



CASE MANAGEMENT

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 service possible 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, 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 both 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 access an array of services that are typically available in urban and semi-urban areas, in addition to being able to overcome the challenges of



distance, time, and the limited resources that are an inevitable part of serving diverse environments with complex needs.

Saint Francis engages in fundraising through a § 509(a)(3) supporting organization, The Saint Francis Foundation. Saint Francis and its past Presidents have enjoyed close historic ties with the Episcopal Church in Nebraska and with donors in the state. Saint Francis' ties to the Nebraska donor community will form a sound base for the organization's future fundraising.

Faith, values, principles, experience, and passion are constants throughout all our programs, and Saint Francis brings these components to Nebraska. Saint Francis' history of community service and our central child welfare mission began at our founding, and they remain our focus now as we present this model designed to meet the specific needs of Omaha, Papillion, Bellevue, and every other community located within the Eastern Service Area.

Our objective is for a foster child's first placement to be the best and only placement until that child returns home. During the time out-of-home, Saint Francis will assure the child's needs are met. Saint Francis will coordinate service delivery that makes sense in each circumstance, utilizing providers capable of delivering both child and family services while working towards family reunification. Saint Francis will work with other providers within the Eastern Service Area to increase case management capacity in placement and services, allowing children to stay close to home. Saint Francis will employ the internal resources it has developed over previous decades, including quality data management, legal expertise, clinical assessment, local fund development, and advanced IT services to provide a full array of foster care services for children and families.

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. 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.

The Saint Francis Reintegration/Foster Care/Adoption model is designed to offer *family-centered, community-based, evidence-based, and trauma-informed* services for children and families. The ongoing success of the Saint Francis model and methodology is a result of experienced leadership and skilled staff that possess the ability to anticipate, collaborate, and adapt to the changing needs of the environment and the children and families served. All aspects



of service delivery value engaging families in service design, treating families with respect, respecting privacy, being culturally sensitive, involving maternal and paternal family and kin as active partners in case planning, and building the family's support network. Saint Francis provides 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. The primary goal of Saint Francis' Reintegration/Foster Care/Adoption program is to ensure the safety, permanency and well-being of all children and families served.

All families possess varying degrees of the Six Protective Factors, as developed by the Center for the Study of Social Policy: nurturing and attachment; knowledge of parenting and of child and youth development; parental resilience; social connections; concrete supports for parents; and social and emotional competence. Sufficient levels of each of the Six Protective Factors are what allow families to function in everyday situations, effectively deal with and recover from periodic crises/stressors, and bounce back from severe or chronic life situations.

Saint Francis recognizes that the Six Protective Factors reduce child maltreatment, but may not be present or are underdeveloped in children and families involved in the child welfare system. This is especially true when families are involved in emergency or chronic circumstances that rise to the level of children being removed from the home. Saint Francis assesses risk factors and protective factors at initial referral and throughout the life of the case. By identifying strengths related to the Protective Factors, we are able to assist families in reducing maltreatment and neglect by building on and developing the protective capacities of children, biological parents, and their naturally occurring support networks.

The Six Protective Factors go hand-in-hand with family-centered, community-based practices. Ongoing assessment, case planning with families, placement stability, a combination of direct service provision by Saint Francis, and accessing community supports/services all allow families to rebuild their lives in order to safely reintegrate and maintain children in their biological families. Recognizing and developing the Six Protective Factors with children, their parents, and their naturally occurring support networks of relatives, kin, and community will help to sustain children and to help them to become responsible, productive adults living with purpose and hope. The Six Protective Factors are woven throughout our services and are identifiable in our service delivery by keywords, such as *nurturing*, *connections*, *competence*, *resilience*, and *development*.

B. Referral

Saint Francis accepts all referrals for out-of-home placement within the catchment area designated in the RFP. Our child welfare experience has demonstrated the importance of dedicated staff to support matching service for placement. The first option is always relative or kinship placement, and the family and child's considerations are instrumental in this process. Other resources for seeking kinship include DHHS relative information, Family Finding, and



ongoing internet search sites. If an appropriate kinship placement is not obtained, a family-like setting is the second alternative. Saint Francis partners with child placement agencies in order to find the first match that is the right match. We also know that a percentage of youth may require a more structured residential setting. The initial referral work also includes engaging family, defining roles and responsibilities, and continued exploration of relatives and natural supports.

Saint Francis has 20 years of experience accepting referrals for placement and maintaining case management services for children and families. We have staff who are experts in matching a child with the most appropriate, least restrictive placement, and others who provide permanency services.

Once a child is referred to the Saint Francis network of care, 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 term “No Eject,” and will diligently work to provide the services necessary for each child to achieve permanency.

C. Engagement/Assessment

The *Engagement* and the *Assessment* processes lead to a comprehensive case plan that guides service delivery which is designed to meet the unique needs of each child and family. *Initial Team Meetings* and case planning are steeped in the principles of Structured Decision Making (SDM), with awareness during *Assessment* and through all service delivery to monitor and respond to the child and family’s needs to achieve safety and stability in placement. Through this process, risks which may impede or adversely affect placement stability are assessed and identified to prevent further trauma to a child who has just been removed from the biological home.

In addition, every family is part of a community with diverse services and supports. One of Saint Francis’ responsibilities is to ensure that families become connected with natural services and supports in order to increase their support network and capacity to function effectively. We assure 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 assist them in meeting licensing requirements. 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.



Ongoing assessment, case planning, and services are designed to lead to timely permanency for every child. Assessments include a core set of screening and tools. Saint Francis' philosophy is that assessment is an ongoing process that begins at referral and continues throughout the life of each case. Assessment is key to the delivery of quality services for children and families and is an attitude as much as a set of instruments. Staff engage children and families and develop trusting relationships while at the same time observing and assessing for safety and monitoring for trauma symptoms and emotion regulation. This approach of building positive relationships and assessing for strengths and needs with the family throughout the case results in accurate assessment information.

Assessments provide information on a child and family's strengths, needs, resources, priorities, concerns, and unique characteristics; identify services that will be most beneficial; and help staff evaluate the effectiveness of interventions in reducing risks and increasing protective factors. We assess for safety, mental and behavioral health, substance use disorders, domestic violence, physical health and dental hygiene, education, life skills, and developmental delays. Additional assessments are conducted when further service delivery needs are to be determined.

D. Case Management and Service Coordination

All aspects of service delivery, including case management, service coordination, maintaining connections, community-based services, and legal services are focused on achieving timely child permanency. Saint Francis achieves permanency for all children through Reintegration, Adoption, or Permanent Custodianship and maintains permanency through aftercare. In order to assist families in achieving reintegration, Saint Francis works diligently to establish positive relationships with local providers in order to ensure that children and families have access to appropriate services in a timely manner. Saint Francis assigns a case manager and a family support worker to each family's case. With a 1:1 ratio of case managers and family support workers, staff provide the service delivery outlined in the case plan to achieve permanency.

Case planning is a continuous and ongoing process that incorporates the principles of family-centered practice, conducted in partnership with the child and family. The focus of case planning is on guiding the family to identify their strengths and needs, then developing a plan that will build on those strengths to meet their needs. Staff use information gathered during the referral process and during the SDM assessment process to guide the case planning process and assure the health and safety of the child referred. Case planning will involve the child, family, foster family/placement, their supports, community supports, DHHS, and Saint Francis staff. The case planning process includes assessment, developing a collaborative plan, and the regular review, revision and assessment of progress toward the identified permanency goal.



The case plan is a mutually developed written agreement that formalizes the family’s agreement to participate in services to achieve the permanency goal. The plan will be developed cooperatively with the child, family, kinship supports, foster family/placements, DHHS, Saint Francis and other community resources. It builds on information provided by the child, family, their kin supports, guardians, foster families, school staff/records, court personnel, therapists, DHHS, Saint Francis, assessments, medical reports, and other sources of knowledge about the child and family. Case plans will be completed for all children referred for out-of-home placement.

Saint Francis staff are trained to empower families to choose their own tasks and interventions so that the family will have ownership of the case plan. Supervisors guide case managers to develop case plans based on an assessment of the child and family that focuses on the reasons for removal. By reminding staff that the family drives the assessment, the assessment drives the plan, and the plan drives the services, staff will develop individual case plans that address the unique strengths and needs of each child and family. During the case planning process, staff educate the family regarding community support networks and resources. 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

Saint Francis uses a “wraparound” approach to help families access the necessary resources to assist with multiple and complex problems. We have established partnership plans with community mental health providers, intellectual/developmental disability service providers, and substance use disorder treatment providers in Kansas. Saint Francis will employ the same wraparound approach to help Nebraska families in the Eastern Service Area access the resources needed to assist with complex issues.

Saint Francis’ philosophy is that all children need permanency in their lives. When permanency, safety, and well-being cannot be provided through reintegration, other alternatives, such as adoption, must be explored. Saint Francis actively supports maintaining family and kin connections by conducting rigorous searches throughout the life of the case to identify and pursue relative and kinship placements, which will include using Family Finder services in Nebraska. Every effort is made to place children with potential permanent families early on in the case. However, when children become legally available for adoption and do not have an identified relative resource, Saint Francis conducts child specific recruitment, including our “X-treme Recruitment” program and referring children to the Adoption Exchange.

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 case managers, by a family 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.

Current research shows that regular visits between a child and a worker who is directly involved in their case greatly decreases the likelihood of abuse and increases timely permanency. The visits must be well planned and focus on the child's safety and well-being with an overarching goal of permanency. The visits must address issues such as the relationship and communication between the case worker and the child; case planning; the physical, mental health, and educational needs of the child; the child's visits and relationships with parents, siblings, other relatives and foster care providers; service delivery; and goal attainment/progress of both the child and family.

Contacts between Saint Francis staff and children are essential to the ongoing assessment of risk and safety factors, maintaining connections to family and kin, case planning, and evaluation



of the effectiveness of interventions. Face-to-face contact will occur at least once per month, with the majority of interactions occurring at the child's placement location. At least a portion of the visit should occur without others being present. By observing children in their placement location, staff can assess safety, as well as their adjustment to the home. This gives staff the opportunity to develop and maintain positive relationships with foster parents and placement providers.

Visits between Saint Francis staff and both biological parents are essential to providing assessments, ongoing case planning, and quality services to reach the objectives and permanency goal outlined in the case plan. This is required to show reasonable efforts toward permanency for legal purposes. Saint Francis staff must make reasonable efforts to identify, locate, contact, engage, and assess both mothers and fathers in all aspects of case planning, services, and visits.

Saint Francis handles worker/parent contacts with the *Do For, Do With, Do Without* approach. In initial meetings, Saint Francis case managers and family support workers will be spending the majority of appointments setting up services, working with the parents to ensure that they understand court orders, arranging and assisting with transportation to and from services, and modeling appropriate parenting techniques during visitation with their children. As the case progresses, Saint Francis workers are trained to allow the biological parents to take over these tasks with the case manager and family support workers monitoring their progress, providing assistance when needed. As the parent demonstrates that they can successfully complete permanency tasks and parent their children with minimal or no intervention by Saint Francis, the case team can then discuss timelines for reintegration.

Identification of noncustodial parents should begin at intake. If noncustodial parent information is provided with the referral, that parent will be contacted. If not, attempts to identify and locate noncustodial parents need to begin with the initial family meeting and other contacts with the child and relatives. Families are often hesitant to identify or involve noncustodial parents for a number of reasons. It is our obligation to the permanency and wellbeing of children in out-of-home care to use opportunities throughout the life of the case to identify and engage noncustodial parents, with particular regard to engaging fathers. In Kansas, we administer the Fatherhood Initiative program which engages fathers specifically, with focal points on parenting resiliency and training, co-parenting, and strengthening positive relationships with children.

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.

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 those DHHS' Eunice Kennedy Shriver National Institute of Child Health and Human Development, and 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.

E. Permanency

Saint Francis supports reintegration for families and is proud of our history of succeeding to meet national percentages of families who are reunited. Saint Francis will employ the same successful techniques to help Nebraska families in the Eastern Service Area achieve permanency



through reintegration whenever possible. Saint Francis' philosophy is that all children need permanency in their lives. When permanency, safety, and well-being cannot be achieved through reintegration, other alternatives, such as adoption, must be explored. We actively support maintaining family and kin connections by conducting rigorous searches throughout the life of the case to identify and pursue relative and kinship placements, which will include using Family Finder services in Nebraska. Every effort is made to place children with potential permanent families early on in the case. However, when children become legally available for adoption and do not have an identified resource, we will conduct child specific recruitment to match a child with the best permanency option, which may include adoption, guardianship, or another planned permanent living arrangement (APPLA).

Reintegration

Saint Francis' philosophy is that the best source of permanency for children is their family of origin. Through screening assessment, case planning, service delivery, review of progress and monitoring for successful completion of goals, we emphasize strengthening and supporting families in order to reunify children as soon as safely possible. When children have been removed from their homes, the reintegration process is planned and carried out *with* the child and family rather than *for* them. This effort requires collaboration between the family, Saint Francis, DHHS, relative/kin, foster parents, community supports, and the courts.

Family supports, which are more formal at first, become less formal as families increase their protective capacities and functioning reaches a safe and healthy level that will allow them to care for their own children. As families complete case plan tasks and assessment indicates increased protective capacities that promote safety, health and child well-being, Saint Francis staff expect parents to do tasks "without" staff assistance, demonstrating their ability to utilize supports and services to maintain safety and allow for reunification. Connections to naturally occurring family, kin, and community supports become increasingly important as levels of agency intervention lessen and levels of family responsibility increase.

Guardianship

Saint Francis recognizes that guardianship may be a viable option for children who cannot be reunited with their biological parents when a compelling reason exists not to terminate parental rights; or for whom adoption is not a viable option even when parental rights have been terminated or relinquished. In order to consider permanent guardianship, the Saint Francis case manager documents that all other options for permanency have been exhausted, the reasons why reintegration or adoption are not the preferred permanency for the child, and the basis for the recommendation. The decision to change the case plan goal to guardianship will be discussed and agreed upon at a family/case planning conference.



Guardianship may only be recommended to the court when it is documented that the child cannot be reintegrated with the parent(s), that compelling reasons exist for not terminating parental rights, or that adoption is not a viable option for the child. Saint Francis has found that guardianship may be a viable, concurrent goal for older youths for whom timely reintegration no longer appears to be attainable.

Another Planned Permanent Living Arrangement

Saint Francis only considers another planned permanent living arrangement (APPLA) when documentation indicates that compelling reasons make all other permanency options unacceptable. Through ongoing assessment, case planning, and service delivery, Saint Francis staff exhaust all 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 there are compelling reasons not to pursue reintegration, adoption, or permanent custodianship. Prior to establishing APPLA as a permanency goal, Saint Francis workers document the compelling reason(s) not to request a termination petition for a child who has been in out-of-home care for 15 of the last 22 months, and that these reasons indicate why reintegration, adoption, or permanent custodianship is not being selected as the permanency goal. Such documentation is provided to the court.

Once a child reaches the age of 16, Saint Francis Independent Living Coordinators employ a variety of resources and assessments to ensure that each child has a well-defined transition plan. Each child has the opportunity to develop a transition plan with a team of professionals that help them identify their goals and a strategic plan to reach those goals. This detailed plan covers the areas of education, housing, employment/finances, health, and community supports. The team of professionals involved includes, but is not limited to, the child's case manager, education coordinator, independent living specialist, biological and/or foster parent, and any other positive adult connected with the youth. Saint Francis ensures consistent progress of children age 14 and up, to provide the youths a chance to demonstrate established skills that will be utilized in the development of the transition plan.

Children who qualify for ongoing services through DHHS will be referred and connected to their local DHHS office prior to aging out of care. Saint Francis assures that youths are familiar with and able to access resources available through DHHS by arranging a meeting with the youth, DHHS, and Saint Francis workers to develop a plan to meet the youth's individual needs. The following are identified and made a part of the youth's life skills plan: resources available through DHHS, such as the process to request services from DHHS after release and up to age 21, the Medical Card Extension Program, the Foster Care Tuition Waiver program, and the Educational & Training Voucher program. In addition, the youth's Life Skills Plan identifies the steps to obtain and maintain skills necessary for independent living.



In all cases, a planned permanency living arrangement 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 placement is not an acceptable permanency option and will not be chosen as a planned permanency living arrangement. Legal permanency options for the child will continue to be explored throughout the time the child is placed out-of-home, and at no time does an APPLA permanency option rule out other, more permanent options. A planned permanency living arrangement is subject to ongoing review at later permanency hearings. All youth need permanent life-long relationships with families who will love, nurture, guide, and protect them for the rest of their lives. Saint Francis staff keep this goal at the forefront of all interactions and services related to youths with a permanency goal of APPLA, and continue to document rigorous efforts to maintain and/or build life-long connections while trying to find a permanent placement for them.

F. Quality Assurance and Performance Improvement

Saint Francis has a robust quality assurance and performance improvement department with experience in monitoring, tracking, and assisting in continuous internal and external program and process improvement. This department also works with subcontractors. Saint Francis subcontracts with numerous placement, child care, and other service providers in Kansas. We view subcontractors as partners in every aspect of service delivery. Through continuous quality assurance monitoring we assess providers' abilities to meet expectations and positive outcomes for children and families. When subcontractors do not meet established expectations, we develop performance improvement plans with them and assist them to reach our goals.

G. Summary

Saint Francis has been providing services in the child welfare field for over 70 years, and in that time, specialized departments have been created to address the complex and growing needs of the communities that we serve. Smaller agencies often rely on their employees to serve in multiple roles, as case managers, foster care workers, trainers, community engagement, etc. Our specialized departments allow for Saint Francis' field-level case managers to direct their focus toward the client, knowing that they have the support of Saint Francis in providing auxiliary services. Internal supports include training, human resources, legal, quality assurance & performance improvement, process engineering, and financial services. All of these resources are accessible to Nebraska staff, as they are to our Kansas, Oklahoma, Texas, and Mississippi staff.

As a successful provider of Case Management services for 25 years across the Midwest, Saint Francis has developed significant expertise in building the necessary relationship infrastructure to initiate work in the Eastern Service Area. Without question, the staff members who make up the heart of Saint Francis are competent, dedicated, and caring individuals who always go the extra mile to make a difference in the lives of the children and families they serve.