



## **COMBINED SERVICES**

### **A. Organization Overview**

Saint Francis Community Services, Inc. is an independent not-for-profit 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 Ellsworth, Kansas, we now serve over 19,000 children each year. Since 2000, more than 100,000 children and their families have received critical support to strengthen, unite, and reunite their families.

Saint Francis provides child welfare programs and services where children's and families' lives can be rebuilt in environments of safety, care and respect. We are strategically located throughout five states and two Central American countries, delivering the best possible service to children and families in their home communities, with accessibility and timely responses.

Throughout these states, Saint Francis has continuously shown the ability to perform high quality Family Preservation and Reintegration, Foster Care, and Adoption work within the parameters of government-awarded contracts. We are responsible for meeting federally-mandated outcomes related to permanency, safety and child well-being. Attesting to Saint Francis' capacity and desire to work in partnership with state governments, our geographical catchment area and contracted services grow with the issuance of each new contract.

Saint Francis currently serves children and families in Kansas, Nebraska, Oklahoma, and Texas, along with serving intellectually/ developmentally disabled (IDD) adults in Mississippi. Since 2015, we have expanded our ministry to include comprehensive programs serving children and families in El Salvador and Honduras, as well as participating in the National Committee on U.S.-China Relations Professional Fellows Program to strengthen the field of child welfare in China.

By affirming and respecting the strengths of the child and family through our family-centered practice model, we encourage 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 plan and a course of action to make positive changes will lead the child and family toward permanency.

Saint Francis staff live and work in the communities where we serve, and our connection to community resources is important to our success. By working in collaboration with the family, community, and other providers, we are able to overcome the challenges of distance, time, and limited resources that are an inevitable part of the frontier/rural environments in which we serve.

Faith, values, principles, experience, and passion are constants throughout all our programs, and Saint Francis will bring these components to Nebraska. Saint Francis' history of



community service and our central child welfare mission began at our founding, and remains our focus now as we present this model designed to meet the specific needs of the RFI Combined Services in Central and Western Regions.

## **B. Combined Services Approach**

Saint Francis will utilize a team approach in serving foster and biological families. We will partner with DHHS by following the tasks outlined in the case plan and provide both direct and community referral services. Saint Francis' model utilizes a family support worker who works with the biological family to achieve safety, well-being and permanency goals, in addition to reviewing and supporting reintegration tasks. A foster care worker serves the foster family who is providing daily care for the child in custody. These two members of the Saint Francis team will work in partnership with DHHS and community providers to accomplish the established goals. Communication and collaboration between all parties are key in the success of this model, for which Saint Francis has established high expectations of staff.

Saint Francis approaches recruitment, retention, and supports for foster families in the same manner that we approach all practices within Saint Francis; i.e., from a family-centered, community-based perspective. Saint Francis' vision and mission provide the basis for interactions with all foster families, including foster, adoptive, relatives, and kin. 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.

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 the families participating. 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 an assigned foster care worker who works directly with each family. Providing support, especially during the initial placement period, during crisis and disruptions, and even during successful reintegration, is essential to retaining experienced and committed foster families.

Ongoing supports that have a positive impact for foster families include providing training, education, mentoring, and support to families on a daily basis, as well as access to after-hours crisis intervention services through our on-call number, 308-2598-3213. Local staff rotate on an on-call basis to provide families requesting after-hour crisis intervention with someone



who is familiar with their case and can give individualized feedback. Saint Francis also helps foster families build relationships with other families sharing similar experiences through local support groups. Networking is essential to foster family supports.

Saint Francis recruits families to serve the special populations of children referred for out-of-home care, including large sibling groups, adolescents, youth with behavior management needs, and Spanish-speaking children. Potential foster families are informed of specific needs within their own communities at the time of referral. Families willing to serve special populations, such as adolescents, sibling groups, or children with special needs for behavior management, therapeutic interventions, or educational needs, are also identified through the orientation process. As existing foster families gain experience and grow in their ability to care for higher needs children, they are encouraged to expand their scope of care. Saint Francis collaborates with foster families each year during a biennial reassessment to identify interest in taking the next step in providing care to children whose needs require specialized care. During the reassessment, families are asked to consider different ways of providing permanency for children, including permanent custodianship or adoption of special needs children.

Foster parents may take on a child who presents a special need that requires more intensive training and consultation to ensure the foster family's ability to care for the child. Situations requiring further training could include taking a child outside their usual identified placement preferences (different age, gender, race, sibling group, etc.) or a child with special needs (autism, low functioning, sexual abuse, runner, dual diagnosis, etc.). In these cases, one or more of several approaches occur to meet the needs of the child's foster family:

- 1) A parent trainer is assigned, and the parent trainer meets with the foster family to assess needed strategies, provide training, and provide mentorship;
- 2) The foster care worker provides educational material specific to the needs;
- 3) The foster care worker connects the foster family to needed community resources, such as the health department, local community developmental disability organization (CDDO), mental health center, or any other applicable agency or professional that has expertise in the needed area;
- 4) If there is not an expert in the community, the worker brings in an outside professional to consult, assess, recommend, and provide other needed services. Offering support, services, and training are key components to foster family retention.

Saint Francis assures that foster families receive additional training, as necessary, to meet the needs of children who may be (or are) placed in their home, as well as to meet licensing requirements, including sex trafficking training and Good Touch/Bad Touch training for foster parents. We ensure that this training is held for each licensed foster care home. A bi-monthly Saint Francis Foster Care Resource Newsletter is mailed to relative and foster/adoptive families



as a means of providing ongoing continuing education. In addition, the newsletter includes references to websites, articles, publications and resources to supplement foster parents' continuous learning. Trauma Systems Therapy (TST) training is offered to all of our foster care homes by Saint Francis staff, all of whom have been trained in this model, to help in addressing a child's traumatic stress and trauma reminders in a child's environment. In addition to this, we conduct live, monthly foster parent training and support groups.

Saint Francis completes comprehensive assessments of all foster families according to state licensing standards. It includes the family's abilities and preferences to meet the special needs of the children served by Saint Francis, references, background checks, fingerprinting, and an environmental check of the family's home. Saint Francis requires that all assessments are updated biennially.

Saint Francis' foster care homes philosophy and practices emphasize the expectation that foster parents will serve as mentors for biological parents. We implement this expectation every step of the way, beginning with the initial engagement with potential foster parents in the TIPS-MAPP training, through other training 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 a protector, whose purpose is to keep the child safe from their family.

Our parent trainers assist in developing skills that will support interactions between foster parents 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. 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 communication of critical information.

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, doctor appointments, and other activities. Foster parents 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. The biological parents also may visit 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 toward successful reunification.

Parent-child visitation is essential for maintaining family connections and achieving timely permanency. When children must be separated from their parents due to safety and/or health concerns, every effort must be made to maintain connections through frequent visitation and interactions between children and their parents. Saint Francis believes that reasonable



parent-child visitation is the right of every child unless safety cannot be met, court orders prevent it, or parental rights have been terminated. Parent/child interactions are utilized to assess the parents' readiness to resume care for their child. The parent's desire and ability to maintain interactions with their child is a key component of assessing a family's progress toward reintegration.

Parent time is a critical component in the relationship between parents, a child, and a foster family. This supported, supervised visitation opportunity gives children in out-of-home care a safe space to communicate with their parents throughout the transition to permanency. In order to achieve the final goal of reunification, parent time helps to maintain and strengthen familial ties, while foster parents are encouraged to engage and teach parents new skills during these meetings. Parent time gives children a way to voice their experiences and to create a dialogue regarding their situation not only with their foster families at home, but in a safe, supervised space with their biological parents.

Biological parents are encouraged to view foster families as resources and partners who will help support them while they are working to achieve permanency with their children. This practice encourages biological and foster families to join hands along with the rest of the team to form a safe and healthy bridge over which the children will travel toward permanency. This partnership is supported throughout the life of the case by sharing information and actively involving both families. Saint Francis works to create a collaborative relationship between biological and foster families, recognizing that each brings valuable insight and experience to the table. Ideally, biological and foster families will view each other as resources and partners.

Another opportunity to encourage biological and foster family partnerships occurs around resolving issues of grief and loss for children and parents in both families. The trauma of loss and separation is lessened when a partnership is built between the families and connections are maintained. When reunification cannot safely occur other permanency options must be considered. As indicated in Silverstein and Kaplan's "Lifelong Issues in Adoption," (1982) awareness of, and focus on effective communication regarding the 7 core issues in adoption can create fundamentally positive dialogue and growth in perspective for what is a stressful and transformative experience for each party involved in the adoption process. We emphasize the importance of communication between families as focal points of the process. Saint Francis' files are full of examples of positive partnerships between biological and foster families beyond reunification or adoption.

Saint Francis is responsible for providing access to a wide variety of health care and non-health care related services and supports for children and families to reach and maintain permanency. Services may be provided directly by Saint Francis staff members, by a support worker assigned to each family, accessed through available community or regional supports, created through collaboration with community resources, or purchased through subcontracts with providers.



Staff members and foster families will assist biological families in accessing naturally occurring community supports by providing transportation, purchasing of services, and helping with any application process. Among other everyday supports that strengthen and enhance the skills of the family, services may include:

- Parent education
- Parent support groups
- Conflict resolution training
- Family mediation
- Budgeting and financial planning
- Behavior modification techniques
- Nutrition education
- Home management
- Children's camps and recreational opportunities (including boys' & girls' clubs)
- Child care
- Mentoring programs
- Tutoring
- Commodities assistance (clothes, utilities, food, fuel)
- Parent time supervision through visitation
- Driver's education and life skills training

In addition to obtaining key services through Community mental health, regional substance abuse providers, CDDOs, and medical/dental providers, staff members and biological and foster families may also utilize services from community organizations when available. Saint Francis trains biological and foster families on the availability and use of a wide variety of community services. Saint Francis' overall goal is to empower children, youths, and families to achieve their goals and maintain permanency by strengthening or creating family and community connections that will support them beyond their work with our organization.

Saint Francis utilizes models based on the Family First Prevention Services Act of 2017, including those designated as Promising Practice, Supported Practice, and/or Well-Supported Practice models. Three of these models that we employ include *Strengthening Families*, *Safe Sleep*, and *Seeking Safety*.

### Strengthening Families Program (SFP)

*Strengthening Families* is a nationally and internationally recognized evidence-based family skills training program for high-risk and general population families. SFP has been found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency, substance use in children, and to improve social competencies and academic performance. Child maltreatment decreases as parents strengthen bonds with their children and learn more effective parenting skills.



The original 14-session evidence-based SFP for high-risk families with children ages 6-11 years (SFP6-11) has been culturally adapted, and combined with the core curriculum, has been effectively utilized in 36 countries. To make SFP skills available to every family, a low-cost SFP DVD was developed for home use for families with children ages 7-17. The curriculum can be taught in 10, 12, or 14 sessions, depending on family risk factors and the time allotted for by a family's initial case plan. This updated version of SFP includes lessons for parents, children, teens, and family practice sessions. While teaching research-proven skills from the initial core curriculum, it also includes material of mindfulness, the impact of substance use on the developing brain, and parenting skills to prevent substance use in adolescents.

### Safe Sleep

Three Saint Francis staff attended a 2017 Kansas Infant Death and SIDS Network Training of Trainers. This program educates parents, caregivers, child care providers, health care providers, and other community members on safe infant sleep practices to reduce the number of infant mortality as a result of sudden and/or unexpected deaths due to suffocation, entrapment, and strangulation. We have utilized this program to promote standardized training and community outreach through direct education and sharing resources with families, such as DHHS' Eunice Kennedy Shriver National Institute of Child Health and Human Development. We have trained other Saint Francis staff members to disseminate *Safe Sleep* within the Kansas communities that we serve. Trainers have been actively involved in community baby showers to educate expectant mothers and actively spread this knowledge beyond the families served by our programs.

### Seeking Safety

An evidence-based model created by Lisa M. Najavits (2002), *Seeking Safety* was designed specifically for use in individual or group counseling sessions to help survivors with co-occurring trauma and substance use disorders in a way that does not ask them to delve into emotionally distressing trauma narratives. The concept of safety in this approach is deeply centered and contains varied layers of meaning— safety of the clients as they work through the model, envisioning what safety looks or feels like in the client's life, and helping them to learn specific new ways of coping to foster that sense of safety.

*Seeking Safety* focuses on the present, teaching a broad array of safe coping skills that client's may never have learned if raised in a dysfunctional family/environment, or coping skills that they may have lost through deepening trauma and substance use disordered behaviors. All of this model's coping skills apply concurrently to trauma and addiction, providing integrated treatment that helps to boost motivation and guide clients to see the connections between their trauma and addiction.

The model's 25 topics are taught as safe coping skills, each independent of the others so that they may be used in an order and for any duration throughout treatment. Topics address



cognitive, behavioral, interpersonal skills, and engaging clients in community resources. Examples of *Seeking Safety* topics include honesty, creating meaning, setting boundaries in relationships, taking good care of oneself, compassion, coping with triggers, healing from anger, and recovery thinking.

### **C. Summary**

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, every effort is made to maintain connections through frequent visitation and interactions between children, their parents, siblings, and kin. Separation and attachment issues, especially in early childhood, are often at the root of lingering problems in adolescence and adulthood, as is evidence by the Kaiser-Permanente Adverse Childhood Experiences (ACEs) studies. While services are family-centered, they also focus on providing for the safety and health of children. Visits are supervised based on the needs of the children and families as established in their case plan and court orders. While the preferred location for family interactions and visits is in the home, other locations are often necessary for a variety of reasons.

Children and parents who live together see each other in a variety of natural situations every day, including sharing meals; playing together; providing discipline; helping with homework; attending school, church, or community activities; going to medical appointments; and visiting relatives and friends – the activities of daily life. Children who are not living together, or with their parents, need to have the opportunity to engage with their parents and siblings in as many of these normal, daily activities as possible. Engaging in these types of interactions allows them to maintain or build the emotional bonds that are important to healthy families. In addition, parent-child interactions provide an opportunity to assess parents' readiness to resume care for their child, as well as to model and teach appropriate parenting skills. Parents' desires and abilities to maintain connections and to manage interactions with their child are key components of assessing progress toward reintegration.

With over 25 years of child welfare experience in family foster care and reintegration services, Saint Francis has the expertise to serve Nebraska with Combined Services by positively engaging families for family visitations, permanency, and supports for families. Our trained staff have experienced and overcome the vast array of challenges that present within child welfare situations and will bring this expertise to the children and families of Nebraska. Along with DHHS, Saint Francis will help to achieve the best possible outcomes for the most vulnerable Nebraska children and their families.