned Permanent Living Arrangement (APPLA) when documentation indicates that other permanency options are unacceptable and do not promote the safety and well-being of the child. Through ongoing assessment, case planning, and service delivery, Saint Francis staff exhaust other permanency options prior to considering APPLA as a permanency goal. Saint Francis understands and supports the federal requirement that APPLA be the goal only when compelling reasons not to pursue reunification, adoption, or permanent guardianship exist. Prior to establishing APPLA as a permanency goal, the Saint Francis case

management team documents the compelling reason(s) to request a termination petition for a child who has been in out of home care for 15 of the last 22 months, as well as the reason(s) why reunification, adoption, or permanent guardianship is not selected as the permanency goal. This documentation is provided to the court.

Compelling reasons to have APPLA, including Independent Living, as a permanency goal may include an older teen requesting emancipation; a parent with an emotional or physical disability that precludes caring for a child even with supports, though a significant bond exists between parent and child; or a Tribe is identifying a planned permanency living arrangement for a Native American child. Such considerations and documentation are discussed with, and approved by, the case management team supervisor prior to holding the family case planning conference in which the change in the permanency goal is to be addressed. The participants in the family case planning conference are included in the decision-making process.

All children/youth need permanent life-long relationships with families who will love, nurture, guide, and protect them. Saint Francis staff keep this goal at the forefront of interactions/services related to youth with a permanency goal of APPLA. Staff continue to document rigorous efforts to maintain and/or build life-long connections and to find a permanent placement for youth with a goal of APPLA.

APPLA is meant to be a permanent placement for the child, not an out of home placement that can be indefinitely extended. Long-term out of home care placement is not an acceptable permanency option and will not be chosen as a planned permanency living arrangement or permanency goal. Legal permanency options for the child are continuously explored throughout the time the child is placed in out of home care, and at no time does APPLA rule out other more permanent options. APPLA is subject to ongoing review at later permanency hearings.

For more information on Independent Living Services, please YTH-1 to YTH- 4.

f. Community-Based Services and Case Plan Activities

Case Plan activities and community-based services/supports focus on the reasons for removal, addressing safety concerns, and procedures/timelines for rectifying unsafe behaviors. The case management team reviews the progress of the child and family, adjusting service needs and activities throughout the life of the case. Community-based services and Case Plan activities are tailored to the needs of the child and family and developed based on family centered practice principles.

Saint Francis staff are trained to empower and engage families in service design and to choose their own tasks and interventions, thus imbuing families with a sense of ownership of the Case Plan. During the service planning process, staff educate the family regarding community-based support networks and resources available to meet their assessed needs. Children and families are asked to choose tasks to achieve the permanency plan goal. The child and family are then assisted in accessing community supports and services to help achieve permanency goals. The consequences of action and non-action in completing Case Plan tasks, as well as not progressing in a timely fashion, are explained to the family.

Saint Francis staff utilize a variety of tools to teach needed skills to the family, including referrals and modeling. Parents may be referred to parenting courses, anger management, employment/vocational skills training, or other workshops for practical development of skills.

Staff may model appropriate parenting and domestic skills within the home, monitor interactions for trauma symptoms, and provide feedback on constructive/ deconstructive behaviors. A family's competency is measured throughout the life of the case by the *North Carolina Family Assessment Scale* (NCFAS) and *Structured Decision Making*. See pg. 60 above for a list of formal evidence-based tools utilized for ongoing case management.

While children are in care, case management teams are responsible for directly providing, or ensuring access to, a wide variety of health care and non-health care related services and supports for children and families. Case management teams refer families to a full array of services to help parents resume responsibility for the children in a safe and timely manner.

A sample array of community-based services and supports may include, but is not limited to the following: psychological/psychiatric evaluation/assessment; assessment, counseling and therapy (non-substance use); substance use testing & confirmation; substance use disorder (SUD) assessment, counseling and therapy; concrete services; parent/caregiver training; permanency planning meetings; visitation services; court-related services; court ordered supervised visitation; icebreaker meetings; day care services; and wraparound services.

Saint Francis case management teams will evaluate and report on the effectiveness of services being provided to children, youth, and families, as well as the family's level of compliance with services offered to DHHS and the court, so that adjustment to the Case Plan can be made if necessary.

g. Case Closure

Saint Francis case management teams will work jointly with DHHS, the family, and the court to determine when a child or youth and their family has achieved their permanency goal and are ready for discharge from services. SDM assessments will be completed and entered into N-FOCUS. When discharge is confirmed, case management teams will work with the child and/or family to develop a plan for case closure. This plan will help the child/family coordinate and maintain access to community-based services after leaving our care. The plan is a part of the Case Plan and will include services that will prepare a family for their child or youth's permanency. The case management team will coordinate and facilitate a family meeting when the child or youth is ready for discharge to permanency. See YTH-1 for more information on Independent Living and connecting youth aging out of care to PAL and other services.

h. Case Planning Documentation

Case management teams will document the Case Plans and changes to Case Plans, as well as meetings and visits with the family members in CIS/CMS and/or N-FOCUS. Saint Francis will create and maintain individual records that include, but are not limited to:

- DHHS case plans
- Individual treatment or service plan with updates documenting progress
- Reports required by contract
- Court reports and orders
- Documentation to support services such as who received services, when, duration provided
- Date and manner of submission of assessment, plans, or reports
- Case/activity notes
- Documentation of complaint investigations and court-related services

Documentation of support services received such as who received the services, who provided the services when and where they were provided, the duration and outcome may include: 1) date and manner of submission of assessments, plans, or reports required by contract and 2) case notes, including documentation of complaint investigations, court-related services.

CSM-2: Describe Saint Francis's approach to maintaining sibling connections and visitation, and parental visitation.

Comply: X

Response:

When placements outside the home must occur, Saint Francis will ensure that 1) sibling visitations occur on a regular and consistent basis when siblings are not placed together, and 2) appropriately safe parental visitations occur on a regular and consistent basis if the child is not living with a parent.

a. Sibling Placement

Saint Francis understands the importance of placing siblings together. We know that keeping siblings together can lessen the trauma of being removed from the home. When a referral is made for a placement, Saint Francis will seek an initial placement for siblings together, unless the clinical staff, the court, or DHHS recommends that the children are placed separately. Siblings may be placed separately if there is abuse among siblings or if one of the siblings needs a higher-level of care placement, such as in a residential treatment facility. When sibling groups are separated, Saint Francis will arrange at least one monthly contact between the siblings, or as determined by the Case Plan, if it is in the best interest of the child.

Placing siblings together when possible is a high priority. In instances when siblings are separated, Saint Francis conducts a quarterly case review to determine if separation continues to be in the best interest of the children. When the review indicates that the children can be safely placed together, a Placement Coordinator will immediately begin searching for a placement capable of supporting siblings. Often, Saint Francis will first ask the current placement for one of the children to accept his or her siblings as well. To minimize moves for the child/children, Saint Francis staff reviews the impact that the disruption may have on those in care before transferring placement to another family.

To promote the placement of siblings together in foster care, Saint Francis also will develop strategies to engage, recruit, and train foster care home providers to care for sibling groups. Please PLC-1 to PLC-3 section of this proposal for more information on foster care home and placement recruitment/training strategies.

b. Sibling and Parent/Family Visitation

Facilitating scheduled visitations and interactions between children and parents, siblings, and important family members is inherently one of the strongest pieces of the reunification process, and one of the greatest factors in maintaining a sense of normalcy for children in care¹⁰. Creating

¹⁰ American Bar Association: *Promoting Placement Stability*,
<https://www.americanbar.org/content/dam/aba/migrated/child/PublicDocuments/chapter4.authcheckdam.pdf>

a visitation plan and facilitating family and sibling visitation is vital to maintaining a child's connections and sense of self, as it is through this context that they connect most naturally with those important to them. Interactions provide crucial assessment opportunities by providing real-time insight to a parent's readiness to resume care for children, ability to model appropriate parenting skills, and to effectively manage social and emotional competence.

Visitation schedules between children and parents, siblings, and those important to the child are discussed and agreed upon during the Family Team Meeting (FTM). These schedules become part of the Case Plan and may be updated throughout the life of the case. Using elements of Family Voice and Choice (FVFC), the child and family can contribute to case planning tasks such as formulating a visitation plan and inviting important family members and others to become involved in the family case planning process. This connects and unites family and friends together to achieve permanency, safety, and well-being for the child.

Parent/Child visitation will be scheduled as ordered by the court and in the best interest of the child or children in the case. These visitations may also provide an important opportunity for case management teams to model, observe, and assess parenting behaviors and interactions between parent and child.

Each Saint Francis visit with the child is well planned and focuses on the child's safety, permanency, and well-being. The visits address issues such as the relationship/communication between caseworker and child; risk and safety assessments; physical and mental health assessments; educational needs; the visitation plan with family and kin; relationships with parents, siblings, and other relatives/kinship; relationships with foster care/out of home care providers; permanency planning/family case planning tasks and revisions; service delivery and impact/effectiveness of services; and goal attainment/progress of the child.

We support the need to maintain family connections in order to minimize traumatic loss and maximize continuity of relationships to foster a child's identity and development.

Visitation/contact arrangements are determined in anticipation of permanency with thorough assessment, based on the child's desire to maintain contact, the safety and quality of that connection, and the adoptive family's interest and capacity to promote this.

CSM-3: Describe how Saint Francis will engage non-custodial parents and relatives in order to strengthen and preserve connections for the child. Include any Well-Supported, Supported, or promising practice evidence-based models that are used.

Comply: X

Response:

Saint Francis recognizes that by allowing children to maintain existing connections, stability and permanency outcomes are improved. Local placement and placement stability go hand in hand; when children are placed in their home communities and with relative or kinship caregivers, they are more likely to be placed with/stay connected with siblings, experience fewer placement moves due to the commitment of the family, exhibit fewer behavioral problems, avoid disruption, maintain academic standing, and report a more positive opinion of their placement and caregiver. Because of this, Saint Francis actively explores kinship and relative placements before moving to a foster parent in the same community and then moving outward.

Our Family Preservation and Reunification philosophy views family as “beyond the walls” of the physical structure in which a family lives. Referred families fit many different profiles: blended families, single parent families, other relatives raising the children, and those of which neither biological parent lives in the home. Research directs that, while safety is paramount, connection and contact with viable family members is important to the success of the Case Plan, and this is particularly true regarding the non-custodial parent. Assessment will include information on the non-custodial parent(s). After contact with the non-custodial parent is made, assessment will follow.

a. Non-custodial Involvement

The involvement of a non-custodial parent is achieved through a four-part process. An attempt is made beginning with the initial family contact to identify the non-custodial parent(s) to invite them to the Family Team Meeting. During the meeting and the assessment process, staff continue to pursue non-custodial parent identification and provide the residential parent with information on the importance of involving the non-custodial parent(s). Once identification has occurred, contact is attempted with the non-custodial parent(s) to engage them in the Case Plan development and implementation. Finally, efforts are documented in the case log. The goal of non-custodial parent involvement is to increase protective factors by bringing needed resources to the family.

A variety of resources are available to staff including brochures that are given to both residential care providers and non-custodial parents on the importance of involvement; materials are available for incarcerated parents; parents in the military and thus separated from the family; information for young fathers on parenting; and contact letters and script telephone guidelines. Materials are available in both English and Spanish languages. The *Fatherhood Involvement Guide* is a tool staff can use which provides best practice guidelines for locating, engaging, and empowering fathers. Although this guide focuses on fatherhood involvement, it may also be used to address absent mothers as well.

b. Relative and Kinship Involvement

Saint Francis strongly supports connections between children, family, friends, and community. Placing children in their home communities allows children to maintain existing connections, improves permanency outcomes and decreases the amount of trauma experienced by a child removed to out of home care. Community supports connect the child with their culture, schools, churches, and other social groups, which contributes to their perception of stability and sense of self.

The child and birth family are involved in the placement process as much as possible. Whenever feasible, older children and youth are encouraged to have a say in their placements. Once a foster family is selected, the child and birth family are provided information about the family (unless safety concerns identified by DHHS or the court preclude it).

Placements are first sought in the child’s home community. Saint Francis will join providers within Eastern Service Area to increase capacity in placement and services that allow children to be placed within their home communities. This includes utilizing family finding and our relative/kinship recruitment resources and building foster home capacity that addresses the needs of children. When placement in the community is not available, Saint Francis believes that children should be placed in as close proximity to their home community as possible.

Saint Francis will utilize evidence-based and trauma-informed practices, such as Motivational Interviewing and Family Voice and Choice to engage non-custodial parents, relatives, and kin in the child welfare process (see pg. 60 above for formal assessments and pg. 73 for supplemental assessments and practices). Engaging those important to the child greatly increases protective factors that lead to the safety, permanency, and well-being of the child. Furthermore, these relationships have the potential to lessen the impact of trauma the child may experience due to removal of the home, keeping the child connected to normalcy activities, culture, social groups, and family supports.

CSM-4: Describe a plan on how Saint Francis will promote and enhance communication and support between foster parents and biological-parents, legal parent, adoptive parents, relative caregivers, guardians, etc. Include any Well-Supported, Supported, or promising practice evidence based models used.

Comply: X

Response:

Saint Francis's service delivery and ongoing case management philosophy promotes and enhances communication and support between foster parents and biological parents, legal parents, adoptive parents, relative caregivers, guardians, and others important in the child's life. Facilitating and supporting these connections creates a social and community environment focused on achieving the safety, permanency, and well-being of the child. Providing programs that train and encourage successful and meaningful interactions between participants is fundamental to our family preservation philosophy and connecting families to formal and informal resources can help parents and caregivers build the skills needed to maintain the child in the home.

Saint Francis's foster care homes philosophy and practices emphasize the expectation that foster parents will serve as mentors for biological parents. We reinforce this concept in every phase of interaction with the foster family, from initial engagement with potential foster parents through pre-service training, through trainings offered by means of the foster parent handbook, and through regularly scheduled foster parent meetings. Potential foster families are taught to see themselves as part of a team whose function is to work for the best interest of the child and family, as opposed to seeing themselves as a protector whose purpose is to keep the child safe from the biological family. Foster parents receive training to develop skills that support interactions between themselves and biological parents, from the initial Icebreaker contact to helpful ways of navigating a working relationship with a biological parent.

An Icebreaker phone call between biological and foster parents occurs within 24 hours of the child's placement. If deemed appropriate by Saint Francis and DHHS, a face to face Icebreaker meeting may be scheduled during the Family Team Meeting (FTM) for parents of children who are in foster care and whose permanency plan is reunification. The case management team facilitates, schedules, and is present at the meeting. The purpose of the Icebreaker is to create an opportunity for biological and foster parents to meet and engage in open communication

concerning the child's well-being. This face-to-face meeting can be a first step in building a relationship between the two, thus developing a natural support resource for the family.

Building the relationship between biological and foster parents is critical to reducing the trauma the child has experienced as a result of placement, in addition to creating an opportunity to alleviate a birth parent's worries about their child's placement. Facilitating a partnership between foster parents and families allows both to work jointly to reunify the child and achieve a safe home. This social support has several benefits, including keeping the child in contact with parents, allowing the foster parents to ask questions regarding the child's preferences, and allowing the parents to ask the foster parents for advice. Saint Francis wholeheartedly supports the philosophy behind Icebreakers and believes it has the potential to change the culture of foster care services in communities.

Furthermore, we believe that consistent and effective communication between Saint Francis, service providers, family and kinship connections, and potential foster and adoptive parents reinforces a culture of mutual support between participants. This includes communicating child welfare needs to the community as well as providing support systems and trainings that help foster and relative families navigate the child welfare services and keep adoptive and foster families engaged in the process of achieving permanency for children.

Saint Francis employs trained recruiters to proactively locate potential foster families. Our community-based intake process provides a streamlined, organization-wide procedure for recruitment. Staff in direct contact with potential foster families receive in-depth recruitment training to provide the best experience possible to those interested in fostering or adopting. We maintain on-going positive engagement with families throughout this process and encourage open communication and feedback to facilitate strong relationships.

Saint Francis believes in strengthening and building upon current methods of facilitating open collaboration and communication to improve child welfare services. Since 2014, our organization has participated in meetings with the National Center for Diligent Recruitment and has assisted in the development of the Diligent Recruitment Plan. As stated on their website, "diligent recruiting is a systematic process through which child welfare agencies recruit, retain and support foster and adoptive families that reflect the ethnic diversity of children awaiting placement." Saint Francis staff will continue to actively participate in future workgroups associated with the plan and apply any emerging practices to our work in Nebraska. Our approach to foster care home recruitment focuses on directly communicating the needs of children in out of home care to specific communities, potential adoptive families, local leaders, and stakeholders.

For a list of evidence-based and trauma-informed practices that facilitate these connections between caregivers, please see pgs. 60 and 75 above.

For more information on Saint Francis's plan to engage, train, and inspire foster, resource, and adoptive families, please see PLC-1 to PLC-3.

WRK Workforce

WRK- 1: Describe Saint Francis’s plan to develop and sustain a stable case management workforce, to include:

- i. Hiring process to determine knowledge, skills, and abilities for the workforce**
- ii. Training, including ensuring staff are trained in trauma-informed care and to be culturally humble**
- iii. Plan and process how to address the turnover rate and retention process.**

Comply: X

Response:

i. Hiring process to determine knowledge, skills, and abilities for the workforce

Saint Francis values the experience and knowledge base of government and nonprofit staff local to the Eastern Service Area who have served in the child welfare community, and we will prioritize recruitment of these staff. During the start-up phase, local child welfare professionals will be encouraged to speak with Saint Francis staff at hiring events to voice questions about the role of Saint Francis in the Eastern Service Area and our partnership with the State of Nebraska. We promote the utilization of experienced professionals who have existing relationships within the community, as these employees retain strong ties with the community, are knowledgeable of the local area and cultural demographic, and demonstrate a strong investment in the work that they do. Saint Francis will dedicate resources to recruit qualified individuals from within the community.

a. Cultural Competence – Staffing

Providing family-centered community-based services relies on a thorough understanding of the demographics, resources, and needs of the service area. Saint Francis involves extended family and kin as a part of the family’s support system and provides services in the most family-like setting possible. We link families to community-based supports and strengthen the capacity of families to function independently. These are all essential to achieving and maintaining permanency for children. Saint Francis considers cultural competence a requisite component of our staff’s set of knowledge, skills, and abilities, and seeks to bolster our employees’ skill set in this area through trainings that teach and reinforce cultural humility.

Saint Francis’s services are provided by our staff, caregivers, and subcontractors who live and work in the communities they serve. Our staff are connected to local resources and understand the demographics of the region as part of the community; their children attend local schools, they shop in the town’s grocery store, and they go to church with their neighbors.

Saint Francis hires bilingual and multi-lingual workers who live or are willing to live in the area where they provide services. In trying to address the great diversity of our nation, Saint Francis continually trains staff, caregivers, and subcontractors to be culturally informed, sensitive, and respectful to each family’s culture, history, perspective, and challenges. Families are the best

teachers of their personal family culture in the context of their community, and our staff, caregivers, and subcontractors respectfully learn from them.

Saint Francis's current service area covers over 70,000 square miles and includes urban as well as rural areas. Throughout our many years of service in family preservation, reunification, foster care, and adoption, Saint Francis has encountered clients of all races, ethnicities, spiritual affiliations, and sexual orientation, requiring that Saint Francis be sufficiently trained to meet their diverse needs and provide culturally responsive services.

Saint Francis addresses this need by providing thorough onboarding and training schedules that establish the laws and practices guiding each position's work, as well as establishing oversight protocols to assure compliance with these guidelines throughout employment. We have 37 offices in Texas, Kansas, Nebraska, Oklahoma, Arkansas, Mississippi, Illinois, and El Salvador, all staffed by people who live in the communities in which they serve and care deeply for them. Both urban and rural social work require knowledge of the unique cultures that make up a community, and Saint Francis has invested heavily in creating a diverse workforce to understand and meet their respective needs.

For more on the cultural landscape of the Eastern Service Area, please see CNT-5.

b. Conflicts of Interest – Staffing

Saint Francis has an ethical obligation not to enter into a partnership which poses a possible conflict of interest. We expect all staff who believe they may have a personal conflict of interest to notify their supervisor for reassignment. Corporate relationship conflicts are presented to our chief legal team for consultation. Our policies regarding conflicts of interest are clearly outlined in the Saint Francis Employee Handbook, which is discussed with and distributed to employees during agency orientation.

As part of onboarding, new employees complete a Conflict of Interest Acknowledgement and Disclosure of Substantial Interest Form, which requires disclosure of relationships with clients, personal or family interests in enterprises with which Saint Francis has business relationships, and outside employment or board service that could impair employees' performance of their duties to Saint Francis. The Saint Francis Employee Handbook requires employees to disclose outside interests that could influence their decision or actions as employees. The Handbook also requires employees to reverify their answers and inform Saint Francis within five days of any change that could lead to a new conflict. Saint Francis has introduced a policy requiring vice presidents and officers to annually re-verify their understanding of and compliance with Saint Francis policies, including the conflict of interest policy. The Handbook also requires employees to report other violations of conflict policies they are aware of, describing and listing the members of the management team that receives such reports, and providing a form for making an anonymous report.

c. Proposed Organizational Structure

Saint Francis's proposed organization structure chart for the Eastern Service Area is included on pgs. 35-36.

d. Staffing Plan

Saint Francis's staffing plan in Table WRK-1.A below includes each position's educational and experience requirements, as well as details of the position's primary responsibilities. Resumes of

current staff in key positions start located in Attachment R. Position (Job) Descriptions for roles to be hired start on Table WRK-1.A below.

Table WRK-1.A Position/Job Descriptions				
TITLE	FTE	CAPACITY	EXPERIENCE	ROLE
Asst. Vice President of Services	Full-Time 1 Staff	Master's degree in Social Work or related degree required.	5 years minimal of child welfare direct service experience.	Administer and manage the Regions service delivery and contract outcomes
Directors: Reintegration/Adoption/IL:	Full-Time 4 Staff	Master's degree in Social Work or related degree required.	4 years minimal of child welfare direct service experience	Administer and manage the service delivery and contract outcomes in specific departments
Kinship:	1 Staff			
Support Services:	1 Staff			
Placement/ Transportation:	1 Staff			
Family Preservation	1 Staff			
Child Placement Coordinator Supervisor	Full-Time 1 Staff	Bachelor's Degree, Master's degree preferred	3 years minimal child welfare direct service experience	Supervises placement coordinators and ensures that youth referred to the agency are placed in accordance with SFCS regulations and contract requirements.
Placement Coordinators	Full-Time 4 Staff	Bachelor's Degree, Master's degree preferred	1 year minimal child welfare direct service or related experience	Responsible for processing child placement referrals and placement.
Case Management Supervisors	Full-Time 12 Staff	Bachelor's Degree, Master's degree preferred	3 years minimal child welfare direct service experience	Supervises case management staff and ensures that appropriate services are being received.
Case Managers	Full-Time 62 Staff Target case load of 25	Bachelor's Degree, Master's degree preferred	1 year minimal child welfare direct service or related experience	Coordinating and delivery of appropriate services and level of care for youth.
Family Support Worker	Full-Time 31 Staff	HS diploma or GED	1 year minimum child welfare direct service or related experience	Provide direct home services to support case plan goals

Support Staff Supervisor	Full-time 3 Staff	Bachelor's degree preferred	1 year minimal child welfare support service related experience	Supervises support services; transportation, receptionist, file management, data entry, fleet and facilities
Data-Entry	Full-Time 12 Staff	HS diploma or GED required	Minimum of 6 months experience working in data entry or related experience	Responsible for data entry and report functions
Support staff	Full-Time 12 Staff	HS diploma or GED required	Minimum of 6 months experience working in teams and the public or related experience	Responsible for receptionist duties and support services such as case filing, copying and scanning documents
Drivers	Full Time or Part Time 45 Staff	HS diploma or GED required	Minimum of 6 months experience working in teams and the public or related experience	Responsible for safe transport of children and/or families for placement and appropriate services
Clinical Utilization Supervisor	Full-time 1 Staff	MSW or equivalent	1 year minimal child welfare support service related experience	Supervises clinical utilization and provider relations staff to assure quality of services.
Clinical Utilization Provider Relations/	Full-Time 5 Staff 1-In home 1 reint serv 1 placement 2 clinical UR	Bachelor's Degree, Master's degree preferred	3 years minimal child welfare direct service experience	Responsible for provider agreements for placement and services. Monitors quality of services and develops full array of services for children and families.
Kinship Supervisor	Full-Time 4 Staff	Bachelor's Degree, Master's degree preferred	3 years minimal child welfare direct service experience	Supervises kinship and ICPC staff and ensures that appropriate services are being received
Kinship Workers	Full-Time 30 Staff	Bachelor's Degree preferred	1 year minimal child welfare direct service or related experience	Coordinating and delivery of appropriate services in kinship and ICPC homes
Attorney	Full-Time 2 Staff	Juris Doctorate	1 year minimal child welfare legal experience. Licensed to practice in NE	Provides legal support to case management teams and liaison with court personnel

Clinical Utilization Specialist – Medicaid Liaison	Full-Time 2 Staff	Master’s degree in Social Work or related degree required.	1 year minimal child welfare clinical or related services	Clinical utilization, discharge planning for high needs youth
Parent Support Workers	Full-Time 8 Staff	Support staff with HS diploma or GED	1 year minimal child welfare direct service or related experience	Direct support to reintegration families; skill building
Independent Living Coordinator	Full-Time 2 Staff	Bachelor’s Degree	1 year minimal child welfare direct service or related experience	Direct support to youth aging out of foster care; skill building
Transportation Coordinator	Full-Time 3 Staff	HS diploma or GED required	Minimum of 6 months experience working in teams and the public or related experience	Schedule and coordinate transportation requests
PI/QA Director	Full-Time 1 Staff	Master’s degree in Social Work, organization leadership or related degree required.	4 years minimal child welfare or other direct service or QA/PI experience	Administer and manage quality assurance, data and contract outcomes in specific departments. Manages continuous quality improvement
PI/QA Supervisor	Full-Time 1 Staff	Master’s degree in Social Work, organization leadership or related degree required.	3 years minimal child welfare or other direct service or QA/PI experience	Supervises and quality assurance, data and contract outcomes in specific departments. Supervises continuous quality improvement plans
PI/QA Coordinators	Full-Time 1 Staff	Bachelor’s Degree	1 year minimal child welfare direct service or related QA/PI, case read experience	Conducts case reads, supports direct service supervisors with data management
Customer Care	Full-Time 2 Staff	HS diploma or GED	Minimum of 6 months experience working in teams and the public or related experience	Provides customer concern supports
Trainers	Full-Time 3 Staff	Bachelor’s Degree in social work Master’s degree preferred	2 year minimal child welfare clinical or related services	Provides Program training and ongoing coaching

Education Coordinator	Full-Time 1 Staff	Preferred Bachelor's degree in social services or education	2 years minimal child welfare or education experience	Provides support to youth to meet education goals
Technology Coordinator	Full-Time 1 Staff	Bachelor's Degree in IT, Computer Science, or a related field	10 years' experience in technology sector. Supervisory experience preferred	Purchase, setup, configuration, design of IT-related hardware, software, and related, as needed for service and reporting per the contract
Security Administrator	Full-Time 1 Staff	Bachelor's Degree in IT or a related field	5 years working in IT field with information security	Oversees and evaluates network configuration and related software/hardware and conducts related background checks and reporting
X-Treme Recruiter	Full-Time 2 staff	Bachelor's Degree	1 year minimum child welfare direct service or related experience	Provides extensive kinship search and connections for children in out-of-home placement
Foster Care Homes (FCH) Director	Full-Time 1 staff	Master's degree in Social Work or related degree required.	4 years minimum child welfare direct service experience	Administer and manage the NE Region 1 service delivery and contract outcomes in specific departments
FCH Recruiter Supervisor	Full-Time 1 staff	Bachelor's degree in Social Work, Master's degree preferred	2 years' supervisory experience or 3 years' post-grad direct service experience	Supervision, coordination and training of recruiters; assign & track recruitment database
FCH Recruiters	Full-Time 3 staff	Bachelor's degree in Human Services field	Two years' experience child welfare direct service;	Engage communities & individuals, piquing interest in foster & adoptive families
FCH Supervisor	Full-Time 1 staff	Bachelor's degree in Social Work, Master's degree preferred	Two years' experience in child placement, child welfare direct services	Direct support and supervision of foster care homes staff
FCH Workers	Full-Time 8 staff	Bachelor's degree in Social Work or Human Services field	Two years' experience child welfare direct service;	Support resource families in providing safe, secure care for children in out-of-home placement

e. Staff Policies and Procedures

A policy and procedures manual created by Saint Francis for our current activities in Nebraska is in place, delineating the roles and responsibilities for subcontractors. The Client Services Leadership Team (CSLT) will develop other policy and procedures manuals based on those currently in use in our other states and modified to meet DHHS' guidelines for programs and services to be administered via this Contract. The Operations Manual for the Eastern Service Area will be updated and agreed upon by both parties to guide staff regarding responsibilities, roles, and expectations. As explained here, our procedures fold in relevant State requirements; at no time should our procedures manual conflict with the DHHS Operation Manual. In the case of any inadvertent conflict, the DHHS Operation Manual will prevail.

f. Personnel Files and Review

Saint Francis is committed to vetting Agents, Employees, Interns, Volunteers, Second Tier Subrecipients or Subcontractors via background checks and will follow the requirements contained in Section V of the RFP, pertaining to initial and any follow-up checks from the prescribed sources, and take the appropriate actions according to our Eastern Service Area Contract.

To assure that the quality employees that Saint Francis either has already hired or brings on board to serve the children and families in Nebraska's Eastern Service Area continue to be worthy of the trust necessary to provide direct services to children/youth and families, Saint Francis will conduct a biennial review of staff files chosen by random sample, to assure that requirements such as those pertaining to licensing, background checks, and certifications continue to be met. Saint Francis acknowledges that while DHHS will provide the sample methodology, we will "select a point in time prior to identify a random sampling of personnel files," per the Operation Manual that was provided with this RFP. We look forward to working with DHHS through the methodology, timing, and review process.

Saint Francis understands that it is our responsibility to conduct in-house reviews as well as reviews of our subcontractors, unless those subcontractors are "subject to regulation, licensing, or certification requirements that include background checks on themselves or their staff," as stated in the Operation Manual that is included with the RFP document package.

ii. Training: including ensuring staff are trained in trauma-informed care and to be culturally humble

The Saint Francis Training Department provides staff with the knowledge and competencies needed to achieve professional excellence, maximize productivity and above all, to meet the individualized needs of our clients. The Training Department supports the strategic goal of being a learning organization. The team provides internal training and coordinates trainings by external experts on best practices to assure that a comprehensive knowledge of the material offered is available to staff. The Training Department offers in-person and online training. Required trainings differ between positions and the level of contact staff have with clients, but a minimum of 24 hours of training is required every year for most positions. All completed training is documented and maintained in a database to assure that requirements are monitored, the results of which are provided at the request of DHHS.

Saint Francis looks forward to partnering with DHHS on training opportunities. Prior to contract implementation, Saint Francis shall submit a Training Plan to be approved by DHHS. All DHHS staff will be invited to attend Saint Francis trainings via a monthly training announcement email.

Saint Francis will also provide DHHS with a quarterly reports of trainings conducted. Such reports shall contain descriptions, participants, and hours of each training.

The Training Department is overseen by the current Director of Training, who has 25 years of child welfare experience as a master’s level social worker. Additional trainers are used for particular areas of expertise, such as computers, databases, legal issues, CPR/First Aid, and crisis de-escalation.

Core training is based on job-specific staff development requirements that are designed to help staff successfully fulfill their roles. Training is competency-based and addresses attitudes and beliefs, knowledge, and skill application. Supervisory and peer support are instrumental in building competency through the use of shadowing, coaching, mentoring, and direct supervision. Continuing education is designed to enhance staff performance, development, and retention. The goal is to capitalize on each staff member’s assets and skills to improve the quality and efficiency of services. Trainings are built upon a foundation of family engagement and family-centered case planning. Motivational Interviewing techniques are utilized through both a trauma-informed and culturally humble lens.

a. Initial and Ongoing Training

Saint Francis provides orientation training on a multitude of levels to ensure that staff have the tools necessary to perform their job responsibilities successfully. First, new staff meet with Human Resources staff to cover the Employee Handbook and Standard Operating Procedures to become familiar with Saint Francis’s mission, core values, history, organizational structure, goals, expectations, and personnel policies and procedures.

Next, new staff complete the Saint Francis Online Orientation Program that consists of the individual training modules shown in Table WRK-1.B.

WRK- 1.B. Online Orientation Program Trainings				
Saint Francis Heritage	Bloodborne Pathogens	Boundaries	Car Seat Installation	Child Abuse and Neglect
Client Rights	Customer Service	Diversity and Culture	HIPAA Compliance	NCS Defensive Driving
Risk Management	Safety in the Workplace	Sexual Harassment	Suicide Prevention	

Supervisors or their designees are responsible for providing new staff with orientation regarding their specific programs and offices, and ensuring all questions are answered. Staff then complete the same initial pre-service training used for Child and Family Services Specialists employed by DHHS. Staff also complete security awareness and acceptable use training initially and on an annual basis. Supervisors or their designees then complete the DHHS formal assessment process for staff to demonstrate their competency prior to assuming case management responsibilities.

This assessment process consists of oral and written evaluations of the staff’s case management knowledge and skills. The results are kept on record and provided at the request of DHHS.

Next, staff complete the in-person trainings listed in Table WRK-1.C that are required to complete their day-to-day job responsibilities:

WRK-1.C. Initial In-Person Trainings			
Case Management Procedures	Documentation	Court Reports	Due Diligence
Assessments (CAFAS, NCFAS, PSI, ASQ, CROPS, CSDC)	Ethical Boundaries	Ethics of Cultural Competence	CPR/First Aid
Trauma Informed Care with Children and Families	Motivational Interviewing	Suicide Risk Assessment and Precaution Intervention	Structured Decision Making/Safety Organized Practice

Ongoing training assists employees in meeting the requirements of certain specialties, certifications, or licensures, and consists of the topics at a minimum in Table WRK-1.D below.

WRK-1.D. Ongoing Formalized Trainings			
Trauma Impact: Brain and Body	Safe Sleep	Ethics (Dual Relationships)	Human Trafficking 101
Social Worker Safety	Self-Care	Self-Regulation and De-Escalation	Diagnosis and Treatment
Bridges out of Poverty Overview	Advice from Child Sexual Predators	Adverse Childhood Experiences	Working to Keep Families Together

In addition, online training on the topics in the following Table WRK-1.E are available.

WRK-1.E. Online Trainings			
Reasonable and Prudent Parent Standard	Multi-Ethnic Placement Act	Six Protective Factors	Oral Fluid Drug Testing
The Period of Purple Crying	Permanency Roundtables	Documentation	Immigration
ICPC	Kinship	Legal Issues	Visiting Children in Out-of-Home Placement
Casey Life Skills	Transition Plan for Successful Adulthood	Emergency Procedures	Active Shooter 101
Trauma in Infants, Young Children, and their Families	Suicide Prevention	Bed Bugs in Home Visits	Keeping Kids Safe Online
Child Development	Ethical Professional	Trauma Focused Cognitive Behavioral Tx	Car Seat Installation
CAFAS	Childhood Domestic Violence	Trauma: Working with Parents Involved in the Child Welfare System	Trafficking 101
Federal Discrimination Law	Strengthening Families		

The preceding describes Saint Francis’s typical operation when it comes to initial and ongoing training for new Saint Francis case management staff. We acknowledge DHHS’ requirement detailed in Section 11 of the Operation Manual provided with the RFP and are ready to work with DHHS to assure that staff are provided both initial and ongoing training pursuant to LB853 and, per the Operation Manual, “use the same program for initial training used for all Child and

Family Services Specialists employed by DHHS.” We understand that, per the RFP, the training must also be in compliance with Neb. Rev. Stat. § 68-1214, maximize IV-E training funds for the State, and be approved by DHHS utilizing best practice guidelines.

The variety of training offerings and the vast experience of our training leadership is a testimony to Saint Francis’s ability to deliver a range of trainings, both in-house and in conjunction with DHHS, to strengthen the staff that will in turn endeavor to strengthen families in the Eastern Service Area.

a. Leadership Training

Saint Francis places great emphasis on the continuous improvement of our leadership staff. To that end, a leadership training program is provided to enhance leadership skills and to develop the future leaders of the organization. Topics, listed in the below Table WRK-1.F include:

WRK-1.F. Leadership Training			
Leadership and Influence	Essential Skills of Leadership	Essential Skills of Communicating	Communicating Up
Workplace Harassment	Performance Appraisals	Generation Gaps	Personality Types
Providing Performance Feedback	Effective Discipline	Improving Work Habits	Motivating Team Members
Coaching Job Skills	Developing and Coaching Others	Managing Complaints	Resolving Conflicts
Hiring Winning Talent	Employee Onboarding	Retaining Winning Talent	

b. Trauma-Informed Care Training

Saint Francis staff receive formal training in trauma-informed care. Trauma-informed training encompasses initial and ongoing training provided by the Saint Francis Training Department, as well as internal and external subject matter experts.

Trauma Systems Therapy (TST) by Glenn N. Saxe is designed for children and families for whom trauma is not only part of the past, but an ongoing part of their present and everyday life. It is designed for children and families facing ongoing stress in poverty, family and community violence, parental mental illness, and substance use. Frequently, these children receive care in service systems that are frayed and fragmented.

TST addresses two things: first, the traumatized child who is not able to regulate emotional states; and second, a social environment and/or a system of care that is not sufficiently able to help the child regulate these emotional states.

It is a systematic approach and requires the collaboration between parents, guardians, relatives, friends, teachers, social service workers, therapists, psychiatrists, and advocates home-based and community-based clinicians. TST offers all of these participants a highly focused and integrative treatment approach. Saint Francis utilizes this model to provide a basic framework for trauma-informed care for all staff, whether they are providing direct or support services.

A brief overview of other trauma-informed trainings follows in Table WRK-1.G :

WRK-1.G. Other Trauma-Informed Trainings: <i>brief overview</i>	
Adverse Childhood Experiences (ACEs)	<ul style="list-style-type: none"> • Developed by Kaiser-Permanente and the CDC • Explains ACEs study, findings, and inter-connectedness of ACEs between individuals, families, communities, and society as a whole • Key factors affecting behavior across a lifetime are addressed, including the role of traumatic stress experienced during childhood and its effects on health, development, biology, and behavior.
Trauma Impact: Brain and Body	Examines how traumatic stress occurs at different stages of life, how it impacts both brain and body, and how resilience can heal the impact of trauma
Trauma-Informed Care with Children and Families	<ul style="list-style-type: none"> • Derived from the National Child Traumatic Stress Network's (NCTSN) Comprehensive Child Welfare Trauma Training Toolkit • Explores causes, types, and effects of trauma, and strategies for using trauma-informed care to enhance the goals of safety, permanency and well-being

The Training Department coordinates ongoing trauma-informed training sessions provided by experts with specialized certifications in traumatization who are available to meet with staff for case consultations.

c. Safety, Permanency, and Well-being Trainings

Saint Francis understands the importance of federal guidelines established by the Children's Bureau in regard to safety, permanency, and well-being, and we abide by these standards. This training is critical to the foundation of direct service staff and is completed during the initial training period. For staff to be successful in their roles they must understand the 36 items comprising the Child and Family Services Reviews' seven (7) outcomes and the seven (7) systemic factors upon which their day-to-day practice is measured.

d. Disproportionality and Cultural Competence Training

Saint Francis's programs are trauma-informed, family-focused and community-based. Understanding the unique demographic characteristics of the populations being served is integral to our practice and, thus, to the training necessary to prepare staff to serve the children and families in the Eastern Service Area. Saint Francis views cultural competence as our staff having an understanding of their own world views and the world views of their clients and the community, and then applying their ability to understanding various culturally-informed perspectives to the services that are delivered to their clients and the community.

Staff are required to take *Diversity and Culture* as a part of the Saint Francis Online Orientation Program within the first two weeks of joining the organization. Gaining cultural competence, like any important child welfare skill, is an ongoing process. Saint Francis provides a framework to help our staff integrate cultural factors into their interactions with children and families. We also seek to motivate our professionals and organization to examine and broaden our cultural awareness, embrace diversity, and develop a heightened respect for people of all cultural groups. Organizational support allows counselors, case managers, and administrators to integrate culturally congruent and responsive services more consistently across the continuum of care.

Saint Francis staff are encouraged to take *Ethics of Cultural Competence* training, guiding to discover self and others in an effort to embrace the importance of "meeting their clients where

they are.” Excerpts from the video *Knowing Who You Are* give staff a first-hand look at the importance of culture and identity to youth in care. This half-day training is geared towards direct service employees and covers the following objectives: components of culture; explain how cultural “lenses” are formed; differentiate between what cultural competence is and is not; review what the Codes of Ethics of five social service disciplines have to say about culture; discuss common themes among the Codes; list characteristics and tips for working with cultures commonly experienced in social services; outline the steps to responding with cultural competence; review placement considerations related to culture; and explore ways to maintain children’s connections to their cultures.

Please see CNT-5 for Saint Francis’s assessment of the cultural landscape of the Eastern Service Area, which will be emphasized during trainings, assessments, and case plans throughout our service model.

iii. Plan and process how to address the turnover rate and retention practices.

Employee retention maximizes an organization’s ability to provide service, not only from the organization’s perspective, but also from the perspective of those served. In addition to the employee recruitment strategies outlined above, which includes sourcing staff members from the community since they’re more likely to understand the unique characteristics of the Eastern Service Area and speak the prevailing languages in the area, and the initial/ongoing training also described above, the below describes Saint Francis’s offerings, from a prospective employee interview through the length of that employee’s tenure, that are aimed at reducing the turnover rate.

One key to employee retention is selecting the right candidate for the position, from the perspective of everyone involved. Saint Francis’s hiring process includes the utilization of program staff as well as Human Resources representatives to interview candidates for open positions. This allows the candidate to receive a good description of what the job entails and also helps enable Saint Francis to determine whether the candidate is a good fit for the position, the team and the organization. Additionally, this helps achieve buy-in from the specific program with which the candidate may possibly be working, and it facilitates the start of the relationship between the potential employee and program staff, which will then be built upon as the employment relationship unfolds and throughout their tenure with Saint Francis.

In addition to interview teams consisting of HR and program staff, another tool to help with recruitment and retention of staff is the referral bonus. Current staff may receive a bonus if they refer a person to Saint Francis if that referred person is then hired and stays with the Saint Francis team for a prescribed amount of time. Saint Francis also has an organization wide onboarding program that new hires to the organization complete. This process starts when the offer is made, walks a supervisor through how to onboard a new employee, offers training on mentoring new employees, and allows the new employee time to shadow and learn before they are given a caseload.

Other tools and programs Saint Francis use to retain its valuable team members include:

- Tuition Reimbursement Plan
 - Allows employees to have college course tuition and fees reimbursed if it is determined it can benefit the organization and allows Saint Francis to grow their own workers
- Employee Recognition Program

- Highlights the good that so many of our employees do day-in and day-out
- “Stay” Interviews
 - Invites employees to share vital information, and allows Saint Francis to gather pertinent data, on what is working and what is not working, from the employee’s point-of-view, to help prevent the need for “exit” interviews.
- Employee and Leadership Development
 - Numerous training opportunities (initial and ongoing), as detailed above.
 - Leadership Development includes leadership training by our internal training department, “one-on-ones” with our Organizational Development Manager, and outside training opportunities that enhance the ability to coach employees and develop leadership skills and language that is used across the organization.
- Progressive Work Policies, such as:
 - Just Culture, designed to empower all team members to work together to build and maintain a safer and higher quality work environment – both for us as well as the children and families we serve
 - Infants at Work, allowing parents or guardians to bring their infant to work, subject to their responsibilities and to ensuring the physical safety of the infant
 - Pets at Work, wherein participating offices periodically allow the employees to bring their pets to work for the day
 - Opportunities for leadership development
- Benefits package including insurance, retirement, paid time off, and flex time
- A work environment which prioritizes positive interactions and encouragement among team members, regardless of organizational level or department
- Regular research into prevailing wages for relevant occupational classification codes, utilizing sources such as the U.S. Bureau of Labor Statistics information for the areas we serve to assure that valuable staff are competitively compensated for their position and according to their qualifications, in the region/area where they work.

For more information on the current Case Worker retention, as well as caseload, in the Eastern Service Area, please see CNT-5.

CNT Continuum of Services

CNT- 1. Describe a plan of how Saint Francis will develop, implement, manage, and deliver a continuum of evidence-based models used in the context of the service continuum that will be available for children and families, in both court and non-court cases, in order to achieve the permanency goals identified while delivering ongoing case management.

Comply: X

Response:

Saint Francis employs consultation review meetings to evaluate the organization’s most vulnerable children to ensure that each child and their family are receiving the best services and

supports offered. Supports are tailored to meet the individual needs of each child and family. A three-tiered consultation approach is used, focusing time and energy in evaluating needs. At each consultation meeting, individuals familiar with the child's case come together as a team actively plan for the next 90 to 180 days. Along with the consultation review process, a child's level of service is reviewed every 90 to 180 days.

The case management supervisor will determine what tier of review the child needs to achieve permanency in a safe, stable environment. The following levels of review are available:

1. Placement Stability
2. Care Management Coordination (CMC)/Level of Service Review
3. High Acuity Clinical Care Consultations

Our Clinical Utilization team is involved in complex case staffing involving high-needs children and higher-acuity youth. Consultations are face to face meetings with the Clinical Utilization Specialist designed to be an in-depth discussion of the elements of a case and evaluation of services. The participants of the consultation are open to all parties involved in the case which could include the Case Manager, Supervisor, Director, Foster Care Worker, Foster Care Parent etc. The Clinical Utilization Specialist will facilitate the meeting.

Details for the review process can be found in the Utilization Review section UTZ-1.

CNT- 2. The bidder should describe a plan to ensure at least 30% of prevention services will meet the criteria for Well-Supported, Supported, or promising practice evidence-based services, as outlined in FFPSA, in its service continuum for the first year; at least 40% of prevention services will meet the criteria for Well-Supported, Supported or promising practice evidence-based services, as outlined in FFPSA, in the second year, and 50% or more of prevention services will meet the criteria for Well-Supported, Supported or promising practice evidence-based services as outlined in the FFPSA, in years following.	Comply: X
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Response:

The Saint Francis Clinical Department is invested in researching services that meet the FFPSA criteria and how they would fit into the service continuum in Nebraska. Additionally, our organization has a National Director of Partnerships and Policy who works with FFPSA across the country. At a national level, we are advocating for expansion of the evidence-based practice list. Our membership with the Family Focused Treatment Association provides access to information and training on FFPSA through webinars and other methods.

At this time, Saint Francis will focus on building capacity to provide FCT to 50% of prevention families referred to Saint Francis Family Preservation. We will utilize the guidelines listed above to ensure that 30% of prevention services will meet the criteria for Well-Supported, Supported, or promising practice evidence-based services, as outlined in FFPSA, in its service continuum for the first year; at least 40% of prevention services will meet the criteria for Well-Supported, Supported or promising practice evidence-based services, as outlined in FFPSA in the second year; and 50% or more of prevention services will meet the criteria for Well-Supported,

Supported or promising practice evidence-based services as outlined in the FFPSA in years following.

CNT- 3. The bidder should describe a plan of how it will prevent children from being removed from the family home by developing, implementing, managing, and delivering a continuum of evidence-based services, including all Well-Supported services, as outlined in the FFPSA, as well as supports, that will be available for children and families, 24 hours a day, 7 days a week, 365 days a year, during the time that DHHS is conducting the Initial Assessment of safety and risk.

Comply: X

Response:

Saint Francis will prevent children from being removed from the family home by developing, implementing, managing, and delivering a continuum of evidence-based services. These services will meet the criteria above. The continuum of evidence-based services includes, but is not limited to, Structured Decision Making (SDM), Motivational Interviewing (MI) and either Family Center Treatment (FCT) or Intensive Family Preservation (IFP). SDM will provide the opportunity to assess families for both risk and safety factors allowing the referral to appropriate services. MI combined with principles of Family Voice and Choice will keep families engaged in the process while moving into an intensive treatment program of either FCT or IFP. Both FCT and IFP are required to support families 24 hours a day/7 days a week during the referral period. Staff will work with families to then build informal and formal supports that will support them during the year. Details for these evidence-based services are outlined in CSM-1 to CSM-4.

Please see Attachment S for a catalogue of in home services available in each zip code of the Eastern Service Area.

CNT- 4. The bidder should demonstrate how it will ensure delivery of Well-Supported, Supported, or promising practice evidence-based services to the following populations:

Comply: X

Response:

Saint Francis has experience serving the populations listed in CNT-4, Attachment Six of RFP 5995 Z1. We will work with subcontractors in the community to provide well-supported, supported, or promising practice evidence-based services to a) children ages birth to five (5); b) Infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from pre-natal drug exposure, or a Fetal Alcohol Spectrum disorder; c) children who have an intellectual disability, Autism Spectrum Disorder, or who demonstrate behaviors consistent with children who have an intellectual disability; d) children who have been exposed to domestic violence; e) children who have extensive histories of trauma; f) children who have limited connections with supportive adults; g) youth that intersect both the child welfare and juvenile justice systems; h) youth identified as survivors of sex trafficking; and i) youth who are near the age of majority and preparing to transition to adulthood.

Saint Francis will utilize Trauma Systems Therapy (TST) to provide service for those children and youth who have extensive histories of trauma. TST is designed for children and families for whom trauma is not only part of the past, but an ongoing part of their present and everyday life. It is designed for children and families facing ongoing stress in poverty, family and community violence, parental mental illness, and substance use. Frequently, these children receive care in service systems that are frayed and fragmented.

To provide services for youth identified as survivors of sex trafficking, Saint Francis has formed an alliance with the International Social Services-USA Branch to provide cross-border social services to children and families separated by voluntary or forced migration, adoption, abduction or human trafficking. As of 2018, International Social Services and Saint Francis conduct joint information sessions for social workers, judges, lawyers and other child protection professionals, focusing on the international processes required to reunify children with their families abroad.

Case management teams use an approved screening tool to determine whether a child may be a victim of Human Trafficking. If it is suspected the child *may* be a victim, the case management team will notify local Law Enforcement and refer the child to one of Saint Francis's trained, licensed staff members to complete a full Human Trafficking assessment.

The need for 24/7 service provision has changed dramatically in recent years. The needs of high acuity children disrupting from placements and needing acute hospital screens, coupled with limited placement availability, have driven us to enhance service provision by establishing an after-hours unit of staff. The goal of the unit is to ensure children, families, and group homes receive the support necessary to keep children safely in placement. After-hours Care Coordinators are the central point of contact for all caregivers experiencing challenges with children in care, including birth, foster, relative, and NRKIN families, or residential providers.

As experts in de-escalation, after-hours Care Coordinators assess situations and provide immediate support and direction to caregivers. Coordinators also serve as the central point of contact for the community, DHHS, and Law Enforcement, including human trafficking assessment requests.

Human Trafficking awareness is a part of foster parent training/ Reasonable and Prudent Parent Standard training.

Saint Francis staff will collaborate with the community to identify and develop local resources that promote independent living skills for youth who are near the age of majority and preparing to transition to adulthood. Utilized strategies, services, and programs include, but are not limited to, the following:

- Trauma Systems Therapy (TST)- designed for children and families for whom trauma is not only part of the past, but an ongoing part of their present and everyday life. It is designed for children and families facing ongoing stress in poverty, family and community violence, parental mental illness, and substance use. Frequently, these children receive care in service systems that are frayed and fragmented.
- Youth Thrive- Youth Thrive offers financial literacy curriculum for youth as well as opportunities to save money through a matching program. Youth Thrive teaches youth to open a savings/checking account, establish emergency funds, maintain credit score, and budget for items and activities. Also helps recruit support families and support systems

- *Your Money Your Goals*- Developed by the Consumer Financial Protection Bureau. Prepares staff to answer youth's questions about financial responsibility.
- *The Opportunity Passport Program*- Provides education and incentives for youth to save money and develop healthy spending habits. Programs include teaching youth how use bank services, set financial goals, maintain positive credit history, rent housing, and smart purchasing and provides a 2:1 savings match rate for youth so that they may save money to purchase a car, make repairs, pay for education, or other items.
- *Youth Advisory Council*: Monthly meeting facilitated by IL Coordinator. Youth who have already transitioned out of foster care can meet with those who are in the transitioning process. Meetings provide insight into service gaps or programs that could be developed to help youth succeed.
- *Healthy Empowerment Adolescent Relationship Training (HEART)*- An evidence-based skill-building program for youth ages 10-18 that educates youth about healthy relationships. This curriculum enhances the youth's five core competencies of social and emotional learning: Self-Awareness, Self-Management, Social Awareness, Relationship Skills, Responsible Decision Making.
- *Senior Services/Fatherhood Initiative Program*- Programs for pregnant or parenting teams to teach positive parenting skills and provide mentoring services.
- *Bridges to Independence (B2i)*- Coordinated by DHHS for young people between 19 to 21 years of age who are aging out of foster care. Provides a dedicated Independence Coordinator for qualifying youth, Health Care insurance if eligible through the Affordable Care Act or through Medicaid, and a monthly maintenance payment. Helps youth access resources available through DHHS.
- *Project Everlast*- Project Everlast is a grassroots effort that promotes using community resources to improve a youth's opportunities and networks for housing, transportation, health care.

These resources are detailed in the Youth Services YTH-1 to YTH-3. Saint Francis case management teams, IL Coordinators, and Education Coordinators will also utilize programs and practices that provide evidence-based, trauma informed strategies to engage youth in healthy development of these skills.

CNT- 5. The bidder should describe a plan on how it will assess gaps in service array for the populations served and said plan shall include how it proposes to fill these gaps in services. Gaps in service means that needed services for families are not available due to capacity issues or there are no Second Tier Subrecipients or subcontractors in the area that provide needed services

Comply: X

Response:

Saint Francis assesses gaps in service array by reviewing Nebraska's DHHS Annual Report and other state data. While an early review of services shows gaps in the areas of behavioral health, Saint Francis will continue to conduct data driven analyses to identify and target more specific service needs. This allows Saint Francis to be proactive rather than reactive in our response to the Eastern Service Area's specific needs.

When a gap in services for families has been identified, due to capacity issues or lack of Second Tier Subrecipients or subcontractors in the area that provide needed services, Saint Francis will work to provide wraparound support services to the family until the needed service becomes available. For example, Saint Francis may provide a Family Support Worker to perform services until therapy can be started. Because Saint Francis will be staffing to provide some services internally, the ability to “fill in” for subcontractors during times of shortage is available.

a. Licensed Child Placement Agencies and PRTF’s

As an organization dedicated to serving the Eastern Service Area, we will build relationships with various service providers to help us meet the needs of the children and families referred to our care. We will partner with Licensed Child Placing Agencies (LCPAs) to help with the recruiting, training, and placement of the children that are referred to us. According to the *Roster of Child Placing Agencies Licensed in Nebraska*¹¹, there are a variety of LCPAs that we are able to partner with in Douglas County (see Table CNT-5.A).

Working closely with these agencies will be important due to the daily need for placing children. We will also work with Psychiatric Residential Treatment Facilities (PRTF’s) in order to provide additional support for those youth and children who have different or higher level needs. According to the *Psychiatric Residential Treatment Center Roster* for the state of Nebraska, there are three psychiatric residential treatment centers that are in Douglas County and none in Sarpy County¹² (see Table CNT-5.B on pg. 109 below for a roster of known LCPAs).

¹¹ Division of Public Health, Roster of Child Placing Agencies Licensed in Nebraska,
http://dhhs.ne.gov/publichealth/documents/Child_Placing_Roster.pdf

¹² State of Nebraska Roster Psychiatric Residential Treatment Centers,
<http://dhhs.ne.gov/publichealth/Licensure/Documents/PRTF%20Roster.pdf#search=prtf>

Table CNT-5.A. Douglas County Licensed Child Placing Agencies			
Name	Address	Phone Number	Type of Service
Father Flanagan's Boys' Home	378 Bucher Drive, Boys Town, NE 68010	(402) 964-7230	Foster Care & Adoption
Lutheran Family Services of Nebraska	124 S 24 St Suite 200, Omaha, NE 68102	(402) 342-7038	Foster Care & Adoption
Priority Foster Care	1707 J Street, Omaha, NE 68107	(402) 850-4577	Foster Care
Release Ministries	3223 N. 45th Street, Omaha, NE 68104	(402) 455-0808	Foster Care & Adoption
Child Saving Institute, Inc.	4545 Dodge St, Omaha, NE, 68132	(402) 553-6000	Foster Care & Adoption
OMNI Behavioral Health	5115 F Street, Omaha, NE 68117	(402) 397-9866	Foster Care & Adoption
KVC Behavioral Healthcare, Inc.	11550 I Street, Suite 100, NE 68137	(402) 742-8800	Foster Care & Adoption
Bethany Christian Services	11319 P Street, Suite 5, Omaha, NE, 68137	(712) 737-4831	Adoption
Holt International Children's Services	12100 W. Center Rd, Suite 523A, Omaha, NE 68144	(402) 934-5031	Adoption
Nebraska Children's Home Society	4939 S 118 ST, Omaha, NE 68137	(402) 451-0787	Foster Care & Adoption
Jewish Federation of Omaha, Inc.	333 S 132 ST, Omaha, NE 68154	(402) 334-8200	Adoption
NOVA Treatment Community, Inc.	8502 Mormon Bridge Road, Omaha, NE 68152	(402) 455-8303	Foster Care & Adoption
Nebraska Families Collaborative	2110 Papillion Parkway STE 110, Omaha, NE 68164	(402) 498-1240	Foster Care & Adoption

One of the centers is CHI Health Immanuel in Omaha. This facility notes that it is "... a 20 bed facility designed to treat children and adolescents, ages 6 to 18, which have been diagnosed with psychiatric disorders. The PRTF provides specialized medical psychiatric, psychosocial and behavioral treatment services to assist youth and their families in gaining the skills necessary to demonstrate mental health and positive community adjustment"¹³.

Additionally, the search returned a facility named Boys Town Residential Treatment Center-West, also in Omaha. This center's program offers services such as separate environments for children ages 5-11 and adolescents 12-18, 24-hour trained professional supervision and consultation, medication evaluation and reduction program, integrated mental and physical health care, licensed school with recovery program, family centered parent training and an aftercare program¹⁴. According to the aforementioned psychiatric residential treatment center roster, there are 80 beds within this PRTF¹⁵.

¹³ CHI Health, <https://www.chihealth.com/residential-treatment-center>

¹⁴ Boystown National Research Hospital, <https://www.boystownhospital.org/residentialtreatment/Pages/default.aspx>

¹⁵ Ibid 12

Nova Treatment Community is also on this roster. According to the roster, it has 30 beds¹⁶, although it is not clear how many of those are for adults versus the adolescent population they also serve. According to their website, “NOVA’s Psychiatric Residential Treatment Facility (PRTF) is a highly structured, therapeutic environment for dually diagnosed adolescents, ages 13-18 in need of intensive services to treat substance use and mental health disorders, along with severe emotional and behavioral problems”¹⁷.

A separate search shows other residential type facilities in Omaha, such as the Omaha Home for Boys-Inspiration Hill Residential Care, which, according to their website, “provides a safe, stable environment where at-risk young men live, learn and grow to become productive, independent adults”¹⁸. They also note, “The program serves high school age boys who live on our main campus and attend the Omaha Home for Boys High School while also having access to therapy, employment opportunities, recreation and other support services”¹⁹. Another residential type facility is Youth Care and Beyond. Youth Care and Beyond have Family Style Homes that offer “a family with a live in, awake overnight and other trained adults to provide security, safety and teaching”²⁰. They also offer a Life Skill Reporting Center, which “provide[s] teaching, supervision, tutoring and community service for youth”²¹.

b. CASA

CASA, or Court Appointed Special Advocates, are an important resource due to the fact that they “recruit, train and support citizen-volunteers to advocate for the best interests of abused and neglected children in courtrooms and communities”²². According to the Nebraska CASA Association website, there are two CASA organizations in the Eastern Service Area. There is one in Douglas County, located in Omaha. Additionally, there is a CASA in Sarpy County, located in Papillion.

c. Caseworker Information

According to the *Children and Family Caseload Status Report*, there are 195 total staff in the Eastern Service Area. Of the total staff 184 were in compliance, giving them a 94.4% in compliance rate according to the February 2019 averaged data²³.

The “child welfare profession has struggled, nationwide, to maintain a trained and skilled workforce dedicated to providing services and support to assist families”²⁴, and the State of Nebraska Children and Family Service Specialists (CFSS) has also experienced this issue. In 2017 there was a 32% rate of turnover, with employees leaving the agency or changing positions

¹⁶ Ibid 12

¹⁷ NOVA Treatment Community, <https://www.novatc.org/treatment-programs-services/adolescent/>

¹⁸ Omaha Home for Boys, Inspiration Hill, <https://omahahomeforboys.org/programs-services/inspiration-hill-residential-care/>

¹⁹ Ibid 18

²⁰ Youth Care and Beyond, <https://www.youthcareandbeyond.org/care-for-youth>

²¹ Ibid 20

²² Nebraska CASA Association, https://www.nebraskacasa.org/who_we_are/what_we_do/

²³ Children and Family Caseload Status, <http://dhhs.ne.gov/Reports/Children%20and%20Family%20Services%20Running%20Caseload%20Report%20-%202019.pdf>

²⁴ Nebraska Department of Health & Human Services: *2018–2019 DHHS Business Plan*, http://dhhs.ne.gov/Pages/srd_srdindex.aspx

within the agency²⁵. Research has found a relationship between caseworker turnover and “a significant increase in length of stay and a significant decrease in the likelihood of achieving reunification”²⁶. Of the children in the Eastern Service Area 43.3% had 1–2 caseworkers, 29.2% had 3–4, and 27.5% had 5 or more caseworkers²⁷.

Additionally, within the Eastern Service Area there is a higher rate of change compared to the other service areas, with 27% of the children in care having “5 or more caseworkers during their current episode in care”²⁸. One way in which Saint Francis could help mitigate this turnover would be to collaborate with Social Work programs at local universities. Following is a listing of schools whose social work students may have an interest working with Saint Francis^{29, 30}.

School	Graduate Rate	Degree(s) offered		Distance (miles) to Douglas County	Distance (miles) to Sarpy County	# Social Work Students/Degree		
		Bachelors	Graduate			Associates (2016-2017)	Bachelors (2016-2017)	Masters (2016-2017)
Univeristy of Nebraska at Omaha	45%	Yes	Yes	14	22	—	31	80
Creighton University (Omaha)	78%	Yes	—	15	25	—	10	N/A
Union College	49%	Yes	—	53	40	—	2	N/A
Nebraska Wesleyan University	69%	Yes	—	48	35	—	18	N/A
University of Nebraska at Kearney	56%	Yes	Yes	181	167	—	28	N/A

d. Poverty

The U.S. Census Bureau noted that 10.8 % of Nebraska’s individuals are at poverty level³¹. Individuals 18 years and younger had a below poverty rate of 14 %³², with 6 % of children living in extreme poverty (i.e., an annual income of \$12,429 or less for a family of two adults and two children)³³. Within Douglas County 39.9% of children fall below the 200% federal poverty rate, the highest rate, and 23.8% in Sarpy County³⁴. Nebraska has a food insecurity of 18.3 %³⁵, with a monthly average of 78,482 households receiving SNAP benefits³⁶. Additionally, Nebraska is

²⁵ Ibid 24

²⁶ Ryan, J. P., Garnier, P., Zyphur, M., & Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. *Children and Youth Services Review*, 28, 993–1006. doi: doi:10.1016/j.childyouth.2005.10.013

²⁷ State of Nebraska Foster Care Review Office, Annual Report 2017–2018, <http://www.fcro.nebraska.gov/pdf/FCRO-Reports/2018-annual-report.pdf>

²⁸ Ibid 27

²⁹ National Center for Education Statistics: *College Navigator*, <https://nces.ed.gov/collegenavigator/>

³⁰ Nebraska Social Work Programs and Degrees Guide, <https://www.socialworkguide.org/schools/nebraska/>

³¹ United States Census Bureau: Quick Facts Nebraska, <https://www.census.gov/quickfacts/fact/table/ne/PST045217>

³² Kids Count <https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=29&loct=2#detailed/2/29/false/871,870,573,869,36,868,867,133,38,35/any/321,322>

³³ Kids Count <https://datacenter.kidscount.org/data/tables/45-children-in-extreme-poverty-50-percent-poverty?loc=29&loct=2#detailed/2/29/false/871,870,573,869,36,868,867,133,38,35/any/325,326>

³⁴ 2018 Community Health Needs Assessment Report, <https://www.douglascountyhealth.com/images/stories/2018-Adult-Assessment-report-2.pdf>

³⁵ Kids Count <https://datacenter.kidscount.org/data/tables/8384-food-insecurity?loc=29&loct=2#detailed/2/any/false/870,573,36,868/any/16983,16989>

³⁶ Supplemental Nutrition Assistance Program: State Activity Report Fiscal Year 2016, <https://fns-prod.azureedge.net/sites/default/files/snap/FY16-State-Activity-Report.pdf>

ranked 4th in the nation when it comes to affordable housing³⁷. Furthermore, 14 % of children live in high poverty³⁸ while 8 % live in high poverty areas³⁹. Researchers have shown that children living in high poverty areas are more likely to experience negative social determinants of health, including increased child maltreatment, food insecurity, and household substance abuse⁴⁰. According to the *State of Nebraska Foster Care Review Office Annual Report 2017–2018*, 63.5% of removals were due to parental neglect, with parental substance use “an adjudicated reason for removal for 44.2% of children reviewed”, domestic violence for 15.5% of the children, and physical abuse for 10.3% of the children.

e. Substance Use

The U.S. Department of Health and Human Services found that since 2010 there has been a 10% increase in the number of children in foster care across the country due to an opioid crisis⁴¹. “Foster care entries and overdose deaths are related nationally”⁴². In 2016, Nebraska experienced an increase in the overdose death rate of 6.9 overdose deaths for every 100,000 people⁴³. Nebraska has also seen an increase in the number of opioid overdoses from 2.4 to 3.0 per 100,000 people^{44,45}. During the 2017–2018 fiscal year 49.5% of children removed from their mother were removed due to documented substance use, 27.4% of the children removed from their father due to substance use⁴⁶. This is one of the largest barriers to permanency: the continued use of substance(s) by the parent(s), which impact parenting abilities.

f. Adverse Childhood Experiences

An Adverse Childhood Experience (ACE) describes a traumatic experience in a person’s life occurring before the age of 18. Experiences include such things as physical, emotional or sexual abuse. The CDC-Kaiser Permanente Adverse Childhood Experiences Study⁴⁷ shows that ACEs can have serious, long-term impact on a child’s health and well-being by contributing to high levels of toxic stress that derail healthy physical, social, emotional, and cognitive

³⁷ U.S. News & World Report: Affordability Rankings: Determining the most affordable states, <https://fns-prod.azureedge.net/sites/default/files/snap/FY16-State-Activity-Report.pdf>

³⁸ Kids Count <https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-poverty?loc=29&loct=2#detailed/2/29/false/871,870,573,869,36,868,867,133,38,35/any/321,322>

³⁹ Kids Count <https://datacenter.kidscount.org/data/tables/6795-children-living-in-high-poverty-areas?loc=29&loct=2#detailed/2/29/false/1691,1607,1572,1485,1376,1201,1074,880,11/any/13891,13892>

⁴⁰ Chung, E. K., Siegel, B. S., Garg, A., Conroy, K., Gross, R. S., Long, D. A., ... Fierman, A. H. (2016). Screening for social determinants of health among children and families living in poverty: A guide for clinicians. *Current Problems in Pediatric and Adolescent Health Care*, 46(5), 135–153. doi:10.1016/j.cppeds.2016.02.004

⁴¹ U.S. Department of Health and Human Services ASPE Research Brief: Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from A Mixed Methods Study, <https://aspe.hhs.gov/system/files/pdf/258836/SubstanceUseChildWelfareOverview.pdf>

⁴² Ibid 41

⁴³ Ibid 24

⁴⁴ NIH National Institute on Drug Abuse: Nebraska Opioid Summary, <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/nebraska-opioid-summary>

⁴⁵ Ibid 24

⁴⁶ Ibid 27

⁴⁷ CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, www.cdc.gov/violenceprevention/acesstudy/about.html

development. ACEs increase the long-term adult risk for smoking, alcoholism, depression, heart and liver diseases, and dozens of other illnesses and unhealthy behaviors⁴⁸.

The HRSA's 2016 National Survey of Children's Health⁴⁹ found that of Nebraska's youth, 42.1 % of 0-17 years and 34 % of 0-5 years old had 1+ ACEs. Of these children 25.9 % had chronic health conditions and 12.6 % had chronic emotional, developmental, and/or behavioral conditions. The United Health Foundation's 2018 report⁵⁰ found that 19.9 % of Nebraska's children had two or more Adverse Childhood Experiences (ACEs) — ranking them fourteenth in the nation. In Douglas County the prevalence of 4+ACEs was 14% and even higher in Sarpy County at 18.5%⁵¹.

The Child Welfare League reported that the number of child victims in Nebraska has decreased by 19.1 % since 2011, with the ratio of victims of child abuse or neglect for 2015 at 7.4 per 1,000 children. They also reported a 24 % decrease in the number of children living in out of home care since 2011⁵².

g. Cultural Competency

Top 5 Non-English Languages Spoken (Table CNT-5.C)

State	Language ⁵³	State	Language ⁵⁴
Nebraska		Kansas	
1	Spanish	1	Spanish
2	Somali	2	Vietnamese
3	Karen	3	German
4	Dinka	4	Chinese
5	Vietnamese	5	Tai-Kadai

Saint Francis recognizes the importance of being culturally humble, and we will seek to provide cultural advisors and translators to families in our care to help them better navigate and understand their roles and responsibilities as well those of the child welfare system. Within Douglas County 4.6% of the population age 5 and older live in linguistic isolation (i.e., no persons age 14 or older in the home are proficient in English) and 1.1% of the population in

⁴⁸ Ame Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14, 245—258. [https://www.ajpmonline.org/article/s0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/s0749-3797(98)00017-8/pdf)

⁴⁹ Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017. <http://www.cahmi.org/projects/adverse-childhood-experiences-aces/>

⁵⁰ America's Health Rankings, United Health Foundation: *Nebraska in 2018*, <https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/ACEs/state/NE>

⁵¹ *Ibid* 34

⁵² CWLA: Nebraska's Children 2017, <https://www.cwla.org/wp-content/uploads/2017/04/NEBRASKA-revised-1-2.pdf>

⁵³ Addendum Two Questions and Answers and Revised Schedule of Events, <http://das.nebraska.gov/materiel/purchasing/5995/5995%20Z1%20Addendum%20Two%20Questions%20and%20Answers%20-DAS%202%2011%2019.pdf>

⁵⁴ Statistical Atlas: *Languages in Kansas*, <https://statisticalatlas.com/state/Kansas/Languages>

Sarpy⁵⁵(See Table CNT-5.D). Saint Francis recognizes the necessity of providing interpretation services to clients who are not proficient in English and the benefits that come with the parent understanding what is going on in court and/or with their Case Plan.

Table CNT-5.D. Ethnicity of Children in NDHHS Care ⁵⁶ 2018	
	Percent
African American	15.6
Anglo	63.2
Asian	1
American Indian/Alaska Native	5.9
Hispanic	19.7
Native Hawaiian/Other Pacific Islander	1
Unknown/Other	2.2

h. Visitation

Reunification is the major goal for the majority of children who are currently in the child welfare system and this is facilitated through family and child visitation. However, according to the *State of Nebraska Foster Care Review Office Annual Report 2017–2018*, “about 1/3rd of children’s parents court-ordered to have visitation were NOT consistently visiting their children”⁵⁷. Among parents who did not regularly visit no particular reason was given by mothers 84.3% of the time and 78.6% of the time by fathers⁵⁸.

There many benefits of consistent and frequent visitations between children and their biological parents, including strengthened child and parent relationship(s) due to the creation of stronger attachments, as well as improvements in the child(ren)’s well-being while they are in care (e.g., improved mental health, fewer behavioral problems)^{59, 60, 61}. Consistent and frequent visits are also significantly associated the child(ren) being reunified with their parent(s); research has shown that children who visit with their mothers often are 10 times more likely to achieve

⁵⁵ Ibid 34

⁵⁶ Ibid 27

⁵⁷ Ibid 27

⁵⁸ Ibid 27

⁵⁹ McWey, L. M., & Mullis, A. K. (2004). Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*, 53, 290–300. <http://www.jstor.org/stable/3700347>

⁶⁰ Sanchirico, A., & Jablonka, K. (2000). Keeping foster children connected to their biological parents: The impact of foster parent training and support. *Child and Adolescent Social Work Journal*, 17, 185–203. <https://doi.org/10.1023/A:1007583813448>

⁶¹ McWey, L. M., Acock, A., & Porter, B. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32, 1338–1345. doi: [10.1016/j.childyouth.2010.05.003](https://doi.org/10.1016/j.childyouth.2010.05.003)

reunification than those who do not⁶², and that this also decreases the length of time spent in care^{63, 64}.

Please see CSM-1 to CSM-4 for more details on how Saint Francis plans to address parental engagement. This plan will cultivate creative solutions to develop and reinforce a foster care and community culture that engages biological/non-custodial parents and relatives in the child welfare process. Facilitating relationships between foster and biological parents will help achieve safety, permanency, and well-being of the child. For more information on the materials and strategies we use to train foster parents on the engagement process, please see PLC-2.

i. Transportation

Transportation can often be taken for granted, especially by those who can readily access a vehicle and drive for themselves. However, children in the foster care system are entirely dependent on the services provided by their placement and the service provider. Additionally, family engagement, which is essential for reunification, can be hindered through a lack of transportation services being provided to the parent(s).

Currently, Nebraska's Child and Family Services is experiencing issues with transportation services and was noted as an area needing improvement in the *Nebraska Child and Family Services Review Round 3 Program Improvement Plan*. Additionally, there has been a "lack of efforts to adequately engage and connect families to appropriate services such as... transportation," which has impacted placement stability and timely reunification⁶⁵.

During the development of this proposal, we were able to meet with Omaha Bridges out of Poverty, the Douglas County CASA, Christian Heritage and Project Harmony. Both the Douglas County CASA and Christian Heritage shared concerns in regard to the transportation of children, with Douglas County CASA noting that this has caused important meetings for children to be missed or cancelled (please see ENG-1). Additionally, in meetings with Licensed Child Placing Agencies in Nebraska, the majority of the providers also noted an issue with transportation in the Eastern Service Area.

Please see CSM-1 for more information on Saint Francis's transportation system.

⁶² Davis, I. P., Landsverk, J., Newton, R., & Ganger, W. (1996). Parental visiting and foster care reunification. *Children and Youth Services Review*, 18, 363-382.

[http://dx.doi.org/10.1016/0190-7409\(96\)00010-2](http://dx.doi.org/10.1016/0190-7409(96)00010-2)

⁶³ Farmer, E. (1996). Family reunification with high risk children: Lessons learned from research. *Children and Youth Services Review*, 28, 403-424. [https://doi.org/10.1016/0190-7409\(96\)00012-6](https://doi.org/10.1016/0190-7409(96)00012-6)

⁶⁴ Hess, P. (2003). *Visiting between children in care and their families: A look at current policy*.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.507.288&rep=rep1&type=pdf>

⁶⁵ *Nebraska Child and Family Services Review Round 3 Program Improvement Plan*,

http://dhhs.ne.gov/children_family_services/Documents/NE%20PIP%20Re-Submission%205-14-18.pdf

PLC Placement Capacity

<p>PLC-1: Outline a detailed plan that describes how Saint Francis will ensure that a sufficient capacity of trained resource families are available to foster and adopt children in the Eastern Service Area, including developing and implementing specific strategies to recruit resource families for historically difficult to place children.</p>	<p>Comply: X</p>
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Response:

a. Assessment of Need

Seeking partnerships with agencies currently providing foster care services in catchment areas to which we are new has been a hallmark of Saint Francis service provision for 22 years. Saint Francis is committed to accessing the best possible foster and adoptive families for children in the Eastern Service Area. To create the strongest network for children and families in need, Saint Francis believes that collaboration with local child placement agencies is integral to understanding the availability of resource families and making those families available to children in the state’s custodianship.

Saint Francis’s key transition staff and other executive team members met with child welfare stakeholders throughout the service area and learned of strengths and weaknesses within the system along with what they perceived as the hinderances to providing quality care. Stakeholders discussed the issues of capacity with regards to a shortage of foster care homes in the service area, the need for foster care families that are willing to serve children that require greater than basic level care, and to strengthen continuity of care and coordination. The stakeholders also shared concerns about consistency concerning the expectations of CPAs and foster parents.

Saint Francis is currently in the process of securing commitments from possible child placing agency partners throughout the Eastern Service Area (please see ENG-1). Additionally, Saint Francis will monitor and consistently hold providers accountable to the expectations of both the CPAs and foster parents to ensure that all children in foster care are receiving the same quality of service. This will be essential as, according to Saint Francis’s CIS/CMS database, 75% of children are currently placed with subcontractors.

For those youth needing a higher level of care, accessing residential services may be necessary. Saint Francis will seek partnerships with the four residential treatment centers (current as of March 2019) in the Eastern Service Area, as well as partnerships with agencies able to meet the needs of traumatized children and those exhibiting serious mental health concerns. It is essential that we access an array of services in a concerted effort to meet the needs of every child to create an effective and comprehensive continuum of care, which is paramount to a child’s success. Saint Francis will structure a provision of services in the Eastern Service Area which accounts for the vast needs of children in care.

One of the greatest needs throughout the nation that may impact the Eastern Service Area is the recruitment and retention of foster families, essential components in providing safe, stable,

family-like settings for the children placed in out-of-home care⁶⁶. Foster parents are pivotal in helping children heal while also helping them in the reunification process. Additionally, the foster family can act as a support and role model to biological parents. This ability beneficially impacts the lives of those in care by creating an additional element of security and stability throughout the reunification process and creating greater synergy between the placement and biological families. Protecting, preserving, and building upon the strengths of foster parents is essential to retaining them as foster families, and to accomplish this, we have designed a retention program that emphasizes appreciation, training, and learning opportunities to open channels of communication.

b. Capacity

In addition to recruiting Saint Francis families to license as foster care homes, Saint Francis will work with local CPAs to increase capacity to meet the established 2:1 ratio of two licensed foster home beds for every child in out of home care in the Eastern Service Area. According to Attachment 3 "Service Area Monthly Summary," as of June 2018 the Eastern Service Area has approximately 1,559 children in out of home care. To maintain a ratio of 2:1 as described above, 3,118 licensed foster home beds would have to be available. Maintaining the 2:1 ratio of foster care beds for every child in out of home care in the Eastern Service Area will take time and comprehensive strategic planning; thus, Saint Francis will implement a multifaceted capacity building plan.

First, utilizing our comprehensive recruitment plan, we will partner with other CPAs around a campaign to increase awareness of the need for foster families across the Eastern Service Area. We will also work with all local CPAs to assess and engage current relative and kinship families to become licensed foster families. This will assist in drawing federal funding as well as give providers an opportunity to encourage qualified families to consider expanding their capacity to accept children with whom they do not already have an established relationship into their homes.

Secondly, we will work with the Nebraska Foster and Adoptive Parents Association (NFAPA), one of our key partners, in the effort to increase foster home capacity. Saint Francis has a solid working relationship established with NFAPA in Central and Western Nebraska. NFAPA refers families to our agency and we utilize them as a training resource for both pre-service and on-going training.

Our third approach will be carried out through our provider relations and utilization management staff. We will work with CPAs to assess current foster homes and the utilization of their licensed capacity. By reviewing the Nebraska Caregiver Responsibilities (NCR) tool with families, CPAs can initiate conversations with families to determine their ability to expand their capacity for caring for children. This assessment can be used to discover areas families feel comfortable expanding into or to determine areas in which foster families may be struggling to provide the care needed by various children.

A training and support plan will be developed to assist families in growing their abilities based on the results of the NCR and the family's wishes. The training and support plans prepare families to expand their skillset, allowing them to accept more challenging behaviors, large sibling sets, and to encourage openness to utilizing to the full capacity of licensed beds in their

⁶⁶ Nolan, K. (2018, July 20). Foster Care. *CQ researcher*, 28, 609-632. Retrieved from <http://library.cqpress.com/>

home. This concept of growing and developing existing homes will also increase capacity by building from existing resource families.

Recruiting resource families for children who have historically been more difficult to place is discussed below in PLC-2.

Going forward, Saint Francis will utilize X-Treme Recruitment to locate relative and kinship families to source placement opportunities for children in care and increase the overall number of licensed foster home beds. We will work with kinship families to become licensed, providing necessary supports to assist them in meeting licensing standards.

c. Resource Families

Saint Francis will begin a pilot project in Nebraska’s Eastern Service Area to develop Resource Foster Families to provide placements and permanency for children. Our Resource Family Program will deliver high quality foster care and wraparound services through the delivery of foster care services, respite care, biological family support, education, mentoring, and supervised visitation services. Resource parents will provide 24/7 care for children removed from their caregiver.

The Resource Family Program provides resources for engagement and foster parent support that will enable foster parents to establish a mentorship role, help facilitate visitation between the biological parents and child, provide transportation for the child to appointments, school and school activities, and a thus maintain a level of normalcy for the child by preventing disruption of service delivery. This pilot project will embrace the concepts of co-parenting where the resource parent and the biological parent share in as much of the parenting of the child as possible while ensuring safety and well-being of the child.

Typical interactions between foster parents and biological parents range from fairly straightforward arrangements, scheduling, or encouraging children to call their parents regularly to share news and experiences, to situations where both the biological and foster parents agree to attend school meetings, medical appointments, and other activities. Resource Families will support the reunification process by arranging and facilitating consistent and frequent interactions and visits between children and their biological parents as outlined in the Case Plan. Visits and interactions may include biological parents visiting the foster parents’ home. These visits allow the foster families to model positive interactions, including disciplinary techniques. As role models and mentors, foster families contribute to successful reunification.

PLC-2: Describe a plan of how Saint Francis will recruit and retain licensed foster parents in the Eastern Service Area who will meet the unique and special needs of children and children’s caretakers under this subaward.

Comply: X

Response:

a. Supports and Training

Saint Francis approaches recruitment, retention, and supports for foster families in the same manner that we approach our service delivery practices: from a family-centered, community-

based perspective. Saint Francis's vision and mission, to provide healing and hope to children and families and to transform lives and systems in ways others believe impossible, provides the basis for our interactions with foster families and caregivers, including foster, adoptive, and kinship families. We ensure mission-based interactions through policy and procedure, training, program implementation, quality assurance, and feedback. The core principles of respecting the family, seeking strengths in families and communities as solutions, involving families as partners in service delivery, and connecting families to community supports and services apply throughout all of our recruitment and retention processes.

Saint Francis's retention program philosophy:

- To train and enable experienced and skilled foster parents to improve the quality of care for children.
- To strengthen the family's ability to meet the needs of children exhibiting very difficult behaviors.
- To decrease placement disruptions by recruiting and training foster parents that meet specified needs.
- To increase the positive visibility in communities and promote a stronger, healthier foster care culture.

Ongoing support and training are essential components of Saint Francis's foster parent retention process. According to data collected from our Quality Assurance and Performance Improvement (QA/PI) Departments, with over 813 foster homes throughout Kansas, Nebraska, and Oklahoma, our success in retaining families is evidenced by having a satisfaction rate of 97.4%. Relatives and kin are also encouraged to become licensed, and we will assist them in the process, providing a similar level of support as licensed foster homes.

Support for foster families begins at the time of their initial contact with the agency. It continues throughout all aspects of preparation, training, placement, moves, crisis intervention, support, and day-to-day interactions with families. Preparation, training, and support groups are available at times and locations that take into consideration the needs of participating families. Foster families are part of the team working together to assure safety, permanency, and well-being for children in out-of-home care. A key element in providing support to foster families is assigning a foster care worker to work directly with each family. Providing support, especially during the initial placement period, during crisis and disruptions, and even during successful reunification, is essential to retaining experienced and committed foster families.

Direct and indirect supports are the foundation for successfully retaining quality foster families. Direct contact (face-to-face and phone) is provided in accordance to the expectations based on the level of service determined by the NCR tool. These supports include 24/7 accessibility of dedicated staff, 24/7 crisis support, foster parent support groups, the Families Helping Families mentoring program, respite care, recognition for a job well done, assistance accessing community resources, and the Saint Francis Families website⁶⁷. Saint Francis also connects foster families with additional support by providing information on United Way and 211 and other community based resources. A placement support plan is developed with each foster family for each new placement within seven days of the placement.

⁶⁷ Saint Francis Ministries, <https://saintfrancisministries.org>

In addition to constant and consistent support from Saint Francis staff, the foster families, relatives, kinship caregivers, and providers are encouraged to attend monthly trainings on a variety of topics regarding the care of children who have been abused or neglected, thereby helping foster parents to create connections to other parents while receiving trauma-informed training. These opportunities help equip foster parents to understand the way in which complex trauma may present through a child’s behaviors as well as provide them with tools to face these challenges and develop their parenting skills.

Our training opportunities are integral to strengthening the abilities of foster parents and staff alike. Monthly training announcements will be posted on the Saint Francis Families website and will also be sent to DHHS, direct care providers, subcontractors, and community providers to assure that the valuable information offered in these sessions is disseminated as widely as possible for the benefit of the children served. Additionally, course schedules will be posted on the Saint Francis Families website. A list of foster parent training topics offered in 2018 is included below (PLC-2.A).

PLC-2.A. Saint Francis’s Foster Parent & Provider Trainings		
A Walk in Their Shoes	Moment to Moment: Teens Growing Up with FASD	Cognitive Behavioral Refresher
Styles of Caregiving	Anger- How to Respond to Angry Outbursts	Documentation, Review of Forms, Policies & Procedures
Family Crisis Center/Support Group	Safety Overview of Infants/Babies	Human Trafficking: Internet Safety
Foster Care 101	Court Training	Typical Development and Our Triggers
Bullying	Working with Birth Parents	Trauma as a Sensory Experience
Supporting Children-Sexual Abuse	Coping Skills	Summer Resources
First Aid and CPR	Practicing Self-Care So You Are 100%	Sneaky Children
Caring for Children with Special Needs	Adolescent Behavioral Health and Development	Developmental Milestones
Foster Children & Pets	Human Trafficking	Connecting with Others
Addiction, Attachment and ACEs	Partnering with Birth Parents	Allegation Prevention
Trauma and Our Children	Self-Care with Massage and Essential Oils	Discipline Strategies & Supports
Depression in Children	Bereavement and Foster Children	Creating Healthy Freezer Meals
Sexting, Aggression, and Bullying in Young Children	Holiday Safety Tips	Lying and Stealing
Bugs & Such	Understanding the Adoption Process	Safe Sleep for Infants
Behind Closed Doors (Court Testimony)	Shared Parenting- Be a Part of The Village	Unconditional Parenting: Moving from Rewards and Punishment to Love and Reason

PLC-2.A. Saint Francis's Foster Parent & Provider Trainings		
Attachment Repair Tips & Techniques	Sexually Inappropriate Behavior	Partnering for Success- Connecting with Birth Parents
Stop, Reflect, Connect	Partnering with Birth Parents: Don't Count Us Out- Our Story is Not Over	Exploited & Missing Child Unit Questions & Answers
Lifebook Training	Shared Parenting/Icebreakers	Substance Abuse in Adolescents and Child Management
Making Children Comfortable in the Home	The Cost of Caring	Fetal Alcohol Syndrome Diagnosis
Trust-based Relational Intervention Training (TBRI)		

Saint Francis's foster care homes philosophy and practices emphasize the expectation that foster parents will serve as mentors for biological parents. We reinforce this concept in every phase of interaction with the foster family, from initial engagement with potential foster parents through pre-service training, through trainings offered by means of the foster parent handbook, and through regularly scheduled foster parent meetings. Potential foster families are taught to see themselves as part of a team whose function is to work for the best interest of the child and family, as opposed to seeing themselves as a protector whose purpose is to keep the child safe from the biological family.

Foster parents receive training to develop skills that support interactions between themselves and biological parents, from the initial Icebreaker contact to helpful ways of navigating a working relationship with a biological parent. The Icebreaker contact is an opportunity to create initial rapport between families and the expectation is that this contact will occur within 24 hours of placement. Foster parents are trained in the importance of this initial contact and are supported through the process by Saint Francis staff. We encourage the use of a script for the Icebreaker conversation as a way of facilitating the communication of critical information.

Potential foster and adoptive families complete TIPS-MAPP (pre-licensure training) prior to accepting children into their homes. An exception to this would be instances of kinship placements where a prior relationship has been established. Pre-license training for kinship is completed as part of the requirement to become fully licensed and can be completed after placement of the child has occurred. Relative families may take the pre-service training but are not required to do so. However, they are encouraged to attend any of the trainings provided by Saint Francis and will be notified of our monthly trainings.

If relatives choose to become licensed, they are not required to complete the pre-service training; however, if kinship families choose to become licensed, they are required to complete pre-service training. Both relative and kinship homes will be encouraged to become licensed. Trainings will be scheduled at times that are convenient to families with children, with evening and weekend hours available. It is vital that our trainings be offered at times and in manners which are designed for the intended audience. Sessions will be scheduled within or near the communities to limit obstructions to attendance.

Additionally, all relative, kinship, and foster parents must complete the Reasonable and Prudent Parent Standard and Human/Sex Trafficking training prior to placement.

As a provider of foster home services, Saint Francis will work cooperatively with the network to offer multiple training sessions throughout the Eastern Service Area. Saint Francis foster care families trained as co-leaders in TIPS-MAPP will lead pre-service classes and serve as mentors for potential foster families through the training and licensing process. TIPS-MAPP trainers will reinforce the existing structure of any pre-service training in local communities by increasing the number of trainers available to work with different CPAs to train families pursuing licensure. By contributing to the pre-training infrastructure, we will be able to effectively manage and train recruited foster care families.

Saint Francis's Information Technology team is currently developing a secure, state-of-the-art electronic data management system for our services that will launch mid-2019. We currently utilize a cloud-based, secure electronic data management system for our Child Management and Child Information Systems (CIS/CMS), which is a three-pronged system including a component for child placement to monitor utilization of services and placements. Reports are used to assess trends that may indicate a change in the demand for services or a shift in population, which is then communicated to recruitment teams for strategizing recruitment and retention plans. For example: our system allows us to track how many miles from their home a child is placed. Therefore, if children were being placed outside their home community, it would trigger a review of the number of children in out-of-home placement compared to the number of local placements available as a first measure of assessment of causes for this trend. It allows us to look at other trend reports also, such as rate of siblings being placed together and other outcomes.

The placement system uses algorithms to measure a child's needs against a provider's ability to meet them to deduce the best possible outcomes for that child. A child's minimum match criteria can be set by case workers so that a child is not placed with a family unable to care for their particular behavioral or physical needs. This system is utilized to gather information regarding potential families as well, such as documenting the inquiry source (which is then utilized to analyze the effectiveness of recruitment strategies) and tracking potential families through the foster care process (allowing for the identification of barriers or points that families drop out of the process and the time required for the family to complete the process). This data is then analyzed to problem-solve barriers and enhance efficiencies for assisting and supporting potential families through the licensing process.

Using placement management system algorithms accounts for a child's specifically identified safety and behavioral needs, a foster family's capacity to meet those needs, and the best possible match between the child and the bank of families available. This will help to: 1) reduce the number of moves a child experiences while in out-of-home care by placing them with a family most capable of meeting their needs from the outset, and thereby lessening disruptions from placement; and 2) assure that a child with specialized needs, which are entered into the child's profile in the system, is not placed with a family who is unable to meet their minimum match criteria. This has the potential to improve the child's experience, as well as the foster, relative, or kinship family's experience as a part of the child welfare network in Nebraska.

b. Recruitment

Saint Francis will develop a comprehensive recruitment plan utilizing child data (i.e. demographic information, sibling sets, reason for removal, and other parameters) as well as nationally recognized best practices to create a two-tiered approach to increase the number of potential foster and adoptive families. Saint Francis will collaborate with other CPAs to employ a region-wide campaign to increase awareness of Nebraska children in out-of-home care to augment the capacity of foster and adoptive families. We will specifically target recruitment of families willing and able to care for sibling groups, older youth, children and youth with high mental/emotional/behavioral challenges, and families able to maintain a child's cultural and ethnic connections. This campaign will function in tandem with a community-based outreach that personalizes the needs of children at the local level within the Eastern Service Area to promote on-going engagement with potential foster families, adoptive families, community leaders, and stakeholders. Our recruitment plan is designed to inspire potential foster and adoptive families to make the initial call to inquire about foster care and adoption.

The Saint Francis Recruitment department will work with our Marketing and Communications department to efficiently utilize diverse forms of media and person-to-person interaction with the public to widely disseminate the needs of the Eastern Service Area children and inspire the decision to become foster families. Our Marketing and Communications staff will work with transition team members and recruitment staff to identify and implement targeted marketing strategies, including the use of paid media outlets.

The use of media for recruitment is based on the geographic needs of foster families and the demographics of children and families. Media recruitment is timed to coincide with public meetings, classes, or local expos and events. Saint Francis has experienced positive responses from potential foster families through paid sponsorships on Christian and public radio stations and through print advertisements. Additionally, we use social media to provide interested parties with rapid access to information regarding fostering and adoption. We actively post successes and opportunities on our Twitter and Facebook accounts to maintain a media presence and generate community awareness online.

Our Marketing Department will create a regional public relations presence to further promote recruitment, with frequent news releases to media outlets highlighting recruitment needs. News releases focusing on children's issues, foster parent recognition, training opportunities, and informational meetings are regularly distributed. Special human-interest stories focused on foster families and in-depth stories in publications and social media provide additional avenues for informing the public. Saint Francis's public relations work is carried out at the local, regional, and state levels by staff interviews with media, through educational presentations to service clubs, churches, and school groups, as well as through establishing a presence on the editorial pages of local newspapers. We also explore state, county, and city proclamations highlighting foster care and adoption.

Saint Francis focuses on directly communicating the needs of children within the specific communities we serve to potential foster/adoptive families, community leaders, and stakeholders. By keeping in constant contact with interested parties within the region, including through established community-based avenues such as Kiwanis and Rotary Clubs, the Chamber of Commerce, schools, churches and other secular and faith-based organizations, Saint Francis promotes an on-going dialogue regarding the needs of children in care. We utilize data to target the specific needs of each community by comparing the number of children in out of home care

from the community/county to the number of children placed in their home community or county. In addition, many of our staff are heavily involved in the communities in which they serve, are actively involved in civic groups and churches, and willingly represent the needs of children in conservatorship.

Saint Francis employs trained recruiters to proactively locate potential foster families. Our community-based intake process provides a streamlined, organization-wide procedure for recruitment. Staff in direct contact with potential foster families receive in-depth recruitment training to provide the best experience possible to those interested in fostering or adopting. We maintain on-going positive engagement with families throughout this process and encourage open communication and feedback to facilitate strong relationships.

Initial contact regarding a family's interest in foster care is made through various avenues, including through the Saint Francis recruitment toll-free number, the Saint Francis website, and other venues. General demographic and contact information are obtained from the potential resource family, and a recruiter is assigned to serve as the family's main point of contact and provide timely follow-up to the inquiry. The assigned recruiter engages the interested family in conversation about their interests and motivation and explains existing capacity needs in their community. Based on the family's level of interest after the initial contact, each family is placed on a recruitment track. When a family decides to pursue licensure, they are assigned a "Champion of the Family" who will help them through the succession of licensing steps and keep the family engaged throughout the training process, learning the details of becoming licensed, and finally to welcoming a child into their home. Details on the status and accountability of recruitment activities are documented and used by supervisors to ensure and encourage effective recruitment.

Through our Fostering in Faith program, Saint Francis reaches out to the faith-based community to communicate the needs of our older youth without identified resources. This information is distributed (with the youth's permission) to a wide network of churches throughout the area being served. Congregations put our children's stories in their bulletins and flyers, and members actively pray for their permanency and well-being. This outreach can lead to lifelong connections for youth and their families and inspire a church members to become a foster or adoptive parent through ongoing information about the need for caregivers. We can share information on our successes with this venue with other CPAs. We also encourage our recruiters to utilize their own connections and relationships with churches to enhance this outreach effort, and to promote this among other staff and our current foster families. Saint Francis believes that strong recruitment lies in relationships, evidenced in our Power of You initiative, that encourages current foster families to refer potential foster families. Research supports the idea that our current foster parents are our best recruiters. In the same way, Saint Francis helps to facilitate and encourage mentoring relationships between current foster care families and potential foster families.

Saint Francis places emphasis on the importance of retaining recruited foster care families. As with any other system, keeping good partners is the most valuable resource to sustaining development and growth. Retention activities include, but are not limited to, creating and helping to connect foster care families to support systems and mentors, foster/kinship family appreciation events, and soliciting their feedback as a valued partner of Saint Francis. These strategies have been very successful in the urban and rural counties of Kansas's Wichita region where we have served just under 9,500 children since July 1, 2013.

Saint Francis is committed to recruiting new foster and adoptive families in the Eastern Service Area through our activities; we do not recruit existing homes licensed by other child placing agencies. In an effort to promote a continuum of services throughout the Eastern Service Area, Saint Francis will promote congenial affiliate relationships with other providers and work cooperatively with the network to meet the goals of proximity, special needs, and sibling placement by sharing resources in the best interests of the children.

Strength-based localized recruitment will be enhanced by Saint Francis staff living and serving in the Eastern Service Area. By making use of staff with strong community-based ties in recruitment and the belief that recruitment is a community effort, Saint Francis will develop and solidify relationships in these communities to successfully recruit more foster care homes.

PLC-3: Describe a plan of how Saint Francis will support relative and kinship homes in the Eastern Service Area.

Comply: X

Response:

Saint Francis's philosophy and approach to permanency for children is that their family of origin is the best primary source for permanency. Families are vital to the health and wholeness of children and can act as a child's greatest source of support and advocacy. Relatives and kin can help the child maintain connections with their culture, schools, churches, friends, and community, which contributes to the child's perception of stability and sense of self.

The definition of kinship includes relatives or others who have a significant relationship with the child or the child's family, such as a godparent, teacher, coach, or family friend, and provide residential care for a child. A relative includes a person who can trace a blood tie to a child. Persons related by blood may include a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great-grandparent, great uncle or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or a first cousin once removed (the child of a first cousin). Termination of parental rights does not alter or eliminate the blood relationship to other relatives. A relative may also be a person who is or was related to the child through marriage or previous marriage (terminated by death or divorce) and includes, but is not limited to, step-parents, step-grandparents, and step-aunts or step-uncles to the first degree, even though the marriage may have ended in divorce.

Saint Francis recognizes that allowing children to maintain existing connections improves permanency outcomes and decreases the amount of trauma experienced by the child in being removed to out of home care. When children are placed with relative or kin caregivers, they are more likely to be placed with/stay connected with siblings, experience fewer placement moves due to the commitment of the family, exhibit fewer behavioral problems, and report a more positive opinion of their placement and caregiver. Because of this, our placement, kinship and case management staff actively explore placements with relatives and kin before moving to a foster parent in the same community and then moving outward.

Kinship searches promote timely permanency regardless of the family's permanency goal, as the identification and inclusion of relatives in family case planning provides a social support network for the family during the reunification process or can provide potential stable placement options for the child when reunification is not a viable option.

Nebraska has excellent outcomes for placement with relatives and kin which speaks highly of the commitment of DHHS staff to search for relative and kin prior to referral of children to out-of-home care. Saint Francis will support initial and planned relative and kinship placements by collaborating with DHHS to initiate extensive relative and kin searches at the time of referral, and to make ongoing inquiries throughout the life of the case. This includes engaging family members, including the child, at the protective custody hearing, the time of referral, Family Team Meeting (FTM), case plan meetings, and other meetings with the family, as well as completing genograms, maternal/paternal kinship forms, and other assessments.

Our Kinship Team employs X-Treme Recruiters (XTRs), whose sole responsibility is to locate and engage family connections. XTRs begin a search for extended family when a child is not placed with relatives or kin at the time of referral. The search will be completed by the XTR or referred to Family Finding Services when appropriate. Once potential families are located, XTRs contact families and inquire about their willingness to be a placement or support to the child. XTRs assure that background checks, walkthroughs, and other safety assessment are completed before placement can occur. The XTR remains the point of contact for the potential placement family until a kinship worker is assigned.

When a relative option is identified for placement, staff immediately begin the kinship assessment process. If DHHS is the primary case manager and walkthroughs, background checks and relative placement packets are completed, our kinship team will begin the kinship home study. When Saint Francis staff identify potential kinship families, our kinship team will initiate requests for background checks, complete walkthroughs of the home, and begin the Kinship home study process. On the same day/night of referral, a staff member conducts a health and safety walk-through check of the home and completes a preliminary assessment of the family's ability to provide for the needs of the child. Relative placements must meet the safety and background requirements to provide placement for children in out of home care. A thorough kinship home study will be completed within 30 days of placement, according to DHHS standards and format.

Relative caregivers are not required to complete preservice training or become licensed as foster parents but will be encouraged to do so. Nonrelated kin are required to complete TIPPS-MAPP and become licensed foster parents. Additional classes/trainings are available to all relative and kin caregivers. Educational topics may include, but are not limited to, stress management, self-esteem, substance abuse, discipline, identifying and accessing community resources, and information about the child welfare system. For a list of classes please see PLC-2.A above.

Kinship workers are assigned to relative families just as foster care workers are assigned to kinship families during and after the licensing process. Kinship workers assigned at the time of the placement conduct Worker/Caregiver visits, assessing the family in their home at least once a month (or more often, as needed). These face-to-face visits are in addition to the regular Worker/Child visits completed by a member of the case management team. Other contacts between the kinship team and the relative family include phone and email communications.

The kinship team works to assure the safety of the child, educate and assist the relative family in understanding the child welfare system, educate them on the importance of legal permanency for children, and provide the supports necessary to meet the needs of the child in placement. This includes providing supports for children, relative caregivers and families, connecting caregivers to local resources to meet the child's and family's needs, explaining and verifying eligibility of

financial resources or permanency care assistance that may be available to the caregiver while the child is in the home, and ensuring daycare services for eligible kinship families. Furthermore, the kinship team will assist kinship caregivers seeking licensure as a foster parent.

Relative and kinship caregivers are asked if they will consider being the permanent placement family for the child during the reunification process or other permanency plan. Case management teams continue to engage the relative placement family in conversation concerning the child's permanency plan throughout the life of the case.

ENG Community Engagement

ENG- 1: Draft Community Engagement Plan describing how Saint Francis will engage community partners who connect children and families to available programs and resources, including food pantries and other non-governmental resources.

Comply: X

Response:

Saint Francis is committed to effective Community Engagement in the communities we serve. In our 74 years of work in various mid-western states and regions, we have developed and refined our community engagement process to connect services, people, and institutions to implement successful child welfare strategies.

We believe the following key principles are integral to establishing a community-based model that connects children and families to local resources and supports. We will adhere to these principles as we partner with DHHS to develop a continuum of services for children in families in Douglas and Sarpy Counties (Eastern Service Area).

- *Collective Impact* – Saint Francis believes that the development of effective interventions for children and families requires a strong network of connected providers across multiple disciplines working together from multiple perspectives. Saint Francis values the unique input of consumers, practitioners, providers, and subject matter experts as we work in partnership to strengthen services for children and families.
- *Design Thinking* – Saint Francis believes that the manner in which services are designed and implemented matters to children, families, and fellow providers. Saint Francis values local input about how well our systems are working for our consumers and partners, and strives to be responsive to increase effectiveness, efficiency, and stakeholder satisfaction.
- *Hospitality* – As a mission centered, Episcopal-affiliated organization, Saint Francis strives to treat partners and community members warmly and with regard for the value of each individual person. We seek to create and convey hospitality to all community members who participate in our engagement activities.
- *Innovation* – Saint Francis strives to constantly improve our service processes, approaches, and outcomes. Saint Francis knows that effective innovation is much more likely when we take the time to listen carefully and routinely to consumers and partners.

- *Inclusiveness and accessibility* – The voices of the most vulnerable consumers and marginalized communities are critical for meaningful community engagement and for effecting the lasting change that stops the cycle of abuse. We strive to ensure that engagement efforts are accessible. (i.e., Using accessible locations, coordinating transportation, providing child care for designated focus groups or forums, and providing printed materials in multiple languages.)
- *Respect* – Saint Francis strives to treat every person with whom we interact in a respectful manner. Respect can be demonstrated through effective listening, appropriate responsiveness to concerns or ideas, and by recognizing that every person’s time and perspective are valuable. We demonstrate respect by offering opportunities for input and involvement while not oversaturating consumers and partners with questions, surveys, or meetings.
- *Transparency* – Saint Francis seeks to build trust with local communities and partners by sharing information in a timely and open manner in order to gather needed feedback and input from community partners and consumers.

Saint Francis has developed relationships with many local stakeholders in Nebraska through our work in Intensive Family Preservation, Intensive Family Reunification, Family Support and Visitation, and Agency Supported Foster Care. We will continue to build upon existing relationships as well as establish new community partnerships with local stakeholders that will provide services for children and families in the Eastern Service Area. Saint Francis will use three main strategies (inform, consult, involve) to develop a preliminary engagement plan for this area.

- 1) *Inform*: Upon the announcement of the award and along each step of the transition process, Saint Francis will conduct outreach in the Eastern Service Area’s distinct communities to provide information about our organization and to educate partners and communities about our role as the Full Service Case Management for Child Welfare Services provider, our timeline for commencing services, and the activities to take place during this process
- 2) *Consult*: Upon the announcement of the award, Saint Francis will host consultative groups to share information, request input regarding the role and processes of our position, and we will gather recommendations for effective community engagement strategies and activities.
- 3) *Involve*: Throughout the preliminary period, Saint Francis will involve community stakeholders formally and informally as we build processes and protocols that connect Nebraskan children and families to services and resources. The goal of the Preliminary Community Engagement Plan will be to identify effective, long-term strategies for ongoing involvement of consumers and stakeholders to be employed throughout the contract period.

During the preliminary period (after the award and before the start date for contractual services) Saint Francis will conduct primary engagement activities geared toward our core strategies of informing the community of who we are and what to expect, consulting with the community on the implementation of our roles and responsibilities, and involving the community in developing a final Community Engagement Plan. The purpose of a preliminary community engagement is to

begin establishing a process in which to engage the community as well as to identify the most appropriate services for the catchment area.

The purpose of a Preliminary Community Engagement Plan is to:

- Establish a process for creating a long-term final community engagement plan
- Ensure the process is measurable and actionable for implementation
- Ensure needed resources are allocated for initial and long-term community engagement process
- Ensure the final community engagement plan is developed in an informed and transparent manner within each major population hub.

The community engagement plan will center on the three strategies mentioned above (inform, consult, and involve). In previous and ongoing community engagement efforts, Saint Francis has used the following activities and we anticipate that these activities will be included in our Eastern Service Area engagement plan (see table ENG-1.A):

Table ENG-1.A Informing Activities:	
Traditional and social media	Consulting activities
In-house publications and communications	Community conversations
Website	Surveys / questionnaires
Community presentations	Focus groups
	Online comment
Involving Activities:	
Eastern Service Area Adoptive and Foster Advisory Committee	Program liaison activities
Working groups	Community partnership projects

Saint Francis staff will contact and communicate with stakeholders with whom we have already formed a relationship. Additionally, we contacted many of those who were involved with the previous Full Service Case Management provider’s work during development of our proposal response. We will seek and involve new agencies with a vested interest in the development of our community engagement plan. While initial contact will be made by individual and group visits, phone calls, and emails, Saint Francis will set up in-person stakeholder meetings in each defined population hub within the first 60 days of being awarded the contract. We have allocated resources, such as employing skilled staff and marketing and media tools, to organize engagement plans activities (see table ENG-1.B).

Table ENG-1.B Resources for Preliminary Community Engagement Plan	
Interim Community Engagement Facilitator(s) in Eastern Service Region (subcontract)	
Long-term Community Engagement Specialist in Eastern Service Region (employee)	
Marketing and communication materials	
Print media purchases	
Physical space for stakeholder meeting	
Stakeholders	
Children and youth in foster care, foster care alumni	Families of children in foster care, including non-custodial parents
Relative or kinship caregivers	Court-appointed special advocates
Alumni families who have received DHHS services in the past	CPS local staff
Members of the judiciary	Law Enforcement

Table ENG-1.B Resources for Preliminary Community Engagement Plan	
Representative(s) of the Regional Disproportionality Advisory Committee	Attorneys representing parents, children, and DHHS
Juvenile Justice Agencies	Child Welfare Boards
Local School Districts and Universities	Foster Parents
Residential Child Care Providers	Purchased Service Providers
Local Community Service Providers	Transitional Living Centers where available
Nebraska Workforce Agencies	Faith-based organizations
Health Providers	Tribal Representatives and Community
DHHS	Managed Care Organizations
Non-traditional local community resources and leaders, and other county and/or community stakeholders	Nebraska Foster and Adoptive Parent Association (NFAPA)

Saint Francis currently has two (2) Nebraska offices located in Grand Island and North Platte, and we have established relationships with many stakeholders throughout the state. We are also utilizing our engagement teams to engage other community members and resources in anticipation of the requirements to be met in this proposal.

Saint Francis values the information received from stakeholders, and we believe that this feedback strengthens service delivery and understanding between parties. Contributions from stakeholder meetings will be used to inform program improvements in addition to case management policies and procedures. Reports may be distributed highlighting the results from stakeholder meetings and outlining specific objectives and goals that may improve service delivery and overall customer satisfaction.

After stakeholder meetings have been held, a follow-up newsletter will be mailed to participating agencies, families, organizational partners, and other interested parties informing them of the results of the meeting and policy and procedure changes occurring as a result of the feedback received from families. We share information gathered from stakeholder meetings directly with supervisors and team members in our organization during training modules on identified policy and procedure changes, and will share them with DHHS, as well.

a. Families and children

Information is collected from families through client satisfaction surveys. The information from the survey is reviewed by the appropriate program director and shared with staff members as an ongoing barometer of their service delivery and the impact their programs are having on clients. The information is used in the performance improvement process to implement systems that improve projects.

Saint Francis also uses Focus Groups and Community Round Tables to solicit feedback from Families and Children involved in the foster care system. From time to time, Saint Francis may ask families and young people receiving services to participate in a round table discussion or focus group. Participation is strictly volunteer-based, and responses and the sources of the responses are confidential. The feedback is used to make services customer friendly, easily accessible, and remove barriers that may be preventing a family from accessing much needed resources.

In the development of this proposal, we have reached out to following stakeholders:

- Omaha Bridges Out of Poverty

- Douglas County CASA
- Christian Heritage
- Project Harmony (Child Advocacy Center)
- Children's Square
- Apex Foster Care
- Boys Town
- Paradigm
- Nebraska Children's Home Society

As part of our draft preliminary community engagement plan for children and families, our future outreach efforts will include, but will not be limited to, the following:

- Project Everlast
- Shelters
- Food Banks
- Heartland Family Services
- Community Alliance
- Capstone Behavioral Health
- Nebraska Family Support Network
- Douglas County CMHC

During the development of this proposal, we were able to meet with Omaha Bridges out of Poverty, Douglas County CASA, Christian Heritage, Project Harmony, Children's Square, Apex Foster Care, Boys Town, Paradigm, and Nebraska Children's Home Society. We were impressed with these organizations and all showed a willingness to work with Saint Francis if awarded the contract. Douglas County CASA was critical of the current provider and concerns shared were in regard to the transportation of children and the missing or cancellation of important meetings for children. They also felt that the current provider does not provide services but uses subcontractors, so there is a lack of accountability and control over some of the subcontracting providers. CASA also noted a problem with court performance of the current case workers. Omaha Bridges Out of Poverty was positive about their role in the current system. They were complementary of the providers around the Omaha area and felt they are an important part of the continuum of services to help families work through poverty and get back on their feet.

Christian Heritage is a faith based organization who shares some similarities with our organization. They are comfortable with the current system but would also work well with Saint Francis. Their recruitment and training of foster parents is first class and they have chosen to focus on programs, such as Fatherhood Initiatives, that keep families united. Christian Heritage noted that it is important to build trust with the local providers. They noted many problems with transportation as well, and they felt there is a gap in services particularly in finding a good Therapist for children. They also felt that staff training and staff turnover was a problem. Lastly, we were able to meet with Project Harmony, the Child Advocacy Center for the Eastern Service Area. They are a key stakeholder for the area and offer many services, including a triage center for children being placed in out of home care, a school-based program called Connections, a missing youth initiative where missing children are brought in for medical exams, provided food and clean clothing, and complete forensic interviews when identified as victims of abuse.

b. Attorneys, guardian ad litem, and other legal stakeholders

The Saint Francis Legal Department trains staff to have a thorough knowledge of local court systems, to submit reports as required, to attend court hearings, and to be prepared to testify in court. Working with the courts on behalf of children and families is essential to the accomplishment of Saint Francis's mission. On a daily basis, Saint Francis works in 19 of the 31 judicial districts in Kansas and works with approximately 95 different judges and county/district attorneys serving the Kansas court system. In addition, Saint Francis works with other judges who may hear termination cases and appeals. The judicial system is a key community resource in providing for the safety, permanency, and well-being of children in out-of-home placement.

In Nebraska, two (2) attorneys will be hired to work in the Eastern Service Area. They will meet frequently with judges, county/district attorneys, guardian ad litem, other attorneys, CASA, Citizen Review Boards, and DHHS. Saint Francis Staff Attorneys gather outcome data and work with local Saint Francis supervisors and directors to present information about Adoption and Safe Families Act (ASFA) timelines and the importance of timely permanency. Saint Francis will initiate contact with judges and county/district attorneys located in the Eastern Service Area upon notification of the Contract award to begin the process of learning their expectations and prepare appropriate training for Saint Francis staff.

Judges play a definitive role in determining if abuse or neglect of a child has actually occurred. They approve permanency plans and monitor both recommendations and court orders to ensure that "reasonable efforts" have been made in compliance with federal and state laws, such as ASFA. Ultimately, the judicial system determines whether a child who has been removed from their birth family can return, or whether it is in the best interest of the child that parental rights be terminated. Given the magnitude and potential impact of these decisions, it is incumbent on organizations such as Saint Francis to work in concert with the courts to ensure the most positive outcomes possible for children.

The Saint Francis Legal Department has worked over the past two (2) years to develop Legal 101 (beginner), Legal 102 (intermediate), and Legal 103 (advanced) trainings for staff. **In addition, Saint Francis cooperated extensively with University of Kansas School of Social Welfare to develop video-based training for court improvement. This collaboration resulted in the training being employed across Kansas to educate contractors, DCF, court staff, other providers involved in the child welfare system, and the public about Child In Need of Care (CINC) proceedings in general, as well as an in-depth comprehensive training series for contractor staff that is used for orientation of new staff and as a refresher for experienced staff.**

As part of our ongoing effort to provide quality services and customer satisfaction, Saint Francis conducts an annual survey of judges. The survey provides valuable feedback regarding performance, which shapes policy, training, and service delivery, specifically improving court performance. The surveys, presented to every judge who hears CINC cases, are brief and focused and, for convenience, are sent with a pre-stamped return envelope.

Historically, Saint Francis has received over a 50% response rate. Judges have typically given Saint Francis a rating of good to excellent in the areas targeted. Many of the judges commented on the high quality and competence of Saint Francis social workers, underscoring the importance of focusing training and coaching on developing well-trained and qualified social workers, who become the lynchpin for successful work with the courts.

The survey has allowed Saint Francis to target specific districts for performance improvement. The survey sets the stage for future collaboration with, and feedback from, the court system with the goal of improving outcomes for children and their families. Saint Francis will conduct similar surveys of Eastern Service Area judges if the Contract is awarded to Saint Francis. Other key partnerships involve working with CASA through cross-training employees and volunteer staff so that all are better informed about roles and responsibilities.

In the development of this proposal, our community engagement teams reached out to Douglas County CASA. After the contract is awarded, legal teams will begin to connect with the following stakeholders:

- Douglas and Sarpy County Attorneys' Offices
- Douglas and Sarpy County Judges
- DHHS Attorneys
- Juvenile Justice Staff (such as Crossover Youth)
- Sarpy County CASA

Saint Francis will meet with additional legal stakeholders as needed to provide quality services to children and families in the Eastern Service Area. In doing so, we will build an expert knowledge regarding local court systems and legal resources.

c. Law Enforcement (including juvenile justice agencies)

Saint Francis understands the importance of an effective working relationship with Law Enforcement. We keep an open dialogue and meet regularly with the local police force in the communities we serve. Our Kansas model employs work with law enforcement to identify and assess probable victims of human trafficking. Our developed expertise in identifying human trafficking has led to Saint Francis staff training many of the police forces around the state to recognize signs of sex trafficking.

Saint Francis also works closely with law enforcement when young people in foster care run away. We understand the danger young people face when they run away, and we work closely with law enforcement to find them and get them to safety. The Care Center emergency on-call number is available to all law enforcement agencies for use in locating police protective custody placements after hours and on weekends.

As part of our draft Preliminary Community Engagement Plan, Saint Francis staff will reach out to, among others, the following:

- The Omaha Police Department
- Douglas County Sheriff
- Sarpy County Sheriff's Office
- Bellevue Police Department

At Contract Award, Saint Francis will begin reaching out to local law enforcement to discuss and enact plans and strategies for children in our care and in the local community who may be vulnerable to human trafficking, homelessness, and other risks. In doing so, we will help enhance and create a law enforcement community that understands these social issues in the effort to develop real solutions and strategies to counteract the risks faced by vulnerable children in the Eastern Service Area.

d. Local School districts

Schools perform a very important role in the success of a child in foster care. Children placed in out of home care often experience a lack in academic progress as evidenced in the number of missing hours or credits needed for age-appropriate grade placement or graduation. Saint Francis works to keep children from slipping through the cracks academically by assuring that children with learning disabilities receive an Education Coordinator to advocate for them in their school. Our Education Coordinators work with reunification case management teams to advocate for children and ensure they get the services they need to be successful. This may include, but is not limited to, helping a child get an Individualized Education Program (IEP) that will allow them to have the services and support they need to be successful within the classroom. The Education Coordinator works closely with the child's school to build a collaborative relationship. This relationship pays dividends when we are trying to get children back in school if they have a new placement.

Saint Francis's communication strategy with schools requires a multi-lateral engagement process; both Saint Francis and the school communicate in a way that generates feedback to ensure children in our care receive the educational supports they need. We ask them to report any issues a child has in school or in meetings (such as IEP or disciplinary meetings) to our case management team. We let them know immediately if a child has been placed in their district and we would like to enroll the child as soon as possible. The child's case manager immediately informs the school if a child is moved and will no longer be in their school because of placement changes, and the case management will also inform the school that the child is being transferred to in order to make sure school officials are receiving the child's credit and school records. This helps alleviate the frustration schools feel when trying to locate absent students, as well as enhances the school's ability to anticipate the needs of the student.

School personnel are included in the community panel and have an important voice in working to improve the foster care system. At contract award, Saint Francis staff, such as Education Coordinators, will begin working with school and academic stakeholders in the area. These future outreach efforts include, but are not limited to, the following:

- Eastern Service Area Public Schools
 - Elementary
 - Secondary
 - Post-Secondary
 - Nebraska Children – Back on Track
 - Central Plains – Education and Training Voucher.

More information on our plan to provide education resources to youth receiving Independent Living Services is provided below.

e. Faith Based Organizations

Saint Francis has established relationships with many faith-based organizations and stakeholders in Nebraska through our current work in providing Family Preservation, Intensive Family Reunification, and Family Centered Treatment services in the region. We will continue to seek and engage these resources as we develop our service model in the Eastern Service Area. In future community engagement efforts, we will reach out to other faith based organization such as:

- Catholic Charities
- The Interdenominational Ministerial Alliance
- Habitat for Humanity
- Episcopal Church and Charities
- Churches and religious institutions of all denominations.

Additionally, we employ Community Relationship Specialists who engage organizations and communicate the needs of our children and families, be it commodities and goods such as housing, furniture, groceries, transportation, or other needs. Our Associate Director of Development oversees Saint Francis's CarePortal, an initiative of the Global Orphan Project, to connect churches to local agencies whose families are in need. In Nebraska we have met with Christian Heritage who manages the CarePortal. Christian Heritage is active with many churches in Omaha area and they invited Saint Francis to be involved in training on how we can use the CarePortal in Nebraska if awarded the Eastern Service Area.

Fostering in Faith is another program utilized to educate local stakeholders of the community's child welfare needs as well as promote community involvement in implementing services to meet these needs. Saint Francis's Fostering in Faith Program engages local faith-based community stakeholders to actively participate in developing and providing community-based resources for Nebraskan children and families, with an emphasis on meeting the needs of older youth who are seeking permanency and other independent living resources.

Churches and other religious communities in the network offer support through hosting and supporting community events that educate the public of the need to build strong permanency options for local youth. Participants may also promote outreach activities to increase placement capacity or awareness in their communities. They may distribute the profiles of older youth needing a permanent resource (with the youth's permission) to a wide network of churches throughout the nation. Congregations may feature children's stories in bulletins and flyers, actively praying for the permanency, safety, and well-being of foster children, as well as host pre-service trainings, appreciation activities, and the provision of respite days, meals, hard goods, occasional childcare, and even compassionate ears.

Furthermore, these faith-based community outreach activities lead to lifelong connections for children and families and may inspire church members to become a foster or an adoptive parent. Fostering in Faith resources are often utilized to connect youth transitioning out of foster care to social supports that provide and develop mentorships and other positive adult and peer relationships. Saint Francis readily shares information on our successes with this venue with other CPAs to create a community that actively promotes positive placement options for Nebraska's youth.

f. Foster Parents

Saint Francis believes that highly trained foster parents are one of the key components of a quality child welfare system. To help achieve goals of maintaining highly trained foster parents, Saint Francis holds regular Foster Parent training sessions and invites all foster parents to attend, regardless of their sponsoring agency.

Saint Francis also involves foster parents in Community Panels and round table discussions to get feedback on ways to improve and on our performance. One such example is the most recent Saint Francis Joint Commission survey where a foster parent feedback group was conducted by

one of the surveyors. Foster parents provided feedback that their greatest joy was their work to collaborate with their foster children's originating family, to facilitate their reunification, and be a support in place after the children returned home. One family stated their first comment to the child's parents is "We are not here to take your children from you, we are here to get them back home to you." This statement resonated with staff and both biological and foster parents. It has since been utilized for training foster parents.

In the development of this proposal, Saint Francis staff have contacted many organizations that help facilitate the growth of trained quality foster care families. These organization include, but are not limited to, the following:

- Nebraska Foster Parent Association
- Family Focused Treatment Association
- Apex
- Boys Town
- Cedars
- Children's Square
- Child Saving Institute
- Christian Heritage
- KVC, Behavioral Healthcare, Inc.
- Nebraska Children's Home

We were fortunate to meet with most of the Child Placing Agencies in the Eastern Service Area, and we were impressed with the service level of many of the providers and felt that they have a high standard in terms of quality of foster homes. Most of the foster care providers expressed a sense of openness and collaboration and that the ability to be innovative is valued. They noted that there is a good grievance process in place and differences in opinions are usually settled in a positive manner.

One of the providers noted a definite feeling of "us versus them" with providers in the Eastern Service Area and the rest of the state. Some of the providers noted that there is a lack of properly trained staff and inconsistent expectations for the workers, different standards for some staff, and higher standards for some service providers. Almost all of the providers noted a problem with transportation. Saint Francis plans on developing a strong transportation system to address these issues in addition to developing a foster care parent teaching curriculum with foster care support workers in place to alleviate inconsistencies in service design and implementation.

Some advice we received from providers to be successful in the Eastern Service Area was to have good utilization review and do a better job of vetting sub-contractors as some are providing services that are low-level. One contractor said "openness and honesty are highly valued and if we say we will do something, we need to follow through." One provider shared a concern about switching to a new primary contractor because the last transition caused issues. Saint Francis reinforces the importance of maintaining a strong service culture based upon continuous quality improvement; our Quality Assurance and Performance Improvement Departments have policy mechanisms in place to evaluate service performance (see CQI-1). Saint Francis has also developed a Utilization Plan (see UTZ-1) and a Case Management Philosophy that combines evidence-based practice with service delivery to ensure the appropriate services are being provided in the best way possible (see CSM-1 to CSM-4).

We will continue to engage community stakeholders with similar goals of enhancing the foster care community in the Eastern Service Area. We plan to meet with other stakeholders, including the Omni Treatment Community, to continue to grow our connections with local resource providers and to develop a program that retains foster parents that can address a variety of placement needs. For more information on Saint Francis's plan on developing placement capacity, please see PLC-1 to PLC-3 in the placement capacity section of this proposal.

g. Residential Providers

Saint Francis believes that children should be placed in a family setting. In Kansas, Saint Francis has a YTD average rate 90.5% of placing children in a family-like setting for the Wichita Region as well as the West Region (both urban and rural areas of the state) for FY18⁶⁸. Furthermore, according to the State of Nebraska Foster Care Review Office Annual Report (2017-2018), children in the Eastern Service Area continue to be placed in family-like settings at high rates (96.5%)⁶⁹. However, some children are not able to be safely cared for in a family-like setting, and to provide the best services possible for these children, Saint Francis will develop connection with quality residential placements that can meet their individual and specific needs. Our Utilization Review team works closely with residential programs to ensure children are not lingering in that system and that programs have the necessary information to immediately begin work with the young people referred for care.

Saint Francis schedules quarterly provider meetings that residential providers are expected to attend. During the meeting, outcome data is shared with the providers and any changes in expectations are discussed in detail. Providers also get an opportunity to share their thoughts on Saint Francis's performance and provide input in order to mutually improve the systems and strategies utilized to serve this demographic of children in our care.

We have held open discussions with service providers such as Boy Town, and we will make further outreach efforts in forming relationships with other service providers such as the Omaha Home for Boys, Youth Care and Beyond, CHI Health, and Nova. We are excited for the opportunity to work with service providers to develop and connect children to resources that improve outcomes and contribute to permanency, safety, and well-being.

h. Purchased Service Providers

While visiting service providers in the Eastern Service Area we found a network of providers who had worked together to develop creative and effective services. They all talked about being an important part of the continuum of services necessary for children to move to permanency. Saint Francis staff had encouraging conversations with the providers and we are comfortable working with these quality agencies.

As part of ongoing community engagement plans, Saint Francis will facilitate quarterly provider meetings where we listen to providers for feedback, discuss performance on outcomes, review expectations, and present training opportunities to other organizations and child welfare providers. These meetings promote quality service design through sharing valuable information

⁶⁸ Kansas Department for Children and Families: Placement in Family Like Settings SFY2018, http://www.dcf.ks.gov/services/PPS/Documents/FY2018DataReports/FCAD_ContractOutcomes/ChildrenInAFamilyLikeSettingSFY2018.pdf

⁶⁹ Ibid 27

and service feedback in order to improve our work and streamline the system/network to enhance provider services. Saint Francis approaches our relationship with purchased service providers as one built about mutual concern for the safety, permanency, and well-being of those in our care, as well as cultivating respectful collaborations to improve services. Saint Francis believes that bringing providers together to listen to concerns and discuss creative and impactful solutions to problems builds trust between service providers and establishes a culture of quality improvement and partnership.

We have currently contacted and held discussions with service providers such as:

- Paradigm
- Apex
- Boys Town
- Children's Square
- Child Saving Institute
- Christian Heritage
- KVC, Behavioral Healthcare, Inc.
- Nebraska Children's Home Society

Our future community engagement efforts with service providers includes, but is not limited to, meetings with

- Lutheran Social Services
- Omaha Home for Boys
- Cedars
- Omni Care

We were able to meet with Paradigm to introduce ourselves and discuss the many in-home services they provide for children in foster care and their families. They felt the current contractor was good to work with and since their agency does good work, they are one of the first to receive referrals. They were willing to work with Saint Francis but also happy with the current arrangement.

i. Local Community Service Providers

We were impressed by the number of services and opportunities that are available for children and their families within the Omaha area. Many of these are donor or grant supported and are offered at no charge to the family for services. We found programs to assist incarcerated mothers and fathers in maintaining visitation with their children, programs that offer many levels of support to those families struggling with intergenerational poverty, and a myriad of services available to children and young people through Central Navigation, including active services for substance use disorder treatment and mental health needs.

Providers included Omaha Bridges Out of Poverty, Christian Heritage, Paradigm, Apex Children's Square, Nebraska Children's Home Society, and Boys Town. Saint Francis is also looking forward to the opportunity to work with Project Everlast, the Omaha Home for Boys, Omni Care, Good Will, and Heartland in connecting children and families to available services. Saint Francis will continue to work to expand this network and work with community agencies to develop grants or seek donations to support these services.

j. Managed Care Organizations

Saint Francis has a long history of working with Managed Care Organizations responsible for Medicaid. As Medicaid provider in Nebraska, we have worked with each of these organizations to make sure our qualified providers have been credentialed to provide care. We also have much administrative experience working with children with Medicaid insurance to assure coverage is up to date and can be accessed when needed. Managed Care Organizations include, but are not limited to, Nebraska Total Care, Well Care of Nebraska, and United Health Care. For more information the services available through ACCESSNebraska and other means, please see sections PPF-1 to PPF-5.

k. Non-traditional community resources and leaders

Saint Francis will connect with those community resources and leaders that offer wrap around and other services that fit the unique needs of children and families. For More information on service gaps and community resources, please see CNT-1 to CNT-5 of this proposal.

l. Other county and/or community stakeholders.

It is important to include organizations such as the Scouts and 4H when discussing community organizations that can have a positive influence of young people in Foster Care. These organizations provide great leadership, skill building experiences, and mentorship for children in foster care. We also recognize the importance of a child's time in foster care being as normal as possible and will work to offer children opportunities to participate in standard age-appropriate events, such as clubs and camps, that are available to their peers.

We will reach out to organizations that provide mentorship services and much needed but often overlooked services such as day care centers and community based groups that may offer services or initiate services based on need. This includes, but is not limited to:

- YMCA
- Girl Scouts
- Boy Scouts
- Eagle Scouts
- 4-H Clubs
- Big Brothers and Big Sisters of the Midland
- Day Care Centers
- Mentorship services
- Vocational services.

We will invite these stakeholders, such as day care center staff, to community panels and work to build collaborative relationships and build understanding for trauma-informed care and community-based resources. For instance, day care plays an important role in child welfare as they care for children who have been exposed to trauma from abuse and neglect. Saint Francis provides training when requested for day care staff to assist them in their work with children who may be experiencing issues associated with the mental and/or physical abuse they may have experienced. Furthermore, social and mentor groups such as Big Brothers Big Sisters connect youth to communal supports and provide mentorship to those who are building independent living skills and are transitioning out of care.

ENG-2 Plan of how Saint Francis will engage in meaningful consultation, collaboration, and coordination with federally recognized tribes to support children and families with tribal affiliations.

Comply: X

Response:

Saint Francis has experience working with Native Americans as a foster care provider for Native American children and also as the case manager for child welfare cases in Kansas. Our attorneys have created a training for the case management teams that explains the Indian Child Welfare Act (ICWA) and what that means to the workers as they work with children of Native American heritage. We also have experience working with Native American Foster Homes and the placement of children in our foster homes by the Tribe. Much of this work has occurred in Oklahoma, which has a large Native American population.

Saint Francis has supported Native American Kinship homes in the Chadron, Scottsbluff, and York areas in Nebraska. We have completed kinship home studies and worked with tribes on services for children, as well as contact with their parents. Saint Francis supported an adoption of an enrolled tribal child in one of our ICWA approved licensed foster homes by completing the adoption study for this ICWA home. The Director of Nebraska has also made contact with Misty Frazier, the Director of the Nebraska Indian Child Welfare Coalition. The purpose of this contact is to work together to advocate for resources for tribal youth, no matter which tribe they are affiliated with in Nebraska.

T&T Transition Planning

T&T -1: Describe a plan of how Saint Francis will collaborate with DHHS to ensure that families experience a smooth and non-disruptive transition from initial assessment to ongoing case management.

Comply X

Response:

Saint Francis currently has a robust and fully-functioning case management system in place, with policies and procedures in existence for Admission and Intake, Client Services, Assessments, Customer Care, Program Improvement, Family Preservation, Adoption, Reintegration Case Management, Independent Living, Placement, Permanency, Court-Legal, ICPC, Post-Permanency Support Services, Kinship, Foster Care Homes, Provider Relations, and other on-going case management services.

The foundation for the Saint Francis RFCA (reunification, foster care, and adoption) and Family Preservation (in home service) Service Delivery Models is in place and has been successfully implemented for over 22 years. As we have done across the five (5) states in which we provide child welfare services, we will continually engage with community and partnering organizations such as DHHS to ensure a smooth transition into the Saint Francis on-going case management service network.

Currently, Saint Francis works with DHHS to deliver quality care to Nebraskan children and families through our Family Preservation, Intensive Family Reunification, Family Support and Visitation, and Agency Supported Foster Care services in the Western and Central Service Areas. We will endeavor to continue to deliver this quality of care in the Eastern Service Area.

Saint Francis will work with DHHS to adapt and implement our in home (Family Preservation) and out-of-home (RFCA) case management service delivery model to best address the needs of children and families in the Eastern Service Area to facilitate a smooth transition and non-disruptive transition from initial assessment to ongoing case management.

To ensure a smooth transition from DHHS to Saint Francis services, placement coordinators, case management teams, and other staff will be trained in the Eastern Service Area RFCA and Family Preservation Service Delivery and RFCA Service Delivery Models (shown again on pgs. 150 and 151 below) are designed to offer family-centered, community-based, trauma-informed services to the children, families, and providers we serve. From the beginning of the life of each case, case management teams will provide services to children and families in the most family-like setting possible to provide for the safety, permanency, and well-being for children in our care.

Saint Francis will collaborate with DHHS to define and follow DHHS regulations and policies as required by state and federal law. We will work with DHHS to establish an amended and agreed upon Eastern Service Area Operations Manual that outlines the processes and expectations for standardization in the operation and delivery of case management and related services. The Operations Manual will be reviewed and amended as agreed to by both Saint Francis as subrecipient and DHHS in the manner specified in the Operations Manual.

a. No Reject/ No Eject

Saint Francis will adhere to DHHS's guidelines by accepting all referrals made by DHHS (No Reject) and continue to meet the individual needs of children and youth referred (No Eject). We will accept all children/youth referred by DHHS who are referred for ongoing case management and provide services to the child and their family, regardless of race, religion, color, gender, sexual orientation, disability, ethnicity, ancestry, national origin, or familial status. It is our policy to comply with the Americans with Disabilities Act and other federal and state laws and regulations concerning both employment of individuals and services to clients with disabilities, and to assure that a consistent and fair process is in place to help individuals with disabilities when a reasonable accommodation is requested. We will work with the State to ensure the smooth transfer of both new referrals and children being served in the current contract into the Saint Francis system of care.

Saint Francis will provide case management to families with children between the ages of 0 and 19 who are either court involved or referred from DHHS for voluntary in-home (family preservation) services. Once a child is referred to the Saint Francis, that child will be served until permanency is achieved. Regardless of needs, level of service, placement circumstances, media attention or other extenuating circumstances, Saint Francis understands the terms "No Eject" and "No Reject," and we will diligently work to provide services necessary for each child to reach permanency. Saint Francis will work with DHHS in accessing the exceptional care rate, should more specialized care be required to meet a child's needs, and will engage providers within the

network of care to wrap community services around higher-needs children to ensure their success.

Saint Francis will maintain the capacity to accept referrals for paid foster care and on-going case management. Saint Francis is available 24 hours a day, 365 days per year (including holidays) to accept referrals from DHHS for case management. DHHS will have contact information for Saint Francis staff during business and after-hours. Saint Francis recognizes that emergency situations cannot be confined to business hours and will ensure on-call staff are available to provide immediate response to new referrals at all hours.

b. Intake Process

Our organization has developed a thorough and effective intake model (see CSM-1) for child welfare services. We value our DHHS partners' knowledge and expertise in gathering information about a child's supports, as well as in assessing their needs during initial assessments.

Our intake process is structured to immediately support the children in care and to alleviate the fear for the child being taken in if placed in out of home care. Children removed from their home and their parents/caregivers entering the child welfare system both experience a pivotal trauma. Our intake process is structured to immediately support a child, alleviate fear, and to find the best possible, least restrictive environment to begin the healing process.

At the time of referral for Coordinated Response Services Access, DHHS will determine and communicate to Saint Francis via phone the response time required for Saint Francis's response and whether the response must be in person or for a specified need such as placement. When there is a need for immediate planning services or placement is needed, the Saint Francis will respond within two (2) hours unless otherwise directed by DHHS. Otherwise, we will respond to referrals for services access within 24 hours. A response is defined as direct phone or face-to-face contact with the family who is the subject of the referral. In a two (2) hour response, Saint Francis staff may be required to meet the DHHS Child and Family Services Specialist at the family home to arrange safety services, to facilitate and ensure a safety provider will respond to the home or to secure placement for a child(ren) being removed from the family home. In the event that out-of-home placement is required, Saint Francis will be responsible for providing supervision to the child(ren) if agency based placement is not located within three (3) hours of the requires for Agency Based Foster Care. When requested, Saint Francis will participate in the initial family team meeting, which will be held within 72 hours of referral as arranged and facilitated by DHHS.

As mentioned in CSM-1, families referred for Family Preservation (in home services) are assigned to a Case Manager who will collaborate with DHHS staff to communicate important information as well as make initial contact with the family within 24 hours of our receipt of the referral. During initial contact staff introduce themselves, explain the reason for the contact, review referral information, explain the home visit and encourage the parent to involve others including the non-custodial parent if applicable, and other community supports involved with the family. The Case Manager and family determine a date and time to hold the Family Team Meeting (FTM) with the family's schedule taking precedence. Please see CSM-1 for more details.

For those families referred for out of home services, a trained member of the case management team or Placement Coordinator will collaborate with DHHS to compile information from parties directly involved in the child's care and have knowledge of the child's needs. Saint Francis will accept referrals, find safe placement, and/or provide necessary services to children and families in a timely manner. Saint Francis will maintain a professional and qualified staff that recognizes and meets the needs of those referred to our care.

c. Placement

As we know that each child is unique and the circumstances for their out-of-home care will often require additional collaboration between agencies to timely and efficiently meet needs, we will seek to meet regularly with regional and local DHHS staff to get information as early as possible, understanding that no amount of planning can fully prepare for an emergency situation. Saint Francis has a reputation of being a good partner across five (5) states to caregivers, contractors and subcontractors, and it will continue that practice in the Eastern Service Area.

We are able to accept, assign, manage, and track incoming referrals from DHHS, to coordinate placement referrals, locate and arrange appropriate placements, respond to and coordinate after-hours emergency calls including dispatching staff if/when direct contact is necessary, and to engage in provider relations work with all placement providers. Provider relations work includes working with subcontractors on quality assurance and performance improvement(QA/PI) measures and maintaining placement management information. Having dedicated staff for this function facilitates timely and quality service for children and families as well as state partners and subcontractors.

The Placement Director will lead the Placement Supervisor, Placement Coordinators, and Clinical Utilization in securing the most appropriate, family-like, and least restrictive placement options that reduce the number of needed moves, for every child referred for out of home services. Local on-call staff will be qualified to administer placement screening tools for the child to assure a match with a family or facility that will best meet the child's needs.

We value the tremendous work being done at the Project Harmony advocacy and triage center and a strong partnership will be developed with the center. Case management teams will work closely with DHHS to ensure placement stability, continuity of care and services for children. The role of the triage center at Project Harmony adds to the success of this endeavor by allowing the child to have a safe place for a few hours while assessing their needs and placement options.

Once a child is referred for out of home placement, case management team staff will accept physical custody of the child from DHHS. Our staff will partner with the DHHS worker to ease the child's transition, to ensure the child's immediate needs are understood, that they are as comfortable as possible, and that all required information and documentation is received. The case management team also coordinates with kinship staff, including the X-Treme Recruiter (XTR), regarding any kinship placements being pursued. If the placement is a relative, a Kinship Worker will be assigned immediately to begin providing needed supports. The referred child will be immediately transported to the relative/kinship placement or foster home, ensuring it is most appropriate for the child's needs.

Placement Coordinators work with DHHS to locate placement options based upon the child's age, gender, sibling relationships, ethnicity, culture, school, distance from home, and special needs. If the child has been identified as needing additional services or a placement that is

treatment based, the clinical utilization specialist becomes involved to assure placement and treatment options are navigated in the child's best interest.

If the placement is after-hours, Saint Francis placement staff shares with the foster family all information that is available at the time, including a copy of the Initial Referral. The family will be updated when additional information becomes available. At a minimum, the placement will include a placement agreement, access to medical treatment, medication, and the physical necessities required to properly care for the child.

d. Transportation

Our Transportation Coordinators are trained to accommodate the transportation needs of referred children regardless of distance from the local Saint Francis office. The Transportation Coordinator will dispatch Saint Francis staff to retrieve the child from their location and will be responsible for scheduling, assigning, and managing transportation requests for children in our care (see CSM-1). Saint Francis will collaborate with DHHS, the child's case manager, Placement Coordinator, and drivers to maintain consistent communication regarding transportation events for placement.

e. Family Engagement

To further facilitate the smooth transition from DHHS initial assessment to referral of Saint Francis's on-going case management, including in-home and out-of-home services, Saint Francis uses a family-centered service model to engage in respectful, honest, and open communication between those involved in the case. Keeping families aware of procedures and individual expectations associated with a referral to Saint Francis's services helps to ensure that families remain engaged in the child welfare process, as well as are able to contribute to and remain active members in the child's case plan. Parties involved in the child's care are given the name and contact information of the child's case worker and any other pertinent information. This assures that families and parties are able to contact case workers and other staff when needed as well as remain engaged in the child welfare process and the child's case plan.

Kinship and relative placements are an important resource for out of home care. Placing the child with a family member can reduce the traumatic impact of being removed from the home, contribute to positive permanency outcomes, provide much needed support resources to the birth family after reunification, and keep the child connected to their culture, tradition, values, and identity. Saint Francis will work with DHHS to locate and assess appropriate kinship and relative placement options, as specified by the roles and responsibilities of each organization. For more information concerning intake and placement protocols and procedures, please see CSM-1.

Saint Francis will also provide and connect biological parents to community-based support services beginning at the intake process and continuing through the life of the case, to help support a seamless transition into Saint Francis care.

T&T Turnover Planning

T&T- 2: Describe a plan of transition of case management services that includes but is not limited to :

- i. An outline and implementation plan that prepares for a successor agency.**
- ii. An outline of service model components that will clearly explain service structure and evidence-based practices implemented at or during subaward execution.**
- iii. An outline and implementation plan that addresses:**
 - a. Staffing**
 - b. Use and transition of equipment**
 - c. Transition of case management to successor agency**
 - d. Migration of any data owned by DHHS**
 - e. Dispute resolution between DHHS and Saint Francis in regard to cases, caseloads, and reimbursement for services.**

Comply: X

Response:

- i. An outline and implementation that prepares for successor agency.**

At the end of the RFP 5995 Z1 subaward term or other subaward termination, Saint Francis will aid in the transition to any new arrangement or provider of services. The respective accrued interests or obligations incurred to date of termination will also be equitably settled. Upon termination or expiration of this subaward, DHHS will work with Saint Francis to transfer all services as efficiently as possible with the goal to have all necessary services transferred by the effective date of the expiration or termination of the subaward. However, in the event that a transfer of all necessary services is not possible, Saint Francis will continue to provide necessary services in accordance with all terms and conditions of this subaward until necessary client services are completely transferred.

Within 30 days, except as otherwise agreed upon, Saint Francis shall assist and cooperate in the orderly transition and transfer of subaward NE 5005 Z1 activities and operations with the objective of preventing disruption of services. This includes but is not limited to:

- Transfer of completed or partially completed deliverables to the State
- Transfer ownership and title to completed or partially completed deliverables to the State
- Return to the State information and data, unless Saint Francis is permitted to keep the information or data by contract or rule of law. Saint Francis may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Saint Francis's routine back up procedures.
- Cooperate with a successor subrecipient/agency, person or entity, in the assumption of the obligations of RFP 5995 Z1 subaward.
- Cooperate with successor subrecipient/agency, person or entity, with the transfer of information or data related to RFP 5995 Z1 subaward.

- Return or vacate state owned real or personal property related to RFP 5995 Z1 subaward
- Return data related to RFP 5995 Z1 subaward in a mutually acceptable format and manner.

Saint Francis will coordinate with DHHS, and the successor agency, as needed, to develop an agreed upon transition governance team, exit procedure/transition plan, and agreed upon scope for exit/transition management, plan of activities and timelines to carry out the exit procedure/transition plan, measurement of completion for exit plan/transition planning, and finalization of service closure.

a. Exit Procedure/Transition Plan with DHHS⁷⁰, ⁷¹:

1) Exit/Transition Governance Team

Establishing a transition governance/team will include parties agreeing to meeting attendees; agendas and frequencies of DHHS, Saint Francis, and successor agency involvement. The transition governance and/or team may include, but may not be limited to:

- Assistant Vice President of Services for Eastern Service Area: Coordinate activities between branches of Saint Francis Eastern Service Area services, DHHS, and successor agency to develop a timeline for activities for transition implementation of case management services and oversees execution of timeline for activities for transition implementation and conclusion of case management services .
- Transition Project Managers: Saint Francis, DHHS, and Successor agency, Coordinate activities between contractors throughout transition; provide workspace for all transition staff; facilitate transition meetings.
- IT Transition Leads; Saint Francis, DHHS, and Successor agency. Ensure IT activities are completed during transition, document IT processes, tasks, and activities for transition.
- Contracting Officers: Saint Francis, DHHS, and Successor agency. Responsible for overseeing contract actions and deliverables, responsible for ensuring accountability on funding and budget items pertaining to the contract.
- Configuration Managers: Saint Francis, DHHS, and Successor agency. Ensure training documentation is complete; ensure completion of user and technical manuals; ensure all documentation is in accordance with DHHS standards; ensure proprietary materials are not part of transition.

2) Exit/ Transition Agreement

Establish an agreed upon transition plan and/or exit agreement between Saint Francis, DHHS, and successor agency that will outline responsibilities and timeframe throughout the agreed upon

⁷⁰ ProjectManagementDocs: Transition Out-Plan Template,

<https://www.projectmanagementdocs.com/template/project-closure/transition-out-plan/#axzz5jngKsYPQ>

⁷¹National Outsourcing Association: Exit Management and Transition Checklist,

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjVo6ua0JThAhWnnaOKHfcSAGMQFjAAegQIAxAC&url=https%3A%2F%2Fplatformoutsourcing.nl%2F%2Ffiles%2Fdownload%3F%3Dartikelen%2Fexit-hercontracteren%2Fexit-checklist-noa.pdf&usg=AOvVaw01wmbx3nTDRkqh0k5GKviA>

period of transition of case work, files, staffing, equipment, data migration owned by DHHS, and dispute resolution between parties. The exit agreement will contain, but will not be limited to, the following:

- Legal Documentation/Agreement
 - Understanding of contractual obligation for providing notice and timeline of activities to be followed to ensure obligations are met and Saint Francis is treated fairly.
 - Constructing an exit agreement framework that will have the capacity to define the exit/transition obligations to be fulfilled by Saint Francis, and the mechanism to be used to measure completion.
 - Saint Francis, DHHS, and successor agency agreement to scope of termination, objectives, timescale, and contractual obligations of transition plan/exit agreement.
- 3) Prepare Requirements for Exit Agreement/Transition Plan. This may include, but is not limited to the following:
- Commence transition planning with successor agency and DHHS
 - Identify case management roles and activities to be performed and delivered by the successor agency.
 - Provide any relevant documentation pertaining to transferable contracts/licenses as required by the successor agency.
 - Agree to permitted levels of access to successor agency of office space, data, files, etc.
 - Discuss successor agency's anticipation of resource requirements from Saint Francis.
 - Agree to knowledge transfer and education mechanisms between successor agency and Saint Francis.
 - Define and agree process to transition transferable contracts/licenses to successor agency.
 - Define and agree to resource requirements from Saint Francis (assuming successor agency resource requirements are already agreed as part of contract negotiation with DHHS). These must, at a minimum, meet Saint Francis's contractual obligations for termination.
 - Define and agree to data/information exchange process between all parties.
 - Define and agree to terms for the transfer of in-house developed software, scripts, tools or command procedures required by Saint Francis to perform the services being terminated.
 - Agree to date and time for Saint Francis to cease providing in-scope services.
 - Agree to payment schedule between DHHS and Saint Francis for all exit costs and outstanding service invoices.
 - Review access for Saint Francis staff and arrange for these to be removed during appropriate exit phase
 - Once scope for exit management has been agreed, plan out the activities for agreeing to timelines, deliverables, and measurement of success and completion for transition planning.

- 4) Exit Agreement/ Transition Planning Complete
 - Joint agreement that exit planning/ transition planning is complete.
- 5) Service Closure
 - Execute transition plan as agreed with all parties during exit/transition planning
 - Saint Francis will return secure access encryption devices at the appropriate exit phase without impacting the continuing delivery of services while terminating services.
 - Saint Francis staff will return access permits/passes issued by DHHS for access to DHHS locations for Full Service Case Management RFP 5995 Z1.
 - Full and final settlement of outstanding disputes between DHHS and Saint Francis for Full Service Case Management RFP 5995 Z1
 - Saint Francis ceases to provide Full Service Case Management Services to DHHS as defined by RFP 5995 Z1 and agreed upon between Saint Francis and DHHS.

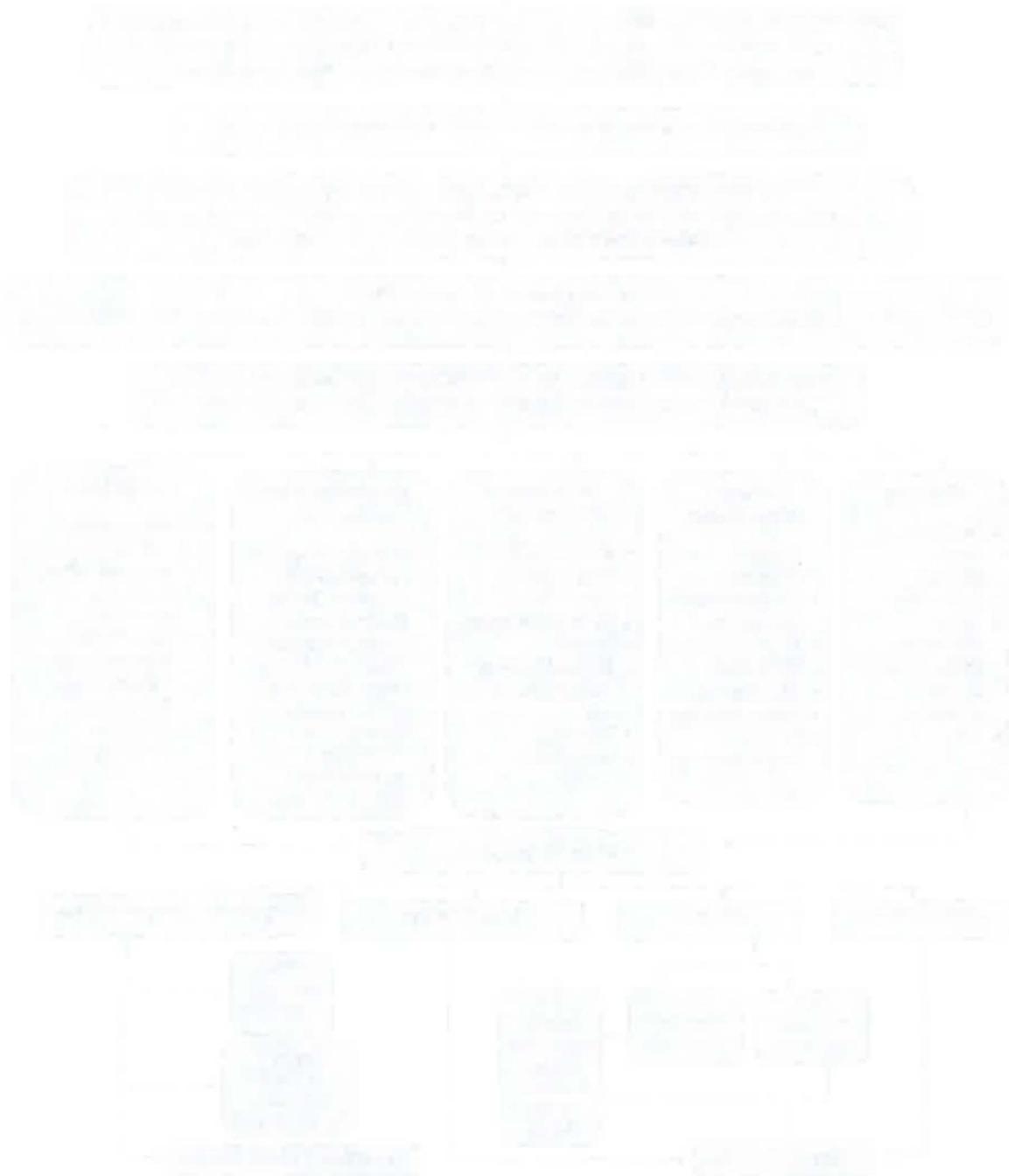
b. Transfer Procedure with Successor Agency:

- 1) Transition program
 - Prepare scope for transition planning as agreed upon in exit agreement/transition plan.
- 2) Transition Planning
 - Agree to the main accountable managers for each transition work stream.
 - Agree to plan within timelines and success measures to transition all in-scope services from Saint Francis to successor agency, utilizing artefacts and agreements provided during the exit planning/ transition planning phases.
 - Conduct workshop between DHHS, Saint Francis, and successor agency ensuring all parties understand and agree to the exit/transition plan and the governance of such.
- 3) Knowledge Transfer
 - Successor agency review of necessary Saint Francis processes and procedures. Saint Francis will answer questions resulting from review.
 - Execute knowledge transfer phase as defined in the transition plan agreed between all parties.
 - Joint agreement of completion of knowledge transfer phase of the transition plan.

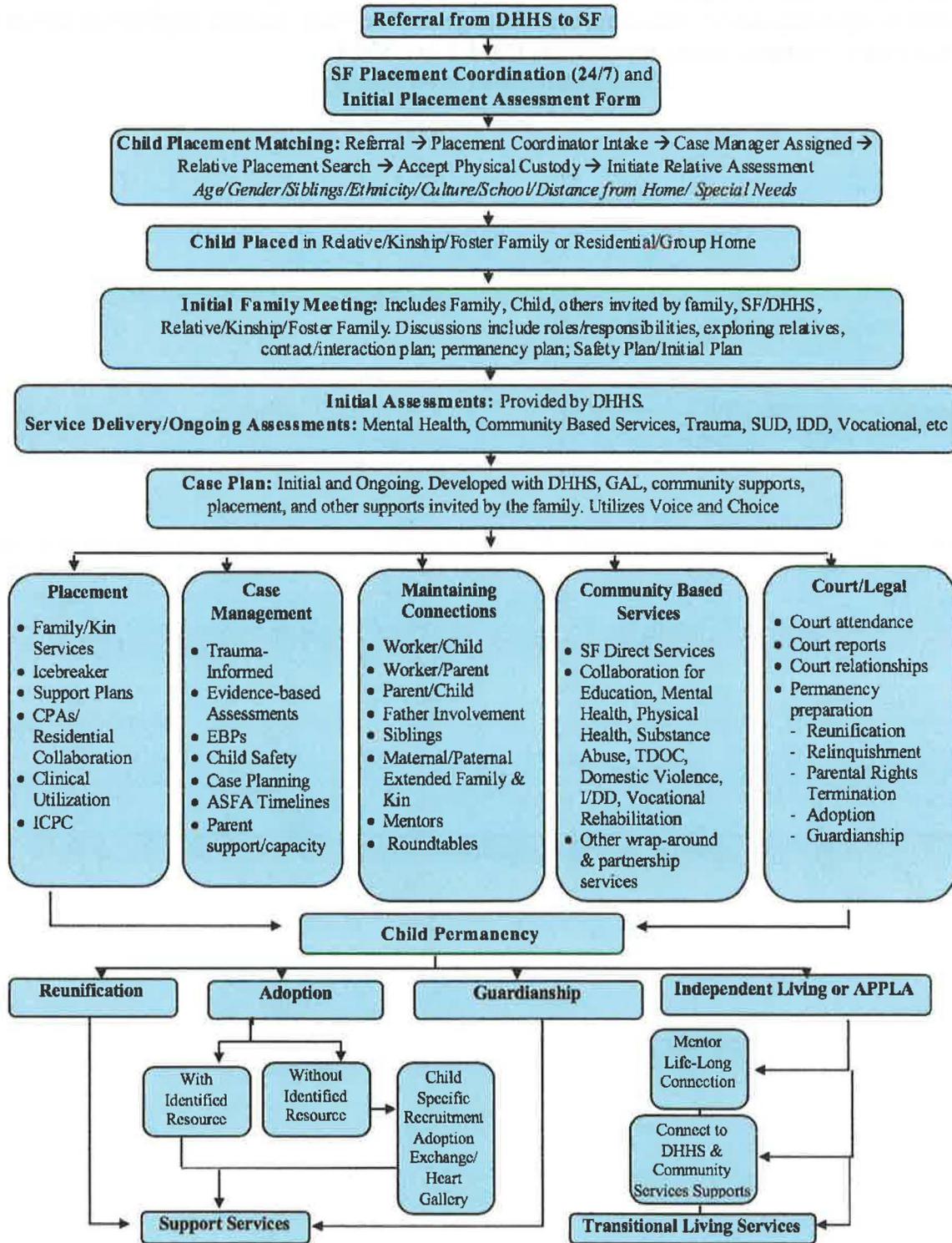
ii. An outline of service model components that clearly explain service structure and evidence-based practices implemented at or during subaward.

Saint Francis will utilize our RFCAs (reunification, foster care, and adoption) Service Delivery Model and our Family Preservation (in home services) Service Delivery Model to provide quality ongoing Full Service Case Management as referenced in RFP 5995 Z1 in the Eastern

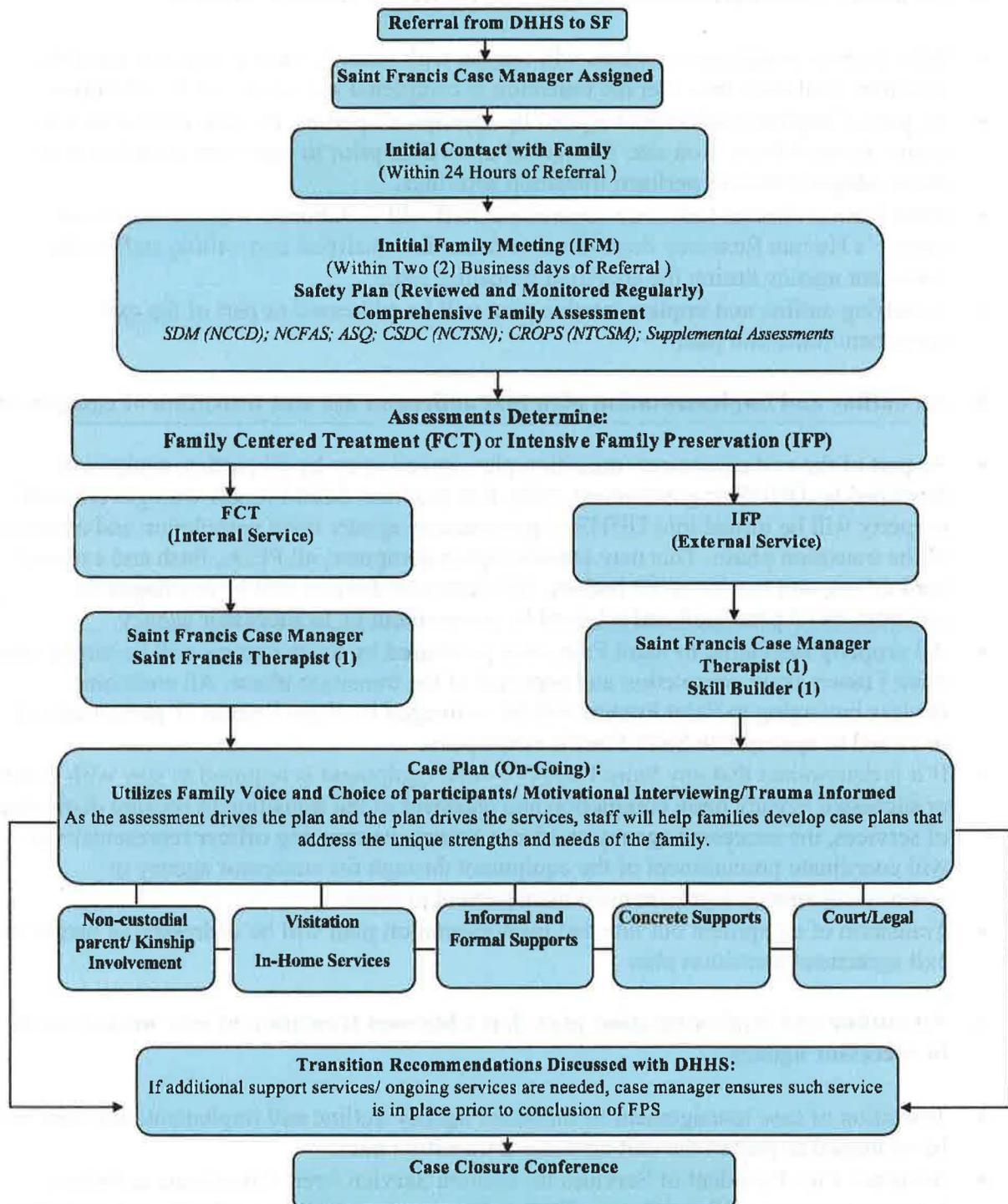
Service Area. These models are pictured below on pg. 150 and pg. 151, respectively. We look forward to delivering these quality services to children and families in Nebraska. For detailed information regarding service structure, case management services, and the implementation of evidence-based practices, please see sections CSM-1 to CSM-4.



Saint Francis RFCA Service Delivery Model



Saint Francis Family Preservation (In Home Services) Service Delivery Model



iii. An outline and implementation plan that addresses:

a. An outline and implementation plan that addresses staffing turnover:

- Saint Francis workforce members will remain with Saint Francis to perform transition activities until such time that the transition is completed and approved by all parties.
- As part of implementation plan agreed by appropriate parties, the new contractor will ensure its workforce is on site the agreed upon days prior to transition completion to allow adequate time to perform transition activities.
- Saint Francis Human Resource department staff will collaborate with the successor agency's Human Resource department to transition qualified and willing staff to the successor agency during the specified transition stage.
- A staffing outline and implementation plan will be addressed as part of the exit agreement/transition plan.

b. An outline and implementation plan that addresses use and transition of equipment:

- As part of the exit agreement/ transition plan agreed upon by all parties, equipment furnished by DHHS or government entity that provides Saint Francis with government property will be turned into DHHS or government agency upon completion and approval of the transition phase. This may include laptop computer, all PEDs, flash and external hard drives, and employee ID badges. All electronic devices will be re-imaged by government IT personnel and reissued by government IT to successor agency.
- All property belonging to Saint Francis or purchased by Saint Francis will be turned into Saint Francis upon completion and approval of the transition phase. All electronic devices belonging to Saint Francis will be re-imaged by Saint Francis IT personnel and re-issued to appropriate Saint Francis employees.
- If it is determined that any Saint Francis owned equipment is required to stay with DHHS or successor agency upon completion and approval of the transition to prevent disruption of services, the successor agency and Saint Francis contracting officer representatives will coordinate procurement of the equipment through the successor agency or government agency's procurement management process.
- Transition of equipment out line and implementation plan will be addressed as part of the exit agreement/transition plan

c. An outline and implementation plan that addresses transition of case management to successor agency.

- Transition of case management to successor agency outline and implementation plan will be addressed as part of the exit agreement/transition plan.
- Assistant Vice President of Services for Eastern Service Area: Coordinate activities between branches of Saint Francis Eastern Service Area services, DHHS, and successor agency to develop a timeline for activities for transition implementation of case management services and oversees execution of timeline for activities for transition implementation and conclusion of case management services .

- A transition plan will be developed during the start-up period with the State and successor that will outline responsibilities and timeframe throughout the agreed upon transition phase for transition of the case work and files.
- DHHS will work collaboratively with the successor and the state in executing the new provider's transition plan by providing data, assisting with staff transition to a new provider and program case specific information including completed case files.
- Tasks, activities, timeframe, scope of work, and objectives addressed and identified in transition and implementation plans. Agreed upon by all parties.
- Tasks and activities completed as specified in transition plan. All parties agree that work has been completed.

d. An outline and implementation plan that addresses migration of data owned by DHHS.

- Migration of data owned by DHHS from Saint Francis outline and implementation plan will be addressed as part of the exit agreement/transition plan.
- IT Transition leads will be assigned by Saint Francis, DHHS, and the Successor agency to ensure IT activities are completed during transition, document IT processes, tasks, and activities for transition.
- Tasks, activities, timeframe, scope of work, and objectives addressed and identified in transition and implementation plans. Agreed upon by all parties.
- Tasks and activities completed as specified in transition plan. All parties agree that work has been completed.

e. An outline and implementation plan that addresses dispute resolution between DHHS and Saint Francis in regard to cases, caseloads, and reimbursement for services.

- Dispute resolution between DHHS and Saint Francis in regard to cases, caseloads, and reimbursement for services outline and implementation plan will be addressed as part of the exit agreement/ transition plan.
- Appropriate exit/transition governance team identified and assigned for project implementation and oversight.
- Tasks, activities, timeframe, scope of work, and objectives addressed and identified in transition and implementation plans. Agreed upon by all parties.
- Tasks and activities completed as specified in transition plan. All parties agree that work has been completed.

IVE Title IV-E and Eligibility

IVE- 1: Describe Saint Francis’s knowledge of federal statutes and regulations related to funding for child welfare and a plan of how it will comply with current federal statutes and regulations and maximize the availability of Title IV-E funding.

Comply: X

Response:

The Title IV-E Foster Care Program is an entitlement program that reimburses states for a portion of costs associated with the following services for eligible children:

- a) maintenance payments that cover the costs of shelter, food, and clothing for eligible children;
- b) child placement services and administrative costs (including costs associated with candidates for foster care and information technology costs) related to foster care for eligible children; and
- c) expenses related to the training of staff and foster parents for eligible children.

Children who are eligible for the Title IV-E Foster Care Program include those in out-of-home placements who would have been considered financially “needy” in the homes from which they were removed, based on measures in place in 1996 under the Aid to Families with Dependent Children (AFDC) program; have entered care through a judicial determination or voluntary placement; and are in a licensed or approved foster care placement⁷².

Nebraska reported Title IV-E waiver expenditures in SFY 2016 with a 46% decrease from SFY 2014⁷³. “Nebraska was unable to report expenditures for the Title IV-E Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Vouchers in SFY 2016. Therefore, the reported Title IV-E amount may be understated⁷⁴”.

Our knowledge regarding federal funding is extensive and Saint Francis references the Child Trends reports to educate our teams. Saint Francis has extensive experience in assisting state partners in gathering the documentation necessary to determine Title IV eligibility and provide updated information for re-determinations.

Saint Francis is aware that the largest federal source for states is Title IV-E of the Social Security Act, which is composed of the following:

- **Foster Care Program:** Covers costs related to providing foster care for eligible children, including administrative and training costs. States can claim Title IV-E funds as reimbursement for foster care maintenance, adoption assistance, and guardianship assistance payments.
- **Adoption Assistance Program:** Covers costs related to providing adoption assistance for eligible children, including administrative and training costs;

⁷² Child Trends, Child Welfare Financing SFY 2016: Title IV-E, www.childtrends.org/wp-content/uploads/2018/12/TitleIVESFY2016_ChildTrends_December2018.pdf

⁷³ Child Trends, Child Welfare Agency Spending in Nebraska, https://www.childtrends.org/wp-content/uploads/2018/12/Nebraska_SFY2016-CWFS_12.13.2018.pdf

⁷⁴ Ibid 73

- **Guardianship Assistance Program:** Covers costs related to providing kinship guardianship assistance for eligible children, including administrative and training costs;
- **Chafee Foster Care Program for Successful Transition to Adulthood/Education and Training Vouchers:** Provides assistance for youth transitioning out of foster care to adulthood;
- **Waiver demonstration projects:** Allows states to waive specific Title IV-E requirements to promote innovation in the design and delivery of child welfare services.

There are additional federal funding streams available to states which include Title IV-B, Medicaid, TANF, Social Service Block Grants, Community Based Child Abuse Prevention and Children's Justice Acts. Child welfare agencies may use a variety of additional federal funding streams, such as the Child Abuse Prevention and Treatment Act and the Adoption Opportunities Program.

Saint Francis is aware of state and local funds that support child welfare.

IVE- 2: Describe a plan of how Saint Francis will collect, validate and submit eligibility-related documentation.

Comply: X

Response:

Saint Francis strives to get the families we serve the supports and services they need through excellent case management. At the initial referral, a Family Support Worker is assigned to the family to assist the case management team in coaching parents, identifying services, and providing intensive support work to families to build resilience, promote positive social connections, identify resources, build rapport, and identify relatives and others as support options.

Within our current Nebraska contract, Saint Francis has successfully worked to ensure that relative and kinship foster parents referred by Nebraska DHHS complete licensing activities in order to maximize IV-E federal funding. We **will continue to comply** with federal and state policy and procedures to maximize federal funding, as well as partner with waiver demonstration projects. In reviewing the LB820 Final Legislative Report, efforts with judicial findings and licensure of kinship homes were key projects to increase IV-E penetration rates.

PPF Maximizing Public and Private Funding

PPF-1: Describe Saint Francis's knowledge of public and private funding options available for the population served including program rules and the application process and a plan to maximize public and private funding operations.

Comply: X

Response:

Saint Francis provides a wide array of services or assists parents in accessing them. Such services may include family therapy, individual therapy, substance use treatment, parenting classes (Strengthening Families Program, Parenting for Change (PMTO Group model)), parent support groups, healthy relationship training, conflict resolution training, family mediation, budgeting, financial planning, behavior modification techniques, nutrition, home management,

child care, boys and girls clubs, mentoring programs, tutoring, visitation centers, driver's education, life skills training, and many everyday supports that will enhance the skills of the family.

When external service needs are identified and agreed upon, Saint Francis assists families in making connections to the community, including agencies that provide for physical and mental health, substance use, vocational rehabilitation, disability services, education, or other identified needs. Case management teams assist families in utilizing health care benefits such as private insurance or Medicaid. When these resources are not in place, case management teams assist parents in applying for such benefits. Case management teams assist parents in applying for and accessing social security or SSI benefits.

Saint Francis teams find innovative ways to ensure children and families receive appropriate services and supports. If the cost is one that the birth parent is expected to pay, we assist the family in accessing services that are free of charge, have minimal fees, or accept sliding fee scales; identifying community funding sources; budgeting for the expense; and completing any related applications. Case management teams assist families in accessing churches, non-profit agencies, civic organizations, and other community supports as available and needed. As case management teams explore available resource options, the case worker uses this time as a teaching method to show the parent how to conduct these searches and connect to services. This empowers families to identify and complete this work with the case management team's assistance and increases the family's resiliency and ability to succeed in multiple areas.

Our teams encourage families to utilize services from the Salvation Army, NE 2-1-1, FoodBank for the Heartland Snap Outreach, Domestic Violence Associations, Health Departments, and many other community organizations when available. They educate families on the availability and use of a wide variety of community resources. The overall goal is to empower children, youths, and families to achieve their goals and maintain permanency by strengthening or creating family and community networks that will support them beyond their work with the agency.

For more information concerning our current community engagement efforts, and our community engagement plan, to connect families with resource providers in Douglas and Sarpy Counties, please see ENG-1.

Our case management teams have become very knowledgeable of available sources, program rules and the application process in order to teach families about concrete supports and community resources, and how to engage these services. As team members learn of external sources, those sources are shared at weekly team meetings.

A few of Nebraska Eastern Area resources include:

- **ACCESSNebraska:** Community Partners website listing such services and agencies as the American Red Cross, Assure Women's Center, CHI Health Community Benefit, Douglas County General Assistance, Family Housing Advisory Services, Lutheran Family Services, Maximus - Employment First, Salvation Army, SNAP Outreach at Food Bank for the Heartland, and Youth Emergency Services.
- **Iowa/Nebraska 2-1-1 (<http://211iowa.org/>):** An excellent resource for financial assistance, income and employment, crisis services, food, clothing, hygiene, and household goods,

health care, housing, transportation, child care, legal assistance, mental health and substance use disorder care.

- **Nebraska Counseling, Outreach and Mental Health Therapy Project (COMHT):** Funded by Nebraska DHHS, COMHT provides up to five (5) cost-free, confidential mental health counseling visits for Nebraskans who do not have coverage, have used their EAP visits or have high deductibles that are not yet met. It is a 2 minute phone call to be approved. Individuals just needs proof of residence (i.e. driver's license or a piece of mail with name and address on it).
- **Omaha Bridges out of Poverty, Inc.:** Provides Get Ahead classes for under-resourced individuals with a 75% success rate. They have life skills coaches for Getting Going which helps people reach their goals by building resources that will result in a stable lifestyle
- **Project Harmony Training Institute:** Has the goal of ending the cycle of child abuse and neglect through education designed to increase awareness and promote understanding of the impact of abuse and neglect. They offer all types of training on trauma there which is free to DHHS case workers and the current caseworkers.

PPF-2: The bidder should describe a plan of how it will assist eligible families with accessing the services and supports offered through DHHS's Division of Children and Family Services Economic Assistance Programs such as SNAP; LIHEAP; Medicaid, TANF, and EA.

Comply: X

Response:

Our qualified Family Support Workers make appropriate referrals for economic and employment services. Staff review financial selection options with the family and assist them in accessing DHHS's Division of Children and Family Services Economic Assistance Programs, and then in completing the application process for TANF, SNAP, utilities assistance, emergency assistance, daycare assistance or other subsidies or process their request for organization reimbursement.

Families may be eligible for DHHS Financial Assistance⁷⁵ Programs including:

- AABD (Assistance to the Aged, Blind, or Disabled)
- ADC (Aid to Dependent Children)
- Cancer Drug Repository Program
- Child Care Support (Subsidy)
- Child Support Enforcement
- CSFP (Commodity Supplemental Food Program)
- EBT (Electronic Benefits Transfer)
- EA (Emergency Assistance)
- Employment First
- LLIHEAP (Low Income Home Energy Assistance Program)
- Every Woman Matters
- Financial Services Administration
- Food Distribution Program
- Supplemental Nutrition Assistance Program (SNAP)

⁷⁵ DHHS's Division of Children and Family Services Economic Assistance Programs Eastern Service Area, 402-595-1258, 8-5 Monday -Friday. http://dhhs.ne.gov/children_family_services/Pages/fia_fiaindex.aspx

- Homeless
- In-home Services (SSBG)
- CHIP (Children's Health Insurance)
- Medicaid / Medicare
- Refugees
- SSI (Supplemental Security Income)
- WIC (Women, Infants & Children Program)

PPF-3: Plan to ensure an application is made through ACCESSNebraska for both public assistance and Medicaid

Comply: X

Response:

Saint Francis understands that Nebraska's DHHS administers and manages eligibility for Medicaid and Economic Assistance programs through ACCESSNebraska. Case Management Teams will work with and assist families in applying for benefits and handling their Medicaid and Economic Assistance needs through the ACCESSNebraska website⁷⁶.

As Saint Francis has done in other states, we will work diligently to develop relationships with Nebraska's Managed Care Organizations (MCO): CoventryCares (owned by Aetna), UnitedHealthcare Community Plan, and Arbor Health (owned by AmeriHealth Caritas) and will identify contact people in each of the organizations to collaborate and coordinate services. We have a Medicaid liaison who assures benefits are accessible to the child and the care provider for that child. Case management teams will have MCO desk aids to help them navigate each of the MCOs to facilitate coordination of services.

Our case management teams will help the families connect with ACCESSNebraska and work through the self-screening to determine the programs for which they are eligible to apply and will then assist them in completing the online application.

Higher-needs children and youth are assigned a Clinical Utilization member to work directly with the Medicaid Managed Care Organization care coordinator to assure the child and youth are able to access the care and treatment they need to support daily functioning. Our Clinical Utilization staff use a centralized referral process to work with the child's case management team, private and mental health providers, and GROs/RTCs who can provide the needed level of care.

PPF-4: Describe a plan to ensure a complete and accurate application is made to Social Security and the DHHS Division of Developmental Disabilities for children or adults who are disabled.

Comply: X

⁷⁶ AccessNebraska <https://dhhs-access-neb-menu.ne.gov/start/?tl=en>

Response:

When Saint Francis receives an initial referral for out-of-home/in home services, documentation is reviewed to determine the need to apply to the Social Security Administration (SSA) and DHHS Division of Developmental Disabilities for children or adults who may meet eligibility requirements following SSA Guidelines. Initial Requests are made within 30 days of referral for the following clients if they not already receiving Social Security Services:

- Children who have a documented diagnosis in the referral
- Children who have documented physical disabilities
- Drug exposed newborns
- Parents who have a documented diagnosis in the referral

When diagnoses are made by qualified professionals within 30 days of the initial referral from DHHS, case teams will seek qualifying documentation and submit the application to DHHS and SSA for determination.

The application is made for the qualifying child/parent including documentation from the DHHS intake and medical/mental health diagnosis. Case teams will request medical and mental health documentation from all known providers if information is not initially provided with the referral to Saint Francis. The case file will be available for review with the case team continually sending updated information, as needed, by professionals completing assessment and service delivery. Names of agencies and or professional individuals and contact information will be provide to the determining agency to gather additional information as needed. Parents and Caretakers will be contacted to ensure information is accurate. The agency will ensure the application is completed in its entirety. If information is unknown, the case team will make needed contacts to ensure the application is fully completed.

Saint Francis teams will work with parents when children are in the home to complete and submit the application to the required authorities. Assistance will be provided by the support staff as need to help parents navigate the process.

The following documents will be submitted along with any additional documents to start the determination process:

- Journal entry of court ruling for DHHS custody and out of home placement
- Documentation supporting the reason for referral for services
- Referral and Claim Form
- Medical Documentation

Support Staff will track the referral process starting with when the application was submitted, receipt of the submission, letters of determination, requests for documentation, and the date of determination and outcome.

If there is a need for training on the process, Saint Francis will reach out to the appropriate parties to administer the training component or help create a component with Saint Francis training staff.

If resources exceed the identified amount on the last day of a month, which makes a client ineligible for SSI the following month, per the SSI Admin, Saint Francis will work with the required agency and representative to spend the funds and provide receipts upon purchase.

PPF-5 Identify strategies for raising private dollars and /or grants to support its operations. As part of its explanation, specify if Saint Francis is recognized as a Title IV-E recipient in any other States or within any other tribes.

Comply: X

Response:

Throughout our seven (7) decades in operation, Saint Francis has continuously sought long-term fiscal and programmatic sustainability to serve the 13,753⁷⁷ children and youth that we see each day across the five (5) states we serve.

Saint Francis's Board of Trustees and the leadership team are committed to serving children who are at risk of being removed from their homes or have entered state custody. Saint Francis is investing the human resources, expertise, and proven track record to assist these children. We work adamantly to assure the success of our diverse programs.

In 2016, Saint Francis went the next step and created the Saint Francis Foundation to build financial support for Saint Francis's mission of provide healing and hope to children and families. Within the Foundation, the Development Office is engaged in relationship building (including church relations), endowment futures and generous supportive partnerships. We continually work to diversify our funding to meet the needs of children and youth who require safety from life-harming experiences, assurances that someone will be there for them, and direction on preparing for life.

Below is an outline of Development Office's Cultivation Strategies (Building Relationships):

The purpose of cultivation is:

- 1) To add prospects to our donor base and develop them to become active supporters and regular major gift donors.
- 2) To improve relationships with current board members, donors, volunteers, and other friends of Saint Francis Ministries to build a greater understanding of how they can help our agency achieve its mission.
Donor and volunteer recognition are critical to the cultivation process. Cultivation needs to be discussed regularly at board meetings to encourage each board member to become part of the cultivation process.
- 3) Identifying and qualifying donors, acquisition of new donors to increase donor base.
 - Increase acquisitions by 20%

Each team member maintains a portfolio of donors and are held accountable for:

- number of personal visits each year
- number of solicitations each year

⁷⁷ Ibid 4

Team members are assigned a region and are responsible for:

- Identification
- Qualification
- Cultivation
- Solicitation
- Stewardship of donors

I. Solicitation Strategies

A. Personal Solicitation Campaign

1. Board Solicitation

Time Frame: September-December 2019

of Prospects: 3

Goal: 100% giving; \$3,000

Method: Personal solicitation. Request amounts based on donor history (one-time annual giving in lieu of multiple direct mail solicitations; these individuals will, however, get notice of special events)

Solicitors: President of Saint Francis Foundation and Director of Development

2. Individual Solicitation

Time Frame: July 2018 – Dec 2018

of Prospects: 25-30 top individual donors, family trusts/foundations

Goal: \$700,000; 60% renewals, 15% gift upgrades (received/pledged for FY 2018)

Method: Personal solicitation by Development

Solicitors: Associate Directors of Development (Four team members)

3. Individual Solicitation

Time Frame: Jan 2019 – June 2019

of Prospects: 25-30 top individual donors, family trusts/foundations

Goal: \$700,000; 60% renewals, 15% gift upgrades (received/pledged for FY 2018)

Method: Personal solicitation by Development

Solicitors: Associate Directors of Development

B. Special Events through the Development Offices Events Coordinator.

1. Annual Event

Name:

Time Frame: FY 2019-2020

- # of Attendees: TBD
- Goal: TBD
- Method: TBD
- 2. Sponsor Night Name:
- Time Frame: Fall 2019
- # of Prospects: 250
- Goal: 250
- Method: Invite/host reception

C. Direct Mail

Each direct mail will have a different theme to encourage multiple gifts and to reach individuals with varied interests. Direct mail is the responsibility of finance director and fundraising assistant.

1. Christmas for Kids (DIRECT MAIL)

Letter to previous donors through Christmas for Kids (CFK), state/province, and CFK campaigns to encourage renewal in the 2019 campaign and possible gift upgrade

- Time Frame: August-December 2019
- # of Prospects: 10,000
- Goal: \$60,000 Cash \$160,000 in kind
- Method: Multiple Mail Appeals; newsletter articles, TV, publicity in workplaces

2. Kidz Kamp (DIRECT MAIL)

- Time Frame: April 2019
- # of Prospects: 1000
- Goal: \$32,000
- Method: Multiple Mail Appeals X2; newsletter articles, radio, development

3. Gift Planning Marketing Appeal

- Time Frame: Fall 2018/Spring 2019
- # of Prospects: 1000
- Goal: \$100,000 Deferred
- Method: Multiple Mail Appeals X2; development follow up

II. Strategic Goals (non-monetary goals impacting success of plan)

- Develop plan for ongoing recruitment/training of fundraising volunteers. Recruit a minimum of three (3) non-board volunteers to work in fund development (Development Council).
- Develop new prospects for both the personal solicitation campaign and direct mail solicitation; cultivate family foundations/trusts.
- Strengthen donor cultivation program and board and staff understanding of the purpose and process of cultivation.
- 100% giving by Saint Francis Community Services, Inc. and Foundation board, executive director, and key staff.
- 100% participation by board in some fundraising task, including cultivation of donors.
- Enhanced communications regarding fund development within the board and with prospects, including regular presentations at board meetings by fund development director.
- Actively involve Saint Francis staff in special events and fundraising activities.
- Strengthen coordination between Marketing, Church Relations, and Fund Development departments to further support fundraising efforts.
- Maintain systems for ongoing monitoring/evaluation of progress in all areas of fund development.

The Development team has identified and has been working with a pipeline of qualified individuals who have high capacity and affinity for the mission of Saint Francis. Our development team has immersed themselves in the communities they serve; they participate in civic groups, public events, and assume leadership roles in community organizations.

Saint Francis's Church Relations team engages churches of all denominations and shares the important work that is being done by Saint Francis. In return, several churches have hosted fundraisers, awarded grants, and directly given to programs and projects within Saint Francis.

Our eight-member Grants and Research Development Team actively seeks and is awarded federal, state, local, foundation, and corporate funding through successful grant applications. They have worked with state universities to research federal ACF and SAMHSA to assure best practices within child welfare and substance use disorders of parents of children in state custody.

The Grants team has worked with foundations in the Grant Island and North Platte area. They are actively learning the funding environment in the Eastern Service Area. According to the Foundation Center's Funding Directory⁷⁸, in the Omaha Metropolitan area alone there are 361 foundations.

⁷⁸ Foundation Directory Online, <https://fconline.foundationcenter.org/fdo-search/>

Saint Francis is a Title IV-E subrecipient in our Nebraska DHHS contract. We work to ensure that relative and kinship foster parents referred by DHHS complete licensing activities in order to maximize IV-E federal funding.

YTH Youth Service

YTH- 1 Specific strategies and interventions utilized to ensure young people nearing the age of majority (age 16 and above) are prepared to transition to adulthood.

Comply: X

Response:

Saint Francis’s case management teams connect with Independent Living and Education Coordinators to develop services and strategies that engage youth in life skills trainings to prepare them for a successful transition to adulthood. Life skills development is important for youth in our care, and learning these skills becomes a major component of the youth’s Case Plan as they reach the age of majority. Our philosophy is that learning life skills is a continual process adaptable to numerous environments in relative/foster care, residential living, or a permanent family.

We believe life skills are more easily learned when connected with practical and familiar everyday experiences and when learned with the support of relative/foster families or caring adult mentors. When the youth turns 14, case management teams help the youth develop a Learning Plan to begin teaching him or her the life skills needed for transition out of foster care. At this time, the Casey Life Skills Assessment (CLSA) is administered to guide the plan’s development. The CLSA is for youth ages 14 and older, regardless of permanency goal, to provide a baseline upon which a Learning Plan and subsequent Transition Plan can be developed. The CLSA will outline areas to strengthen for independent living as well as skills that need to be prioritized and developed. The case management team will then work with the youth and their caregivers to identify tasks and goals to be completed that will address the youth’s needs and increase their skill level. The CLSA is re-administered annually, or as needed, to track progress and make changes to the Learning Plan and/or Transition Plan that address the youth’s skill development and new areas of focus.

The Transition Plan is guided by the youth’s individual goals, the CLSA and other assessments, and the progress the youth has made in their Learning Plan. Each youth has the opportunity to develop a Transition Plan with a team of professionals to help him or her identify their goals and a strategic plan to reach those goals. Case management teams develop these plans in concert with the youth, their caregivers, biological parents if applicable, Independent Living and Education Coordinators, and their assigned PALS Specialist (from Central Plains) if applicable. It is important that the youth participate in developing their Learning and Transition Plan so that tasks and goals accurately reflect the youth’s voice, choice, and goals. This empowers the youth to begin, with the guidance of positive adults in their lives, to make the decisions that will prepare them for successful adulthood.

Saint Francis has identified eleven domains that will help youth and caregivers work together to accomplish life skills tasks:

- Daily Living Skills and Home Maintenance
- Housing and Community Resources
- Mental Health Resources
- Money Management
- Health, Medical Care, and Personal Hygiene
- Personal Safety
- Work and Study Skills
- Personal Development
- Relationships and Communication
- Technology Access and Internet Safety
- Secondary Education Planning

The case management team will work with the youth and youth's care giver to identify domains in which the youth may improve. The caregiver can then work with the youth to develop these areas and review this improvement with the case manager. These hands-on activities and tasks can be provided as part of the monthly provider report sent to the youth's case management teams. Furthermore, a youth's life skills plan checklist and accomplishments, as well contact information to positive adults and others important to the youth, will be compiled and given to the youth or caregiver after permanency is achieved and can be referenced by the youth to review life skills strategies when needed.

In order to attend postsecondary educational programs, it is critical that young people preparing to leave foster care have their Driver License, their Social Security Number with card, Social Security benefits when eligible, and their FAFSA completed. Saint Francis Independent Living Coordinators will work closely with PALS Specialists from Central Plains Center for Services, the current provider for Nebraska John H. Chafee Independent Living and Education and Training Voucher (ETV), to ensure youth have these documents and have applied for educational funding opportunities.

Saint Francis staff will collaborate with the community to identify and develop local resources that promote independent living skills. These resources are detailed in the following subsections. Saint Francis case management teams, IL Coordinators, and Education Coordinators will also utilize programs and practices that provide evidence-based, trauma informed strategies to engage youth in healthy development of these skills. Utilized strategies, services, and programs include, but are not limited to, the following:

- Trauma Systems Therapy (TST)- designed for children and families for whom trauma is not only part of the past, but an ongoing part of their present and everyday life. It is designed for children and families facing ongoing stress in poverty, family and community violence, parental mental illness, and substance use. Frequently, these children receive care in service systems that are frayed and fragmented.
- Youth Thrive- Youth Thrive offers financial literacy curriculum for youth as well as opportunities to save money through a matching program. Youth Thrive teaches youth to open a savings/checking account, establish emergency funds, maintain credit score, and budget for items and activities. Also helps recruit support families and support systems.

- *Your Money Your Goals*- Developed by the Consumer Financial Protection Bureau. Prepares staff to answer youth's questions about financial responsibility.
- *The Opportunity Passport Program*- Provides education and incentives for youth to save money and develop healthy spending habits. Programs include teaching youth how use bank services, set financial goals, maintain positive credit history, rent housing, and smart purchasing and provides a 2:1 savings match rate for youth so that they may save money to purchase a car, make repairs, pay for education, or other items.
- *Youth Advisory Council*)- Monthly meeting facilitated by IL Coordinator. Youth who have already transitioned out of foster care can meet with those who are in the transitioning process. Meetings provide insight into service gaps or programs that could be developed to help youth succeed.
- *Healthy Empowerment Adolescent Relationship Training (HEART)*- An evidence-based skill-building program for youth ages 10-18 that educates youth about healthy relationships. This curriculum enhances the youth's five core competencies of social and emotional learning: Self-Awareness, Self-Management, Social Awareness, Relationship Skills, Responsible Decision Making.
- *Senior Services/Fatherhood Initiative Program*- Programs for pregnant or parenting teams to teach positive parenting skills and provide mentoring services.
- *Bridges to Independence (B2i)*- Coordinated by DHHS for young people between 19 to 21 years of age who are aging out of foster care. Provides a dedicated Independence Coordinator for qualifying youth, Health Care insurance if eligible through the Affordable Care Act or through Medicaid, and a monthly maintenance payment. Helps youth access resources available through DHHS.
- *Project Everlast*- Project Everlast is a grassroots effort that promotes using community resources to improve a youth's opportunities and networks for housing, transportation, health care

a. Exposure to employment opportunities

Saint Francis provides skilled and professional staff to connect youth in our care to education and employment opportunities in the community. Education and IL Coordinators partner with the youth's case management team to ensure that those in our care have maintained the required academic record to graduate high school, complete the GED, and explore college and other certificate or trade programs. Education and IL Coordinators connect with local and other resources as well as provide case management teams with the information and tools needed to guide youth in achieving their post-secondary education and employment goals (please see below for more details).

Employment life skills goals and tasks will be included in the youth's Case Plan. The case management team will work with the youth, the caregivers, and other natural supports and positive adults in the youth's life to develop an employment life skills plan that uses the youth's voice and choice to set goals and establish tasks to achieve those goals. This process begins with an employment assessment that determines the youth's aptitude and interests and includes work readiness tasks to promote skill development. Case management teams may assist in job searches, application and resume development, interview preparation (including professional attire and mannerisms), finding transportation options, promptness, filling out tax forms, and fulfilling job duties.

IL Coordinators and other Saint Francis staff will connect youth and their caregivers to appropriate community resources that will aid in their achieving employment and other independent living goals. Saint Francis has collaborative working relationships with many community providers that connect youth to employment services in Nebraska, and we will continue to make these connections. These resources include, but are not limited to, workforce centers, youth friendly employers, disability services, job readiness programs, Project Everlast, and PAL services.

Saint Francis staff will also connect youth who may have cognitive, physical, or other disabilities to community-based resources that offer specialized employment prep services and other programs not readily available in traditional job readiness programs. To provide employment services to this population, Saint Francis staff and IL Coordinators will be trained to work with DHHS to fulfill the roles and responsibilities outlined in the Nebraska Department of Education Vocational Rehabilitation and Opportunity Act of 2014.

Case management teams will refer youth ages 14 and older who have a disability and/or who are receiving services under an IEP based upon disability to appropriate education and employment resources as specified in the federal Workforce Innovation and Opportunity Act (WIOA) guidelines.

b. Driving and obtaining a driver's license

Learning to drive is an important and traditional rite of passage for most individuals transitioning into adulthood, and we believe that youth in foster care should experience this same opportunity. Obtaining a driver's license or being able to secure transportation on their own empowers youth to become self-sufficient adults capable of facilitating their own goals of independence. Urban areas often have a greater variety of transportation options, such as a bus system, while those in more rural areas rely on driving and car access to get to a job, important appointments, and other activities. Because of this, Saint Francis staff will work with youth to enhance their ability to use various forms of transportation, from public transportation to maintaining a driver's license, car, and car insurance as needed.

Saint Francis supports youth age 14 and older, who are legally and functionally able to do so, in obtaining a driver's permit or license as appropriate to their age and independent living goals.

Obtaining a driver's license can be difficult for youth in foster care. Often, youth do not have a car to practice with, and the cost of adding a teen driver to an insurance policy can be prohibitive for most caregivers.

IL Coordinators will assist case management teams to help youth enroll for driving programs offered in high schools or private driving schools, as well as work with the youth's natural support system, such as foster families, relatives, mentors, and other positive adult connections to facilitate the youth in accomplishing this task. As mentioned above, Saint Francis staff will help youth compile and secure the necessary documentation required to obtain and maintain their driver's licenses.

Examples of community-based resources that help facilitate youth in obtaining their driver's licensing and/or transportation include, but are not limited to, public school and private driver's education classes, the Nebraska Department of Motor Vehicles, Project Everlast, Opportunity Passport, Your Money Your Goals, Youth Thrive and other Home and Community Based Services (HCBS).

c. Laundry, cooking, hygiene

It is important for youth to learn basic, everyday living skills like cooking, cleaning, laundry, hygiene, and home repairs. Youth who aren't in foster care learn these skills through their family members as they grow up. Youth in foster care, especially those who have experienced multiple placements, may have had more difficulty in learning the basic life skills that most of us take for granted. We believe that learning these skills in a natural setting with the help of caregivers, like their peers who are not in foster care, can greatly help youth develop self-sufficiency in the home.

Saint Francis case management teams will collaborate with youth and caregivers to cultivate environments in which the youth has several opportunities to practice basic life, experiential, and social skills. This promotes the youth's ability to care for his or her self and function in the community. Caregivers and case managers may demonstrate these skills in the home or at local community resources such as laundry mats and grocery stores to promote hands-on training in the appropriate settings. The youth's skill level and areas of focus are determined by assessments such as the CLSA, observation during Worker/Child visits, and caregiver and youth feedback.

Saint Francis has worked with foster youth alumni to take part in a "life skills workgroup" to develop life skills checklists categorized by age that reflect their experiences in learning and applying life skills after transitioning out of foster care. This list can be shared with caregivers, foster parents, residential providers, and kinship and birth families. These checklists will ensure that the youth is receiving life skills education through hands-on activities that strengthen the youth's understanding of and competency in completing day to day tasks. The checklist can be updated and incorporated into the case management team's monthly provider report as well as become a part of the youth's "Life Book" (see CSM-1 for details on "Life Books").

d. Instruction on banking, checking, debt, and general financial capability knowledge

Nebraska is blessed to have a number of financial literacy opportunities available to young people preparing to transition out of foster care. Through Nebraska John H. Chafee Independent living and Education and Training Vouchers, young people will have an opportunity to participate in the Jim Casey Youth Opportunity Initiative and Opportunity Passport, a matched savings program that helps older youth and young adults improve their financial ability through financial literacy training. They can participate in Consumer Financial Protection Bureau's Your Money, Your Goals, a program designed to improve young people's financial empowerment through financial case management. Saint Francis will work closely with the PALS Specialists to engage young people in these training opportunities.

Financial literacy is a component of the youth's learning and transition plans and is developed by a Saint Francis IL case management team composed of an IL Case Manager, IL Support Worker, and IL Coordinator. The youth's financial knowledge is initially gaged using the Casey Life Skills Assessment, and necessary tasks to advance and develop financial skills can be updated and adapted to reflect the youth's age and functioning level, individual goals, and accomplishments. Saint Francis case management teams will connect with Central Plains Center for Services PALS Specialists to provide youth in our care to a variety of community resources, programs, and supports that increase financial literacy and empower youth to make positive financial decisions. Each program emphasizes the correlation between budgeting and stability and will provide the following:

- Encouragement of youth of working age to obtain a savings/checking account;
 - To overcome potential barriers posed by the need for co-signors, we seek out financial institutions that allow minors to open accounts without co-signors and refer youth to those institutions.
 - Youth are often assisted with saving money by our requiring them to save a certain percentage of their pay and hold the money for them until they discharge from their facility, so the youth has actual savings. This is great since youth do not always naturally want to save money.
- Assistance to children/youth who have an income source to:
 - Establish a savings plan and, if available, a savings account to manage independently (>14 years old)
 - Obtain a savings or checking account with a financial institution (18-22 years old); and
- Financial Literacy education and support that includes:
 - Obtaining and interpreting (and protecting, repairing, and improving) a credit score;
 - Saint Francis IL staff will assist each child 14 years or older in obtaining a consumer credit report. This will reoccur on an annual basis until the youth has achieved permanency.
 - Avoiding predatory lending practices;
 - Saving money and accomplishing financial goals through prudent financial management;
 - Using basic banking and accounting skills, including balancing a checkbook;
 - Using debit and credit cards responsibly;
 - Understanding a paycheck and items withheld from a paycheck; and
 - Protecting financial, credit, and identifying information in personal and professional relationships.

IL Coordinators will connect and collaborate with other local community resources and settings that offer financial education and hands-on trainings. Case managers and placement providers may use these tools and resources to educate and model life skills to youth. Such settings include banks, utility companies, grocery stores, auto sales and repair shops, apartments, and other venues. These presentations will be made available to youth on a frequent basis so that they may demonstrate and apply their learned skills in specific situations.

e. Housing

IL Coordinators will connect case management teams to tools that will help youth research and apply for housing resources as well as help the youth locate a safe place to live. Case management teams will help the youth plan and research various communities in which the youth is interested in living as a young adult so that the youth may become readily aware of the suitable and affordable housing options available to them. Case management teams will help the youth establish a housing plan several months ahead of the youth's exit from foster care so that he or she may have time to locate and complete housing applications. Case management teams will also assist in completing Section 8 housing applications ahead of time to help the youth get onto waiting lists.

IL Coordinators engage a variety of community stakeholders to provide youth with access to local resources that promote finding and maintaining safe and stable housing. In Nebraska we will work closely with the following organizations to help youth in our care achieve their housing goals: continuum of care committee, Department of Housing and Urban Development (HUD), PALS Services, B2i Program, and Project Everlast.

In Wichita, Kansas, we have worked closely with the Continuum of Care Committee to apply for HUD funding to house homeless youth and plan to do so in Nebraska as well. This group is a gathering of agencies interested in improving resources and access to those struggling to find safe and secure housing. If the Continuum of Care Committee is not developed in the Eastern Service area, Saint Francis will work with existing community resource groups to ensure adequate housing is available to young people aging out of foster care.

For young people to be self-sufficient, they need to know how to get assistance when they need help. This is particularly true for those young people who age out of foster care without a supportive adult in their lives. Project Everlast, through their Central Navigation and referral system, can help refer young people to resources that will help them secure appropriate housing and receive assistance in finding employment or even food. Saint Francis will work closely with Project Everlast and other community resources to educate young people in foster care about where to go to find housing, education, a job and resources for food, transportation, healthcare and mental health resources when they are on their own.

Natural resources for housing are also discussed with the youth, such as living with a relative, former foster parent, or trusted adult. When appropriate, our Kinship Workers will work in concert with DHHS to locate, engage, and assess natural family and kinship supports the youth may choose to live with after they leave our care. Please see CSM-1 for more details.

f. Contact information for relatives and supportive adults

Youth need the support and guidance of permanent supportive adult connections long after they exit from foster care to be successful in their adult lives. Saint Francis is dedicated to supporting youth in continuing and/or building those relationships; it is to the youth's benefit to have as many supportive connections as possible within their support network. This may include biological parents, relatives, former foster parents, teachers, coaches, and others with whom they have formed a positive relationships.

In Kansas's Wichita Region, we have succeeded in finding at least one responsible adult connection for 90.6% of youth aging out of foster care in FY18⁷⁹. We will bring this same level of diligence to the Eastern Service Area as we strive to find a suitable mentors and positive adult connections for youth in our care.

Case management teams explore potential kinship and family caregivers upon referral if necessary, and we continue to perform kinship searches throughout the life of the case as needed, to connect youth in our care to stable influences. We encourage positive adults to participate in the youth's case management tasks and goals, and case managers have methods in which to engage supportive adults in the youth's transition process so that these connections may be maintained and continue beyond foster care.

⁷⁹ Ibid 3

Elements of the HEART (Healthy Emotions and Attitudes in Relationships) curriculum will be used during the life skills development training with youth and placement providers. Practicing the skills learned through the HEART program may help the youth recognize and maintain healthy relationships with positive adults and others important to him or her.

When maintaining relationships with biological family members is unattainable, Saint Francis uses strategies similar to kinship searches to connect youth to other community resources that promote positive family-like relationships.

Foster families are encouraged to become mentors, guides, and supportive presences in the lives of the youth coming into their homes. Youth are also given opportunities to expand their horizons and make connections through church, the Fostering in Faith program, YMCA, school activities, sports, 4-H, camps, Big Brothers Big Sisters, CASA, youth advisory councils, and others. Positive adult role models and mentors willing to support the youth throughout their adolescence and adulthood are often found in these community connections.

g. Physical and mental health

Saint Francis connects youth to necessary physical and mental health resources as part of their Case Plan. It is important that youth be able to stay connected to these services as they transition to adulthood as well as be familiar with the process of locating and acquiring other services to address their medical needs after they leave our care.

To maintain a youth's connection to medical services, Saint Francis staff will begin providing information about the Bridge to Independence (B2i) program offered through DHHS, and we will attend meetings with youth and B2i employees. This program assigns an Independence Coordinator to those young people who age out of foster care. The Coordinator will help young people enroll in Medicaid or help them find insurance through the Affordability Care Act so they can access health care for medical and mental health needs.

Young people will also receive education regarding accessing help through the Central Navigator in Project Everlast so that they may utilize this resource after leaving our care. Saint Francis will assist the youth in the basic skills needed to locate and schedule medical appointments, manage medication, complete paperwork to prevent lapses in medical coverage, and understand their medical rights and responsibilities.

For youth with identified complex needs, a Clinical Care Coordinator is assigned to support access to needed services. The Clinical Care Coordinator's role is to assist case management teams in assessing for and assuring appropriate referrals through a mental health liaison as well as collaborating with MCOs, CMHCs, vocational rehabilitation, or applicable providers that can serve the youth's identified needs. Children and youth with profound disabilities or other special needs that limit their ability to achieve age-appropriate life skills and self-sufficiency as adults, or those with debilitating conditions requiring long-term or life-long care plans, are referred to specialized community resources. Clinical Care Coordinators ensure youth are also assessed for HCBS waivers if applicable, refer youth for SSI, and coordinate with APS when transitioning to adult community support services.

Youth with intellectual/developmental disabilities who may be in need of a guardian and adult services are served by case management teams and IL coordinators who have extensive knowledge of the paperwork and timeframe requirements to move through this intricate process as quickly as possible.

The case management team and IL Coordinators work with the youth to complete an aged out medical application within the last few months prior to their exit from foster care and submit it immediately upon their release to avoid a lapse in medical coverage for the youth. These and other documents are secured and given to the youth or caregiver when exiting foster care. The youth are taught the appropriate way to maintain these documents for future use.

Pregnancy and parenthood are realities for some youth during their adolescence. Saint Francis staff supports the health of pregnant teens and their children by making sure they receive prenatal care. Saint Francis may utilize maternity group homes or foster homes that are trained to serve pregnant and parenting teens and can provide nurturance and guidance to new mothers.

Saint Francis offers support to young fathers through the Fatherhood Initiative program. Young fathers may also participate in a fatherhood program through the Mental Health Association.

h) Opportunities to visit colleges, explore certificate or trade programs, and complete the FAFSA

Education is a significant stepping stone on a youth's path toward self-sufficiency. Educational goals may be different for each youth depending upon their career interests, and their educational goals may change as they mature and expand their experiences. Saint Francis emphasizes the importance of graduating from high school and works with community resources to support that goal. Saint Francis staff strive to connect youth to secondary education programs that reflect and support the youth's individualized independent living goals, whether those be a community college or university, certificate or trade program, or other program that promotes professional skill development.

In order to attend postsecondary educational programs, it is critical that young people preparing to leave foster care have their driver's license, their Social Security Number with card, Social Security benefits when eligible, and their FAFSA completed. Saint Francis Independent Living Coordinators will work closely with PALS Specialists from Central Plains Center for Services, the current provider for Nebraska John H. Chafee Independent Living and Education and Training Voucher (ETV), to ensure youth have these documents and have applied for educational funding opportunities.

Education Coordinators work closely with the youth's case management team, actively participating in case planning and staffing as needed, to ensure that appropriate educational services are provided for youth age 13 and older. The Education Coordinator's role includes, but is not limited to, the following:

- Advocating for the youth to assure that proper educational services are provided during out of home placement
- Attending IEP's, 504 meetings, and other educational planning processes
- Maintaining educational data in case management systems
- Tracking and monitoring grades and credits for youth 17 and older
- Providing training for reintegration staff related to educational services and advocacy
- Assisting youth in arranging for GED and post high school education services.

Education Coordinators provide information to and consult with case management teams to provide services and supports to help the youth achieve academic success; they work to help youth maintain and track pre-graduation credits and academic accomplishments so that they may

graduate and be prepared to enter post-secondary schools and/or other training programs that promote professional skill development and employment stability. Education Coordinators may also assist the case management team or youth in filling out the appropriate paperwork, such as FAFSA or other enrollment forms, to apply for education services.

IL Coordinators will work with Central Plains PALS Specialists to facilitate and conduct visits and tours to colleges, trade or certification schools, and other post-secondary education sites; obtain and distribute resources and scholarship information to case management teams; and maintain working relationships with community-based resources that provide job skills training.

Saint Francis greatly values and understands the importance of both education and training in creating a stable home and achieving safety and well-being. We strive for every young person referred to our care to finish high school or complete the GED. We ensure that youth have the opportunity to attend college, vocational/trade school, or a specific career skill development training program. Youth who seek alternative education and non-traditional education settings are assisted in locating and obtaining the resources necessary to assure their academic success.

Saint Francis will work closely with Central Plains Center for Services to explore postsecondary opportunities for young people and to identify youth who qualify for services from Central Plains. We will also collaborate with Central Plains PALS Specialists to connect youth to programs and services that assist them in financing their education and succeeding in their chosen career as well as connect them to other employment opportunities in their communities. Such programs and services include, but are not limited to,

- Education and Training Vouchers (ETV) Program
- Opportunity Passport
- Youth Thrive
- Tutoring support service
- Authentic Youth Engagement
- Your Money, Your Goals
- Preparation for Adult Living Services Programs (PALS)
- Partnership for Youth Development and the Work Force Initiative and Opportunity Act (WIOA)
- Goodwill Industries

With these programs and services, eligible youth will be able to transition from foster care aware of employment and education options that will help them establish stability and develop professional skills that will promote their success as adults.

YTH- 2 Plan of how Saint Francis will administer and report on the National Youth in Transition Data (NYTD) Survey

Comply: X

Response:

As subrecipient, Saint Francis will report data for the National Youth in Transition Database (NYTD) for youth in our care beginning at age 17. Saint Francis Independent Living Coordinators will have this responsibility. The IL Coordinators have years of experience in

administering the survey in Kansas and ensuring the data is accurately reported. Newly hired IL Coordinators will be trained by experienced staff to make efforts to locate youth to ensure survey completion on youth required to be reported to the NYTD as well as cooperate with DHHS to administer, complete, and report NYTD surveys during each designated survey collection period.

YTH- 3 Development, implementation, and management of data for youth who are being provided independent living services.

Comply: X

Response:

Saint Francis currently utilizes an electronic Child Management and Information Systems (CIS/CMS) for data collection of placements and trend management, including placement needs. This custom-designed, intuitive, and user-friendly data management system is a cloud-based system that assures security and access regardless location across geographical locations. The CIS/CMS system is ideal for staff out in the field, as the system can be easily utilized via portable devices, and digitized forms will provide easy migration to other data systems, such as N-FOCUS, for ease of reporting for compliance with DHHS requirements and for the completion of Court reports. Saint Francis's Information Technology team is currently developing a secure, state-of-the-art electronic data management system for our services that is expected to launch mid-2019.

The Saint Francis Information Technology team, in conjunction with our Quality Assurance and Performance Improvement Departments, are able to modify our reporting system to comply with the standards and expectations of the State of Nebraska, this RFP, and N-FOCUS reporting methods (please see IST-1 for more details). This allows Saint Francis staff to capture information regarding case planning, service delivery, assessments, case review, and other needs, as well as communicate contract specific outcomes and provide Performance and Continuous Quality Improvement (please see CQI-1 for more details).

As stated in the Nebraska Full Service Case Management for Child Welfare Services RFP 5995 Z1, Section V.C.2.h, Saint Francis will develop and implement a system to record and report necessary information to ensure that youth transitioning into adulthood are provided the appropriate Independent Living Services. Saint Francis will submit a system plan and report template within thirty (30) days after award of subaward to record and report on the following:

- Number of youth referred to Saint Francis that are receiving IL Services
- Number of youth referred to a subcontractor/second tier Subrecipient for IL Services
- Number of youth eligible for IL services but who are not receiving IL services and the reasons for not providing services.
- IL services that each eligible youth is receiving each month
- Monthly summary of any community planning the Subrecipient participates in to prepare youth to become self-sufficient.

Saint Francis is familiar with the reporting requirement and the expectations of the State of Nebraska. We successfully manage reporting requirements for services that we currently provide in Nebraska, including Intensive Family Preservation, Intensive Family Reunification, Family Support and Visitation, and Agency Supported Foster Care. We will ensure that our data

system is compatible with this contract and will be programmed for the specific requirements of this contract.

YTH- 4 Understanding of normalcy activities, the activities' importance, and strategies that promote normalcy for youth in its care through the use of the Reasonable and Prudent Parent Standard [Preventing Sex Trafficking and Strengthening Families Act, at 5 U.S.C. §§ 552, 20 U.S.C. § 1001, 25 U.S.C. § 450b, 28 U.S.C. § 1738B and 534, 42 U.S.C. §§ 1301, 1315] when making decisions involving the participation of the youth in age or developmentally-appropriate activities that provide opportunities for youth to grow emotionally, socially, and developmentally and to have the most family-like experience possible.

Comply: X

Response:

Saint Francis works to help youth transition from foster care into successful adulthood by providing opportunities in which youth can engage in developmentally and age-appropriate experiences that strengthen healthy emotional and social development. Saint Francis understands the federal Preventing Sex Trafficking and Strengthening Families Act of 2014, and we will implement "Reasonable and Prudent Parenting Standards" to train foster parents on the appropriate way to make decisions affecting youth in their care regarding extracurricular, enrichment, cultural, social, sporting, and other normalcy activities.

The Saint Francis Supported Foster Care program currently works with DHHS local staff to develop Foster Care Recruitment and Retention Plans that are reflective of the types of foster parents needed to meet the unique needs of foster care youth. Saint Francis trains all affiliated foster homes on the Reasonable and Prudent Parenting Standards. We will use and train any subcontractors to use a "Reasonable and Prudent Parent Standard" to decide whether a child may participate in an unsupervised activity. Activities may include, but are not limited to:

- Participation in academic and non-academic extracurricular activities within the child's school;
- Allowing the child to visit with friends or attend regular social and recreational events;
- Supporting a child's employment efforts; and
- Participating in other activities agreed upon by the caregiver and the child, without the need to seek initial approval.

Saint Francis requires care givers and staff members to complete normalcy training prior to working with clients. Normalcy training includes information as to how and when to apply this standard and emphasizes how important it is for children in care to participate in age-appropriate activities and experiences that allow for healthy development and well-being. Through normalcy training, foster care families and other caregivers learn the importance of providing appropriate social and educational opportunities for youth so that they may grow emotionally, socially, and developmentally within the most family-like experience possible.

Youth in foster care should, as much as possible, have the same opportunities to experience the same childhood and adolescent milestones as other youth. This includes participation in such activities as sports and other extra-curricular events, school dances, employment and traditional high school graduation celebrations. Foster youth are also given the opportunity to develop community leadership skills and participate in youth councils.

We believe that young people taking an active role in their community is an activity that enhances self-advocacy and enables youth to enact positive social and programmatic changes that may benefit their lives. Community involvement empowers youth to develop leadership skills as well as grow socially and emotionally. Working with adults to promote an idea or solve a problem enhances the protective and success factors for young adults. Facilitating youth who have transitioned from foster care in becoming peer mentors to younger youth in foster care through YOUTH ADVISORY COUNCIL meetings can help offer support to those struggling to gain independence also creates a self-supportive and compassionate community geared toward success.

Saint Francis offers other trainings, programs, and services that promote the understanding of normalcy activities and their effect on youth in foster care. Parent Resource Information, TIPPS-MAP and Healthy Empowerment Adolescent Relationship Training (HEART) are such trainings and programs. These resources teach skills that help caregivers build stable and culturally humble family-like environments as well as help case management teams and caregivers promote the social and emotional development of youth.

EDO Educational Outcomes

EDO- 1: Describe a plan of how Saint Francis will maintain and achieve educational outcomes for children it serves.

Comply: X

Response:

Saint Francis will provide the children and families of Nebraska's Eastern Service Area with a full continuum of care, not only related to foster care but also to prevention services aimed at strengthening families, thus the incidence of removal of Nebraska children from their homes. Whether the child remains in his/her home or is in out of home placement, Saint Francis endeavors to facilitate the best possible educational outcomes for children served. Assessments and close work with the family help ensure children will receive an education to meet their needs. More on this is explained in YTH-1.

Related internal data collection is a shared responsibility between Saint Francis Case Management teams, Provider Relations, Performance Improvement/Quality Assurance (PI/QA) staff, and IT. Please see CQI-1 to learn more about Saint Francis's data collection and analysis related to the Well-being Outcomes in the RFP and Operation Manual that are most directly related to this proposal section—"School Stability," "Completed 12th Grade," "Children receive adequate services to meet their needs," "Families have enhanced capacity to provide for their children's needs"—along with all outcomes related to the performance of this contract. Additionally, Saint Francis tracks the following related measure for children served in out of home placement (OOH), regardless of contract:

- Educational Progression
Children in OOH placement for 365 days or longer will progress to the next grade level.

a. Foster Care/Out of Home Placement and Maintaining Home School

The children and families served deserve to have their voices heard in identifying and considering choices for relative/kinship placement and preserving the child's enrollment in his/her home school when possible. This is in line with mandates to place the child in the least restrictive and intrusive manner possible and strengthen families by involving them in the placement process to increase the likelihood that the child will be placed in a home with familiar caretakers who are in tune with the child's culture, lifestyle, and needs, and with whom the child already has a relationship.

As described in sections CSM-1 to CSM-4 and PLC-1 to PLC-3, Saint Francis recognizes the imperative to place children in the most familiar environment that can best meet the child's unique needs, in addition to increasing the chances for permanence and staying within their own home communities and schools, to reduce the potential for further trauma and provide as high of a degree of normalcy as possible. To this end, Case Management Team members will work with children and families to identify potential kinship/relative resources as placement options and prioritize the child's school home school placement when evaluating placement options, unless it's determined that the child's home school doesn't meet the child's needs.

In the absence of appropriate kinship options, Placement Coordinators review available openings with foster families in the child's home community and school (or preschool) catchment area. The process considers a multitude of factors, including gender, race, ethnicity, culture, language, school needs (e.g. special education), community/family support systems, behavioral issues, supervision needs, daycare, after-school programs, health and dental care, medication management, access to mental health resources, self-sufficiency needs, and potential for permanency. Saint Francis's goal is to make the child's first placement the only placement until permanency is achieved.

Placing children in their home communities requires a healthy local foster and out of home care system that addresses the individual needs of children. Saint Francis will work with existing providers and develop a process to recruit and retain safe foster care families in Nebraska's Eastern Service Area. The community-based care network will work together recruit and retain foster families who are willing and able to maintain a child's cultural and ethnic connections, care for sibling groups, care for older youth, and care for children and youth with high emotional, mental, and behavioral challenges.

Since 2014, Saint Francis has participated in meetings with the National Center for Diligent Recruitment and has assisted in the development of the Diligent Recruitment Plan. As stated on their website, "diligent recruiting is a systematic process through which child welfare agencies recruit, retain and support foster and adoptive families that reflect the ethnic diversity of children awaiting placement." Saint Francis staff will continue to actively participate in future workgroups associated with the plan. Our approach to foster care home recruitment focuses on directly communicating the needs of children in out of home care to specific communities, potential adoptive families, local leaders, and stakeholders. Community engagement and foster parent recruitment are thoroughly discussed in ENG-1 and PLC-1 to PLC-3, respectively.

In situations where the child cannot be kept in his/her home school because it's not in the child's best interest, Saint Francis will assure that the child is enrolled in his/her new school immediately. Although Saint Francis cannot legally transfer school records to other schools, the child's Educational Coordinator will assist in coordinating the transfer of school records, to help assure the new school has all educational records as they become available. If the child's home school does best serve the child's needs and placement resources are not available within the school attendance/transportation boundary, Saint Francis will arrange for transportation so the child's school placement can be maintained. Case management teams will work closely with the child's school and the State to make this determination. Transportation arrangement is described in table EDO-1.A below.

EDO-1.A. Arranging Transportation

Steps taken to arrange transportation so that the child can remain in his/her home school—if in the child's best interest—include:

- Working with the child's placement, to see if they can transport. They're paid mileage.
- Collaborating with the school system to see if there is a way to get kids to the nearest bus route.
- Coordinating with other resources, such as any local transportation programs.

More on arranging transportation can be found in the next section, EDO-2.

Regardless of whether the child remains in his/her home school or is transferred to a school that meets the child's needs, Saint Francis will generate, and assure the child's school receives, the DHHS School Notification Letter both when a child becomes a state ward and when wardship ends. This helps assure that the school is notified of the child's situation and can collaborate with us regarding the child's needs and provisions for the child's safety. Likewise, when applicable, Saint Francis will complete the Educational Court Report attachment so the court remains apprised of educational matters that are of interest to the court.

Saint Francis Case Management Team representatives will attend all Individual Education Plan (IEP) or Multi-Disciplinary Team (MDT) meetings regarding the child and will review and include in the case file all grades, report cards, progress reports, IEP reports, etc. to document and help meet the child's educational needs. When applicable, we will also complete the Early Childhood Development referral and follow through with recommended services/assessments.

b. Unique Educational Needs

As outlined in section CSM-1, children entering care are assessed, via various methods, to determine a full battery of unique needs, including those related to education, and that information is used to create and update service plans. This is extremely important to furthering educational outcomes for youth served, as a child has a higher likelihood of being able to concentrate on educational pursuits if his/her other, more basic and priority, needs are identified and met. Those assessments are regularly reviewed by a case management team that includes an Education Coordinator, whose focus is on the educational outcome facet of children's needs and

gathering copies of the child’s case plans, and birth certificate, as well as medical and educational/school information and other relevant details (see YTH-1).

The case management team also helps the child maintain a “Life Book,” which is akin to a scrapbook and includes glimpses into the more intimate aspects to caring for the child. The Life Book typically contains items and information that is personal or meaningful to the child, such as photographs of family and friends, awards earned in school, notes and cards, artwork, and the like. The school information included in the Life Book can help give the child a sense of continuity and connected across possible school and/or family placement moves, providing them with valuable reminders of successes at school and of their academic potential, and giving the child’s caregiver a personal foundation on which to keep building the child’s confidence to remain engaged in school despite current circumstances. More on Life Books can be found in CSM-1. Per the Operation Manual, we will provide to the placement and care agency a “Statement of Disclosure” of all known information specific to the child, including medical, behavioral, and educational information, that is signed by the foster parent and retained in the child’s file. This is yet another tool in the child’s caregiver’s collection to help ensure that education is promoted accordingly.

c. Furthering Educational Outcomes—Beyond Current School Attendance

As educational outcomes involve more than the child’s current schooling, the following table EDO-1.B highlights how various services/activities within Saint Francis’s full-service continuum contribute to improved educational outcomes for children/youth in foster care/out-of-home placement, while in care and beyond.

EDO- 2: Describe Saint Francis’s knowledge of the Every Student Succeeds Act and how we will meet the requirements of this act	Comply: X
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Response:

According to the DOE Non-Regulatory Guidance: Ensuring Educational Stability for Children in Foster Care, the educational needs of foster care are sobering:

“Children and youth in foster care represent one of the most vulnerable student subgroups in this country. Of the approximately 415,000 children in foster care in 2014, nearly 270,000 were in elementary and secondary schools. Studies find that children in foster care are much more likely than their peers to struggle academically and fall behind in school. Students in foster care at age 17 are also less likely to graduate from high school, with only 65 percent graduating by age 21 compared to 86 percent among all youth ages 18 to 24. A recent study found that children in foster care in California scored lower on assessments and showed less progress in scores over time compared to peers of similar backgrounds who were not in foster care.

Children in foster care experience much higher levels of residential and school instability than their peers; one study showed that 75 percent of children in foster care made an unscheduled school change in one school year, compared to less than 40 percent for children not in foster care. Unplanned school changes may be associated with delays in

children's academic progress, leaving highly mobile students potentially more likely to fall behind their less mobile peers academically. Children experiencing this type of instability, including many students in foster care, are thus more likely to face a variety of academic difficulties."

According to the National Youth in Transition Database (NYTD) maintained by the U.S. Office of the Administration for Children and Families, Children's Bureau, the State of Nebraska experiences similar, but slightly lower, educational outcomes as described above, with 55% of youth aged 21 in Fiscal Year 2015 reporting a HS Degree or GED. Unplanned school changes are a hazard inherent in foster care placement, but Nebraska's insistence that the child only be moved from his/her home school if it's in the child's best interest to be placed in a different school, should facilitate fewer unplanned school changes than the national average.

a. Every Student Succeeds Act (ESSA)

To help address those sorts of disparities, Title IX Education for the Homeless Part A, Homeless Children and Youths was implemented in 2016-2017. According to the Act, reauthorized McKinney-Vento Homeless Assistance Act:

- Consideration should be given for children to remain in their same school when they are moved out of the catchment area;
- Transportation shall be arranged if it is in the best interest of the child to stay in the same school;
- Students will receive the credit accrual requirements for work completed; and
- There will be mandatory professional development for liaisons.

Saint Francis staff will work with the school system to ensure children in care receive educational resources according to individual need, which is a reflection of ESSA. The coordination shall include a discussion of how to ensure the child's stable placement in school, and if needed, how transportation will be provided to assure the child can stay in the same school.

All school-age children in foster care shall attend school as required by state law. The school shall be accredited by the Nebraska Department of Education. Saint Francis staff, the child's parents, and the child's foster, adoptive, or relative/kinship placement shall help children in care achieve the highest level of formal education the child is capable of completing.

As described in the previous section (EDO-1), continued enrollment in the child's current home school will be prioritized. When placed in foster care initially, or for subsequent foster care placement changes, school-age children shall be maintained in their own school unless the child's needs would be best met by transferring schools. The child's case management team collaborates with the appropriate parties to determine what school will be the most appropriate based on the best interest of the child. Placement in foster care shall take into consideration the child's proximity to their school of origin (sending school), the appropriateness of the educational placement, and whether transportation to the child's home school is necessary to achieve educational stability for the child.

When Saint Francis staff are informed of a child's placement change, which may involve moving from the child's home school, we will make the necessary contacts to start the BID process.

We will use the State and Federal Guidelines to implement a process required by the law. Kansas has been active in participating in the BID process and are a part of a Kansas Statewide workgroup with DCF Administration and Kansas Department of Education to continue to improve the process. We currently have a process in place in Kansas that helps the educational advocate and case team know who the point of contact is at each school and that a BID is needed.

A Best Interest Determination (BID) staffing, as defined in the *Every Student Succeeds Act* (ESSA), shall occur with the child’s home school prior to each move to ensure educational stability and decide whether it is in the best interest of a child to remain in their home school.

The staffing will include a member of the case management team and the school district Point of Contact, or designee for the school district, along with other parties, as appropriate, to discuss what is needed to ensure educational stability based on the needs and the best interest of the child.

Additional persons with knowledge pertinent to the child’s case may be invited to participate in the BID staffing in person or by providing written input to be considered.

The additional persons may include those shown in table EDO-2.A below:

EDO-2.A. BID Staffing – Additional Persons (as applicable)	
Biological parents, if parental rights are still intact	Educational Advocate
Foster Parents	Nebraska DHHS Staff
Guardian ad Litem	Court-Appointed Special Advocate

Participants in the BID staffing consider many factors, such as those shown in EDO-2.B below:

EDO-2.B. BID Staffing – Considerations	
Length of Time Enrolled in School of Origin	Participation in Extra-Curricular Activities
Learning Behaviors/Disabilities	Distance of New Placement from School of Origin
Safety Factors	EP or 504 Plan Services
Child Preference	Parent Preference, if parental rights are still intact
Child’s Attachment to School of Origin	Placement of Siblings
Influence of School Environment/Climate	Availability and Quality of Services

CQI Continuous Quality Improvement

CQI-1: Describe Saint Francis's understanding of continuous quality improvement principles and its Continuous Quality Improvement approach to monitor and evaluate the quality of services, including services provided by subcontractors.

Comply: X

Response:

Continuous Quality Improvement (CQI) is a data driven program designed to evaluate processes and outcomes to ensure that the organization is achieving desired results. The CQI program utilized by Saint Francis contains the components of Quality Assurance (QA) and Performance Improvement (PI) and is continuously woven throughout Saint Francis's work and will be applied to all aspects of our work within Nebraska Eastern Service Area. These processes are overseen our Vice President of Innovation and System Improvement. QA and PI staff are independent of the case management teams and do not act as service providers; these employees will not have direct supervision, contact, oversight, or consultation on cases reviewed to avoid any conflict of interest.

Saint Francis QA systematically monitors and reports performance metrics to internal and external stakeholders. This process design allows for validation of quality work as well as the determination of processes or outcomes that are not producing desired or expected results. The QA team works with stakeholders to effectively define performance metrics and communicates with stakeholders through the production of reports that are tracked and trended overtime with the desired results or benchmarks. This approach allows for a quick response if results begin to decline, if a decline is noted in an area that is critical to quality, a PI process will be implemented.

Saint Francis's PI process is built on the foundation of the Lean Six Sigma (LSS) methodology. Lean Six Sigma is a process improvement strategy that aims to decrease waste and variance to produce consistent results through continuous quality improvement. Saint Francis retains a team of LSS certified Green Belts to act as consultants to address complex situations where the solution is unknown. Using a collaborative approach, the Green Belts can use their training and experience to provide an in depth look at the factors contributing to results and allow for interventions to be explored, implemented, and monitored for effectiveness.

For subcontractors, Saint Francis completes QA audits with providers to assess for compliance offering agreed upon services and for environment of care issues. If there are issues identified during this process, Saint Francis will work with the provider to develop an appropriate Action Plan to address the deficiencies.

CQI- 2: The bidder should describe how Continuous Quality Improvement will be used to meet or exceed state and federal performance indicators and outcomes that are detailed in Section V, subsection L of this RFP.

Comply: X

Response:

The QA process is responsible for the monitoring, evaluating, and reporting of performance metrics. Those metrics are agreed upon and defined in collaboration with state partners. QA staff partners with internal IT services to ensure that data is easily accessible to staff and delivered in an understandable format that allows for staff at every level to improve their performance. QA staff also act as a liaison with state-governed contracting entities and external partners to provide oversight and ensure that quality services are being provided. The PI process is responsible for engaging the workforce when desired outcomes are not being met.

To maintain environments of efficiency, compliance, and regulatory adherence, Saint Francis values the ability of Quality Assurance and Performance Improvement (QA/PI) and the use of data and information compiled from data to make program improvement decisions. Designated QA/PI staff systematically review and monitor program data, trends, and regional demographics on a regular basis. Daily, weekly, and monthly automated reports related to outcomes are distributed and reviewed with social workers, supervisors, directors, and members of management for use in supervision, program development, and performance improvement. Reports are organized by directors, offices, supervisors, and social workers so that data can be utilized for individual, local, and systemic decision-making that pertains to common issues/conditions and to shape training, practice, and performance improvement.

In the same manner as the other states Saint Francis is serving children in, we will utilize Nebraska's described outcomes listed in Section V, subsection L to build processes and reports. Those reports will then be distributed and made available to program staff who will use these reports to monitor the success of the program in meeting performance indicators and outcomes. When a performance measure or outcome is in decline, or when improvements are desired, a PI process is implemented. Using Lean Six Sigma methodologies, processes are examined to reduce waste and variance. Best practices are identified and implemented across the organization, results are monitored, and changes are made as needed utilizing a Plan-Do-Check-Act cycle (Figure 1).

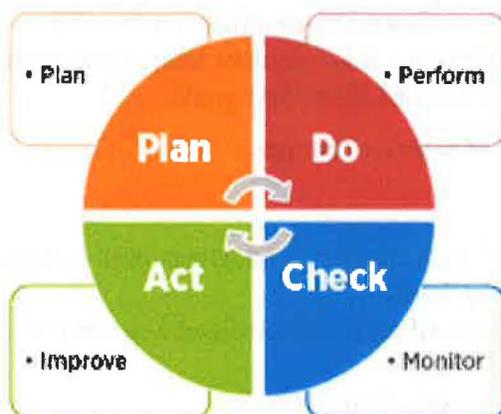


Figure 1

UTZ Utilization Management

UTZ -1: Describe Saint Francis’s understanding of Utilization Management and our approach to building a utilization management system within our organization.

Comply: X

Response:

a. Utilization of Care Review

Saint Francis employs consultation review meetings to evaluate the organization’s most vulnerable children to ensure that children and families are receiving the best services and supports offered. Supports are tailored to meet the individual needs of each child and family. A three-tiered consultation approach is used, focusing time and energy in evaluating needs. At each consultation meeting, individuals familiar with the child’s case come together as a team to actively plan for the next 90 to 180 days. Along with the consultation review process, a child’s level of service is reviewed every 90 to 180 days.

The case management supervisor will determine what tier of review the child needs to achieve permanency in a safe, stable environment. The following levels of review are available:

1. Placement Stability

Goal:

1. Preserve the current placement of a child or sibling set – prevent disruption.
2. Prepare for planned move for child with disruptive behaviors.

Placement stability involves a conference call including, but not limited to, the following individuals: case manager, supervisor, foster parent, foster care worker, Director, Placement Coordinator, and Education Coordinator. The conference call will be facilitated by the Clinical Utilization Specialist. After reviewing the current situation, a plan of action will be distributed to all parties with tasks assigned. The plan will continue to be reviewed bi-monthly for two (2) months to monitor progress towards the identified goals. The case management team supervisor will be responsible for ensuring that there is progress made toward identified goals.

2. Care Management Coordination (CMC)/Level of Service Review

Goal:

1. Review of child’s overall functioning based on a standardized assessment (Client Screening Tool or Medically Fragile Scoring Tool).
2. Review of the caregiver’s service response based on a standardized assessment (Nebraska Caregiver Responsibility - NCR Tool)
3. Strategize possible interventions to improve overall functioning
4. Evaluate the appropriate level of service as it pertains to Level of Service payment to foster families.

Saint Francis respects and appreciates the challenges a youth presents, and the support foster parents provide for children in foster care. To that end, a two-pronged approach is used when

determining a Level of Service. A Client Screening Tool or Medically Fragile Scoring Tool within the last 30 days is essential for the review process in evaluating the needs of a child. Another essential to the review process is a completed NCR Tool. This tool evaluates the supports a foster family provides for the child.

The Case Manager, Team Supervisor, Director, Data Support Staff Supervisor, Placement Coordinator, Independent Living/Education Coordinator, Clinical Care Utilization Supervisor, CPA Foster Care Worker and Provider Relations/Clinical Utilization Coordinator participate in the review process. The Provider Relations/Clinical Utilization Coordinator will facilitate the meeting. A plan of action will be completed during the review process. The Placement Coordinator/designee will be responsible for taking notes during this process and sending the notes out to all parties that participated in meeting. These notes will be emailed to the participants of the meeting within 24 hours. The Team Supervisor will be responsible for ensuring the tasks on the plan of action are completed.

b. Level of Service/Rate Range Review

Essential – every 365 days, unless disputed by the sponsoring agency

Enhanced and Intensive – every 90 days

If a child has maintained placement for ninety (90) days at a particular level of service, the case will qualify for a review in their level of service. Provider Relations/Clinical Utilization staff monitor length of stays and level of service monthly as part of the consultation review meeting process.

Team Supervisors and Directors receive monthly spreadsheets with children placed at enhanced and intensive levels of service that need to be reviewed within the next month. Any siblings that are currently separated at time of consultation monthly review meeting will be staffed every 90 days as well.

Three (3) weeks before the scheduled consultation review date for each team, the provider relations staff will notify the Team Supervisor(s) and Director of those children needing a Level of Service Review. A notification will also be sent to the CPA for any foster family caring for a child that is being reviewed during that month.

The Child Screening Tool or the Medically Fragile Scoring Tool are essential tools used in the consultation review process. It is important that the trained individual assigned to complete the Child Screening Tool, or Medically Fragile Scoring Tool gets information regarding the child's needs and behaviors within the last 90 days. This includes gathering information from the Foster Home and/or facility the child has been placed with for the last 90 days. All parties involved with directly caring for the child within the last 90 days, will need to give their input as well. This includes, but not limited to, the Case Management Team, Foster Care Worker and Therapist.

The Nebraska Caregiver Responsibility Tool (NCR) is an essential tool used in the consultation review process. It is important that the trained individual assigned to complete the NCR Tool get information regarding the foster parent's services within the last 90 days. This includes gathering information from the Foster Home and the foster home's worker. All parties involved with or aware of the caregiver's response within the last 90 days, will need to give their input as well. This includes, but not limited to, case management team, Foster Care Worker and Therapist. It is the CPA's responsibility to inform the Foster Home and Foster Care Worker that the child's

level of service may be changing due to the combined score of the Child's Screening Tool or the Medically Fragile Scoring Tool score and the NCR.

If the child has been approved to be leveled down/up, Saint Francis will notify the placement provider with a letter via email providing them with a fourteen (14) day notice that the child's level of service change will be authorized.

3. High Acuity Clinical Care Consultations

Goal:

1. Provide clinical direction to a case to support the goal of permanency, evaluating the need and effectiveness of service provision.

Our Clinical Utilization team is involved in complex case staffing involving high-needs children and higher-acuity youth. Consultations are face to face meetings with the Clinical Utilization Specialist designed to be an in-depth discussion of the elements of a case and evaluation of services. The participants of the consultation are open to all parties involved in the case which could include the Case Manager, Supervisor, Director, Foster Care Worker, Foster Care Parent, and others. The Clinical Utilization Specialist will facilitate the meeting.

c. Subcontractor Network Affiliation and Utilization Review

In a concerted effort to monitor the safety and well-being of vulnerable youth in congregate care, we actively seek partnerships with an effective network of subcontractors. Our electronic management system links information from a child's placement history, monthly report and critical incident reports to a child's profile for rapid access. This proactive approach to working through challenging placement issues has minimized the confusion of subcontractors and strengthened the resolve to safely care for youth in out of home care.

As a child transitions to a new placement, the organization ensures placements are made minimizing trauma. To maximize the positive supports of residential placements and minimize time in congregate care, we are cultivating networks of relationships between residential placement providers and CPAs to jointly develop transition plans supporting efforts to successfully move children to family based care.

Saint Francis's reputation for supporting both CPAs and Residential Providers is steadfast. Partnering agencies receive a copy of our Provider Manual which will comply with Nebraska Administrative Regulations. Our organization has a Provider Relations unit of staff specifically dedicated to collaborating and assessing accountability with all subcontractors.

d. Respondent's Credentialing

Continually monitoring the providers caring for the children in out of home placement is essential to ensuring they receive the best possible care. There are two components of Saint Francis's on-site reviews. The first step is, 1) a file review of the records on the child and family personnel, and 2) an evaluation of applicable policy and procedures. This review will meet the established standards of DHHS.

The second step is an assessment of the physical site of the residential facility. Announced on-site reviews will occur annually for established providers; on-site reviews take place semi-annually, announced or unannounced, during the initial year of service for new providers. This

review will meet the established standards of DHHS. Saint Francis will conduct on-site assessments of residential care facilities and CPAs subcontracted with our organization.

Accountability visits will occur as needed with all providers in the network. This meeting is designed to strengthen partnerships through the review of both outcomes and risk management concerns.

Both on-site reviews and the accountability visits will result in a comprehensive report identifying trends and opportunities for improvement. If concerns arise related to the safety or stability of children, a Corrective Action Plan may be developed and monitored by Saint Francis for compliance. Our processes for the credentialing of on-site assessments are outlined in table UTZ-1.A. below.

UTZ-1.A. Saint Francis's Steps of Credentialing On-Site Assessments
All new providers go through an application process that is Saint Francis vetted in addition to the current Nebraska regulatory oversight agencies
Application packet includes enrollment application, copies of all applicable licenses, copies of any accreditations, certifications and DHHS provider agreement, copies of all liability insurance certificates, mission and program descriptions, and a completed W-9 form
Documentation is reviewed, site visit occurs, and if passing inspection, the following occurs:
<ul style="list-style-type: none"> • Draft agreement
<ul style="list-style-type: none"> • Copy of the Saint Francis Provider Manual (includes claims submission and processing manual, Saint Francis Critical Incident policy, Saint Francis Emergency Contact Phone Listing, and the Monitoring Tool developed by Saint Francis utilized to conduct quality reviews) is provided
<ul style="list-style-type: none"> • Rates and term negotiations are conducted
Contract agreed upon and signed
The process includes:
<ul style="list-style-type: none"> • A list of all critical incidents over the past year is reviewed by Provider Relations staff to pull trends
<ul style="list-style-type: none"> • Review of any resolved concerns and actions plans for the last year
<ul style="list-style-type: none"> • Review of any active concerns
<ul style="list-style-type: none"> • On site review of the environment, case reads of 10% of files, interviews
<ul style="list-style-type: none"> • Conversation over any situations of the last year
Following the site audit, provider receives a formal audit summary. The sum scores of file reads must result in a 90% or greater score; if below the 90%, an Action Plan is created with the provider to complete to resolution.

During the on-site visit, providers must provide the following documentation to pass file review:

- DHHS License
- All Notice of Survey Findings from DHHS since Saint Francis's last audit, including any Corrective Action Plans or summaries of finding from any notifications of noncompliance that were to be addressed
- Profession and General Liability Insurance
- Copies of:

- Insurance Card for each vehicle transporting Saint Francis youth
- Policy and Procedure manuals
- Youth Handbook
- Posted Behavior Management System
- Previous month's activity schedule
- Previous month's food menu
- Fire drill logs and posted evacuation route
- Tornado drill logs and posted tornado shelter area
- Current floor plan

Concerns of non-compliance resulting in an Action Plan will be developed with a timeline and dates for resolution of the concerns. When a Corrective Action Plan is developed, member roles and responsibilities for the activities to take place will be assigned. Saint Francis will work with the placement provider to complete the Action Plan and resolve any concerns by determining the root cause of the problem, helping to maintain assignments and timelines as needed, and providing ongoing feedback on the provider's progress in the plan. The plan is executed upon development.

When a Corrective Action Plan has not seen satisfactory progress, Saint Francis's Provider Relations staff will conduct a follow-up review to ensure unsatisfactory performance findings have been corrected. If performance improvements have not been made following the second audit, a Performance Improvement Plan will be submitted to the placement coordinator for consideration of further placements.

e. On-going Assessment of Subcontractors' Facilities & Quality of Care

In managing a network of providers, Saint Francis must have assurances that the children and families being served are receiving the best possible services and care. This starts with the development of trusting provider partnerships. Providers must be assured that Saint Francis is a true partner in seeking the best alternatives for the children and families served. Frequent contact with each provider will assist in managing services that are outcome-driven, data-informed, and performance-based. Saint Francis will implement a network-wide service management and outcomes measurement system, allowing evaluation of case progress and service program effectiveness. This system has proven effective in the other five states where we work with subcontractors.

New providers entering into partnership with the community-based care network will receive semi-annual site visits with regular and on-going training opportunities for their staff. Through the regular submission of data, they will receive performance monitoring and quality management. Quarterly site visits will include a review of the physical environment of the living arrangement and a review of 10% of the case files to ensure DHHS standards are met. If these standards have not been met, a Corrective Action Plan will address any shortcomings. The provider will be expected to formulate a plan to address any failures, and Saint Francis will monitor the plan to the satisfaction of both DHHS and our organization.

Saint Francis's Provider Relations Department's purpose is to work with all subcontractors providing placement and family services for children and families referred for services. The Provider Relations Department is in charge of securing safe, appropriate placements for children based on their needs as well as assuring quality family based services are provided to

maintain/reunify children safely in their homes. Eastern Service Area's Provider Relations Department is scheduled to be housed in Omaha. The staff are in charge of quality assurance for existing and new providers; steps for the Quality Assurance process regarding providers are outlined in table UTZ-1.B. below.

UTZ-1.B. Steps of the Quality Assurance Process
Periodic Audits are initiated throughout the agreement year as needed. Reasons for such reviews include, but are not limited to:
<ul style="list-style-type: none"> • Significant changes in the provider's service provision model • Changes in the level or type of service provided • Patterns of concerns that indicate questionable quality of services for children/families • Significant incident that results in an injury or removal of a child • Any action plan that is recommended or implemented by DHHS or any other state entity and/or accreditation body
These situations may be brought to the attention of the Provider Relations staff by the provider or any of the above noted agencies.
<ul style="list-style-type: none"> • Critical Incidents occurring during a provider placement/service • All providers are required to report critical incidents to Saint Francis staff involving Saint Francis children/families as outlined in the Provider Manual
Provider Relations staff are informed in several ways:
<ul style="list-style-type: none"> • Saint Francis Risk Management department forwards all Critical Incidents to Provider Relations that occur in a subcontracting provider program • The provider of the placement/family service may inform Provider Relations more directly • Case Management staff will notify Provider Relations • Depending on the nature of the critical incident, the frequency of critical incidents, and/or patterns per the provider, child placed, or family served, Provider Relations staff may conduct an audit by phone, written communication, or require a site audit.
Failure to Comply
<ul style="list-style-type: none"> • Failure to comply with developed actions plans, recommendations, or concerns surrounding a standard of care may result in suspension of referrals and/or removal of existing children until concerns are corrected.

f. Subcontractors' Data Collection

Data collection within our organization is a shared responsibility between case management teams, Provider Relations, QA/PI staff, and IT. Employees responsible for the collection of data include support staff and the various members of the case management teams. Thirty-day progress reports will document each child's adjustment in the home, provider facility and/or family services and will include, among other things, the following information: school performance (when applicable); medical, dental, vision and mental health appointments;

medication; critical incidents reported; employment progress; independent living documentation; interactions/visitation with parents; interventions; and any other significant events or issues related to the child, family and/or placement. Documentation will be attached to the monthly report when the child has experienced any of the following: medical, dental, or vision exams, other medical appointments, school IEP, school report cards, or a Safety Plan with the foster or biological parent regarding the child.

The 30-day progress reports shall be submitted to the Saint Francis Provider Relations Department no later than the 15th of each month following the reporting month, for all children who are in placement more than 15 days. Saint Francis will document all behavior concerns and behavior management interventions.

As the 30-day progress reports are gathered, information is collected and uploaded into the child management information system (CMS) and Child Placement System (CPS). Staff will have immediate access to updated information as soon as it is manually entered. This information will serve as the basis for each subcontractor's outcomes assessment. Saint Francis will monitor outcomes and trends monthly. Outcomes selected for monitoring will be directly related to the performance outcomes of the DHHS Contract, and/or those that affect the safety or care of a child in provider homes or facilities or show indications of problems with the subcontractor's standard of care. Each provider will be expected to participate in a monthly review of the outcomes and trends during individual monthly meetings as requested by the Saint Francis. We may request a performance improvement plan to address concerns.

g. Re-Credentialing Process

Quality assurance audits are conducted annually with subcontractors after the initial credentialing process, and results will be shared with compliance monitors to ensure that all subcontractors are meeting the terms of the Contract. The re-credentialing audit will consist of an on-site review of the program and a review of relevant documentation demonstrating the program is operating and in good standing (described previously above). Saint Francis staff will tour facilities, monitor the environment of care, and review a sample a minimum of 10% of all Saint Francis client files. Through this review, Saint Francis will determine if providers are offering the services outlined in their respective program descriptions. Saint Francis will review copies of licenses, accreditations, certifications and new compliance issues noted during the previous review period. Saint Francis will request an updated copy of the subcontractor's liability insurance coverage.

h. Complaints

For non-abuse/neglect complaints brought against the subcontractor, Saint Francis Provider Relations staff will gather all relevant information from the aggrieved parties and work with the subcontractor to determine the validity of the claim. If the subcontractor is found to be at fault through a violation of the contractual agreement, Saint Francis will seek to remedy the situation through a Performance Improvement Plan and monitor the plan's status through completion. As with Corrective Action Plans, roles and responsibilities of the plan's activities and prescribed timelines will be decided during the development of the plan, which will be implemented immediately upon finalization of the plan. Should the complaint not have merit, Saint Francis will share results of the inquiry with the aggrieved party and close the matter. In either case, DHHS will be informed of the determination of the complaint. If the complaints rise to a level

which compromises the safety of the parties involved, the Saint Francis Risk Management Team will intervene and will make immediate decisions regarding client placement, as well as continued use of the subcontractor in the immediate and extended future.

For more information on the complaint/grievance process, please see C&G-1 in the Complaint/Grievance Process section of this proposal.

In the event that a subcontractor issues a complaint related to a Saint Francis action, staff, or policy, administrators of both agencies will enter a dispute-resolution process to remedy the situation. Saint Francis will utilize Provider Relations staff, whose department is designed to assure quality delivery of service and timely receipt of complaints, to gather information and communicate results with the subcontractor through completion of the process. Level of Service disputes will be addressed through the Saint Francis Placement Coordination team in conjunction with a DHHS administrator to ensure appropriate levels of care for children in Saint Francis's care.

i. Results from Quality Reviews/Quality Assurance/Licensing Processes

Biannual quality assurance audits are conducted with subcontracting child placement agencies, placement facilities, and family service providers. The results are shared with DHHS annually. The audit includes an on-site review of the program and a review of relevant documentation demonstrating the program is operating and in good standing. These audits will include a review of the physical environment of the living arrangement. Saint Francis Provider Relations staff tour the subcontractors' facilities, monitor the environment of care, and review a sample of Saint Francis client files using standardized monitoring tool.

By reviewing a minimum of 10% of client files, Saint Francis can determine if subcontractors are offering the services and their ensuing processes outlined in program descriptions. Saint Francis reviews copies of licenses, accreditations, certifications, all recent regulatory survey results, and receives a copy of current liability insurance coverage.

Following the site audit, the subcontractor receives a summary of the review. If concerns of non-compliance are cited during a site review, a Corrective Action Plan is developed with a timeline and dates for resolution of the concerns. Saint Francis works with the subcontractor to complete the Action Plan and resolve any concerns. If necessary, Provider Relations conducts a follow up review to ensure that unsatisfactory performance findings are corrected. If performance improvements have not been made following the second audit, Provider Relations staff report the findings to the Vice President of Children and Family Services. DHHS may also be informed of the Corrective Action Plan's status at this time. Additional corrective measures including but not limited to discontinuation of service agreements may be considered as warranted.

Saint Francis monitors quarterly trends that may affect the safety and care of a child in subcontractor homes and facilities or show indications of problems with the agency's standard of care. If concerns are noted between quarterly monitoring, a report is run to address the subcontractor in question. After a risk assessment of critical incidents is reviewed by Provider Relations staff, Saint Francis will work with the subcontractor to develop a plan to address the concerns or challenges and help resolve the issues. Failure to complete or correct audit recommendations or standard of care findings may result in the suspension of referrals and/or removal of existing placements until the concerns are corrected.

A quarterly risk management conference call will be held between Saint Francis and the provider to assess the safety of children in a provider's care. A review of critical incident reports where a child is harmful to themselves or others, and the accompanying Provider response, is essential to ensure the safety of the children being served. If standards for care are not being met, a Corrective Action Plan, as detailed in Respondent's Credentialing above, may be implemented to ensure consistency in care of the children.

C&G Complaint/Grievance Process

C&G -1: Describe Saint Francis's complaint/grievance process.	Comply: X
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Response:

Saint Francis's wealth of child welfare experience across multiple states is illustrative of our ability to:

- Provide quality service in compliance with state and federal legal and regulatory requirements, including those related to Civil Rights;
- Address concerns raised about service provision and quality; and
- Become fluent in state-specific requirements which may vary considerably from each other and from federal requirements.

a. Responsiveness to Concerns

Saint Francis is diligent in developing, implementing and adhering to organization-wide and program-specific policies that ensure client (children, youth, and families) rights are preserved, compliance with federal and state requirements, and adherence to our own standards of quality service.

These policies set forth guidelines for clients' rights to things that include rights to things such as:

- A clean, safe and healthy environment; respect and consideration; safety;
- Religious choice;
- Freedom from discrimination;
- Self-expression;
- Privacy;
- Informed consent; and
- Access to services.

Additionally, no one will be denied or delayed, service based on failure/inability to pay fees or contribute to the cost of that service. We also strive to create and maintain an environment in which affected individuals feel free to express concerns and grievances without fear of retribution or reprisal by those that are our subrecipients, second-tier recipients, or foster parents (Neb. Rev. Stat. § 81-603).

Upon award, the process that is described in this section will be tailored so that it is Nebraska-specific. This guidance will then be distributed to families and Foster/Kinship/Relative Family care providers, to let them know how they may lodge grievances related to the service provided by Saint Francis and/or its subrecipients or second-tier recipients.

As published in Saint Francis materials and posted in our offices, concerns may be reported via the state agency, phone call to Saint Francis's Customer Care Department (866-671-4735), the Saint Francis website (www.saintfrancisministries.org), or in-person communication.

We view addressing consumer concerns as an opportunity to correct problems which may be barriers to family reunification, permanence, and the safety/well-being of children. Our goal is to engage meaningfully in order to achieve the satisfaction of all stakeholders, including the child, birth families, kin, foster/adoptive parents, child welfare.

Community partners, direct care staff, and supervisors are encouraged to resolve concerns immediately at the lowest level, to facilitate communication and solicit feedback. They are empowered to make decisions in the best interest of the child and family, within a limited scope, in order to swiftly address concerns ahead of the official grievance process, and we assure their understanding of related requirements in relevant contracts.

Saint Francis's legal team is well-versed in federal and state requirements and communicating the same to Saint Francis organizational leaders and department/program staff, for dissemination to their employees. These individuals will assure that consumers are made aware of their Civil Rights and are provided the contact information for the relevant State of Nebraska and federal contracts, in the event the consumer wishes to file a related complaint directly with those agencies.

Regardless of with which agency the consumer grievance/complaint is filed, Saint Francis will collaborate to the extent possible with DHHS and any other investigating entities in the investigation and disposition of the complaint as well as designing and implementing related preventative measures.

We will notify DHHS, via the prescribed method and within the required time frame, of any Civil Rights complaint relating to our performance. We will do the same in such matters involving our subrecipients and any second-tier recipients as we become aware. Likewise, if and when we receive information regarding any suspected case of abuse, neglect, or exploitation we will promptly (within 24 hours) report those suspicions to the appropriate authority.

Saint Francis is committed to resolving the concerns of stakeholders and strives to respond as expeditiously as possible. Our typical goal is to follow up—in attempt to resolve the complaint and request additional information, if needed—within 24 hours. However, this time period is often much shorter, such as within a few hours or the same day. Therefore, Saint Francis is fully prepared and able to meet the ten (10) State business day time limit for responses to grievances, even if related investigation is still pending.

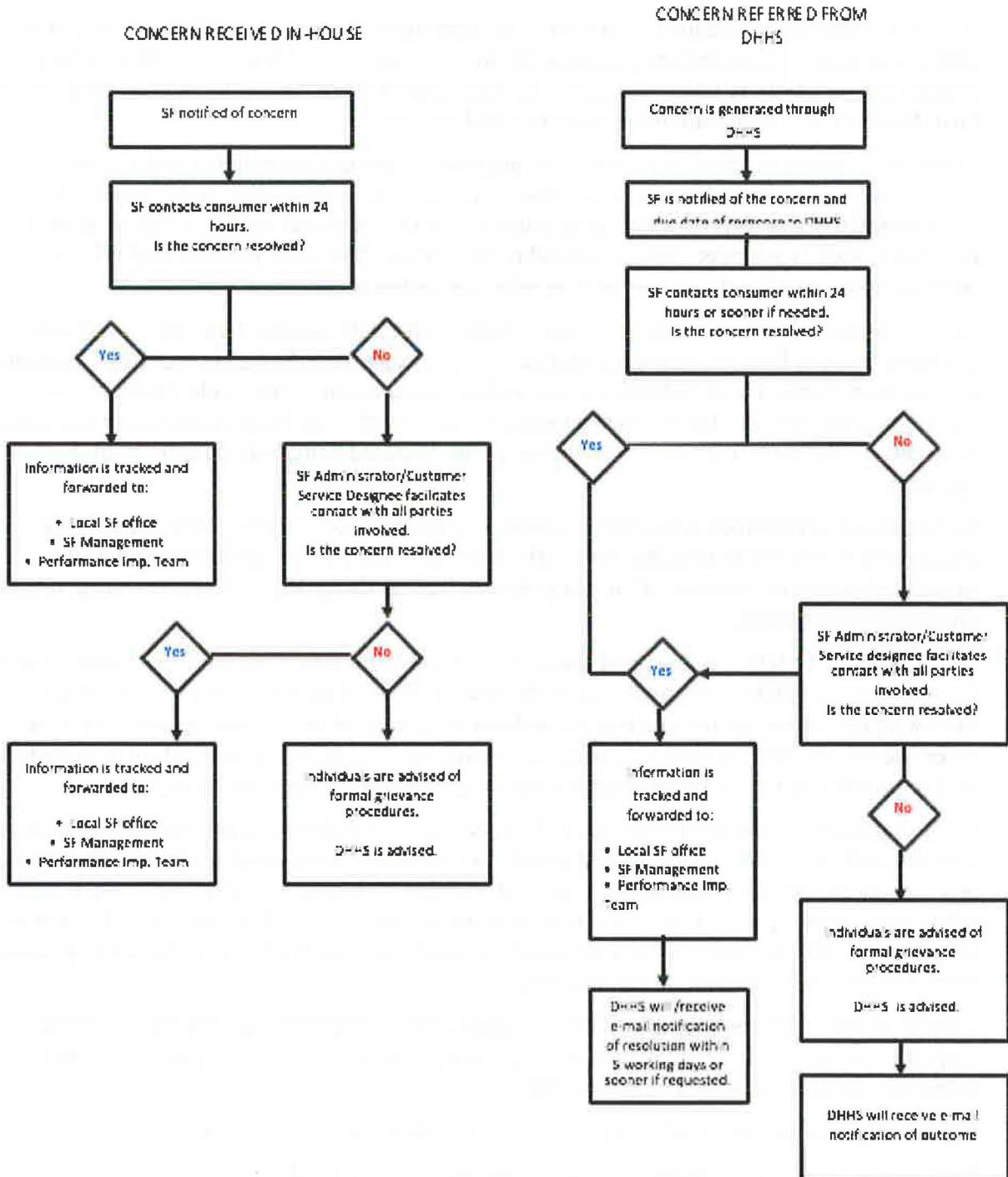
After a prompt, thorough review of the circumstances surrounding the concern, a formal response will be given. Documentation of the complaint and disposition process, including responses thereto, are stored electronically.

See IST-1 for more information on Saint Francis's data storage practices.

Following, on pg. 194 is Saint Francis's Consumer Response Model.



CONSUMER RESPONSE MODEL



b. Risk Management

Saint Francis’s rigorous Risk Management System throughout all of its organizational levels, including individual programs, includes a database for managing data, reporting, and follow-up, and for investigating the root causes of adverse events. This system and process facilitates Saint Francis’s monitoring and continuous improvement of service provision by Saint Francis and its subcontractors and second-tier recipients. Each program under the Saint Francis umbrella is expected to follow established policy and supporting procedures for reporting Serious Incidents to the Risk Management Department.

c. Organizational Structure

Our policies are designed to meet federal and state reporting requirements (regarding incidents, client care concerns, or sentinel/adverse events) applicable in all geographic locations where Saint Francis provides services.

Saint Francis has established a monthly Program Committee and quarterly Board Risk Management Committee, whose responsibilities include the following, as outlined in table C&G-1.A.

C&G-1.A. Responsibilities – Program Committee (monthly) & Board Risk Management Committee (quarterly)
Collecting, organizing, and measuring the performance of high-risk processes
Identifying and managing sentinel events
Facilitating changes that improve performance and client safety and reduce the risk of sentinel events
Managing safety risks in the environment of care

d. Responsibility

Saint Francis’s Risk Management Department oversees all risk management activities for each program. Each program’s administrative director is responsible for coordinating with the Risk Management Department by directly reporting, and ensuring that their staff directly report critical, significant or unusual incidents, and by reviewing any serious incidents/events occurring in that program.

e. Reporting

Understanding the behaviors of a child while in placement is essential to providing the best services to children and families. When a Critical Incident transpires, placement providers (residential and foster care agencies) are expected to communicate efficiently and effectively with Saint Francis’s staff. All concerns and responses will need to be documented on either critical/significant/unusual incident reporting forms, as well as the child’s monthly report as required.

Staff will assess if immediate action is needed to address the incident and will notify their supervisor when the incident is severe, significant, or has the potential for an adverse outcome. The supervisor will directly telephone contact the Risk Management Coordinator or the Director

of Risk Management and the program’s Vice President. Staff will immediately notify the appropriate authorities of any allegation of abuse or neglect.

Staff enter the critical significant/unusual incident directly into the client’s CIS/CMS database. This is completed as soon as possible after the incident or knowledge of incident. This data will be managed (stored, maintained, retained, etc.) according to DHHS and other IT-related requirements referenced in IST-1.

Upon learning of investigations by DHHS, the child’s placement provider will notify Saint Francis immediately. If the allegation indicates a situation that threatens the well-being of a child, the foster family or residential facility will be placed “on hold” for placements.

Saint Francis will notify the child placement agency by email of the hold within 24 hours of the hold being placed. Saint Francis will not resume placement with the foster family or residential facility under investigation before receiving the following documentation:

- a. All DHHS Findings
- b. Staffing notes that include the following:
 - i. Review date
 - ii. Date and time of incident
 - iii. Person(s) involved
 - iv. Description of incident
 - v. Identify harm or potential harm to the child(ren)
 - vi. Precautions taken to minimize future incidents
 - vii. Signatures of all staffing participants (one participant must be a licensed individual)

Additionally, pursuant to Attachment 2 – Eastern Service Area Operation Manual, Saint Francis will report to DHHS any licensing complaints or violations. In addition to working those complaints through the process described in this section, we will also “develop a corrective action plan as needed and document compliance of said plan on N-FOCUS.” In situations where children in care go missing, Saint Francis will immediately inform DHHS and law enforcement and complete and deliver to a central office, a Protective Service Alert template.

The system review process is outlined in the below, table C&G.1.B.

C&G-1.B. System Review Process
Risk Management Department receives and reviews the critical/significant/unusual incident report in the CIS/CMS database.
A case number is assigned to each report.
Risk Management Department will transfer all information to a critical/significant/ unusual incident follow-up report for a system review when it appears that the standard of care was not met or requires an immediate notification.
Risk Management will designate one or more persons to conduct a peer review of the situation. This person(s) may or may not be a staff at the location in question. The peer review is completed by an employee with the same licensing, degree, or training as the employee listed as “responsible or observing the client” when the incident occurred.

C&G-1.B. System Review Process

Staff cannot perform their own peer review.

The peer review is intended to be an unbiased account of the incident in which documentation and interviews with the client or staff are detailed to provide a review of the system and therefore ultimately look for ways to improve client care by decreasing the likelihood of re-occurrence.

The critical/significant/unusual incident follow-up findings are entered into the database and presented to the Risk Management program committee.

In addition to the above description, the critical/significant/unusual incident reporting can deliver the critical incidents sorted by identifiers such as client, type, staff, site, and program. This allows for the administrative directors of programs to analyze the data in various ways to best improve case/treatment planning and program/service delivery.

Saint Francis is prepared to abide by all criteria and requirements included with, and referenced in, the RFP and, ultimately, contained in our contract with the State of Nebraska. We will provide DHHS with a monthly reports all grievances about the performance or actions of the Subrecipient made by children, families or constituents and stand ready to collaborate with DHHS to the extent possible regarding data monitoring and analysis related to the service of Saint Francis and its subcontractors that may indicate the need for intervention.

PBC Performance-Based Contracting

PBC- 1: The bidder should provide a plan on how it will enter into performance-based contracts with subcontractors to incentivize improved performance outcomes. The bidder must state a percent of the expenditures that will be performance-based.

Comply: X

Saint Francis will enter into performance-based contracts with subcontractors that include the determined performance outcomes outlined in the contract. Performance data will be maintained by Saint Francis through case specific case reads and outcome data gathering. Saint Francis's performance improvement team will monitor outcome compliance and trends. Development of performance improvement plans with the subcontractors will continue throughout the life of the contract to meet or exceed the standards. As we measure outcomes and quality of services, Saint Francis will partner with subcontractors to develop cost efficiency plans for implementation. Saint Francis will need to utilize the continuous improvement process to determine financial incentives for subcontractors. At this point in time, we do not have sufficient data to make a fair determination. If an award is presented to Saint Francis, we respectfully request that the percentage of expenditures that are performance-based will be negotiated for the subcontractors based upon their input, Saint Francis, and the State's experience and knowledge with the subcontractor's compliance.



Attachment 4
Business Associate Agreement

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ATTACHMENT FOUR

A. **BUSINESS ASSOCIATE AGREEMENT (BAA) PROVISIONS**

1. **TERMS.**

- a. **BUSINESS ASSOCIATE.** "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103, and in reference to the party in this subaward, shall mean Subrecipient.
- b. **COVERED ENTITY.** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and in reference to the party to this subaward, shall mean DHHS.
- c. **HIPAA RULES.** "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- d. **OTHER TERMS.** The following terms shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Unsecured Protected Health Information, and Use. The term Subrecipient shall have the meaning set forth in 2 CFR § 200.93 / 45 CFR § 75.2. Contractor as used herein shall mean the same as the term Subcontractor in the HIPAA Rules.

2. **THE SUBRECIPIENT** shall do the following:

- a. Not use or disclose Protected Health Information other than as permitted or required by this subaward or as required by law. Subrecipient may use Protected Health Information for the purposes of managing its internal business processes relating to its functions and performance under this subaward. Use or disclosure must be consistent with DHHS' minimum necessary policies and procedures.
- b. Implement and maintain appropriate administrative, physical, and technical safeguards to prevent access to and the unauthorized use and disclosure of Protected Health Information. Comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent use or disclosure of Protected Health Information other than as provided for in this subaward and assess potential risks and vulnerabilities to the individual health data in its care and custody and develop, implement, and maintain reasonable security measures.
- c. To the extent Subrecipient is to carry out one or more of the DHHS' obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to DHHS in the performance of such obligations. Subrecipient may not use or disclose Protected Health Information in a manner that would violate Subpart E of 45 CFR Part 164 if done by DHHS.
- d. In accordance with 45 CFR §§ 164.502(E)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agents and contractors that create, receive, maintain, or transmit Protected Health Information received from DHHS, or created by or received from the Subrecipient on behalf of DHHS, agree in writing to the same restrictions, conditions, and requirements relating to the confidentiality, care, custody, and minimum use of Protected Health Information that apply to the Subrecipient with respect to such information.
- e. Obtain reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Subrecipient of any instances of which it is aware that the confidentiality of the information has been breached.
- f. Within fifteen (15) days:
 - i. Make available Protected Health Information to DHHS as necessary to satisfy DHHS' obligations under 45 CFR § 164.524;
 - ii. Make any amendment(s) to Protected Health Information as directed or agreed to by DHHS pursuant to 45 CFR § 164.526, or take other measures as necessary to satisfy DHHS' obligations under 45 CFR § 164.526;
 - iii. Maintain and make available the information required to provide an accounting of disclosures to DHHS as necessary to satisfy DHHS' obligations under 45 CFR § 164.528.
- g. Make its internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Subrecipient on behalf of the DHHS available to the Secretary for purposes of determining compliance with the HIPAA rules. Subrecipient shall provide DHHS with copies of the information it has made available to the Secretary.
- h. Report to DHHS within fifteen (15) days, any unauthorized use or disclosure of Protected Health Information made in violation of this subaward, or the HIPAA rules, including any security incident that may put electronic Protected Health Information at risk. Subrecipient shall, as instructed by DHHS, take immediate steps to mitigate any harmful effect of such unauthorized disclosure of

5995 Z1
ATTACHMENT FOUR

Protected Health Information pursuant to the conditions of this subaward through the preparation and completion of a written Corrective Action Plan subject to the review and approval by DHHS. The Subrecipient shall report any breach to the individuals affected and to the Secretary as required by the HIPAA rules.

3. TERMINATION.

- a. DHHS may immediately terminate this subaward and any and all associated subawards if DHHS determines that the Subrecipient has violated a material term of this subaward.
- b. Within thirty (30) days of expiration or termination of this subaward, or as agreed, unless Subrecipient requests and DHHS authorizes a longer period of time, Subrecipient shall return or at the written direction of DHHS destroy all Protected Health Information received from DHHS (or created or received by Subrecipient on behalf of DHHS) that Subrecipient still maintains in any form and retain no copies of such Protected Health Information. Subrecipient shall provide a written certification to DHHS that all such Protected Health Information has been returned or destroyed (if so instructed), whichever is deemed appropriate. If such return or destruction is determined by the DHHS be infeasible, Subrecipient shall use such Protected Health Information only for purposes that makes such return or destruction infeasible and the provisions of this subaward shall survive with respect to such Protected Health Information.
- c. The obligations of the Subrecipient under the Termination Section shall survive the termination of this subaward.

This Addendum and any attachments hereto will become part of the Contract. Except as set forth in this Addendum, the Contract is unaffected and shall continue in full force and effect in accordance with its terms.

IN WITNESS WHEREOF, the parties have executed this Addendum as of the date of execution by both parties below.

State of Nebraska

By: _____

Name: _____

Title: Material Administrator

Date: _____

Contractor: Saint Francis Ministries Inc.

By: 

Name: Thomas W. Blythe

Title: President and COO

Date: _____

State of Nebraska

Department of Health and Human Services

By: _____

Name: _____

Title: _____

Date: _____



Saint Francis
MINISTRIES

Attachment A
Audit

**Saint Francis Community Services, Inc.,
and Subsidiaries**

Salina, Kansas

COMMUNICATION RELATING TO INTERNAL CONTROL MATTERS

June 30, 2018





Board of Directors
Saint Francis Community Services, Inc., and Subsidiaries
Salina, Kansas

In planning and performing our audit of the consolidated financial statements of Saint Francis Community Services, Inc., a Kansas not-for-profit organization, and its wholly-owned subsidiaries (collectively, Saint Francis), as of and for the year ended June 30, 2018, in accordance with auditing standards generally accepted in the United States of America and standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, we considered Saint Francis' internal control over financial reporting (internal control) as a basis for designing auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Saint Francis' internal control. Accordingly, we do not express an opinion on the effectiveness of Saint Francis' internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control over financial reporting, such that there is a reasonable possibility that a material misstatement of Saint Francis' consolidated financial statements will not be prevented, or detected and corrected, on a timely basis. A *reasonable possibility* exists when the likelihood of an event occurring is either reasonably possible or probable, as defined as follows:

- *Reasonably possible*: The chance of the future event or events occurring is more than remote but less than likely.
- *Probable*: The future event or events are likely to occur.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This communication is intended solely for the information and use of management, the Board of Directors, and others within Saint Francis, and is not intended to be, and should not be, used by anyone other than these specified parties.

KCoe Isom, LLP

December 27, 2018
Salina, Kansas

Saint Francis Community Services, Inc. and Subsidiaries

Salina, Kansas

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY
INFORMATION WITH INDEPENDENT AUDITORS' REPORTS

June 30, 2015



K · C O E
I S O M

Saint Francis Community Services, Inc. and Subsidiaries

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Saint Francis Community Services, Inc. and its Subsidiaries
Salina, Kansas

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Saint Francis Community Services, Inc. (a Kansas nonprofit organization) and its wholly owned subsidiaries, which comprise the consolidated statement of financial position as of June 30, 2015; the related consolidated statements of activities, functional expenses, and cash flows for the year then ended; and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We did not audit the financial statements of HUD Projects No. 065-HD015-CA and No. 065-HD025-CA of Bridgeway Apartments, Inc., a wholly-owned subsidiary, whose statements reflect total assets of \$1,085,160 as of June 30, 2015, and total support and revenues of \$181,600 for the year then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Bridgeway Apartments, Inc. HUD Projects No. 065-HD015-CA and No. 065-HD025-CA, is based solely on the report of the other auditors. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

INDEPENDENT AUDITORS' REPORT

(Continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audit and the report of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Saint Francis Community Services, Inc. and its wholly owned subsidiaries as of June 30, 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Saint Francis Community Services, Inc. and its wholly owned subsidiaries' consolidated financial statements as of for the year ended June 30, 2014, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated December 29, 2014. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2014, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

INDEPENDENT AUDITORS' REPORT

(Continued)

Other Matters

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements referred to in the first paragraph taken as a whole. The accompanying supplementary information, listed as supplementary information in the table of contents, is presented for purposes of additional analysis and is not a required part of the above consolidated financial statements. The schedule of expenditures of federal awards is required by the Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 8, 2016, on our consideration of Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' internal control over financial reporting and compliance.

KCoe Team, LLP

January 8, 2016

Salina, Kansas

FINANCIAL SECTION

Saint Francis Community Services, Inc. and Subsidiaries
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

June 30	(Summarized)	
	2015	2014
ASSETS		
Current Assets		
Cash and cash equivalents (note 2)	\$ 14,228,610	\$ 17,297,483
Accounts and contracts receivable (note 3)	8,275,266	7,820,918
Unconditional promises receivable (note 4)	247,440	583,526
Prepaid expenses	145,984	148,135
Other current assets (note 2)	394,281	480,707
Total Current Assets	23,291,581	26,330,769
Property, Plant, and Equipment (note 8)	12,418,128	8,220,551
Other Assets		
Unconditional promises receivable (note 4)	2,932	3,438
Note receivable (note 5)	59,000	59,000
Investments (notes 6 and 7)	8,329,606	8,701,114
Beneficial interest in split-interest agreements and perpetual trusts (note 7)	321,930	331,989
Land - life estate (note 19)	167,000	167,000
Other assets	891	891
Total Other Assets	8,881,359	9,263,432
TOTAL ASSETS	\$ 44,591,068	\$ 43,814,752

The accompanying notes are an integral part of these financial statements.

Saint Francis Community Services, Inc. and Subsidiaries**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

(Continued)

June 30	2015	(Summarized) 2014
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 6,185,233	\$ 4,901,915
Current maturities of gift annuities payable (note 11)	395	402
Accrued salaries, fringe benefits, and security deposits	2,044,743	3,061,968
Total Current Liabilities	8,230,371	7,964,285
Long-Term Obligations, less current maturities		
Gift annuities payable (note 11)	8,390	8,785
Life estate liability (notes 7 and 19)	26,001	29,714
Total Long-Term Obligations	34,391	38,499
Deferred Revenue	7,904,682	6,913,561
Net Assets		
Unrestricted	17,723,047	16,722,395
Unrestricted - board directed (note 12)	22,230	958,159
Unrestricted - board directed quasi endowment (note 12)	3,929,282	4,075,856
Temporarily restricted (note 13)	3,529,686	3,922,484
Permanently restricted (note 14)	3,217,379	3,219,513
Total Net Assets	28,421,624	28,898,407
TOTAL LIABILITIES AND NET ASSETS	\$ 44,591,068	\$ 43,814,752

The accompanying notes are an integral part of these financial statements.

Saint Francis Community Services, Inc. and Subsidiaries
CONSOLIDATED STATEMENT OF ACTIVITIES

Year Ended June 30				2015	2014
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	(Summarized) Total
CHANGES IN NET ASSETS FROM OPERATIONS					
Operating Revenues					
Net maintenance revenue (note 15)	\$89,738,259	\$ -	\$ -	\$89,738,259	\$82,438,331
Grant income	1,636,741	-	-	1,636,741	1,555,338
Total Operating Revenues	91,375,000	-	-	91,375,000	83,993,669
Operating Expenses					
Program services	82,379,716	-	-	82,379,716	77,143,188
Fundraising	608,212	-	-	608,212	488,162
Management and general	9,828,982	-	-	9,828,982	9,031,204
Total Operating Expenses	92,816,910	-	-	92,816,910	86,662,554
CHANGES IN NET ASSETS FROM OPERATIONS	(1,441,910)	-	-	(1,441,910)	(2,668,885)
NONOPERATING CHANGES					
Gifts and Bequests					
Contributions	737,519	271,082	-	1,008,601	1,313,631
Legacies and bequests	82,472	-	-	82,472	552,653
Net assets released from restrictions	387,055	(387,055)	-	-	-
Total Gifts and Bequests	1,207,046	(115,973)	-	1,091,073	1,866,284
Other Income					
Investment income	281,877	-	199	282,076	321,004
Gain on sale of assets - net	103,154	79,567	-	182,721	82,211
Change in value of securities, split-interest agreements and life estate (note 6)	(363,509)	(356,392)	(2,333)	(722,234)	948,947
Other income - net	131,491	-	-	131,491	167,777
Total Other Income	153,013	(276,825)	(2,134)	(125,946)	1,519,939
TOTAL NONOPERATING CHANGES - NET	1,360,059	(392,798)	(2,134)	965,127	3,386,223
Total Change in Net Assets	(81,851)	(392,798)	(2,134)	(476,783)	717,338
Net Assets - Beginning of Year	21,756,410	3,922,484	3,219,513	28,898,407	28,181,069
Net Assets - End of Year	\$21,674,559	\$3,529,686	\$ 3,217,379	\$28,421,624	\$28,898,407

The accompanying notes are an integral part of these financial statements.

Saint Francis Community Services, Inc. and Subsidiaries
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year Ended June 30				2015	2014
	Program Services	Fund-raising	Management and General	Total	(Summarized) Total
EXPENSES					
Salaries and Related Expenses					
Salaries and wages	\$25,898,902	\$239,220	\$ 5,300,362	\$31,438,484	\$30,899,152
Employee health and retirement benefits	4,846,615	33,472	929,200	5,809,287	3,732,238
Payroll taxes and unemployment compensation	2,025,455	18,494	382,015	2,425,964	2,036,019
Employee moving and living allowance	1,050	-	64,153	65,203	1,841
Total Salaries and Related Expenses	32,772,022	291,186	6,675,730	39,738,938	36,669,250
Other Expenses					
Patient services	3,852,030	-	470	3,852,500	3,422,920
Program expenses	222,360	-	481	222,841	169,736
Office and communication expense	1,854,516	36,124	553,223	2,443,863	2,026,990
Advertising and direct mail	346,191	116,091	66,243	528,525	467,758
Transportation and vehicle expense	1,294,221	7,384	70,636	1,372,241	1,544,086
Staff development expense	124,323	13,555	125,033	262,911	203,936
Contract services	36,485,232	90,607	860,814	37,436,653	35,557,691
Travel and public relations	1,974,619	28,302	329,658	2,332,579	2,183,073
Board of directors	-	-	20,271	20,271	15,218
Accreditation fees	2,508	-	2,508	5,016	16,436
Occupancy	1,412,331	4,146	333,480	1,749,957	1,590,006
Insurance	742,053	4,435	200,764	947,252	850,582
Depreciation (note 8)	1,089,823	12,820	471,714	1,574,357	1,615,800
Interest	-	-	1,075	1,075	1
Miscellaneous	207,487	3,562	116,882	327,931	329,071
Total Other Expenses	49,607,694	317,026	3,153,252	53,077,972	49,993,304
TOTAL EXPENSES	\$82,379,716	\$608,212	\$ 9,828,982	\$92,816,910	\$86,662,554

The accompanying notes are an integral part of these financial statements.

Saint Francis Community Services, Inc. and Subsidiaries

CONSOLIDATED STATEMENT OF CASH FLOWS

Year Ended June 30	(Summarized)	
	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from patients and third party payors	\$ 90,275,032	\$ 79,434,167
Cash received from grants	1,684,841	1,713,362
Receipts of gifts and bequests	1,146,781	1,068,864
Interest and dividends received	230,939	269,391
Miscellaneous receipts	169,817	142,619
Cash paid to employees and suppliers	(90,730,458)	(83,592,781)
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	2,776,952	(964,378)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(5,769,439)	(2,689,168)
Purchase of investments	(5,002,110)	(4,352,623)
Proceeds from sale of property and equipment and other assets	52,915	74,436
Proceeds from sales and maturities of investments	4,873,211	4,233,786
Payments received for principal of notes receivable	-	48,681
Loan to related party	-	(59,000)
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	(5,845,423)	(2,743,888)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments of annuity obligations	(402)	(1,646)
Payment of accounts payable that financed equipment acquisitions	-	(355,756)
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	(402)	(357,402)
Net Increase (Decrease) in Cash and Cash Equivalents	(3,068,873)	(4,065,668)
Cash and Cash Equivalents - Beginning of Year	17,297,483	21,363,151
Cash and Cash Equivalents - End of Year	\$ 14,228,610	\$ 17,297,483

The accompanying notes are an integral part of these financial statements.

Saint Francis Community Services, Inc. and Subsidiaries

CONSOLIDATED STATEMENT OF CASH FLOWS

(Continued)

Year Ended June 30	2015	(Summarized) 2014
RECONCILIATION OF CHANGE IN NET ASSETS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES		
Change in Net Assets	\$ (476,783)	\$ 717,338
Adjustments to Reconcile Net Earnings to Net Cash Provided By (Used In) Operating Activities		
Annuity interest reinvested	(51,331)	(51,777)
Depreciation	1,574,357	1,615,800
Provision for bad debts (recovery)	25	(945)
Noncash gifts and bequests	-	(69,538)
(Gain) loss on disposition of investments	(164,344)	(39,337)
(Gain) loss on disposition of property and equipment	(18,377)	(42,874)
(Increase) decrease in fair market value of investments	716,082	(903,848)
(Increase) decrease in fair market value of split-interest agreements and perpetual trusts	1,221	(50,539)
(Increase) decrease in fair market value of contributions receivable - Gift annuities	8,838	(5,871)
Increase (decrease) in fair market value of life estate liability	(3,713)	11,475
(Increase) decrease in:		
Accounts and contracts receivable	(454,373)	(3,945,789)
Unconditional promises receivable	336,592	(474,308)
Prepaid expenses	2,151	(40,503)
Other current assets	86,426	132,866
Increase (decrease) in:		
Accounts payable	1,246,285	1,349,307
Annuities payable	-	1,236
Accrued salaries and fringe benefits	(1,017,225)	(109,641)
Deferred revenue	991,121	942,570
Total Adjustments	3,253,735	(1,681,716)
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	\$ 2,776,952	\$ (964,378)
SUPPLEMENTARY SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES		
Noncash gifts and bequests		
Equipment	\$ -	\$ 5,000
Securities and mineral interests	-	64,538
Total noncash gifts and bequests	-	69,538
Other noncash investing and financial activities are as follows:		
Equipment purchases financed through increases in accounts payable	\$ 37,033	\$ -

The accompanying notes are an integral part of these financial statements.

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

1. NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities Saint Francis Community Services, Inc. and its wholly-owned subsidiaries, collectively known as SFCS, are not-for-profit, child welfare organizations, with a mission to be an instrument of healing for children, youth, and families in spirit, mind, and body, so they live responsibly and productively with purpose and hope. SFCS currently operates in the states of Kansas, Oklahoma, Nebraska and Mississippi.

Under the terms of the bylaws and the operating agreements established by the parent and subsidiary corporations, the parent corporation, as sole member of each of the subsidiary corporations, elects the Board of Directors of each subsidiary corporation.

Income Tax Exemption SFCS is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code and the entities are not private foundations. SFCS files a Federal Exempt Organization Income Tax Returns. SFCS follows the provisions of an accounting standard for accounting for uncertainty in income taxes. SFCS believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

SFCS is no longer subject to U.S. Federal income tax examinations by tax authorities generally for a period of three years after filing of the tax returns.

Principles of Consolidation The accompanying financial statements include the accounts of Saint Francis Community Services, Inc. and its wholly-owned subsidiaries Bridgeway Apartments, Inc., Saint Francis Community and Residential Services, Inc., Saint Francis Community Services in Mississippi, Inc., Saint Francis Community and Family Services, Inc., Saint Francis Community Services in Nebraska, Inc. and Saint Francis Community Services in Oklahoma, Inc. All significant intercompany transactions have been eliminated in the consolidation.

Financial Statement Presentation SFCS reports information regarding its financial position and activities according to three classes of net assets:

- **Unrestricted Net Assets:** Net assets that are not subject to donor-imposed stipulations.
- **Temporarily Restricted Net Assets:** Net assets subject to donor-imposed stipulations that may or will be met by actions of SFCS and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.
- **Permanently Restricted Net Assets:** Net assets subject to donor-imposed stipulations that they be maintained permanently by SFCS.

Use of Estimates The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

Cash Equivalents For purposes of the consolidated statement of cash flows, SFCS generally considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

Accounts and Contracts Receivable Accounts and contracts receivable are stated at unpaid balances, net of allowances for uncollectible accounts and contractual adjustments. The allowance for uncollectible accounts is established through provisions charged against revenue and is maintained at a level believed adequate by management to absorb estimated bad debts based on historical experience and current economic conditions. Accounts and contracts receivable are considered past due based upon payment terms set forth at the date of the related service provided.

Note Receivable Note receivable is presented at the outstanding unpaid principal balances less an allowance for credit losses. The allowance for credit losses on the note receivable is established through provisions for losses charged against revenue. The allowance for credit losses on notes receivable is maintained at a level believed adequate by management to absorb estimated probable credit losses. Management believes that the note receivable is fully collectible; therefore, there is no allowance for credit losses.

Property, Plant, Equipment, and Depreciation Property, plant and equipment acquisitions are recorded at cost if purchased or at fair market value on the date of the gift if donated. SFCS capitalizes property and equipment with a useful life greater than one year and cost in excess of \$4,000. Depreciation expense is determined using the straight-line method over the estimated useful life of each depreciable asset.

Investments Investments in equities and mutual funds with readily determinable fair values are reported at their fair values in the consolidated statement of financial position. Unrealized gains and losses are reported in the consolidated statement of activities as increases or decreases in net assets.

The unrealized gains and losses are allocated to the unrestricted net assets unless specifically restricted by the donor. Short-term investments are stated at cost, which approximates fair market value.

Beneficial interest in split interest agreements and perpetual trusts Split-interest agreements, the assets of trusts that are irrevocable by the grantor, are included in the consolidated statement of financial position. The assets are recorded at the present value of the expected future cash receipts from the trusts' assets.

Donors have established charitable gift annuities with a third-party and named SFCS as the beneficiary. The present value of the expected future cash receipts from these annuities has been recorded as an asset.

Gift Annuities Payable Certain donors have entered into charitable gift annuities directly with SFCS. These annuities are accounted for using the actuarial method. Assets are recorded at the fair market value at the date of the receipt. Liabilities for future annuity payments are recorded at present value, based upon IRS life expectancy tables.

Fair Value Measurement SFCS determines the fair value of investments using three broad levels of input as defined by related accounting standards. The accounting standards define a fair value as the

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

price that would be received for an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date.

- Level 1 - Observable inputs - unadjusted quoted prices in active markets for identical assets and liabilities;
- Level 2 - Observable inputs - other than quoted prices included in Level 1 that are observable for the asset or liability through corroboration with market data; and
- Level 3 - Unobservable inputs - includes amounts derived from valuation models where one or more significant inputs are unobservable.

The following is a description of the valuation methodologies used for assets and liabilities to measure fair value. There have been no changes in the methodologies used during the years ended June 30, 2015 and 2014.

Equities, Mutual Funds and Other Investments: These investments are stated at fair value based on quoted prices in active markets for similar investments and other relevant information.

Annuities: Annuity contracts are value based upon the cash surrender value balance provided by the issuer of the annuity as of June 30, 2015.

Greater Salina Community Foundation: The account held at Greater Salina Community Foundation is valued based upon information provided by the Foundation. SFCS considers the measure of this account to be a Level 3 measurement within the fair value measurement hierarchy because the significant inputs are unobservable. (See note 10.)

Beneficial Interest in Perpetual Trusts: SFCS has beneficial income interests in perpetual trusts administered by third parties. The income earned from these trusts is available for organizational purposes as determined by donor restrictions. Beneficial interests are recognized in the financial statements at the fair market value of net assets held in the trusts, which approximates the present value of the future cash flows of the trusts using a discount rate of 2%. SFCS considers the measurement of its beneficial interest in the perpetual charitable trust to be a Level 3 measurement within the fair value measurement hierarchy because even though the measurement is based on the unadjusted fair value of trust assets reported by the trustee, SFCS will never receive those assets or have the ability to direct the trustee to redeem them.

Charitable Remainder Trusts and Gift Annuities: SFCS has a beneficial interest in charitable remainder trusts and charitable gift annuities administered by third parties. Charitable remainder trusts and gift annuities are valued using an income approach based on calculating the present value of the projected futures distributions expected to be received. SFCS re-measures the fair value of these investments annually and adjusts the measurement inputs based on statements received from the trustee, market conditions, and other relevant data including donor life expectancy and a discount rate of 2%.

Land – Life Estate: The fair value for the land – life estate is determined by using information for similar property.

Life Estate Liability: SFCS has a liability associated with a life estate. The value of the life estate is estimated based on donor life expectancy and a discount rate of 2.0%.

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

Operating Revenues, Other Income and Expenses All noncontribution revenue/income is recorded when earned/entitled and all expenses are recorded when incurred, in accordance with the accrual basis of accounting.

Financial Aid (Charity Care) SFCS provides care to youth and families who meet specific criteria under its financial aid policy without charge or at amounts less than its established rates. Because SFCS does not pursue collection of amounts determined to qualify as financial aid, they are reported as revenue and written off as financial aid in the same period.

Net Maintenance Revenue Net maintenance revenue are reported at the estimated net realizable amounts from patients, third party payors, and others for services rendered. Revenue is recognized as services are provided.

SFCS receives payments under the Reintegration/Foster Care/Adoption contract for a period until permanency is reached as defined in the contract. SFCS is generally responsible for twelve months of aftercare once permanency is reached with no additional payments. SFCS estimates the time that services will be provided and the revenue is recognized over this time period and is reported as deferred revenue in the consolidated statement of financial position.

Contributions and Other Financial Support Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions with restrictions are required to be reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of the restriction. Contributions received and unconditional promises receivable are measured at their fair values and are reported as an increase in net assets in the year in which there is sufficient evidence in the form of verifiable documentation that a promise was made and received, and when the amount of the promise is ascertainable. Financial support includes legacies, bequests, and contributions from donors. SFCS reports gifts of cash and other assets as restricted financial support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as financial support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions. Donor- restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted financial support.

SFCS reports gifts of goods and equipment as unrestricted financial support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted financial support. SFCS reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service unless the donor has stipulated how long those assets must be maintained.

Donated Services, Goods and Facilities Donated professional services are reflected in the consolidated statement of activities at their fair value. Professional services donated for the year ended June 30, 2015, were \$6,278. Materials and other assets received as donations are recorded and reflected in the accompanying financial statements at their fair values at the date of receipt.

Net Board Directed and Endowment Income The net endowment income and that income which is earned by the Board Directed/Quasi Endowment unrestricted net assets are recorded as nonoperating

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

gains when the income is unrestricted. Income earned by the Endowment Fund-Special Provisions investments is recorded as an addition to temporarily restricted net assets. Investment revenues are reported net of related expenses, such as custodial fees and investment advisory fees. Investment expenses totaled \$53,396 for the year ended June 30, 2015.

Expenses The subsidiary corporations have contracted with SFCS for the procurement of certain supporting services. These contract service fees paid by each corporation to the parent have been eliminated in the consolidation.

Self-Insurance Beginning April 1, 2013, SFCS is self-insured with respect to group health insurance for eligible employees subject to plan guidelines with a specific maximum per participant. SFCS estimates and accrues its liability for the risks covered by the program.

Advertising Costs SFCS expenses advertising costs as the costs are incurred. Advertising expense for the year ended June 30, 2015, was \$496,490.

Prior Period Financial Information The financial statements include certain prior year summarized comparative information in total but not by net asset class and do not include functional expense detail. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. generally accepted accounting principles. Accordingly, such information should be read in conjunction with the financial statements for the year ended June 30, 2014, from which the summarized information was derived.

2. RESTRICTED CASH, CASH EQUIVALENTS, AND OTHER CURRENT ASSETS

As of June 30, 2015, SFCS held cash and cash equivalents of \$655,663 in board designated and temporarily restricted funds.

Under regulatory agreements with the U.S. Department of Housing and Urban Development (HUD), SFCS is required to set aside specified amounts for the Bridgeway Apartments, Inc. projects for the replacement of property and other project expenditures approved by HUD. HUD-restricted deposits are held in separate accounts and generally are not available for operating purposes. As of June 30, 2015, HUD-restricted deposits of \$51,768 are included in other current assets.

3. ACCOUNTS AND CONTRACTS RECEIVABLE

Accounts and contracts receivable at June 30, 2015, is net of the allowance for uncollectible accounts of \$83,571.

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

4. UNCONDITIONAL PROMISES RECEIVABLE

Unconditional promises to give at June 30, 2015, are as follows:

	Amount
Unconditional Promises to Give Due In:	
Less than one year	\$ 247,440
One to three years	2,932
Total Unconditional Promises to Give	\$ 250,372

For the year ended June 30, 2015, SFCS has unconditional promises receivable related to the capital campaign in the amount of \$31,650 and other unconditional promises to give totaling \$218,722. There was no allowance for unconditional promises for the year ended June 30, 2015. SFCS does not have any conditional promises as of June 30, 2015.

5. NOTE RECEIVABLE

On June 16, 2014, SFCS loaned \$59,000 to a member of management. The note is forgivable after the third year of employment at a rate of one-fifth (1/5) of the loan amount each year for the subsequent five years (5) thereafter. Full forgiveness of the note would be achieved on the eighth year of employment. If employment ends at any time before the eighth year of employment, the remaining balance will be due in five equal annual installments beginning on the date of termination or cessation of employment and the same date each year thereafter. Interest will be applied to the outstanding amount not yet repaid at the Wall Street Journal Prime Rate at the time of termination.

6. INVESTMENTS

The schedule below summarizes the investments of SFCS:

June 30	2015
Equities and mutual funds	\$ 6,611,468
Annuities	1,555,998
Greater Salina Community Foundation	21,734
Other investments	140,406
Total Investments	\$ 8,329,606

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

The change in value of investments, split-interest agreements, and life estate is comprised of the following:

Year Ended June 30		2015
Investments	\$	(727,829)
Annuities		11,941
Perpetual trusts		(2,331)
Charitable remainder trusts and gift annuities		(7,228)
Life estate liability		3,713
Total Change in Value	\$	(721,734)

SFCS invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term.

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

7. FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, SFCS's assets and liabilities measured at fair value as of June 30, 2015:

	(Level 1)	(Level 2)	(Level 3)	Total
ASSETS				
Equities and Mutual Funds				
Large cap growth	\$ 1,103,286	\$ -	\$ -	\$ 1,103,286
Large cap value	1,612,909	-	-	1,612,909
Small/mid cap growth	978,086	-	-	978,086
Small/mid cap value	544,162	-	-	544,162
International equity	1,315,903	-	-	1,315,903
Equities blend	184,841	-	-	184,841
Total Equities and Mutual Funds	5,739,187	-	-	5,739,187
Fixed Income Mutual Funds				
Long-term bond	253,605	-	-	253,605
Int. term bond	406,209	-	-	406,209
Short-term bond	187,228	-	-	187,228
Fixed income blend	25,239	-	-	25,239
Total Fixed Income Mutual Funds	872,281	-	-	872,281
Other Holdings				
Annuities	-	-	1,555,998	1,555,998
Greater Salina Community Foundation	-	-	21,734	21,734
Other investments	140,406	-	-	140,406
Beneficial interest in perpetual trusts	-	-	217,035	217,035
Charitable remainder trusts and gift annuities	-	-	104,895	104,895
Land - life estate	-	167,000	-	167,000
Total Other Holdings	140,406	167,000	1,899,662	2,207,068
TOTAL ASSETS	\$ 6,751,874	\$ 167,000	\$ 1,899,662	\$ 8,818,536
Liabilities				
Life estate liability	\$ -	\$ -	\$ 26,001	\$ 26,001

The change in fair value of Level 3 assets is as follows for the year ended June 30, 2015:

	Amount
Balance, June 30, 2014	\$ 353,054
Transfers into Level 3	1,555,998
Total gains or losses (realized and unrealized)	(9,390)
Balance, June 30, 2015	\$ 1,899,662

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

Investments in annuities were transferred from Level 1 to Level 3 because there are no quoted prices in active markets for identical assets.

8. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment is comprised of the following:

June 30		2015
Buildings and leasehold improvements	\$	7,297,408
Land improvements		431,472
Furniture and equipment		2,492,540
Transportation equipment		5,767,695
Livestock and equipment		61,905
Subtotal		16,051,020
Deduct: Accumulated depreciation		10,306,909
Subtotal		5,744,111
Land		1,128,553
Construction in progress		5,545,464
Total Property, Plant, and Equipment	\$	12,418,128

Depreciation expense for the year ended June 30, 2015, totaled \$1,574,357.

9. COMMITMENTS

On November 27, 2013, SFCS signed a building contract for the construction of a new Psychiatric Residential Treatment Facility (PRTF) in Salina, Kansas. The total amount of the building contract and related building commitments as of June 30, 2015, is \$5,796,996. Through June 30, 2015, SFCS has been invoiced for progress on the construction of the PRTF building and for the related building commitments in the amount of \$5,545,307, all of which is included in the property, plant, and equipment account on the balance sheet.

As of the year-end, June 30, 2015, the future commitments remaining for the construction of the PRTF building and for furnishing commitments totals \$923,068.

10. ASSETS TRANSFERRED TO A RECIPIENT ORGANIZATION

During the year ended May 31, 2001, SFCS permanently transferred \$10,000 to the Greater Salina Community Foundation (Community Foundation) for the establishment of the Saint Francis Academy Fund. The Community Foundation may make annual distributions to SFCS of an amount up to but not to exceed five percent of the fund's net fair market value. The Community Foundation has variance power over the funds as required by the Internal Revenue Service. At June 30, 2015, the fair value of this asset was \$21,734. (See note 7.)

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

11. GIFT ANNUITIES PAYABLE

Gift annuities payable total \$8,785 as of June 30, 2015. The current portion of this payable is \$395 and \$8,390 is long-term.

12. CHANGES IN COMPONENTS OF BOARD DIRECTED UNRESTRICTED NET ASSETS

	Board Directed		Total
	Unrestricted	Quasi Endowment	
Balance, June 30, 2014	\$ 958,159	\$ 4,075,856	\$ 5,034,015
Investment income	-	97,795	97,795
Appropriation for expenditure	(935,929)	(97,795)	(1,033,724)
Transfer in per board authorization	-	112,158	112,158
Gain on sale of securities	-	84,777	84,777
Change in value of securities	-	(375,450)	(375,450)
Change in value of annuities	-	11,941	11,941
Donations	-	20,000	20,000
Balance, June 30, 2015	\$ 22,230	\$ 3,929,282	\$ 3,951,512

13. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are subject to donor imposed stipulations that may or will be met either by actions of SFCS and/or passage of time, as presented below at June 30, 2015.

June 30	2015
Restricted for Specific Use	
Specific program items	\$ 1,824,492
Restricted by Passage of Time	
Split-interest agreements	104,895
Land with life estate	140,999
HUD Capital Advance	1,459,300
Total Restricted by Passage of Time	1,705,194
Total Temporarily Restricted Net Assets	\$ 3,529,686

Bridgeway Apartments, Inc. has agreements with the U.S. Department of Housing and Urban Development (HUD) whereby HUD made capital advances to Bridgeway Apartments, Inc. for Project I and Project II in the amounts of \$689,000 and \$770,300, respectively. The capital advances were used to finance the construction of an independent living complex for the developmentally disabled. SFCS is the sponsor organization. The capital advances bear no interest and are not required to be repaid so long as the housing remains available for very low-income persons with disabilities for at least 40 years in accordance with Section 811 of the National Housing Act. The capital advances are secured by real estate in Pearl River County, Mississippi. These advances are included in temporarily restricted

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

net assets. If either of the projects were to discontinue maintenance of the projects for the specified resident category, a mortgage would exist and monthly payments would be required.

14. CHANGES IN COMPONENTS OF PERMANENTLY RESTRICTED NET ASSETS

A portion of the permanently restricted net assets have special provisions which provide that income is to be temporarily restricted for specific uses presented as follows:

	Permanently Restricted		Total
	Special Provisions Endowment	Regular Endowment	
Balance, June 30, 2014	\$ 474,983	\$ 2,744,530	\$ 3,219,513
Change in value of perpetual trusts	-	(2,333)	(2,333)
Restricted income transferred to Special Provisions	199	-	199
Balance, June 30, 2015	\$ 475,182	\$ 2,742,197	\$ 3,217,379

15. FINANCIAL AID AND NET MAINTENANCE REVENUE

SFCS has agreements with third party payors that provide for payments to SFCS at amounts different from its established rates. In addition, SFCS maintains records to identify and monitor the level of financial aid it provides. The following information measures the amount of financial aid provided to clients and the discounts and contractual adjustments related to third party payor agreements for the year ended June 30, 2015.

Year Ended June 30	2015
Maintenance Revenue	\$ 99,992,048
Less:	
Discounts and contractual adjustments	456,235
Financial aid (Charity care)	317,875
Intercompany maintenance revenue	9,479,654
Bad debt expense (recovery)	25
Total	10,253,789
Net Maintenance Revenue	\$ 89,738,259

The subsidiary corporations operate residential facilities at Salina, Kansas and Picayune, Mississippi. Family Preservation, Reintegration/Foster Care/Adoption and Family Foster Care services are provided in Kansas. Therapeutic and Bridge Foster Care services are also provided in Oklahoma. Agency Supported Foster Care, Intensive Family Preservation, Family Support and Visitation Supervision are provided in Nebraska. Substantially all of the net maintenance fees are from governmental agencies (third party payors).

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

SFCS recognizes patient revenue associated with services provided to patients who have Medicaid, third-party, or other health insurance coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, SFCS recognizes revenue on the basis of its standard rates for services provided. A portion of SFCS's uninsured patients will be unable to pay for the services provided and SFCS provides charity care to those patients who meet the eligibility requirements. The cost of providing this charity care is \$288,329 for the year ended June 30, 2015.

16. ENDOWMENT ASSETS

SFCS's endowment consists of various individual funds established for a variety of purposes. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowments are classified and reported based on the existence or absence of donor-imposed restrictions.

SFCS, over the long-term, expects the current spending policy to allow its endowment fund to grow. This is consistent with SFCS's objective to maintain the purchasing power of the endowment assets as well as to provide additional real growth through investment return. To achieve that objective, SFCS has adopted an investment policy that attempts to maximize total return consistent with an acceptable level of risk. Actual returns in any given year may vary from the expectations.

Investment risk is measured in terms of the total endowment fund, investment assets and allocation between asset classes. Strategies are managed to not expose the fund to unacceptable levels of risk. The Board of Directors of SFCS has interpreted the State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, SFCS classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by SFCS in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, SFCS considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund;
- (2) The purposes of SFCS and the donor-restricted endowment fund;
- (3) General economic conditions;
- (4) The possible effect of inflation and deflation;
- (5) The expected total return from income and the appreciation of investments;
- (6) Other resources of SFCS; and
- (7) The investment policies of SFCS.

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

The endowment net assets composition by type as of June 30, 2015, follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowments				
Donor-restricted	\$ -	\$ 924,517	\$ 3,217,379	\$ 4,141,896
Board-directed quasi	3,929,282	-	-	3,929,282
Total Endowments	\$ 3,929,282	\$ 924,517	\$ 3,217,379	\$ 8,071,178

Changes in endowment net assets for the year ended June 30, 2015, follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment Net Assets,				
Beginning of Year	\$ 4,075,856	\$ 1,114,615	\$ 3,219,513	\$ 8,409,984
Investment Income	97,795	26,227	-	124,022
Contributions	20,000	-	-	20,000
Transfer In per board authorization	112,158	-	-	112,158
Net appreciation (realized and unrealized)	(278,732)	(190,098)	(2,333)	(471,163)
Restricted income transferred to special provisions	-	-	199	199
Appropriation of endowment assets for expenditure	(97,795)	(26,227)	-	(124,022)
Endowment Net Assets,				
End of Year	\$ 3,929,282	\$ 924,517	\$ 3,217,379	\$ 8,071,178

17. LEASES

Leases for building space have been entered into by SFCS. All of these have terms expiring over the next three years and have a provision that SFCS can terminate the leases under certain situations. Rent expense on these leases was \$946,164 for the year ended June 30, 2015. The future minimum lease payments required under these operating leases with original terms in excess of one year are as follows:

Year Ending June 30	Amount
2016	\$ 881,841
2017	804,364
2018	79,922
Total	\$ 1,766,127

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

SFCS has also entered into leases for certain office equipment. All of these agreements are classified as operating leases and have terms expiring annually. Rent expense on these equipment leases totaled \$11,767 for the year ended June 30, 2015.

18. PENSION PLANS

SFCS has the following retirement plans:

Clergy Plan Two employees who are Episcopal clergy are covered under a multi-employer plan with the Church Pension Fund that was established by the General Convention of the Episcopal Church. Under this defined benefit plan, the clergy accrue benefits that are determined by formula at the time of retirement, disability or death. These benefits do not fluctuate due to market performance. SFCS contributed 18% of cleric's total assessable compensation. The Plan also provides both life and disability benefit coverage. The report is available upon request from the Church Pension Group. The total amount contributed by SFCS for the year ended June 30, 2015, was \$47,635.

401 (K) Plan Effective January 1, 2010, SFCS established the Saint Francis Community Services, Inc. 403(b) Plan and the Saint Francis Community Services, Inc. 401(k) Plan. The 403(b) Plan, which was frozen as of January 1, 2010, was terminated effective December 31, 2014. The termination was subject to the provisions of ERISA. The 151 participants in the plan as of December 31, 2014, had the opportunity to roll the funds over to the 401(k) plan, roll the funds over to an IRA, or take a lump sum cash distribution. All Plan assets were distributed by May 31, 2015. Under the 401(k) plan, SFCS makes contributions for employees who meet certain age and length of service requirements. The total amount contributed by SFCS for the year ended June 30, 2015 was \$1,257,649.

19. CONTINGENCIES

During the fiscal year ended June 30, 2009, a donor established a life estate agreement naming SFCS as the beneficiary of the donor's farm land. Under the terms of the agreement, the donor would continue to use the land as long as the donor is living. At the time of the donor's death, the gift would become unrestricted. The asset's market value of \$167,000 and a corresponding liability of \$26,001 have been recorded.

20. CONCENTRATION OF BUSINESS RISK

The State of Kansas has "privatized" out of home placements for youth in the custody of the Kansas Department for Children and Families (formerly known as Kansas Department of Social and Rehabilitation Services (SRS)). Saint Francis Community and Family Services, Inc. was awarded the Reintegration/Foster Care/Adoption Services and Family Preservation Services contracts for the West and Wichita regions in Kansas through the period ending June 30, 2017, with two (2) additional (2) year renewals(s) by written agreement of the parties.

Total revenue for the year ended June 30, 2015, was \$88,037,073 from state agencies for these and other contracts. Referrals and fees for services are received from other social service agencies.

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

(Continued)

21. CONCENTRATIONS OF CREDIT RISK

The corporations have demand deposits, repurchase agreements and money market funds on deposit with various financial institutions. Balances with certain financial institutions were in excess of the federal insurance limitation during the year ended June 30, 2015.

22. CERTAIN SIGNIFICANT ESTIMATES

Significant estimates used in preparing these consolidated financial statements are described below:

Allocation of Functional Expenses Functional expenses are charged to the specific purpose when readily determinable and allocated proportionately to a multi-purpose function.

Deferred Revenue Deferred revenue is related to the Reintegration/Foster Care/Adoption Services and Family Preservation Services contracts. The significant estimate in the Reintegration/Foster Care/Adoption Services and Family Preservation Services deferred revenue is based upon the amount of time that SFCS expects to serve the client. Management reviewed program results of the current year and made an estimate of the future services that will be provided to the children and families in the programs. Management reviewed subsequent payments and based upon their knowledge and experience with the program, arrived at an estimated amount to reflect the deferred revenue for the Reintegration/Foster Care/Adoption Services and Family Preservation programs.

It is at least reasonably possible that the significant estimates used will change within the next year.

23. BRIDGEWAY APARTMENTS, INC.

Bridgeway Apartments, Inc., located in Picayune, Mississippi, operates a 13 unit apartment project (Phase I) and a 12 unit apartment project (Phase II), collectively known as the Projects, for persons who are developmentally disabled. These Projects are operated under Section 811 of the National Housing Act and regulated by the U.S. Department of Housing and Urban Development (HUD) with respect to rental charges and operating methods. Under the regulatory agreement, the Projects may not increase rents charged to tenants without HUD approval. Use of the residual receipts account is contingent upon HUD's prior written approval.

The Projects' operations are concentrated in the multi-family real estate market. In addition, the Projects operate in a heavily regulated environment. The operations of the Projects are subject to the administrative directives, rules and regulations of federal, state and local regulatory agencies, including, but not limited to, HUD. Such administrative directives, rules and regulations are subject to change by an act of Congress or an administrative change mandated by HUD. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change.

24. SUBSEQUENT EVENTS

SFCS has evaluated subsequent events through January 8, 2016, the date which the financials were available to be issued. There were no events which require disclosure.

SUPPLEMENTARY INFORMATION SECTION

Saint Francis Community Services, Inc. and Subsidiaries

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Entity Identifying Number/Contract	Federal Disbursements/ Expenditures
U.S. Department of Health and Human Services - TANF Cluster			
Passed Through Kansas Department for Children and Families			
Temporary Assistance for Needy Families	93.558	Reintegration FY15-West	\$ 5,206,533
Temporary Assistance for Needy Families	93.558	Reintegration FY15-Wichita	4,375,901
Temporary Assistance for Needy Families	93.558	Family Preservation FY15-West	895,644
Temporary Assistance for Needy Families	93.558	Family Preservation FY15-Wichita	778,650
Total CFDA #93.558 - TANF Cluster - Passed Through Kansas Department for Children and Families			11,256,728
Other U.S. Department of Health and Human Services Programs			
Passed Through Kansas Department for Children and Families			
Social Services Block Grant	93.667	Reintegration FY15-West	4,420,139
Social Services Block Grant	93.667	Reintegration FY15-Wichita	3,717,186
Total CFDA #93.667 - Passed Through Kansas Department for Children and Families			8,137,325
Passed Through Kansas Department for Children and Families			
Foster Care_Title IV-E	93.658	Reintegration FY15-West	1,750,613
Foster Care_Title IV-E	93.658	Reintegration FY15-Wichita	1,523,865
Foster Care_Title IV-E	93.658	Family Preservation FY15-West	152,153
Foster Care_Title IV-E	93.658	Family Preservation FY15-Wichita	133,315
Total CFDA #93.658 Passed Through Kansas Department for Children and Families			3,559,946
Passed Through Kansas Department of Health and Environment / Children's Alliance of Kansas (some match from the Kansas Department for Children and Families)			
Foster Care_Title IV-E	93.658	MAPP Training Contract 36160	32,996
Total CFDA #93.658 Passed Through Kansas Department of Health and Environment / Children's Alliance of Kansas			32,996
Passed Through Nebraska Department of Health and Human Service			
Foster Care_Title IV-E	93.658	1501NE1401	624,305
Total CFDA #93.658 Passed Through Nebraska Department of Health and Human Services			624,305
Passed Through Oklahoma Department of Human Service			
Foster Care_Title IV-E	93.658	8309021444	520,759
Foster Care_Title IV-E	93.658	522828 & 538185	40,710
Total CFDA #93.658 Passed Through Oklahoma Department of Human Services			561,469
Total CFDA #93.658			4,778,716
Passed Through University of Kansas Center for Research, Inc.			
Child Welfare Research Training or Demonstration	93.648	Subcontract No. FY2011	952,443
Child Welfare Research Training or Demonstration	93.648	Subcontract No. FY2012	133,918
Total CFDA #93.648 - Passed Through University of Kansas Center for Research, Inc.			1,086,361
Passed Through University of Kansas Center for Research, Inc.			
Adoption Services	93.652	Subcontract No. FY 2014-032	38,675
Total CFDA #93.652 - Passed Through University of Kansas Center for Research, Inc.			\$ 38,675

Saint Francis Community Services, Inc. and Subsidiaries

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

(Continued)

Federal Grantor/Pass-Through Grantor/Program Title	CFDA Number	Entity Identifying Number/Contract	Disbursements/ Expenditures
Other U.S. Department of Health and Human Services Programs			
Passed Through University of Kansas Center for Research, Inc. Enhance Safety of Children Affected by Substance Abuse	93.087	Subcontract No. FY2015-084	\$ 3,349
Total CFDA #93.087 - Passed Through University of Kansas Center for Research, Inc.			3,349
Passed Through Kansas Department for Children and Families Affordable Care Act (ACA) Abstinence Education Program	93.235	1001KSAEGP	90,000
Total CFDA #93.235 - Passed Through Kansas Department for Children and Families			90,000
Passed Through Kansas Department for Children and Families Stephanie Tubbs Jones Child Welfare Services Program	93.645	Family Preservation FY15-West	41,223
Stephanie Tubbs Jones Child Welfare Services Program	93.645	Family Preservation FY15-Wichita	37,748
Total CFDA #93.645 - Passed Through Kansas Department for Children and Families			78,971
U.S. Department of Agriculture - Child Nutrition Cluster			
Passed Through Kansas State Board of Education National School Lunch Program	10.555	X-0921	43,559
Total CFDA #10.555 - Passed Through Kansas State Board of Education			43,559
Passed Through Kansas State Board of Education School Breakfast Program	10.553	X-0921	21,826
Total CFDA #10.553 - Passed Through Kansas State Board of Education			21,826
Total Child Nutrition Cluster			65,385
TOTAL FEDERAL AWARDS			\$ 25,535,510

Saint Francis Community Services, Inc. and Subsidiaries

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting The accompanying schedule of expenditures of federal awards includes the grant activity of Saint Francis Community Services, Inc. and its wholly owned subsidiaries and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

2. ABBREVIATIONS

For purposes of the schedule of expenditures of federal awards, the following abbreviation was used:

CFDA - Catalog of Federal Domestic Assistance.

3. MULTIPLE ENTITIES

The schedule of expenditures of federal awards includes the federal disbursements and expenses of the following entities:

- Saint Francis Community and Family Services, Inc.
- Saint Francis Community and Residential Services, Inc.
- Saint Francis Community Services, Inc.
- Saint Francis Community Services in Oklahoma, Inc.
- Saint Francis Community Services in Nebraska, Inc.

The *Government Auditing Standards* and *OMB Circular A-133 Compliance Supplement* requirements for Bridgeway Apartments, Inc. were included in the report audited by other auditors, Maddox & Associates, APC for the year ended June 30, 2015.

OTHER REPORTS SECTION



INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors
Saint Francis Community Services, Inc.
Salina, Kansas

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statement of Saint Francis Community Services, Inc. (a Kansas not-for-profit organization) and its wholly-owned subsidiaries, which comprise the consolidated statement of financial position as of June 30, 2015, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated January 8, 2016. Our report includes a reference to auditors who audited the financial statements of Bridgeway Apartments, Inc., as described in our report on Saint Francis Community Services, Inc.'s consolidated financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Saint Francis Community Services, Inc. and subsidiaries' internal control. Accordingly, we do not express an opinion on the effectiveness of the Saint Francis Community Services, Inc. and subsidiaries' internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

(Continued)

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KCoe Jam, LLP

January 8, 2016
Salina, Kansas



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

To the Board of Directors
Saint Francis Community Services, Inc. and its Subsidiaries
Salina, Kansas

Report on Compliance for Each Major Federal Program

We have audited Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 *Compliance Supplement* that could have a direct and material effect on each of Saint Francis Community Services, Inc. and its wholly owned subsidiaries' major federal programs for the year ended June 30, 2015. Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal program.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of Saint Francis Community Services, Inc. and subsidiaries' major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*; and the provisions of the Kansas Department of Social and Rehabilitation Services *Recipient Monitoring Policy* approved July 9, 2009. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' compliance.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

(Continued)

Basis for Qualified Opinion on the Temporary Assistance for Needy Families (CFDA No. 93.558) and Social Services Block Grant (CFDA No. 93.667)

As described in item 2015-001 in the accompanying schedule of finding and questioned costs, Saint Francis Community Services, Inc. and its wholly-owned subsidiaries did not comply with requirements regarding CFDA No. 93.558 Temporary Assistance for Needy Families and 93.667 Social Services Block Grant for allowable costs/cost principles. Compliance with such requirements is necessary, in our opinion, for Saint Francis Community Services, Inc. and subsidiaries to comply with the requirements applicable to those programs.

Qualified Opinion on the Temporary Assistance for Needy Families (CFDA No. 93.558) and Social Services Block Grant (CFDA No. 93.667)

In our opinion, except for the noncompliance described in the Basis for Qualified Opinion paragraph, Saint Francis Community Services, Inc. and its wholly-owned subsidiaries complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2015.

Other Matters

Saint Francis Community Services, Inc.'s consolidated financial statements include the operations of Bridgeway Apartments, Inc. HUD Projects No. 065-HD015-CA and 065-HD025-CA, which has \$1,575,006 in federal awards expenditures, which are not included in the schedule of expenditures of federal awards for the year ended June 30, 2015. Our audit, described below, did not include the operations of Bridgeway Apartments, Inc. HUD Projects No. 065-HD015-CA and 065-HD025-CA because those Projects' statements were audited by other auditors.

Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' response to the noncompliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Report on Internal Control Over Compliance

Management of Saint Francis Community Services, Inc. and its wholly-owned subsidiaries is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Saint Francis Community Services, Inc. and its wholly-owned

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

(Continued)

subsidiaries' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program as a basis for designing auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Saint Francis Community Services, Inc. and its wholly-owned subsidiaries' internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, as discussed below, we identified a certain deficiency in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as items 2015-001 that we consider to be a significant deficiency.

Saint Francis Community Services, Inc. and wholly-owned subsidiaries' response to the internal control over compliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. Saint Francis Community Services, Inc. and wholly-owned subsidiaries' response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

(Continued)

Purpose of this Report

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

KCoe Jam, LLP

January 8, 2016
Salina, Kansas

FINDINGS AND QUESTIONED COSTS SECTION

Saint Francis Community Services, Inc. and Subsidiaries

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

June 30, 2015

(Continued)

SECTION I

SUMMARY OF AUDITORS' RESULTS

(Continued)

8. The dollar threshold used to distinguish between Type A and Type B programs, as described in Section .520(b), is \$766,065.
9. Saint Francis Community Services, Inc. and its wholly-owned subsidiaries do not qualify as a low-risk auditee under Section .530 of OMB Circular A-133.

Saint Francis Community Services, Inc. and Subsidiaries

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

June 30, 2015

(Continued)

SECTION II FINDINGS

FINANCIAL STATEMENTS AUDIT

None

Saint Francis Community Services, Inc. and Subsidiaries

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

June 30, 2015

(Continued)

SECTION III FINDINGS

FEDERAL AWARDS AUDIT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Temporary Assistance for Needy Families – CFDA No. 93.558

Social Services Block Grant – CFDA No. 93.667

Condition Personnel Activity Reports for all staff are not available for the salaries and wages for services performed under the above noted contracts with the Kansas Department for Children and Families.

Criteria OMB Circular No. A-122 establishes principles for determining costs of grants, contracts, and other agreements with non-profit organizations. This Circular requires that charges to awards for salaries and wages, whether treated as direct costs or indirect costs, will be based on documented payrolls approved by a responsible official(s) of the organization. The distribution of salaries and wages to awards must be supported by personnel activity reports, as prescribed in subparagraph (2), except when a substitute system has been approved in writing by the cognizant agency. Reports must reflect an after-the-fact determination of the actual activity of each employee. Budget estimates (i.e. estimates determined before the services are performed) do not qualify as support for charges to awards. Each report must account for the total activity for which employees are compensated and which is required in fulfillment of their obligations to the organization. The reports must be signed by the individual employee, or by a responsible supervisory official having first-hand knowledge of the activities performed by the employee, that the distribution of activity represents a reasonable estimate of the actual work performed by the employee during the periods covered by the reports. In addition, the reports must be prepared at least monthly and must coincide with one or more pay periods.

Cause Documentation and approval is available to support the time worked and a separate case activity log exists for the individuals who perform direct services but there is not a specific form that includes all documentation as noted above. During the year ended June 30, 2015, Saint Francis Community Services began implementing changes to their system to generate a personnel activity report for staff whose services included more than one program. A personnel activity report was prepared for all such individuals for the year ended June 30, 2015. For those individuals who worked only in one program, the payroll records include the specific information required for the personnel activity report, although a specific report with this title is not currently available.

Potential Effect and Context Saint Francis Community Services does require all employees who work under the contracts noted above to complete a time sheet that is approved by the employee and their supervisor. There are controls in place to determine that such approval is reviewed and approved before each payroll is paid. Most of the employees who are assigned to these contracts only work under one contract. Therefore, all of their time is allocated to the specific contract and this is determined at the beginning of each contract year. If situations change during the year, the employee or their supervisor inform the payroll department that an allocation change is required. In addition, on an on-going basis, the Contract Services Staff monitor the client cases assigned and the case activity logs to determine if an employee's

Saint Francis Community Services, Inc. and Subsidiaries

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

June 30, 2015

(Continued)

SECTION III FINDINGS

FEDERAL AWARDS AUDIT

(Continued)

allocation of time needs to be changed in the payroll system. During the year ended June 30, 2015, Saint Francis Community Services prepared a personnel activity report for all individuals who worked in more than one specific contract. This report includes all of the data for these employees.

Recommendations Since the prior year finding was reported, Saint Francis Community Services has taken extensive efforts to develop a method for capturing and documenting the information required for the personnel activity reports in one document. They did implement a process to obtain a personnel activity report for all staff that work across contracts for the year ended June 30, 2015. Saint Francis Community Services is in the process of implementing a new payroll software system that will enable them to capture the information needed for the personnel activity reports for all staff working in areas with Contract Funding. The goal is to have this implemented by January 1, 2016. In addition, the new requirements effective for the next fiscal year in the Uniform Grant Guidance 2CFR200 should be evaluated and incorporated into the process.

Views of Responsible Officials and Planned Corrective Actions In connection with Finding No. 2015-001, which is a continuation of the prior year finding, Saint Francis Community Services has worked hard to comply with all administrative and cost guidelines and has committed to complying with all state and federal requirements and is well underway in that project.

Saint Francis Community Services entered into contracts with the State of Kansas for many years to perform Family Preservation and Reintegration/Foster Care/Adoption services. During the years prior to the year ended June 30, 2014, based upon communication with the Kansas Department for Children and Families and their predecessor, these contracts were viewed as procurement contracts. Potential vendors were asked to respond to a Request For Proposal (RFP) through the Kansas Department of Administration, Procurement and Contracts division and submit bids for these services to a designated Procurement Officer. Awards were made by the Procurement Negotiation Committee and notification of such award came from the Director of Purchases. The contracts beginning July 1, 2013, were awarded as described above, however, the Kansas Department for Children and Families informed Saint Francis Community Services that Contractors were to be considered sub recipients of any Federal Awards used to fund the contracts for purposes of Circular A-133 audit requirements and that the amount for each Federal Award would be provided at the end of the fiscal year.

During previous years, Saint Francis Community Services developed a time keeping system that met requirements for tracking hours for employees that worked for grants. The time reporting requirements for the Family Preservation and Reintegration/Foster Care/Adoption contracts were met through participation in the Contractor Random Moment Time Study (RMTS) as administrated by the Kansas Department for Children and Families and submission of required encounter data.

Saint Francis Community Services, Inc. and Subsidiaries

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

June 30, 2015

(Continued)

SECTION III FINDINGS

FEDERAL AWARDS AUDIT

(Continued)

Staff were hired, trained and assigned to a specific contract to perform required services solely under that contract. Employees that work with more than one contract are generally supervisory positions and are allocated between those contracts based on their estimate of time worked for each contract. Annual certification of allocations was documented for employees working for more than one contract. Saint Francis Community Services has a salary and wage reporting process that includes multiple layers of approval and monitoring so that the time worked by employees are properly recorded.

Saint Francis Community Services understands the need for a finding of not meeting the personnel activity report requirements for all staff involved with the contracts under the Circular A-133. As noted earlier, Saint Francis Community Services states that there are systems in place to properly monitor and approve all employee salaries and wages to ensure that the proper contract or grant is being charged only allowable costs. Saint Francis Community Services does have personnel activity reports for employees who work under the contracts in multiple funding sources. Saint Francis Community Services is in the process of implementing a new payroll software system and processes that can generate the specific personnel activity reports required for the state contracts on a large scale. As noted in the prior year, because the employees that work under the Family Preservation and Reintegration/Foster Care/Adoption contracts are specifically assigned to a contract, Saint Francis Community Services submits that based upon their review and approval there are no unallowed salaries and wages being charged to the Federal Awards. In addition, the new system will meet the requirements of the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards as issued by the office of Management and Budget (OMB).

Saint Francis Community Services, Inc. and Subsidiaries

CORRECTIVE ACTION PLAN

June 30, 2015

The Corrective Action Plan for Saint Francis Community Services, Inc. and Subsidiaries has been issued as a separate letter.

Saint Francis Community Services, Inc. and Subsidiaries

SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS

PRIOR AUDIT REPORTS

Finding Number 2014-001 from the year ended June 30, 2014, is repeated as Finding Number 2015-001 for the current year for the major programs CFDA No. 93.558 and 93.667. Action taken on this prior year finding is described in Section III.



Saint Francis
MINISTRIES

Attachment L
Nebraska Public Health
Licensure

Licensure

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

Public Health Licensure Unit Certification of Licensure

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 3/22/2019.

Name: Saint Francis Community Services, Inc.
Owner: Saint Francis Community Services, Inc.
Address: 1811 W 2 Street Suite 105, Grand Island, NE
Type: Child Placing Agency
Number: CPA036
Status: Active
Issued: 09/09/2011
Expiration: 09/09/2019

Inspection and Investigation Information:

Documentation may not be available online prior to 2010. If prior documentation is needed, please call our office at (402) 471-9278

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

State of Nebraska

Department of Health and Human Services
Division of Public Health

Saint Francis Community Services, Inc.

Saint Francis Community Services, Inc.

1811 W 2 Street Suite 105 Omaha, NE

Child Placing Agency

License #: CPA0001 Expiration: 09/09/2019

Status: Active



Certificate of Good Standing



Attachment G
Certificate of
Good Standing

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

SAINT FRANCIS COMMUNITY SERVICES IN NEBRASKA, INC.

**incorporated on May 6, 2011 and is duly incorporated under the law of
Nebraska;**

**that all fees, taxes, and penalties owed to Nebraska wherein payment is
reflected in the records of the Secretary of State and to which nonpayment
affects the good standing of the corporation have been paid;**

**that its most recent biennial report required by section 21-19,172 has been
delivered to the Secretary of State;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

March 13, 2019

A handwritten signature in black ink that reads "Robert B. Evnen".

Secretary of State

Nebraska Secretary of State

✓ This is a valid Certificate of Good Standing issued by the Nebraska Secretary of State's office on March 13, 2019 at 10:45:03 AM for SAINT FRANCIS COMMUNITY SERVICES IN NEBRASKA, INC.

[View certificate](#)

Enter the Verification ID found on the bottom of the certificate to validate authenticity of a Certificate of Good Standing.

Verification ID:

19410da

[Additional Online Services](#)



Attachment J
Job Descriptions

Job Descriptions



JOB DESCRIPTION	
Job Title: Assistant Vice President of Services	Last Revision: March 2019
Program: Nebraska	Reports To: Vice President of Children and Family Services Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families.	
BASIC PURPOSE OF THE JOB	
The Assistant Vice President is responsible for administering and managing the Regions service delivery and contract outcomes.	
JOB REQUIREMENTS	
Minimum Education and Licensure/ Certifications	➤ Master's degree in Social Work or related degree.
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	➤ Demonstrates competence and continues training in age-specific competencies for infant through adult clients.
Minimum Work Experience	➤ 5 years of child welfare direct service experience.
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Receives training in trauma informed practice and incorporates knowledge in day-to-day practice ➤ Ability to work flexible schedule including being available during after-hours ➤ Understanding of family-centered practice, child welfare, the state system, and behavioral health care delivery systems ➤ Understanding of child and adolescent development and family systems ➤ Demonstrates effective written and verbal communication skills ➤ Understanding of budget development and implementation ➤ Ability to travel ➤ Consistently exercises discretion and independent judgment in performance of duties in conformance with applicable policies, procedures, statutes, rules and regulations ➤ Handles multiple priorities ➤ Able to relate, communicate and work with multiple and diverse constituencies, within and external to SFCS ➤ Ability to build, manage, direct, oversee and coordinate multiple and complex function, projects and relationships ➤ Manages stress appropriately ➤ Works alone effectively ➤ Works in close proximity to others and/or in a distracting environment ➤ Works with others effectively/teamwork ➤ Understands and practices Universal Precautions ➤ Demonstrates strong leadership skills in the below areas: <ul style="list-style-type: none"> <u>Developing Direct Reports:</u> The extent to which one can guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans. <u>Innovation Management:</u> Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas. <u>Motivating Others:</u> The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards. <u>Strategic Agility:</u> The ability to look at internal and external trends and

	<p>adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented.</p> <p>Building Effective Teams: The ability to assemble and lead strong, high-functioning teams to solve organizational issues of all sizes. Shares successes with the team and organization and fosters an open dialogue.</p> <p>Managing Vision and Purpose: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do.</p>
Essential Functions	<ul style="list-style-type: none"> ➤ Designs, develops and implements the child welfare programs according to DHHS contracts. ➤ Monitors program to assure compliance with contract, regulatory, licensing and accreditation standards. ➤ Advises Vice President of critical trends, problems or events in assigned areas. ➤ Monitors program to assure compliance with established administrative, financial and personnel policies procedures and protocols. ➤ Provides leadership, guidance and direction for program, to ensure compliance with outcomes and performance standards. ➤ Assists in development and implementation of performance improvement strategies to achieve program outcomes. ➤ Provides supervision for Child Welfare Program Directors, ➤ Assists in strategic planning processes with the Vice President. ➤ Develops and maintains positive relationships with regional and state stakeholders, including DHHS, the courts, and other community partners, to facilitate accomplishing program outcomes. ➤ Collaborates with local agencies to determine community needs and develop a full continuum of services for children and families. ➤ Coordinates relationships with staff, providers, consumers and the program. ➤ Develops, implements, and ensures compliance with SFCS policies and follows directives as required. Follows and adheres to all pertinent SFCS Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms. ➤ Is knowledgeable of and follows all safety procedures. ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels. ➤ Ensures clients' rights are protected.
Non-Essential Functions	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year. ➤ Other duties as assigned.
Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Job knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance ➤ Leadership



JOB DESCRIPTION	
Job Title: Technology Coordinator	Last Revision: March 2019
Program: Nebraska	Reports To: Chief Information Officer Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families.	
BASIC PURPOSE OF THE JOB	
The Technology Coordinator will serve as the primary contact between Saint Francis and DHHS to address IT related issues.	
JOB REQUIREMENTS	
Minimum Education and Licensure/ Certifications	<ul style="list-style-type: none"> ➤ Bachelor in IT, Computer Science or related field
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	N/A
Minimum Work Experience	<ul style="list-style-type: none"> ➤ 10 years working in technology sector ➤ Supervisory experience preferred
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Ability to work flexible schedule ➤ Understanding of budget development and implementation ➤ Ability to travel ➤ Consistently exercises discretion and independent judgment in performance of duties in conformance with applicable policies, procedures, statutes, rules and regulations ➤ Handles multiple priorities ➤ Able to relate, communicate and work with multiple and diverse constituencies, within and external to Saint Francis ➤ Ability to build, manage, direct, oversee and coordinate multiple and complex function, projects and relationships ➤ Manages stress appropriately ➤ Works alone effectively ➤ Works in close proximity to others and/or in a distracting environment ➤ Works with others effectively/teamwork ➤ Understands and practices Universal Precautions

Essential Functions	<ul style="list-style-type: none"> ➤ Purchasing, installing, configuring and managing all hardware and software, all computer hardware support, hardware and software upgrades, the movement of all computer equipment, needed network support, server and LAN printer support and software installation and configuration of information systems owned by Saint Francis for the performance of responsibilities associated with this award. ➤ Understanding the requirements for use of wireless laptops under this award under the conditions that the disk is encrypted and the appropriate safeguards are in place. ➤ Notifying DHHS of any lost or stolen hardware that may have been used to access, process or store information. ➤ Providing DHHS with a detailed security plan of any network infrastructure connecting to the organizational network. ➤ Understanding remote or home office sites may be permitted provided each location meets compliance requirements, ensuring all agents, employees, interns and subcontractors take reasonable actions to ensure such worksites meet these compliance requirements when accessing DHHS information. ➤ Performing and documenting annual physical site reviews for all remote office and home office locations to ensure the security controls are met and documenting any noted deficiencies, recommendation and actions to address noted deficiencies, making this information available upon request to DHHS. ➤ Coordinates relationships with staff, providers, consumers and the program. ➤ Develops, implements, and ensures compliance with Saint Francis policies and follows directives as required. Follows and adheres to all pertinent Saint Francis Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms. ➤ Is knowledgeable of and follows all safety procedures. ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels. ➤ Ensures clients' rights are protected.
Non-Essential Functions	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year. ➤ Other duties as assigned.
Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Job knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance ➤ Leadership



Saint Francis
Community Services

Serving Children and Families Since 1945

JOB DESCRIPTION	
Job Title: Director - Adoption	Last Revision: March 2019
Program: Nebraska	Reports To: Assistant Vice President of Services Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families.	
BASIC PURPOSE OF THE JOB	
The Director of Adoption provides administrative leadership and operational oversight for the service delivery and contract outcomes in the Adoption department.	
JOB REQUIREMENTS	
Minimum Education and Licensure/Certifications	➤ Master's Degree in Social Work or related degree
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	➤ Demonstrates competence and continues training in age-specific competencies for infant through adult clients.
Minimum Work Experience	➤ 4 years of child welfare direct service experience
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Receives training in trauma informed practice and incorporates knowledge in day-to-day practice ➤ Able to relate, communicate and work with multiple and diverse internal and external constituents, including staff, clients, DHHS, community agencies and the court systems ➤ Team player that supports corporate decisions and SFCS' vision, mission and ministry ➤ Demonstrates strong leadership skills in the below areas: Developing Direct Reports: The extent to which one can guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans Innovation Management: Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas Motivating Others: The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards Strategic Agility: The ability to look at internal and external trends and adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented. Building Effective Teams: The ability to assemble and lead strong, high functioning teams to solve organizational issues of all sizes. Shares successes with the team and organization, and fosters an open dialogue Managing Vision and Purpose: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do. Understanding of child and adolescent development and family systems

<p>Required Skills, Knowledge, and Abilities</p>	<ul style="list-style-type: none"> ➤ Understanding of family-centered practice, child welfare, the state system, and behavioral health care delivery systems ➤ Understanding of budget development and implementation ➤ Understanding of management information systems ➤ Able to work flexible schedule including after hours ➤ Demonstrate effective written and verbal communication skills ➤ Ability to travel throughout the State ➤ Handles multiple priorities ➤ Independent discretion/decision making within the scope and responsibility of the position ➤ Manages emotions and can make decisions under pressure ➤ Manages stress appropriately ➤ Works alone effectively ➤ Ability to work with diverse population ➤ Understands and practices Universal Precautions
<p>Essential Functions</p>	<ul style="list-style-type: none"> ➤ Monitors and evaluates program ensuring the quality and effectiveness of program, while assuring that outcomes are met. ➤ Manages program within budget, monitoring results monthly to assure fiscal goals are met. ➤ Responsible for reviewing and evaluating effectiveness/satisfaction data and implementing necessary changes to improve program quality and achieve established outcomes. ➤ Participates in strategic planning process with Leadership team to develop program growth. ➤ Provides direct supervision and support to the Supervisors, including completion of annual performance evaluation. ➤ Develops and oversees the completion of performance expectations. Conducts corrective counseling, provides guidance and recommends termination when necessary ➤ Arranges for coverage when a Supervisor is absent. ➤ Hires staff in coordination with Human Resources and Supervisor. ➤ Assists in maintaining safety for the physical office environment. ➤ Liaison with DHHS, the courts, and community partners, assessing community needs and assuring positive relationships. ➤ Assures that record documentation and management information data is complete and accurate. ➤ Advises Vice President of critical trends, problems or events in Reintegration. ➤ Implements SFCS policies and follows directives as required. Follows and adheres to all pertinent SFCS Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms. Ensures clients' rights are protected. ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels. ➤ Ensures clients' rights are protected. ➤ Is knowledgeable of and follows all safety procedures.
<p>Non-Essential Functions</p>	<ul style="list-style-type: none"> ➤ Prefer a minimum 40 hours in-services education per year. ➤ Other duties as assigned.
<p>Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Job knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
<p>Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance



JOB DESCRIPTION	
Job Title: Director – Independent Living	Last Revision: March 2019
Program: Nebraska	Reports To: Assistant Vice President of Services Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families.	
BASIC PURPOSE OF THE JOB	
The Director of Independent Living provides administrative leadership and operational oversight for the service delivery and contract outcomes in the Independent Living department.	
JOB REQUIREMENTS	
Minimum Education and Licensure/Certifications	➤ Master’s degree in Social Work or related degree.
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver’s license, acceptable driving and reliable transportation.
Client Population Served	➤ Demonstrates competence and continues training in age-specific competencies for infant through adult clients
Minimum Work Experience	➤ 4 years of child welfare direct service experience.
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Receives training in trauma informed practice and incorporates knowledge in day-to-day practice ➤ Able to relate, communicate and work with multiple and diverse internal and external constituents, including staff, clients, DHHS, community agencies and the court systems ➤ Team player that supports corporate decisions and SFCS’ vision, mission and ministry ➤ Demonstrates strong leadership skills in the below areas: <ul style="list-style-type: none"> Developing Direct Reports: The extent to which one can guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans Innovation Management: Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas Motivating Others: The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards Strategic Agility: The ability to look at internal and external trends and adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented. Building Effective Teams: The ability to assemble and lead strong, high functioning teams to solve organizational issues of all sizes. Shares successes with the team and organization and fosters an open dialogue Managing Vision and Purpose: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do. Understanding of child and adolescent development and family systems

<p>Required Skills, Knowledge, and Abilities</p>	<ul style="list-style-type: none"> ➤ Understanding of family-centered practice, child welfare, the state system, and behavioral health care delivery systems ➤ Understanding of budget development and implementation ➤ Understanding of management information systems ➤ Able to work flexible schedule including after hours ➤ Demonstrate effective written and verbal communication skills ➤ Ability to travel throughout the State ➤ Handles multiple priorities ➤ Independent discretion/decision making within the scope and responsibility of the position ➤ Manages emotions and can make decisions under pressure ➤ Manages stress appropriately ➤ Works alone effectively ➤ Ability to work with diverse population ➤ Understands and practices Universal Precautions
<p>Essential Functions</p>	<ul style="list-style-type: none"> ➤ Monitors and evaluates program ensuring the quality and effectiveness of program, while assuring that outcomes are met. ➤ Manages program within budget, monitoring results monthly to assure fiscal goals are met. ➤ Responsible for reviewing and evaluating effectiveness/satisfaction data and implementing necessary changes to improve program quality and achieve established outcomes. ➤ Participates in strategic planning process with Leadership team to develop program growth. ➤ Participates in Statewide Independent Living Statewide meetings and executes tasks related to those meetings. ➤ Provides direct supervision and support to the Supervisors, including completion of annual performance evaluation. ➤ Explores community resources and identifies services to meet the needs of older youth. ➤ Develops and oversees the completion of performance expectations. Conducts corrective counseling, provides guidance and recommends termination when necessary ➤ Arranges for coverage when a Supervisor is absent. ➤ Hires staff in coordination with Human Resources and Supervisor. ➤ Assists in maintaining safety for the physical office environment. ➤ Liaison with DHHS, the courts, and community partners, assessing community needs and assuring positive relationships. ➤ Assures that record documentation and management information data is complete and accurate. ➤ Advises Vice President of critical trends, problems or events in Reintegration. ➤ Implements SFCS policies and follows directives as required. Follows and adheres to all pertinent SFCS Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms. Ensures clients' rights are protected. ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels. ➤ Ensures clients' rights are protected. ➤ Is knowledgeable of and follows all safety procedures.
<p>Non-Essential Functions</p>	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year ➤ Other duties as assigned
<p>Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Job knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
<p>Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance



JOB DESCRIPTION	
Job Title: Director - Reintegration	Last Revision: March 2019
Program: Nebraska	Reports To: Assistant Vice President of Services Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families.	
BASIC PURPOSE OF THE JOB	
The Director of Reintegration provides administrative leadership and operational oversight for the service delivery and contract outcomes in the Reintegration department.	
JOB REQUIREMENTS	
Minimum Education and Licensure/Certifications	➤ Master's degree in Social Work or related field.
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	➤ Demonstrates competence and continues training in age-specific competencies for infant through adult clients.
Minimum Work Experience	➤ 4 years of child welfare direct service experience
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Receives training in trauma informed practice and incorporates knowledge in day-to-day practice ➤ Able to relate, communicate and work with multiple and diverse internal and external constituents, including staff, clients, DHHS, community agencies and the court systems ➤ Team player that supports corporate decisions and SFCS' vision, mission and ministry ➤ Demonstrates strong leadership skills in the below areas: <ul style="list-style-type: none"> Developing Direct Reports: The extent to which one can guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans Innovation Management: Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas Motivating Others: The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards Strategic Agility: The ability to look at internal and external trends and adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented. Building Effective Teams: The ability to assemble and lead strong, high functioning teams to solve organizational issues of all sizes. Shares successes with the team and organization and fosters an open dialogue Managing Vision and Purpose: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do. Understanding of child and adolescent development and family systems

<p>Required Skills, Knowledge, and Abilities</p>	<ul style="list-style-type: none"> ➤ Understanding of family-centered practice, child welfare, the state system, and behavioral health care delivery systems ➤ Understanding of budget development and implementation ➤ Understanding of management information systems ➤ Able to work flexible schedule including after hours ➤ Demonstrate effective written and verbal communication skills ➤ Ability to travel throughout the State ➤ Handles multiple priorities ➤ Independent discretion/decision making within the scope and responsibility of the position ➤ Manages emotions and can make decisions under pressure ➤ Manages stress appropriately ➤ Works alone effectively ➤ Ability to work with diverse population ➤ Understands and practices Universal Precautions
<p>Essential Functions</p>	<ul style="list-style-type: none"> ➤ Monitors and evaluates program ensuring the quality and effectiveness of program, while assuring that outcomes are met. ➤ Manages program within budget, monitoring results monthly to assure fiscal goals are met. ➤ Responsible for reviewing and evaluating effectiveness/satisfaction data and implementing necessary changes to improve program quality and achieve established outcomes. ➤ Participates in strategic planning process with Leadership team to develop program growth. ➤ Provides direct supervision and support to the Supervisors, including completion of annual performance evaluation. ➤ Develops and oversees the completion of performance expectations. Conducts corrective counseling, provides guidance and recommends termination when necessary ➤ Arranges for coverage when a Supervisor is absent. ➤ Hires staff in coordination with Human Resources and Supervisor. ➤ Assists in maintaining safety for the physical office environment. ➤ Liaison with DHHS, the courts, and community partners, assessing community needs and assuring positive relationships. ➤ Assures that record documentation and management information data is complete and accurate. ➤ Advises Vice President of critical trends, problems or events in Reintegration. ➤ Implements SFCS policies and follows directives as required. Follows and adheres to all pertinent SFCS Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms. Ensures clients' rights are protected. ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels. ➤ Ensures clients' rights are protected. ➤ Is knowledgeable of and follows all safety procedures.
<p>Non-Essential Functions</p>	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year ➤ Other duties as assigned
<p>Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Job knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
<p>Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance



JOB DESCRIPTION	
Job Title: Director of PI/QA	Last Revision: March 2019
Program: All Programs	Reports To: Vice President-Innovation & Quality Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families	
BASIC PURPOSE OF THE JOB	
The Director of PI/QA administers and manages quality assurance, data and contract outcomes in the QA/PI department. Manages continuous quality improvement.	
JOB REQUIREMENTS	
Minimum Education and Licensure/Certifications	➤ Master's degree in Social Work, organizational leadership or related degree.
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	➤ Demonstrated competence and continues training in age-specific competencies for infant through adult clients
Minimum Work Experience	➤ 4 years child welfare of other direct service or QA/PI experience
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Coaching, Mentoring and Teaching skills ➤ Demonstrates effective written and verbal communication skills ➤ Demonstrates strong leadership skills in the below areas: <ul style="list-style-type: none"> Developing Direct Reports: The extent to which one is able to guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans Innovation Management: Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas Motivating Others: The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards Strategic Agility: The ability to look at internal and external trends and adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented. Building Effective Teams: The ability to assemble and lead strong, high functioning teams to solve organizational issues of all sizes. Shares successes with the team and agency, and fosters an open dialogue ➤ Managing Vision and Purpose: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do. Understanding of child and adolescent development and family systems ➤ Must possess a high level of computer literacy – proficient in developing spreadsheets, with aptitude or ability/interest to master Access, PowerPoint ➤ Must be able to work a Flexible schedule dependent upon evolving priorities and methodology ➤ Ability to work under tight deadlines and handle multiple/detail-

	<ul style="list-style-type: none"> oriented tasks ➤ Change agent with the ability to influence at all levels of the organization ➤ Strong business acumen, judgment and maturity with the ability to differentiate strategic vs. non-strategic opportunities ➤ Ability to travel throughout the State ➤ Must be a team player ➤ Handles multiple priorities ➤ Independent discretion/decision making within the scope and responsibility of the position ➤ Manages emotions and can make decisions under pressure ➤ Manages stress appropriately ➤ Works alone effectively ➤ Works in close proximity to others and/or in a distracting environment ➤ Works with others effectively/teamwork ➤ Ability to work with diverse population ➤ Understands and practices Universal Precautions
Essential Functions	<ul style="list-style-type: none"> ➤ Oversees Quality Assurance projects established for the Foster Care Reintegration, Family Preservation and Residential contracts and outcomes established by DHHS to comply with CMS guidelines ➤ Attends Regional meetings with DHHS and completes the Performance Improvement Plans (PIP) as required by DHHS ➤ Oversight contract reconciling process ➤ Works with individual SFCS offices to develop performance improvement plans and monitor those plans ➤ Provides the highest level of internal and external customer service ➤ Compiles data from surveys and provides a report detailing recommendations for improving client/family care ➤ Facilitates multiple improvement teams in applying Performance Improvement techniques to achieve results ➤ Assists in data collection methodologies and quantification on financial impact of results. ➤ Provides one on one support and consultation to programs. ➤ Provides technical (quality tool) and statistical expertise to program ➤ Provides process improvement know how, methods and conceptual expertise to programs. ➤ Provides PI training to program ➤ Identifies application opportunities for the technical/statistical tools of quality/process improvement ➤ Assist in presenting data and conclusions clearly ➤ Works with performance improvement committees as necessary to address barriers to success ➤ Responsible for supervising other Quality Assurance staff ➤ Implements SFCS policies and follows directives as required. Follows and adheres to all pertinent SFCS Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms ➤ Is knowledgeable of and follows all safety procedures
Non-Essential Functions	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year ➤ Other duties as assigned
Job Specific Core Competencies. <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Job Knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance



Saint Francis
Community Services

Serving Children and Families Since 1945

JOB DESCRIPTION	
Job Title: Director of Support Services	Last Revision Date: March 2019
Program: Nebraska	Reports To: Assistant Vice President of Services Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families.	
BASIC PURPOSE OF THE JOB	
The Director for Support Services is responsible for administering and managing the support team to help the program teams accomplish the ability to provide service delivery and contract outcomes.	
JOB REQUIREMENTS	
Minimum Education and Licensure/Certifications	➤ Master's degree in Social Work or related degree.
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	➤ Demonstrates competence and continues training in age-specific competencies for infant through adult clients
Minimum Work Experience	➤ 4 years of child welfare direct service experience.
Required Knowledge, Skills, and Abilities	<ul style="list-style-type: none"> ➤ Mandated Reporter ➤ Receives training in trauma informed practice and incorporates knowledge in day to day practice ➤ Demonstrates effective written and verbal communication skills ➤ Able to relate, communicate and work with multiple and diverse internal and external constituents, including staff, clients, DHHS, and community agencies ➤ Team player that supports corporate decisions and SFCS' vision, mission and ministry ➤ Ability to build, manage, direct, oversee and coordinate multiple and complex functions, projects and relationships ➤ Possesses strong organizational skills ➤ Able to work flexible schedule ➤ Demonstrates effective leadership and interpersonal skills ➤ Understanding of child and adolescent development ➤ Understanding of budget development and implementation ➤ Understanding of management information systems ➤ Ability to travel throughout the State ➤ Ability to handle multiple priorities ➤ Independent discretion/decision making within the scope and responsibility of the position ➤ Manages emotions and can make decisions under pressure ➤ Manages stress appropriately ➤ Works alone effectively and efficiently ➤ Works in close proximity to others and/or in a distracting environment ➤ Understands and Practices Universal Precaution ➤ Demonstrates strong leadership skills in the below areas: <ul style="list-style-type: none"> Developing Direct Reports: The extent to which one is able to guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans Innovation Management: Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas

<p>Required Skills, Knowledge, and Abilities</p>	<p>Motivating Others: The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards</p> <p>Strategic Agility: The ability to look at internal and external trends and adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented.</p> <p>Building Effective Teams: The ability to assemble and lead strong, high functioning teams to solve organizational issues of all sizes. Shares successes with the team and organization and fosters an open dialogue</p> <p>Managing Vision and Purpose: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do. Understanding of child and adolescent development and family systems</p>
<p>Essential Functions</p>	<ul style="list-style-type: none"> ➤ Direct supervision of Support Staff Supervisor and front desk and building oversight. ➤ Develops and oversees the completion of performance expectations. Conducts corrective counseling, provides guidance and recommends termination when necessary ➤ Oversees community partnership programs ➤ Arranges for Supervisors coverage when absent ➤ Hires staff in coordination with Human Resources and Supervisor ➤ Assists with overseeing and maintaining the physical office environment. ➤ Monitors and evaluates programs, ensuring the quality and effectiveness of programs, while assuring that outcomes are achieved, and safety is maintained ➤ Manages programs within budget, monitoring results monthly to assure fiscal goals are accomplished ➤ Assures that record documentation and management information data is complete and accurate ➤ Reviews and evaluates effectiveness/satisfaction of data and implementing necessary changes to improve program quality and achieve established outcomes ➤ Advises Assistant Vice President of critical trends, problems or events ➤ Participates in strategic planning process with Leadership team to develop program growth ➤ Liaison with Program Supervisors/Directors and other departments to ensure effective communication among the supportive programs ➤ Communicates with community partners in a positive and respectful manner about the services Saint Francis provides ➤ Assists with tracking and monitoring key functions of the Program ➤ Assesses and implements efficient practices for all support staff ➤ Attends and participates in internal meetings specific ➤ Supports the day to day operations of the office ➤ Implements SFCS policies and follows directives as required. Follows and adheres to all pertinent SFCS Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms ➤ Is knowledgeable of and follows all safety procedures ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels ➤ Ensures clients' rights are protected ➤ Assures program compliance with all licensing and accreditation standards and all federal, state, and local rules, statutes and regulation and terms of DHHS contract
<p>Non-Essential Functions</p>	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year ➤ Other duties as assigned
<p>Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Job Knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
<p>Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i></p>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance



JOB DESCRIPTION	
Job Title: Director-Foster Care Homes	Last Revision: March 2019
Program: Nebraska	Reports To: Assistant Vice President Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families	
BASIC PURPOSE OF THE JOB	
The Director of Foster Care Homes provides support to foster care homes, develops recruitment strategies to secure additional foster care homes	
JOB REQUIREMENTS	
Minimum Education and Licenses/Certifications	➤ Master's degree in Social Work or related degree
Minimum Work Experience	➤ 4 years of child welfare or Foster Care Homes experience.
Age of Client Population Served	➤ Demonstrates competence and continues training in age-specific competencies for infant through adult clients
Minimum Job Requirement	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Coaching, Mentoring and Teaching skills ➤ Demonstrates effective written and verbal communication skills ➤ Demonstrates strong leadership skills in the below areas: <ul style="list-style-type: none"> ○ Developing Direct Reports: The extent to which one is able to guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans ○ Innovation Management: Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas ○ Motivating Others: The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards ○ Strategic Agility: The ability to look at internal and external trends and adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented. ○ Building Effective Teams: The ability to assemble and lead strong, high functioning teams to solve organizational issues of all sizes. Shares successes with the team and organization, and fosters an open dialogue ○ Managing Vision and Purpose: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do. Understanding of child and adolescent development and family systems ➤ Must possess a high level of computer literacy – proficient in developing spreadsheets, with aptitude or ability/interest to master Access, PowerPoint ➤ Must be able to work a Flexible schedule dependent upon evolving priorities and methodology ➤ Ability to work under tight deadlines and handle multiple/detail-oriented tasks ➤ Change agent with the ability to influence at all levels of the organization ➤ Strong business acumen, judgment and maturity with the ability to differentiate strategic vs. non-strategic opportunities ➤ Ability to travel throughout the State ➤ Must be a team player

<p>Required Skills, Knowledge, and Abilities</p>	<ul style="list-style-type: none"> ➤ Handles multiple priorities ➤ Independent discretion/decision making within the scope and responsibility of the position ➤ Manages emotions and can make decisions under pressure ➤ Manages stress appropriately ➤ Works alone effectively ➤ Works in close proximity to others and/or in a distracting environment ➤ Works with others effectively/teamwork ➤ Ability to work with diverse population ➤ Understands and practices Universal Precautions
<p>Essential Functions</p>	<ul style="list-style-type: none"> ➤ Provides resources for foster care recruits with prospective and current foster care families ➤ Develops and maintains relationships with referring agencies, including lead or subcontracting agencies, DHHS and other stakeholders ➤ Develops and implements a foster care recruitment plan ➤ Assists in recruiting foster families through mailings, newspaper, radio and television advertisements, contacts and speaking engagements with referring agencies, community service organizations and community activities ➤ Liaison with directors and recruiters to coordinate and supervise recruiting, licensing, etc. ➤ Assists with the development and implementation of foster parent satisfaction survey and compiles results ➤ Develops support systems and resources for foster families/children and assists them in utilizing those services ➤ Ensures that all foster families meet licensing and qualifications for the level of children placed in their care ➤ Assures that record documentation is concise, timely, and appropriate ➤ Conducts or reviews annual performance evaluations of resource staff ➤ Reviews staff and resource family compliance issues ➤ Reviews and evaluates effectiveness/satisfaction data and implements necessary changes to improve program quality and achieve established outcomes ➤ Implements Saint Francis Ministries policies and follows directives as required. Follows and adheres to all pertinent Saint Francis Ministries Standard Operating Procedures (SOP's), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms ➤ Is knowledgeable of and follows all safety procedures ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels ➤ Ensures clients' rights are protected
<p>Non-Essential Functions</p>	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year ➤ Other duties as assigned
<p>Job Specific Core Competencies (As observed by supervisor/evaluator)</p>	<ul style="list-style-type: none"> ➤ Job Knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
<p>Organizational Core Competencies (As observed by supervisor/evaluator)</p>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationships others/teamwork ➤ Housekeeping and safety ➤ Appearance



Saint Francis
Community Services

Serving Children and Families Since 1945

JOB DESCRIPTION	
Job Title: Director-Kinship	Last Revision: March 2019
Program: Nebraska	Reports To: Assistant Vice President of Services Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families	
BASIC PURPOSE OF THE JOB	
The Director-Kinship is responsible for administering and managing the service delivery and contract outcome in the Kinship department.	
JOB REQUIREMENTS	
Minimum Education and Licensure/Certifications	➤ Master's degree in Social Work or related degree.
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	➤ Demonstrates competence and continues training in age-specific competencies for infant through adult clients
Minimum Work Experience	➤ 4 years of child welfare direct service experience.
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated Reporter ➤ Receives training in trauma informed practice and incorporates knowledge in day to day practice ➤ Demonstrates effective written and verbal communication skills ➤ Able to relate, communicate and work with multiple and diverse internal and external constituents, including staff, clients, DHHS, community agencies and the court systems ➤ Demonstrates strong leadership skills in the below areas: <ul style="list-style-type: none"> • <u>Developing Direct Reports</u>: The extent to which one is able to guide direct reports through their careers and help prepare for leadership positions through providing challenging tasks and development plans. • <u>Innovation Management</u>: Teaches intelligent risk-taking, encouraging direct reports to look at new ways to solve problems, and when to implement new ideas. • <u>Motivating Others</u>: The ability to create a climate in which people want to do their very best and can motivate many kinds of direct reports. Empowers others through pushing tasks and decisions downwards. • <u>Strategic Agility</u>: The ability to look at internal and external trends and adjust your role in a strategic plan. Able to anticipate future consequences and trends accurately and is future oriented. • <u>Building Effective Teams</u>: The ability to assemble and lead strong, high-functioning teams to solve organizational issues of all sizes. Shares successes with the team and organization and fosters an open dialogue. • <u>Managing Vision and Purpose</u>: The ability to communicate and reinforce the mission and vision of the organization in a compelling way so direct reports feel a sense of purpose in the work they do. ➤ Team player that supports corporate decisions and SFCS' vision, mission and ministry ➤ Ability to build, manage, direct, oversee and coordinate multiple and complex functions, projects and relationships ➤ Able to work flexible schedule including on-call ➤ Demonstrates effective leadership and interpersonal skills ➤ Knowledge of family counseling techniques, both individual and group ➤ Understanding of child and adolescent development and family systems ➤ Understanding of family-centered practice, child welfare, the state system, and behavioral health care delivery systems ➤ Understanding of budget development and implementation

	<ul style="list-style-type: none"> ➤ Understanding of management information systems ➤ Ability to travel throughout the State ➤ Handles multiple priorities ➤ Independent discretion/decision making within the scope and responsibility of the position ➤ Manages emotions and can make decisions under pressure ➤ Manages stress appropriately ➤ Works alone effectively ➤ Works in close proximity to others and/or in a distracting environment ➤ Works with others effectively/teamwork ➤ Understands and Practices Universal Precaution
Essential Functions	<ul style="list-style-type: none"> ➤ Provides direct supervision and support to the Kinship Supervisors, including completion of annual performance evaluations. ➤ Develops and oversees the completion of performance expectations. Conducts corrective counseling, provides guidance and recommends termination when necessary. ➤ Fills in for Supervisor when absent. ➤ Hires staff in coordination with Human Resources and Supervisor. ➤ Assists with maintaining the physical office environment. ➤ Monitors and evaluates the Kinship Program statewide, ensuring the quality and effectiveness of program, while assuring that outcomes are achieved. ➤ Manages program within budget, monitoring results monthly to assure fiscal goals are accomplished. ➤ Liaison with DHHS, the courts, and communities across the state, assessing community needs and assuring positive relationships. ➤ Assures that record documentation and management information data is complete and accurate. ➤ Reviews and evaluates effectiveness/satisfaction of data and implements necessary changes to improve program quality and achieve established outcomes. ➤ Advises Assistant Vice President of critical trends, problems or events in Kinship ➤ Participates in strategic planning process with Leadership team to develop program growth ➤ Assures program compliance with all licensing and accreditation standards and all federal, state, and local rules, statutes and regulation and terms of DHHS contract ➤ Ensures clients' rights are protected. ➤ Is knowledgeable of and follows all safety procedures
Non-Essential Functions	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year ➤ Other duties as assigned
Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Job knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance



JOB DESCRIPTION	
Job Title: Security Administrator	Last Revision: March 2019
Program: Nebraska	Reports To: Chief Information Officer Classification: Exempt
MISSION STATEMENT	
Saint Francis, providing healing and hope to children and families.	
BASIC PURPOSE OF THE JOB	
The Security Administrator will act as the liaison between Saint Francis and DHHS.	
JOB REQUIREMENTS	
Minimum Education and Licensure/ Certifications	<ul style="list-style-type: none"> ➤ Bachelor's in IT or related field
Minimum Job Requirements	<ul style="list-style-type: none"> ➤ Must be 21 years of age ➤ Must pass a drug screen, Nebraska Child Abuse and Neglect Registry Clearance, any background checks deemed to be necessary. ➤ Lifting requirements 50 lbs. ➤ Must have a valid NE driver's license, acceptable driving and reliable transportation.
Client Population Served	N/A
Minimum Work Experience	<ul style="list-style-type: none"> ➤ 5 years working in IT field with information security
Required Skills, Knowledge, and Abilities	<ul style="list-style-type: none"> ➤ Mandated reporter ➤ Ability to work flexible schedule ➤ Understanding of budget development and implementation ➤ Ability to travel ➤ Consistently exercises discretion and independent judgment in performance of duties in conformance with applicable policies, procedures, statutes, rules and regulations ➤ Handles multiple priorities ➤ Able to relate, communicate and work with multiple and diverse constituencies, within and external to Saint Francis ➤ Ability to build, manage, direct, oversee and coordinate multiple and complex function, projects and relationships ➤ Manages stress appropriately ➤ Works alone effectively ➤ Works in close proximity to others and/or in a distracting environment ➤ Works with others effectively/teamwork ➤ Understands and practices Universal Precautions

Essential Functions	<ul style="list-style-type: none"> ➤ Directs oversight of network configuration. ➤ Bi-annual evaluation of network security weaknesses. ➤ Software and Hardware maintenance. ➤ User training on security and network interface. ➤ Allocating data science and IT resources. ➤ Notifying DHHS when an employee is hired or leaves employment. ➤ Providing documentation for DHHS for user accounts. ➤ Conducting background checks for all new employees. ➤ Notifying DHHS immediately in the event of a security incident involving muses of the state’s case management system or loss of client information. ➤ Ensuring security awareness and acceptable use training is conducted and document for all staff on initial hire and annually thereafter, providing documentation for DHHS upon request with in 3 days. ➤ Coordinates relationships with staff, providers, consumers and the program. ➤ Develops, implements, and ensures compliance with Saint Francis policies and follows directives as required. Follows and adheres to all pertinent Saint Francis Standard Operating Procedures (SOP’s), rules, personnel policies and procedures; related accreditation and licensure standards; and federal, state and local rules, statutes, regulations, and contractual terms. ➤ Is knowledgeable of and follows all safety procedures. ➤ Reports unusual incidents through appropriate Risk Management, clinical and safety channels. ➤ Ensures clients’ rights are protected.
Non-Essential Functions	<ul style="list-style-type: none"> ➤ Prefer a minimum of 40 hours in-service education per year. ➤ Other duties as assigned.
Job Specific Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Job knowledge (as defined in the essential job functions) ➤ Judgment ➤ Quality of work (accuracy) ➤ Quantity of work (productivity)
Organizational Core Competencies <i>(As observed by supervisor/evaluator)</i>	<ul style="list-style-type: none"> ➤ Initiative ➤ Versatility ➤ Attendance/Punctuality ➤ Effectiveness in working relationship with others/teamwork ➤ Housekeeping and safety ➤ Appearance ➤ Leadership



Saint Francis
MINISTRIES

Attachment S
Catalogue of Services
By Zip Code

Continuation of services



Saint Francis MINISTRIES

In Home Service Provider	
Service Provider	Zip Code
Heartland Family Service	68105 68111
Lutheran Family Services of Nebraska, Inc.	68102 68111
Boys Town	68010
KVC	68137
Children's Square	68106
Apex Foster Care	68114
Christian Hertiage	68104
Omni Inventive Care	68117
Paradigm	68127
Nebraska Children's Home Society	68137
Child Saving Institute	68132
Capstone Behavioral Health	68105
Community Options	68105
Jewish Family Services	68154
Bethany in Omaha (Christian Services)	68137
Women's Center for Advancement	68131
Heartland Ministry Center	68110
Juan Diego Center (Catholic Charities)	68107
Omaha Home for Boys	68104
YES: Youth Emergency Services	68131
Project Harmony (child advocacy center)	68137



Saint Francis
MINISTRIES

Attachment R
Resumes

VOCATIONAL OVERVIEW

Saint Francis Ministries (Saint Francis Community Services, Inc.) Dean, President & CEO Salina, Kansas	2014 to present
Illinois Valley Community Hospital Chief Operating Officer <i>*formerly Vice President, Physician Services and Quality</i> Peru, Illinois	2009 to 2014
LaSalle County, Illinois, Episcopal Ministry Associate Rector Peru, Illinois	2011 to 2014
ThedaCare, Inc. LEAN ThedaCare Improvement System Facilitator & Director of Growth and Support Services, ThedaCare Physicians Appleton, Wisconsin	2006 to 2009
Community Health Network Vice President, Physician Services Berlin, Wisconsin	2003 to 2006
St. Mary's Good Samaritan, Inc. A member of SSM Health Care Centralia and Mt. Vernon, Illinois <ul style="list-style-type: none">• Director of Professional Services (2000 to 2003) St. Mary's Good Samaritan Physicians• Director of Corporate Communications (1996 to 2003)	1996 to 2003
Congressman Glenn Poshard LBJ Scholar, Legislative Assistant and Campaign Staff Washington, DC	1991 to 1996

ORDAINED MINISTRY EXPERIENCE

Saint Francis Ministries (Saint Francis Community Services, Inc) Dean, President & CEO Salina, Kansas	2014 to present
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As Dean and President/CEO of Saint Francis Ministries, with corporate offices in Salina, Kansas, I lead the largest social welfare ministry founded in the Episcopal tradition which provides services to more than 31,000 children and families in Arkansas, Kansas, Oklahoma, Nebraska, Mississippi, Texas, El Salvador, Honduras, and other international efforts. I provide overall strategic direction, financial viability and corporate vision. I evaluate effects of external forces on Saint Francis and affiliate corporate entities with operational budgets in excess of \$140 million. Ensure attainment of strategic goals and objectives occur through recruitment, selection, development, motivation, evaluation and retention of over 1,200 qualified staff. Keep board and senior staff informed about current trends, issues, opportunities, threats and activities related to the child welfare arena and marketplace. Encourage the integration of Saint Francis within the community(s) served by overseeing an effective communication and public relations program. Work with appropriate legislators, regulators, and representatives of child welfare sector, industry, civil, legislative, Church leaders to develop legislative initiatives and social policy statements which will improve child welfare services and behavior health programs.

LaSalle County Episcopal Ministry
Associate Rector
Diocese of Chicago

2011 to 2014

As the Associate Rector, I provided sacramental, liturgical and pastoral leadership and support to four Episcopal churches that form the LaSalle County (Illinois) Episcopal Ministry. This ministry included regular Sunday celebration of the Mass, sacramental services, pastoral visitations, coordination and support of Latin American mission partnerships, teaching and other components of parish community development.

NOT-FOR-PROFIT HEALTH CARE LEADERSHIP EXPERIENCE

Illinois Valley Community Hospital
Chief Operating Officer

2009 to 2014

As Chief Operating Officer, I was directly responsible for department operational budgets in excess of \$125 million and worked to promote the development of processes and systems that result in improved patient care, patient safety and access to services. I recommended and executed service line and business unit strategies, chaired the hospital's ethics committee, served ex officio as a non-voting member of the Board-of-Directors, recruit physicians and have operational responsibilities for the system's IVCH Medical Group (which includes primary care, rural health clinics, orthopedics, ENT, OBGYN, retail health, urgent care, mental health services and a community clinic designed to meet the increasing needs of uninsured and underinsured patients), Occupational Health, Physical and Aquatic Rehabilitation, Anesthesia, Information Technology, Pastoral Care, Patient Access, Marketing and Public Relations, Continuous Improvement, Organizational Effectiveness, Quality, Utilization Review, Risk, Health Information Management and Patient Advocacy functions.

ThedaCare, Inc.
LEAN Facilitator &
Director of Growth and Support Services
ThedaCare Physicians

2006 to 2009

As a ThedaCare Improvement System LEAN Facilitator, I led, taught and coached continuous process improvement based upon the Toyota Production System to individuals and teams in order to achieve ThedaCare's core purpose to deliver health care services with measurably better value (quality/cost).

As Director of Growth and Support Services for ThedaCare Physicians I was responsible for the analysis and recommendation of new business initiatives and ensuring the operational support functions of billing, coding, information technology (including the EPIC electronic medical record platform) and ThedaCare-On-Call nurse direct system were efficient and effective. ThedaCare Physicians employees 140+ physicians, 50+ advanced practice nurses and operates 22 medical sites in Wisconsin.

Community Health Network
Vice President, Physician Services

2003 to 2006

As Vice President, Physician Services for Community Health Network, I developed key physician driven clinical service specialties designed to demonstrate superior clinical, financial and service performance results. This was accomplished through service growth initiatives (service lines included: primary care, urology, cardiology, orthopedics, general surgery, nephrology, obstetrics, gynecology, pulmonology and pediatrics), physician relationship improvement efforts and leading Community Health Network's Medical Group administrative function

ST. MARY'S GOOD SAMARITAN, INC.
DIRECTOR OF CORPORATE COMMUNICATIONS &
DIRECTOR OF PROFESSIONAL SERVICES
A MEMBER OF SSM HEALTH CARE

1996 to 2003

THE VERY REV. ROBERT NELSON SMITH

With St. Mary's Good Samaritan, I was successful in leading the engagement of state and federal public policy makers; integrating leadership and operations of the system's employed medical group(s); creating, implementing and managing organizational development plans, edited the organization's annual Lincoln Award for Performance Excellence application based on Malcolm Baldrige National Quality Award criteria (SMGSI won the Lincoln Award's highest level of recognition in 2003) and demonstrated expertise in the development of professional communication strategies.

CONGRESSIONAL EXPERIENCE

CONGRESSMAN GLENN POSHARD
LEGISLATIVE ASSISTANT

1991 TO 1996

My primary role as the legislative assistant was to brief the Congressman on legislative and regulatory issues impacting the 19th Congressional District of Illinois. In addition, I was responsible for coordinating constituent services particular to areas of expertise. These areas included transportation, infrastructure development and environmental legislation and regulatory impact.

Prior to joining the Congressman's professional staff I served his office as a Lyndon Baines Johnson Congressional Scholar and worked extensively on local and Congressional primary and general election campaigns.

EDUCATIONAL ACHIEVEMENTS

Doctor of Ministry

Virginia Theological Seminary
Alexandria, Virginia
anticipated graduation 2021

Master of Arts, Ministry
Cum Laude

Nashotah House Theological Seminary
Nashotah, Wisconsin
2009

Master of Arts, Business

Webster University
St. Louis, Missouri,
2003

Bachelor of Arts

Eastern Illinois University
Charleston, Illinois, 1994

REFERENCES

Mr. David Schaffer

Cell: 312.330.0300

Home Address: 1407 N. Sandburg Terrace, Chicago IL 60610-1507

Bus. Address: Miller, Canfield, Paddock and Stone, P.L.C., 225 W. Washington St., Ste. 2600, Chicago IL 60606

The Rt. Rev. Jeffrey D. Lee

Bus. Phone: 312.751.4200

Bus Address: Episcopal Diocese of Chicago, 65 East Huron, Chicago IL 60611

Ms. Mischel Miller

Cell: 620.272.4950

Home Address: 3209 SW Arrowhead Rd., Topeka KS 66614

Thomas W. Blythe

PROFESSIONAL EXPERIENCE

Saint Francis Ministries, Salina, Kansas
President/Chief Operating Officer

September 2017 to Present

Saint Francis Ministries (Saint Francis Community Services, Inc.) is a non-profit child welfare agency with operations in 7 states and Central America. Approximately 1,200 employees administer services in Foster Care, Adoption, Family Reintegration and Family Preservation to over 31,000 youth. A 42 bed inpatient Psychiatric Residential Treatment Center provides intensive inpatient treatment for youth.

- Oversees strategic development.
- Responsible for operational areas including Adoption, Family Reintegration, Foster Care, Foster Care Homes, Preservation, Residential programs and International Ministries.
- Responsible for Human Resources, Strategic Planning, Organizational Excellence, Training and Performance Improvement/Quality.
- Coordinates organization culture initiative.
- Works with departments to utilize Six Sigma to redesign processes to improve efficiency and reduce cost.

Vice President Human Resources

November 2015 to September 2017

- Redesigned and implemented organization compensation program.
- Coordinated with Director Compensation to reduce benefit expense without eliminating or altering benefit plan offerings.
- Worked with Human Resources Director to review and update Human Resources policy.
- Created the Organizational Effectiveness department to help drive Organizational behavior within the organization.

St. Mary's Good Samaritan, Inc., Centralia, Illinois
System Vice President Human Resources

October 2007 to October 2015.

St. Mary's Good Samaritan, Inc. is comprised of two acute care hospitals and a physician organization. A Joint Operating Agreement signed in 1996 formed a single organization consisting of approximately 330 beds, 1,900 employees and annual gross patient revenues of \$400 million. Serving nearly 300,000 people in a nine-county area, St. Mary's Good Samaritan is the first two-time recipient of the Illinois Performance Excellence Gold Award for "Achievement of Excellence" and as a member of SSM Health Care, is part of the first health care organization to win the Malcolm Baldrige National Quality Award.

- Responsible for Human Resources across two hospital campuses.
- Developed recommendation for system wide standardized approach for employee safety and worker's compensation claims management.
- Project Team Lead of system wide initiative to standardize payroll practices and implement Employee Self Service technology across SSM as part of overall 3-year HR process standardization initiative.
- Coordinate staff transition planning in preparation for move to new Hospital in fall 2012.
- Collaborate with senior leadership to improve middle management's skills.
- Strategic Business Partner to senior management team providing support and direction regarding workforce.

Director Human Resources

April 1999 to October 2007.

- Responsible for Human Resources annual operating budget of \$25 million.
- Standardized Human Resources policies, procedures, compensation and benefits between two hospitals.
- Led SSM corporate team to develop and implement peer interview program based for entire system of approximately 22,000 employees.
- Utilize CQI principles as part of the shared accountability model practiced across the organization.
- Facilitated Nursing Team on Recruitment and Retention issues.

Community Hospital of Ottawa, Ottawa, Illinois.

Senior Human Resources Coordinator

August 1996 to March 1999.

Community Hospital of Ottawa is a 124-bed not-for-profit hospital with 575 employees and annual gross patient revenues of \$100,000 million.

- Reviewed pay grade structures and recommended adjustments.
- Maintained effective performance planning and review system.
- Updated personnel policies and procedures related to compensation, overtime, shift differentials, holiday and weekend premiums.
- Advised department managers regarding employment law and hospital policies.
- Maintained plan documents for health insurance, life insurance, dental insurance, long-term disability and tax-deferred annuities.

Human Resources Coordinator

May 1993 to January 1996.

- Reviewed and screened applications to determine qualifications.
- Interviewed potential applicants.
- Coordinated employee health insurance plan.
- Conducted new-employee orientation program monthly.
- Handled worker's compensation administration including accident investigation and monthly reporting.
- Assisted employees with questions concerning hospital policies, procedures and employment laws.

Illinois Hospital & Health systems, Naperville, Illinois.

Territory Representative

January 1996 to August 1996.

Illinois Compensation Trust (ICT) is a first-dollar workers' compensation program that currently serves over 100 health care organizations in Illinois.

- Administered worker's compensation benefits for twenty-seven Illinois member hospitals.

EDUCATION

Webster University, St. Louis, Missouri.

Master of Arts

March 2006. Major: Human Resources Management

Drake University, Des Moines, Iowa.

Bachelor of Science in Business Administration.

December 1991. Major: Management.

PROFESSIONAL AFFILIATIONS

American Society for Healthcare Human Resources Administration.

Central Illinois Society for Healthcare Human Resource Administration.

Society for Human Resource Management.

Jefferson County YMCA, Board Member

Jefferson County Development Corporation, Workforce Development Committee Member

PROFESSIONAL
REFERENCES

Brenda Alexander
Vice President Human Resources
St. Mary's Good Samaritan, Inc.
1 Good Samaritan Way
Mt. Vernon, IL 62864 618-899-1042
brenda_alexander@smgsi.com

Tim Link, MA, MCC
Master Certified Coach
Principal - Link Resource Group, Inc.
Leadership Coaching and Organizational Consulting
Phone: (316) 634-2328

Jeff Wipperman
Senior Vice President
Truss Advantage
551 W 107th St #300, Overland Park, KS 66207
mobile: 816.536.6008

Summary profile

Began career in international multi-disciplinary accounting and consulting firms. Acquired significant knowledge base about business and people, how to manage multiple business needs and demands while also keeping the big picture in mind. Adept in all aspects of financial management with experience in multiple industries. Co-founded, developed and operated a local CPA firm, and subsequently worked for two clients in upper level management positions in financial services and real estate development/management. Currently Consultant and CFO Specialist working chiefly with clients in transition. Strong manager experienced in handling operations, financial and accounting needs, human resources and planning. A summary of work experience follows this section.

Experience

Consultant and CFO Specialist

Provides executive leadership through Tarsus CFO Services, LLC by developing unique and innovative solutions to problems in diverse industries and functional areas such as financial reporting, analysis and planning, cash flow forecasting, metric reporting, acquisitions, restructurings, divestitures, capital formation, stakeholder communications, working capital analysis and process improvement. Key projects include:

- Developed, in conjunction with management and investors, processes and plans for controlling and improving cash flow for companies in transition (growth, acquisitions, business restructurings)
- Created a blueprint for operating, tax, and financial processing and reporting for a start-up technology firm
- Coordinated hiring process for newly-form, private-equity-backed service company and then worked extensively with the CPA firm to complete the first-year audit.
- Developed financial reporting structure for multi-state, multi-entity company, including acquisition reporting, GAAP compliance, and management and investors needs
- Mobilized to triage multiple financial management issues for a company in transition after changes in the management structure
- Developed cash forecasting models to improve management insights into operating needs

Real Estate Development and Management

Hired by Union Hill, a Kansas City real estate development and management company with 21 employees, to provide accounting and management expertise in connection with growth plans. Responsible for accounting, cash flow management, internal operational and external financial reporting for 17 companies, tax and other compliance matters, risk management, human resources, and IT management (with outside IT consulting firm as technical resource). Key projects include:

- Managed bookkeeping transition from long-time bookkeeper
- Converted accounting software while recovering from an accounting server crash
- Issued Tax Increment Financing bonds for the Union Hill area

Small Business Consulting

Provided cost effective management support for small businesses. Key projects include:

- Facilitated strategic and operational planning
- Supervised accounting function and prepared accounting records and financial statements for audits of 10 investment funds, along with leading preparation of related tax returns with outside CPA firm
- Streamlined existing accounting systems for efficiency

- Assisted with all aspects of a business purchase, along with setting up accounting, operational, and marketing processes and documentation
- Advised and assisted in determining software/hardware needs and facilitated installation for small businesses
- Designed and maintained website and monthly newsletter for a small business

Investment Advisory / Brokerage

Hand picked to manage Prairie Capital Management, Inc.'s national wealth management and brokerage practice's back office operations to free up other executives to pursue firm growth strategies. Responsible for staff supervision, brokerage operations and administrative staff, improving workflow processes, and providing accounting and tax support internally and for clients. Key projects include:

- Designed workflow process improvements for investment advisory and brokerage services and internal accounting systems accommodating significant growth (over 400% growth in assets under management) while limiting staff headcount growth
- Performed supervisory compliance reviews of brokerage and investment advisory services and participated in regular regulatory examinations by SEC, FINRA, and other agencies
- Planned and prepared for annual financial statement audits and lead tax return processing with outside CPA firm for nine investment funds
- Developed staff: hired 30 new staff members and lead a staff of approximately 25
- Improved cash flow through improved billing and accounts receivable processes
- Planned for and implemented conversion of existing brokerage platform to new clearing broker

Professional Service Firms

Worked at two large international CPA firms and spent a year working as the controller for a locally owned marketing/graphic design firm. Then co-founded a local CPA firm focusing on small business's and individual's accounting, tax, and consulting needs. Key projects include:

- Created and operated two CPA firms, including acquiring and integrating two CPA firms as part of growth and profitability strategy
- Worked extensively with small business owners assisting them in their personal and business matters
- From 2001 through 2007, tax practice was focused exclusively on working with high net worth individuals in connection with other duties at Prairie Capital
- Lead privately and publicly held businesses audits, including initial public offerings
- Developed and improved staff performance; frequently assigned staff targeted for additional training or experience and worked with all staff for improved performance and taught national audit training courses for second-year staff at international CPA firm

Employment History

Years	Position	Company	Industry
2014 – Present	CFO Consultant	Tarsus CFO Services, LLC	Construction, Service, and Manufacturing
2012 - 2014	CFO	Union Hill	Real Estate Development / Management
2008 - Present	Co-Owner	Yoga Gallery, LLC	Yoga Studio / Leisure and Fitness
2008 - 2012	Owner/Consultant	Self-employed	Consulting
2001 - 2007	CFO	Prairie Capital Management, Inc.	Financial Services
2001 - 2007	Vice President	George K. Baum & Company	Financial Services
2001 - 2007	Vice President	PCM, Inc.	Financial Services
2001 – 2007	Owner/President	W. Dean Fuhrman, CPA, P. A.	Professional Services / CPA
1985 – 2000	Owner/President	Fuhrman & Tierney, P. A.	Professional Services / CPA
1983 – 1985	Supervisor	Laventhol & Horwath	Professional Services / CPA
1982 – 1983	Controller	Studio in the Woods, Inc.	Professional Services / Marketing
1977 – 1981	Supervising Senior	KPMG	Professional Services / CPA

Education / Professional Designations / Other

Bachelor of Science in Business Administration (with honors) Kansas State University

Certified Public Accountant

FINRA Brokerage Licenses Series 7 General Securities Representative, Series 24 General Securities Principal, and Series 66 Uniform Combined State Law Examination

Graduate Leadership Overland Park

Board Member, Support Kansas City, Inc. – Audit Committee Chair; Marketing/Development Committee

References

Darrell R. Tierney, President, Windward Private Wealth Management, Inc.

10955 Lowell Avenue, Suite 410, Overland Park, KS 66210 Ph. 913-381-7411

Cal Stolle, Consultant

4900 Main Street, Suite 750, Kansas City, MO 64112 Ph. 913-558-2905

Mike Duncan

4759 Quivira Drive, Shawnee, KS 66216 Ph. 913-709-6136

DIANE CARVER
Vice President Children and Family Services

WORK EXPERIENCES

Saint Francis Community Services, Inc. (2016 - Present)

Vice President – Children and Family Services

- Responsible for all operational aspects of Reintegration, Foster Care and the Adoption Program and the ultimate program quality for DCF.
- Responsible for hiring and retaining competent RFC staff with the assistance of Area Directors, supervisors and HR staff.
- Serves as direct supervisor for Area Directors, Assistant VP-RFC, Care Management staff and departmental assistant. Coordinates, supervises and provides leadership and general oversight for all direct reports.
- Develops and executes operational plans and budgets. Implements and executes the operational plans within budget.
- Directly responsible for design, development and implementation of the RFC program.
- Monitors program to assure compliance with licensing and accreditation standards, established administrative, financial, clinical, and personnel policies, procedures and protocol.
- Provides leadership, guidance, and direction for program, to ensure compliance with outcomes.
- Participates in strategic planning processes with Executive Leadership Team.
- Translates the corporate vision into actionable plans.
- Works to continuously improve service delivery to ensure efficiency and effectiveness.
- Operates program/department in a manner which promotes financial viability.
- Liaison with DCF and the courts, assuring a positive working relationship to facilitate accomplishing program outcomes.
- Collaborates with local agencies to determine community needs and develop a full continuum of services for youths and families. Coordinates relationships with staff, providers, consumers, and the program.

Kansas Department for Children and Families (2012—2016)

Public Service Executive II, Prevention and Protection Services

- Provided statewide leadership, planning, implementation and administration of child welfare prevention and protection services.
- Responsibilities included program, resources and personnel management, information management, monitoring and evaluation.
- Served as member of statewide protection and prevention management team.

Kansas Social and Rehabilitation Services (2004-2012)
Public Service Executive I, II, Children and Family Services

- Provided leadership, planning, implementation and administration of Adult Protective Services and Children and Family Services (APS/CFS) programs within the region.
- Duties included direction of a large professional, paraprofessional and clerical staff in developing program goals and devising effective and efficient administrative procedures to achieve those goals in accordance with federal/state laws, rules, and regulations and polices.

Responsible for resource management regarding allocations, contracts and grants (totaling over three million dollars per year.

References

Thomas Buell
DCF Wichita Regional Director
2601 S. Oliver St.
Wichita, KS 67210
316-337-7000
Thomas.Buell@ks.gov

Pamela Beach
DCF West Regional Director
2709 Amherst
Manhattan, KS 66502
785-776-4011
Pamela.Beach@ks.gov

Amy Neuman
DCF Administrator
410 N. Haverhill Rd
El Dorado, KS 67042
316 321-4200
Amy.Neuman@ks.gov

Matthew R. Stephens

Matt.Stephens@st-francis.org

EDUCATION:

Bachelors of Science in Social Work
Kansas State University, Manhattan, KS

WORK EXPERIENCE:

Vice President, System Improvement and Innovation September 2018-Present
Saint Francis Ministries, Salina KS

- Managed staff facilitate solution based employee workgroups utilizing Lean Six Sigma methodology
- Provide oversight to Performance Improvement/ Quality Assurance Department
- Coordinate Kansas Quality Award efforts

Director of Innovation Center April 2016-September 2018
Saint Francis Community Services, Salina KS

- Facilitate solution based employee workgroups utilizing Lean Six Sigma methodology
- Support Saint Francis in performance excellence initiatives
- Provide guidance to Process Improvement Specialists

Administrator December 2011-April 2016
Neuvant House of Lawrence, Lawrence KS

- Coordinated and communicated with staff, family, and community members about the addition of Neuvant House East
- Ensure facilities were operated in accordance with State of Kansas Adult Care Home Regulations
- Led a staff of 25-30 employees including hiring, training, and provided staff with usable feedback

Social Work Specialist July 2006 –December 2011
SRS, Lawrence, KS

- Formed positive relationships with individuals and agencies working in the child welfare system
- Collaborated and effectively communicated with community professionals
- Investigated and assessed child abuse/neglect allegations

AWARDS AND LICENSES:

Certified Lean Six Sigma (Green Belt)
2016

Bronze Award (Neuvant House) American Healthcare Association
2014

2012 Deficiency Free Surveys
2012

Licensed Adult Care Home Operator
Present

Child Welfare Scholar Recipient
2005-2006

ORGANIZATIONS:

Member, The Shelter Inc. Board of Directors
Treasurer, Lawrence Area Partners on Aging
Member, Jayhawk Breakfast Rotary Club
Member, Lawrence Chamber of Commerce

REFERENCES:

Kris Roy
Executive Director
The Children's Shelter
1925 Delaware Street
Lawrence KS 66049
kroy@theshelterinc.org
F: (785) 843-2085

Sherry Marshall
Executive Director
Midwest Excellence Institute
4215 Philips Farm Road, STE 101-A
Columbia, MO 65201
sherry.marshall@midwestexcellence.org
573-817-8310

Alison Kossover
Owner
Kossover Strategic Business Solutions
5331 Kenton St
Shawnee, KS 66226
alison@kossoversolutions.com
913 707 3694