



Community Agencies Serving Children and Families

Children's Alliance Family Resource Project (CAFRP)

Agency Directory / Inventory of Programs

Target Population

Families with:

- *Children in law enforcement custody*
- *Children in voluntary placement*
- *Children at risk of being placed in state custody and out-of-home placements*

Seven Functions Of the Project

Emergency Out-of-Home Care
Financial Assistance through Flex Funds
Budgeting Assistance
Strengths-Based Assessment / Plan of Care
Connection of Community Services
Monitoring Progress
Delivery of Services

Project Mission Statement:

The central goal of this project is to strengthen families and divert children from state custody and out-of-home placements by offering services earlier.

SRS realizes that the best time to help families stay in tact is prior to the children entering SRS custody. SRS funds the Children's Alliance Family Resource Project (CAFRP) in hopes that children and families can get the services they need thus avoiding state custody and out-of-home placements. This project is administered by the Children's Alliance of Kansas who coordinates and monitors the CAFRP programs and services provided by 10 Child Welfare Community Based Service Providers. These agencies participate in the project by providing resources to families by means of **emergency care** through shelters or family resource homes, financial and budgeting assistance through **flex funds**, and/or **prevention services**. The Children's Alliance Family Resource Project provides services needed within the different Kansas communities to keep families together. These services involve strengthening and enhancing the family's coping skills, either through the case management offered, through connection to community services, or through delivery of services. This enhancement of coping skills gives the family the tools they need to more effectively deal with future crisis situations.

The majority of the project funding is within the **prevention services** part of the Family Resource Project. All three types of prevention services are funded: Primary Prevention, Secondary Prevention, and Tertiary Prevention to support the belief that children thrive when families are strong and communities are involved. The three types of prevention services *for the purposes of this project* will be defined as follows.

***Primary Prevention** includes education and awareness activities within the general population. In order to provide some boundaries, the project will target students within a specific school classroom which has been identified by the school counselor or teacher as having issues with bullying and/or substance abuse. There will be only one program that falls within this type of prevention and no more than 10% of the prevention services dollars will fund primary prevention services. The program being piloted by this project for primary prevention is the research-based All Stars Program. The All Stars Program consists of 13 sessions with each session lasting at least 45 minutes.*

The following categories will capture the majority (at least 90%) of the CAFRP Prevention Services dollars:

***Secondary Prevention** is directed at those individuals who are at risk of entering state custody after being identified by a community professional such as a school counselor or by the family seeking resources.*

***Tertiary Prevention** is provided after the child has been in contact with the Juvenile Intake and Assessment or placed in Police Protective Custody but the child was not placed in state custody and out-of-home care.*

The goal of all these types of prevention services is to strengthen the family and prevent the child from entering state custody. These prevention services may take the form of **Monitoring Case Management Services**, which is a supportive, problem-solving, and crisis intervention assistance for families coping with problems and providing the needed connection to available services, or **Delivery of Services** that provide specific services needed as addressed in the plan of care. The Delivery of Services, which this project helps fund, such as parent education services, therapy, or supportive educational groups for children provides an essential ingredient for successful case management with families. The project does not totally fund all the services listed but rather provides a portion of the funding needed to keep these important services available within the communities of Kansas.

The Children's Alliance of Kansas is the association of private child welfare agencies in the state. The Alliance has been incorporated and active in Kansas since 1956. During that time the association has worked with SRS to better coordinate the services provided to children and their families by our member agencies.

*The Alliance and its membership champions
connectedness and cooperation across all public and private entities
that help produce healthy and sustained families in Kansas.*

Children's Alliance Family Resource Project (CAFRP)

Evolution of the Project:

- 1991: The Case Management Project was initiated as a means of helping move children through temporary shelters more quickly. The function of the case managers at this time was to assist the SRS social workers (who usually needed to move onto the next crisis) to secure an appropriate placement for the youth. The project was not centralized - reports and funds flowed from the area SRS offices, however, a sub-committee of Children's Alliance of Kansas, Emergency/Temporary Care Agencies (ETC), became a natural forum to discuss the project, therefore Children's Alliance assumed an ongoing coordination role in the project.
- 1997: When the Child Welfare system in Kansas was privatized in 1997, the project was changed to focus on preventing state custody of children in emergency care (law enforcement custody or parental placements) or at risk of entering care. At this point, the project switched to a statewide focus including oversight and coordination with the Children's Alliance as the grantee. Outcomes were established that could track desired results. Flex Funding was added to further assist families in crisis.
- 2000: A coordinator was hired by Children's Alliance to manage the project. At this time the project name was changed to the Emergency Care Project. The major function of the project remained the same: to help children return to their families more quickly, avoiding unnecessarily coming into state custody and the likelihood of placement in the foster care system.
- 2007: The project, while maintaining the overall goal of preventing children from unnecessarily entering state custody, was restructured to closer follow the Family Centered Systems of Care Approach. The project name changed to better describe the entire project - Children's Alliance Family Resource Project. New outcomes were developed and an allocation system was developed that rewarded casework with the entire family unit. Extensive training for case managers began on the Family Centered Systems of Care Approach. Prevention cases must include a strength-based assessment and family engagement of services.

Project Qualifications:

"Candidate for Foster Care": To qualify for this project children must be a "candidate for foster care". The definition of "candidate for foster care" is children, under 18 years old, who reside in families who are in crisis due to financial, psychological, legal, medical, or any other unforeseen circumstances that present a danger to that child's well being. Children served under this grant are not in SRS/JJA custody and are not receiving SRS contracted services. These children would likely be placed in SRS/JJA custody in the future if services through this grant were not provided.

Clients for this project will include families exhibiting risk factors that increase the likelihood of negative outcomes occurring which may lead to the children being placed in state custody.

Children's Alliance Family Resource Project (CAFRP)

Four Core Values

Family Centered: family driven plan of care, giving the family a voice and access to information and decisions about their children.

Strength-Based Approach to planning and intervention: Promote solutions for problems by utilizing family's strengths.

Culturally Respective: respect the uniqueness of the family – the family's cultural background, values, and individual style of approaching things.

Community-Based collaboration and cooperation: recognizing the people and programs within the family's community that can be resources for the family.

Seven Functions

Agencies participating in the project may do some or all of the functions with the families they serve.

Emergency Out-of-Home Care: Safe placement in resource family home or temporary shelter during law enforcement custody or voluntary care.

Financial Assistance through Flex Funds: Assist families to achieve the maximum self-sufficiency.

Budgeting Assistance: Families will be provided with budgeting assistance or other services to help them in obtaining financial stability or overcome the immediate crisis.

Strengths-Based Assessment and Plan of Care: The process of determining strengths, weaknesses and needs of the family. The identification of specific goals and the selection of activities and services to achieve them. This includes various strengths/needs assessments utilized by agencies and adolescent/parent crisis mediation services.

Connection of Community Services: The connection of children and families to appropriate services within the agency and/or the community.

Monitoring Case Management: The continuous evaluation of the families' progress. Supportive, problem-solving, and crisis intervention assistance for families coping with problems or crises of life and the normal processes of growth and development.

Delivery of Services: Delivery of one or more services within the plan of care. This could be prevention through education and other developmental services. It may be working with children and families through Ansell-Casey Life Skills, Choices groups, parent education, education during out-of-school suspensions, drug/alcohol intervention, or therapy.

Children's Alliance Family Resource Project (CAFRP)

PROJECT OUTCOMES

Goal 1: Assist families to achieve the maximum self-sufficiency.

Flex funds will be distributed in a timely manner.

Outcome #1: 95% of flex fund requests having complete information will be processed within 48 hours of receipt, excluding weekends and holidays.

Families will be provided with budgeting assistance or other services to help them in obtaining financial stability or overcome the immediate crisis.

Outcome #2: 70% of families receiving flex funds will be provided budgeting services.

Goal 2: Provide emergency care for children in temporary law enforcement custody or in need of respite care through parental placements.

Provide a safe/secure placement for children in emergency care.

Outcome #3: 100% of children placed in emergency out-of-home care of a licensed shelter or resource family home will be provided a safe environment; free from confirmed abuse.

Work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care.

Outcome #4: 60% of children placed in emergency out-of-home care of a licensed shelter or resource family home will be provided a safety plan to return home without entering state custody and will not come into SRS custody and further out-of-home placement for 90 days following dismissal from the emergency care.

Goal 3: Ensure that children live in safe, stable and supportive environments where they thrive and families are supported and strengthened.

Connect children/families who exhibit risk factors that increase the likelihood of negative outcomes, with community services and/or provide them with services to help strengthen their family unit and overcome the immediate crisis.

Outcome #5: 100% of the children/families receiving case management services will have an assessment so appropriate services can be offered.

Outcome #6: 80% of all children receiving case management services from sub-grantee agencies will not enter SRS custody for 90 days following service end.

Goal 4: Work collaboratively with SRS:

Grantee will continue to explore/implement program and projects to enhance services to children and families in Kansas communities each year.

Grantee will provide SRS with an inventory and assessment of current programs and practices that are part of the project.

Grantee will provide sub-grantee's case managers with training in the family centered systems of care approach.

Grantee will monitor that sub-grantee agencies provide families with opportunities to respond about the services received and utilize these comments to reassess services and programs, identifying problems and corrective actions.

Children's Alliance Family Resource Project (CAFRP)

Flex Funds

Flex funds may be requested from the Child Welfare Community Based Service Providers assigned to the county.

Southeast Region:

Catholic Charities: Bourbon, Cherokee, Crawford, Labette

Kansas Children's Service League: Allen, Montgomery, Neosho, Wilson, Woodson

TFI Family Services: Anderson, Linn

South Central Region:

The Saint Francis Community Services: McPherson

Wichita Children's Home: Butler, Harvey, Sumner, Cowley, Elk, Greenwood

TFI Family Services: Chase, Coffey, Lyon, Marion, Morris

Kansas Children's Service League: Harper, Kingman, Reno, Rice, Chautauqua

Kansas City Metro Region:

Associated Youth Services Wyandotte

Kansas Children's Service League: Leavenworth, Wyandotte

TCL for Children and Families, Inc.: Johnson, Miami

The Shelter, Inc.: Douglas

TFI Family Services: Franklin

Northeast Region:

Kansas Children's Service League: Jefferson, Shawnee

TFI Family Services: Osage, Marshall, Pottawatomie, Riley, Washington, Wabaunsee, Clay, Jackson, Nemaha, Geary, Dickinson, Shawnee

The Saint Francis Community Services: Atchison, Brown, Doniphan, Cloud, Ellsworth, Jewell, Lincoln, Mitchell, Ottawa, Republic, Saline

West Region:

Youthville: Barber, Clark, Comanche, Edwards, Ford, Gray, Haskell, Hodgeman, Kiowa, Meade, Morton, Ness, Pratt, Seward, Stafford, Stevens

The Saint Francis Community Services: Barton, Ellis, Graham, Norton, Osborne, Pawnee, Phillips, Rooks, Rush, Russell, Smith, Trego

Associated Youth Services: Cheyenne, Decatur, Finney, Gove, Grant, Greeley, Hamilton, Kearney, Lane, Logan, Rawlins, Scott, Sheridan, Sherman, Stanton, Thomas, Wallace, Wichita

Wichita Region:

Wichita Children's Home, Catholic Charities, and Kansas Children's Service League: Sedgwick

Children's Alliance Family Resource Project (CAFRP)

Agencies Participating in the Project

This booklet describes the variety of programs and services provided through the project by each of the participating Child Welfare Community Based Service Providers.

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The Children's Alliance Family Resource Project funds a variety of services and programs which are described on the following pages. The funding from the project may add funds to enhance existing services or entirely fund programs identified as needs to close gaps in community services.

The project serves over 7,000 children annually, with over 80% being diverted from entering State Custody for less than \$230 per child.

Children's Alliance Family Resource Project (CAFRP)



803 Armstrong, Kansas City, Kansas 66101
Phone: 913-831-2820

CEO: Dennis Vanderpool
Project Contact: Debra Terrell McKenzie

Associated Youth Services is a unique, neighborhood-based agency, which has been serving Kansas communities for more than 80 years. The problems facing children and their families require solid, innovative, and comprehensive community solutions. Associated Youth Services is a key partner in a network of local non-profit and government agencies, school districts, business, foundations and community members working to design partnerships and programs to meet community needs.

Associated Youth Services began as a ministry of the Mennonite Church in 1912. In 1972, the Mennonite Board of Missions closed the orphanage to hire staff to oversee the design and delivery of specialized residential programming and support services for behavior disorder youth. Over the last 25 years, a number of community-based programs were developed to serve at-risk youth and their families.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

AYS Academy

Adolescent Drug
and Alcohol
Program of
Treatment
(ADAPT)

Community Health
Hip and Fit Group

A combination of child-centered services, public/private partnerships and effective collaborations enable Associated Youth Services to provide a wide range of services to over 3,600 adolescents and their families. Included in our continuum of services are: Temporary/Emergency Shelter for 10 adolescent males, Outpatient Drug and Alcohol Treatment Program, Alternative Education, Children's Health Services and a State-wide Foster Care Program.

All of our programs focus on serving at-risk youth whose life challenges have them in a position of facing negative outcomes if there is no intervention in their lives. Most of our clients come from impoverished families; have behavioral or emotional issues; have been involved with the criminal justice system; or have not done well in the traditional education system. AYS' involvement in the lives of these high risk youth helps to reduce the chances of incarceration, out-of-home placements and school drop-outs.

Associated Youth Services

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Staff and resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes/facilities are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: Home Ties Emergency/Temporary Shelter - Males - Ages 13-18.
Resource Family Homes: 0-18 Years Old.

Access / Referral Sources: Referrals of non-custody youth come from Wyandotte Center for Behavioral Health and law enforcement.

Services Location: Home Ties Emergency/Temporary Shelter located in Kansas City, Kansas;
Resource Family Homes - Statewide - Approximately 30 homes within regions 1, 2, 3, and 4.

Geographic Area Covered: All Kansas counties can make referrals, however primarily Wyandotte County.

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay for children in emergency care is 3 days.

Number of Beds/Capacity of Program: Home Ties has the capacity to serve 10 males.

Funding Source: CAFRP - Case Management Funds - \$25 per out-of-home emergency placement - 4% of program funded. Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Residential and Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills; Involvement with peer group in positive activities.

Associated Youth Services

Flex and Budgeting Services

Services: Families who are in crisis and facing situations that increase the likelihood of negative outcomes occurring which may lead to the children being placed in state custody may apply for flex funds. Those requesting the funds must meet the basic criteria for flex fund eligibility designed by the Children's Alliance, must agree to at least one budget counseling session, and must produce proof of identification and their need.

Goal: Assists families to keep their families intact and achieve the maximum self-sufficiency.

Indicators of success:

1. The family is able to provide a safe secure living environment: free from eviction, working utilities.
2. The basic necessities of life such as adequate food and clothing are available.
3. The family has a plan to avoid further crisis situations.

Community Collaboration: AYS works collaboratively with other community agencies to leverage limited resources to assist as many families as possible. This may include agreeing to split the cost to meet the families need. This collaboration can also help to detect 'double-dipping' by unscrupulous individuals. Most utility companies will agree to a promise from AYS that we have a payment coming and will usually go ahead and resume services without waiting for the actual check to be cut.

Design of Practice: The parent works with the agency staff in developing a plan that is realistic considering their individual strengths and needs. Every effort is made to assist the family in keeping the children in the home with the flex fund resources.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come through community organizations, churches, or the potential recipient.

Services Location: Kansas City and Garden City

Geographic Area Covered: Wyandotte, Cheyenne, Decatur, Finney, Gove, Grant, Greeley, Hamilton, Kearney, Lane, Logan, Rawlins, Scott, Sheridan, Sherman, Stanton, Thomas, Wallace, Wichita Counties

Service Hours: 9 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds - 100% of program funded plus Flex Funds for families.

Risk Factors for Services: Life stressors; Economic deprivation/poverty; Having a young mother; Low parent education/literacy; Low community attachment; Social and physical disorder.

Protective Factors for Services: Availability of caring supportive adults; A safe and health-promoting environment; Availability of community resources; Healthy sense of self; Optimism for the future; Problem solving skills.

Associated Youth Services

AYS Academy

Services: Comprehensive services and over 25 years of experience in meeting student's needs enables AYS to help students with a variety of learning and behavior problems succeed in meeting educational goals. The intake process includes an initial meeting and orientation with prospective students and parents. Our staff attends staffing and district meetings regarding the students as needed. The program provides students who would otherwise not be in school, with individualized instruction in basic academic skills, life skills and work-study skills. AYS works with USD 500 to have school credit issued to students through the students' home schools to help salvage school credits and discourage dropping out. The adaptive curriculum emphasizes skill remediation and project-based learning which addresses the multiple barriers in academics which students have been unable to master. Along with academics, AYS works with students on getting along with authority figures and peers, low self-esteem and a lack of ability to take responsibility for their actions. Students also receive enrichment through one-on-one assistance, specialized assignments and a variety of enhancements including experiential projects, field trips, art projects, and outside speakers.

Community Collaboration: AYS works with USD 500 at-risk department to provide services to their referrals. Our staff attends staffings and district meetings regarding the students as needed. Internally, AYS school staff may refer an alternative school student to our community health nurse to address health issues; and to our outpatient drug and alcohol program for substance abuse treatment if the need is determined. We also work collaboratively with juvenile court, community corrections, KVC and Wyandotte Center when dealing with clients in common.

Design of Practice: The alternative education program takes a holistic approach in working with students, developing individualized plans based upon their strengths and abilities. An initial orientation meeting involves the parents to get their input and ensure they understand agency and school policy and goals.

Population Served: The alternative school's population is at-risk students who have been unsuccessful in the traditional school setting. These students are long-term suspended usually for weapons possession, gang involvement, or drug possession or use, or other oppositional behaviors. The target population is middle and senior high school students enrolled in USD 500 schools. There are approximately 8,600 middle and senior high school aged students in the county. We estimate that 20% of those students or 2,801 are at risk and fit our target population definition.

Access / Referral Sources: Alternative school referrals come directly from the Kansas City, Kansas School District.

Services Location: Kansas City, Kansas

Geographic Area Covered: Wyandotte County

Service Hours: 8 am to 2pm - weekdays

Duration of Services / Average Length of Stay: Alternative school students receive a total of twenty-seven (27) hours of academic instruction and social skills training, following the USD 500-school calendar. The length of stay is dependent on the reason the youth was expelled from school. The typical time frame is one school quarter up to one entire school year.

Number of Beds/Capacity of Program: 12 youth

Funding Source: CAFRP Funds - 11% of program.
Other funding sources: USD #500; United Way; Contributions and Special Events.

Risk Factors for Services: Low academic achievement; Negative attitude toward school; Truancy/frequent absences; Suspensions; Identified as learning disabled; Gang involvement; Favorable attitudes toward drug use; Access to weapons.

Protective Factors for Services: Safe and supportive environment; Positive social norms; Development of social and problem solving skills; Positive and high expectations of students; Presence and involvement of caring supportive adults; High quality school with clear expectations; Increased academic achievement.

Associated Youth Services

Adolescent Drug and Alcohol Prevention and Treatment Program (ADAPT)

Services:

Education/Prevention Series: These educational classes are offered as a 3-hour two session series as a prevention measure for adolescents who have been identified as being at risk for alcohol and/or drug involvement. Parents are required to attend the second session of the series. A special series of drug awareness classes will also be provided to high risk youth in AYS' foster care, emergency shelter, and education programs.

Level I Outpatient: A low intensity outpatient program offering a maximum of 9 hours of clinical services per week. Services may be either group, or individual. Clients attend group counseling sessions three nights per week to address substance use issues.

Level II Intensive Day Treatment: An intensive program for clients whose intake evaluation indicates a need for a more structured program. Level II clients receive a maximum of 10-15 hours of clinical services that include individual sessions. An important part of Level II treatment is to introduce our clients to positive alternative activities, so three hours a week is devoted to recreational activities.

Continuing Care: Upon completion of the primary treatment program clients are transferred to the continuing care component one time per week for eight sessions. Clients compose a specific relapse prevention plan and self contract with the help of staff.

Case management/ Follow-up support: This includes case management / environmental support and follow-up support to youth who are currently involved in the program and to those who have completed both the treatment phase and the continuing care phase of the program.

Family Impact Sessions: A weekly support group held in a non-threatening environment to help parents/caregivers become aware of signs and symptoms of drug use and other behavior concerns of their adolescent.

Support Services: The program offers transportation and offers a snack as a support service to clients, eliminating these issues as a barrier to treatment. For many of our indigent clients this snack serves as both lunch and dinner.

Community Outreach: Staff participates in community health fairs through question and answer style educational presentations focused on substance use, HIV/AIDS, and nutrition to over 2,900 middle and high school students within the USD 500 school district.

Community Collaboration: Collaborations are key to the success of the program. Referral for ADAPT services are done by collaborating with other social service agencies throughout the area. These agencies could include; Heartland Regional Prevention Centers, Community Corrections, Court Services, Foster Care agencies, out-of-home placement agencies, schools, and group homes. Program staff are available to do prevention education presentations in the schools and for community groups.

Design of Practice: The ADAPT program follows the family centered system of care principles by (1) Developing individualized treatment plans that rely upon client input, strengths and goals. (2) The Parent Impact Groups get parents involved in their child's recovery and provides the parents with education about the disease process and strategies to improve communication with their youth.

Population Served: Youth aged 12-18 in the Wyandotte County area who have been assessed and identified as having used or abused drugs and/or alcohol who have been identified as having a substance use disorder, and those identified with substance use disorders and co-occurring mental health disorders deemed appropriate for an outpatient or intensive outpatient level of care, and their families/primary caregivers.

Access / Referral Sources: The ADAPT Services program receives referrals through Heartland RADAC (Regional Alcohol and Drug Assessment Center), juvenile court, community corrections, juvenile justice authorities, school officials, child placing agencies, other community social service agencies and parents.

Services Location: Kansas City, Kansas

Geographic Area Covered: Wyandotte County

Service Hours: 2:30 pm to 7:30 pm Weekdays

Duration of Services / Average Length of Stay: Treatment episodes are pretty individualized depending on the youths motivation, attendance and the severity of the substance abuse. Typically, for youth assessed with a moderate problem will come to treatment 3 times per week for 3 hours a day, for about 8 weeks. Then they come for another 4 weeks in the continuing care phase of treatment, once a week for 3 hours. Youth who are assessed as needing intensive outpatient services will come 3 hours a day, 5 days a week for about 8 weeks. Then once a week for 3 hours, for 4 weeks.

Number of Beds/Capacity of Program: 18 youth

Funding Source: CAFRP Funds - 13% of ADAPT program and 55% of Family Impact Sessions. Other funding sources include: Other funding sources: State of KS AAPS and Medicaid; 888 Funds, Fee for services.

Risk Factors for Services: Anti-social behavior; Favorable attitudes toward drug use; Drug related Juvenile arrests; Poor refusal skills; Life stressors; Family Management Problems; Sibling anti-social behavior; Peer Tobacco and drug use.

Protective Factors for Services: Safe and health promoting environment; Positive social norms; Healthy sense of self; Social competencies and problem solving skills; Good relationships with parents; Involvement with positive peer group activities.

Children's Alliance Family Resource Project (CAFRP)



532 North Broadway, Wichita, Kansas
Phone: 316-264-8344

CEO: Janet Valente Pape
Wichita Contact: Tonya Knipp
Pittsburg Contact: Alberta DeBoutez

Founded in 1943, Catholic Charities Inc. is a not-for-profit, faith-based human services organization serving the poor and disadvantaged in our society. It is the mission of Catholic Charities Inc. to further the Gospel values of love and justice through education, service, advocacy and community collaboration. The main office is located in Wichita, with a satellite office in Pittsburg. The agency provides assistance to anyone in need, regardless of faith; with the majority of clients coming from counties in south central and south western Kansas. In 2007, the agency served 22,823 unduplicated individuals through 264,266 episodes of direct assistance. Programs include emergency shelter for homeless families at St. Anthony Family Shelter, emergency shelter and outreach prevention for women and children fleeing domestic violence at Harbor House, adult day care for frail, elderly and disabled adults; adoption and birth parent services; pregnancy crisis counseling, family and child counseling; food pantry and emergency utility assistance; foster grandparents for children with special needs; immigration and refugee services; marriage enrichment and family preservation; natural disaster recovery assistance; and distribution of new toys and food parcels to needy families at Christmas. Catholic Charities Inc. is affiliated with Catholic Charities USA and is accredited by the Council on Accreditation (COA).

Programs Funded or Partially Funded by CAFRP:

Flex and
Budgeting
Services

Family Resource
Services Case
Management

Parent Education
Programs

Services of the agency focus on providing resources necessary to each individual we serve so they have that which is necessary to experience human dignity and development. Since preservation of the family is one of the primary goals of each Catholic Charities program, services are developed and guided by skilled case managers and clinical professionals.

Operating since 1995 in Wichita, Harbor House provides 24/7 emergency shelter and supportive services to women and children fleeing domestic violence. The average length of stay is 45 days, with case managers, counselors, and Early Childhood Specialist helping clients secure resources necessary to move back into their communities safely. Harbor House also provides court advocates in municipal and district courts in Sedgwick county, along with OARS workers in the Wichita SRS office. For 2008, this program expects to serve 1,430 individuals, with 508 coming through the shelter.

The St. Anthony Family Shelter in Wichita operates as one of three emergency shelters serving families facing housing crisis. Residents must be married couples with or without children, or single parent with children. Average length of stay is 24 days, with Family advocates, family therapists, family counselors and Early Childhood Specialist helping clients secure affordable housing, employment for able-bodied adults and services for children of all ages. For 2008, this program expects to serve 473 individuals, with 252 of those children under age 18.

The Southeast Kansas Outreach Program is located in Pittsburg and provides case management services, (limited) direct financial assistance, and parenting services to low-income families. For 2008, this program expects to serve 630 individuals living in southwestern Kansas.

Catholic Charities

Flex and Budgeting Services

Services: Families who are in crisis and facing possibility of children being placed in state custody may apply for Flex funds by contacting the agency at the Wichita or Pittsburg offices. Families requesting assistance must meet the criteria for Flex funding as set forth by the Children's Alliance and are intended for families experiencing a situational financial emergency. Families must participate in at least two sessions in person with agency case manager, with one session involving budget counseling resulting in a documented family household budget, before flex funds are approved by the agency. All adult applicants must provide photo identification and proof of residency in one of the counties served by the agency. Proof of identity for children may include school ID, county health department immunization cards or other comparable identification documentation. Development of a family service plan is required during the initial visit to document goals to be met, additional community resources to be contacted, and needs for professional services such as mental health or alcohol/drug treatment. Outcomes for all agency families are reviewed quarterly as part of our Continuous Quality Improvement (CQI) activities.

Flex funds will be granted for the following needs and paid directly to the vendor : (1) home utilities including electricity, natural gas, propane, water, heating oil, coal or firewood; (2) rental housing payments with proof of rental agreement; (3) rental housing deposit with proof of rental agreement not to exceed one month of rent; (4) mortgage housing payment with proof of home ownership and history of payment to mortgage company; and (5) basic telephone service for one month with proof of ownership of phone number (no long-distance, text messaging, or voicemail charges will be paid). No late fees or other fees will be paid for these services.

Community Collaboration: Catholic Charities works extensively with other community-based and governmental agencies, organizations and providers to leverage resources and maximize assistance to as many families as possible. This may include splitting the cost of needs.

Design of Practice: The parent works with agency case manager in developing a family service plan that is realistic considering their individual strengths and weaknesses. Every effort is made to assist the family in keeping children in the home with flex funding.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come through community organizations and agencies including American Red Cross, United Way, Salvation Army, Big Brothers/Big Sisters, United Methodist Open Door, United Methodist Wesley House; public school districts and private schools; child care associations, city or county government agencies including departments of housing, police, sheriff, courts and juvenile services; the faith community including churches, synagogues, mosques and parishes; Kansas Department of Social and Rehabilitation (SRS) local offices; community hospitals; community clinics and other health, mental health and family service providers.

Services Location: Pittsburg, Wichita

Geographic Area Covered: Bourbon, Cherokee, Crawford, Labette and Sedgwick counties.

Service Hours: 8am to 5pm Monday through Friday, except holidays.

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Requests with completed information and eligible for services will be processed within 48 hours of receipt, excluding weekends and holidays. As noted previously, families will be required to participate in at least two (2) in person meetings within a two week period.

Number of Beds/Capacity of Program: Will serve as many families as possible – up to approximately 1/12 of flex funds for the year, each month.

Funding Source: CAFRP Funds - 32.8% of program funded. Other funding sources: Individual/Corporate donations, fundraising, SEK, HC.

Risk Factors for Services: Life stressors, economic deprivation/poverty; young mothers under age 18; parent low-education level; illiteracy; poor attachment to community; social and emotional disorder; abusive/violent home environment; drug and/or alcohol abuse by parent; poor parenting skills; anti-social behavior; mental illness or mental disorder

Protective Factors for Services: Availability of caring, supportive adults as role models; safe environment; availability of legal, medical, mental health and housing services for those fleeing domestic violence; availability of significant community resources to meet needs of parents and children; assistance with development of problem-solving skills for adults and teens; availability of assistance in household budgeting and money management; access to means to improve healthy sense of self.

Catholic Charities

Family Resource Services Case Management

Services: Family Resource Services Case Management at Catholic Charities focuses on behavioral intervention by establishing expectations of each parent and child (goals), monitoring success in reaching those expectations, referrals to appropriate service providers in the community and making collaborative contacts to monitor child/parent progress. This service requires participation of all family members.

Family Resource Case Management Services will be available for access through four (4) programs:

- Southeast Kansas Outreach Program in Pittsburg;
- Emergency Services Program in Wichita;
- St. Anthony Family Shelter (Homeless) in Wichita; and
- Harbor House (domestic violence shelter) in Wichita.

Services in all of these locations begins with program case managers meeting in person with families within 72 hours of request for assistance in order to conduct an assessment of risks and needs in order to prevent placement of children into state custody and to provide stability to the family. Needs for each family member are identified, including ability for parent/adults to ensure basic needs for children living in the home over the next 90 days (this includes safe and adequate housing, food, utilities, access to medical services, transportation to secure basic needs and continued school attendance). Strength-based family service plans are developed with expectations (goals) established for 30 days, 60 days and 90 days. Families are encouraged to identify solutions to their problems, with the case manager serving as a guide in locating appropriate, realistic resources.

Referrals to other community providers is completed by the case manager within 72 hours of establishment of family service plan. The goal of this program, like all programs of Catholic Charities, is to preserve the family. This is accomplished by incorporating the family into creation of their own service plan, including identification of solutions and writing of realistic plans of recovery.

A second in person visit with the case manager and the family is scheduled not less than two weeks following the initial visit. A copy of the service plan, along with copy of rights and responsibilities and release of information signed by parent(s), is reviewed during the second visit. During the second family visit, a household budget is developed and any necessary money management counseling is provided by the case manager before direct financial assistance is provided by the agency. At the conclusion of the second family visit, a third visit is scheduled within the next two week period to review family progress, verify receipt of other community resources and need for additional counseling, support or financial assistance. Follow-up family visits in agency offices, in family homes and phone calls are completed by the agency case manager until all goals have been met and stability of the family has been achieved.

Community Collaboration: Each case manager works closely in completing referrals to the local office of SRS, school districts, the courts and other community health and human service providers to develop a responsive plan for each family that will stabilize the crisis period and lead to long-term stability. Referrals are initiated by the case manager, with expected and actual outcomes met by the time of case closure.

Design of Practice: Agency services focus on family-centered systems of care, with the case manager relying on family members to convey and develop the information needed to stabilize the current crisis and identify ways to prevent future crisis episodes. Families are encouraged to find solutions to their problems with the case manager serving as the facilitator whenever possible. The assumption is that if at all possible, the best place for a child is with their natural or extended family. Families are encouraged to utilize other community resources, providers of services, positive family members and friends to build a network of support leading to a stronger family and encouraging home environment.

Population Served: Families with children age newborn through age 18 years old.

Access / Referral Sources: SRS, schools, law enforcement, juvenile justice, medical service providers, mental health service providers, faith-community, other human and social service providers, and self-referrals.

Services Location: Pittsburg and Wichita

Geographic Area Covered: Bourbon, Cherokee, Crawford, Labette and Sedgwick counties.

Service Hours: 8am to 5pm Monday through Friday, except holidays.

Duration of Services / Average Length of Stay: Case managers will work with families for an average of 90 days. In-person contact with the family will occur no less than twice over the initial four week period. Additional in-person visits or telephone contact will occur no less than every two weeks to monitor progress, family ability to access to other community resources, and identify emerging needs until the case is closed. Some families may receive follow-up visits in their homes or at agency offices for up to six (6) months following the initial visit due to complexity of needs and family dynamics.

Number of Beds/Capacity of Program: Each case manager will manage no more than 10 families on a monthly basis.

Funding Source: CAFRP Funds 32.9% of the program. Other funding sources: Individual/Corporate donations, and fundraising.

Risk Factors for Services: Family management problems, early and persistent anti-social behavior; family conflict; inability to cope; lack of parenting skills; lack of knowledge of child development; friends who engage in problem behavior; absence of attachment; poor family communication skills; involvement in drug abuse, alcohol abuse and/or criminal behavior; low self-esteem, poverty.

Protective Factors for Services: Support from the community, positive family and friend influences (kinship support); achievement of family stability; availability of medical and mental health treatment and services; school involvement; structured environment; school and community involvements; accountability for self-directed care; acquisition of new problem-solving skills.

Catholic Charities

Basic Parenting Education Services

Services: Parent education programs provide opportunity for parents to increase and strengthen their existing parenting abilities, gain knowledge in childhood and teen development, and teach positive, non-violent disciplinary actions in raising of healthy children. A decrease in episodes of physical punishment and risk of child abuse or neglect is a program goal. Parents are encouraged to develop supportive networks among other parents, friends and family members that will lead to increases in self-esteem, increase understanding and practices of good parenting, and understanding of how to establish realistic expectations of each child in the family.

Catholic Charities Inc. provides parenting education through three (3) programs:

Southeast Kansas Outreach Program in Pittsburg, KS;
St. Anthony Family Shelter in Wichita, KS; and
Harbor House (domestic violence shelter) in Wichita, KS.

Pittsburg – Catholic Charities Inc. office (Wesley House) – Active Parenting curriculum is provided to parents of children ages 5 through 12, composed of six sessions, each session two hours long. This is an interactive model with parenting skills including effective communication with children, discipline while teaching responsibility, encouraging development of self-esteem and character, redirecting misbehavior, and encouraging non-violent conflict resolution inside and outside of the home. Active Parenting of Teens curriculum is provided to parents with teens age 13 to 17, composed of six sessions, each two hours long, involving understanding of developmental changes in teens, communicating effectively with teens, helping teens redirect behavior, preventing drug and alcohol abuse and encouraging non-violent behavior inside and outside of the home. For parents of children age one through four, 1,2,3,4 Parent! curriculum is composed of six sessions, each session one hour long, involving learning importance of parental self-esteem, value of each child and the job of parenting, basis child developmental stages, methods of bonding and non-violent discipline skills.

Wichita – St. Anthony Family Shelter (emergency shelter program for homeless families) – The Early Childhood Specialist (ECS) utilizes the 1,2,3 Magic curriculum which includes Managing Difficult Behavior in children age 2 through 12 and Encouraging Good Behavior, Independence and Self-Esteem and Effective Discipline for Children age 2 through 12. Each class time is encapsulated to ensure the parent has a completed learning experience during that class period. The ECS also holds play groups with parents during the week to model developmentally appropriate interactions. Each class and play group is 60 minutes, held once a week, generally on Tuesdays and Fridays. The ECS constructs the play groups and parenting classes to accommodate ages of children for families in need of services. Families are also referred to USD 259 (Wichita Public School District) parenting classes provided within schools in the community, with provision of Parent As Teacher (PAT) resources. The Shelter began working in 2008 with the Kansas Children's Service League (KCSL) to provide additional parenting education, utilizing the Love and Logic parenting model.

Wichita – Harbor House (shelter and outreach for victims of domestic violence) - Parenting classes are provided weekly to women who may currently reside in the shelter, were previous residents, or currently receive outreach services through the agency OARS and court-assistance programs. Each class is 60 minutes long and the Love and Logic parenting model is utilized by the Early Childhood Specialist (ECS) and LMSW advocates in class sessions.

Community Collaboration: Staff in each of these sites work closely with United Way, Salvation Army, Big Brothers/Big Sisters, United Methodist Open Door, United Methodist Wesley House; public school districts and private schools; child care associations, city and county government agencies, child welfare and juvenile services; the faith community; Kansas Department of Social and Rehabilitation (SRS) local offices; community hospitals; clinics and other health, mental health and family service providers.

Design of Practice: All parent education programming is focused on family strengths, utilizing best practice principles and curriculum for all classroom learning. An assessment of parent strengths and weaknesses is completed upon initial class session, noting specific needs and focusing class curriculum and activities in responding to those needs.

Population Served: Any parent(s) interested in acquiring new skills, improving existing skills is served; parents referred by community child welfare providers and parents who are on parole/probation with a history of drug/alcohol abuse and/or criminal behavior.

Access / Referral Sources: SRS, schools, law enforcement, juvenile justice, courts, probation services, medical service providers, mental health service providers, faith-community, other human and social service providers, and self-referrals.

Services Location: Pittsburg and Wichita

Geographic Area Covered: Bourbon, Cherokee, Crawford, Labette and Sedgwick counties.

Service Hours: 8am to 5pm Monday through Friday, except holidays - classes are typically held during evening hours.

Duration of Services / Average Length of Stay: Classes range from 6 hours to 12 hours to complete entire curriculum - Length of sessions 1 to 2 hours each week.

Number of Beds/Capacity of Program: Average is 10-14 parents per session.

Funding Source: CAFRP Funds - 33.1% of the program. Other funding sources: Individual/Corporate donations, and fundraising.

Risk Factors for Services: Family management problems, early and persistent anti-social behavior; lack of parenting skills; lack of knowledge of child development; absence of attachment; poor family communication skills; involvement in drug abuse, alcohol abuse and/or criminal behavior; low self-esteem, poverty.

Protective Factors for Services: Family attachment, opportunities for learning and acquiring positive parenting knowledge and skills; nurturing positive parenting practices for each child that is age appropriate; creation of supportive network by parents; increase in self-esteem; acquisition of coping skills; decrease in violent behaviors by parents and children; decrease or absence of bad behaviors including alcohol use, drug use and/or criminal behavior.

Children's Alliance Family Resource Project (CAFRP)



1365 N. Custer, Wichita, Kansas 67203
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CEO: Janet Schalansky
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Giving Kids Our Best. For Over 100 Years.

The Kansas Children's Service League (KCSL) is a not-for-profit, private child welfare agency with offices located throughout the state of Kansas. Established in 1893, KCSL has a distinguished history of innovative services that strengthen and support families and children, and has a wealth of experience in working with at-risk youth and their families. The corporate offices are located in Wichita and Topeka, Kansas.

In 1993, KCSL merged with the Kansas Child Abuse Prevention Council and by doing so became the Kansas Chapter of Prevent Child Abuse America and expanded our prevention service continuum. In 1996, KCSL became a major contractor in the pioneering of Kansas' effort to privatize child welfare services and is the current statewide contractor of Adoption Services.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

Family Resource
Services Case
Management

SC4C Choices
Program

Parent Education
Programs

Outpatient Mental
Health Program

The program services KCSL currently provide that are part of CAFRP include: Intensive Family Support and JIAC Case Management; Parent and Youth Education and Training; Outpatient Mental Health; School-based Counseling/Support Groups; The Incredible Years; Guiding Good Choices; My Changing Family; Choices (SC4C Program); Flex funding; Community Resource Library; KINSHIP Navigation; Parents Helping Parents and Kinship Support Group Services; and Resource Family Services

Statewide we have experience providing services ranging from Juvenile Intake and Assessment, Runaway and Homeless Youth Services; Case Management for Juvenile Offenders, Intensive Family Preservation Services, Residential and Foster Care, to Pregnancy Prevention Programs for teens. Many of these services date back to the early 80's. Kansas Children's Service League has a wealth of experience in working with at-risk youth and their families, including juvenile offenders.

Kansas Children's Service League

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital Placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: 0-18 Years Old in Resource Family Homes.

Access / Referral Sources: Will accept children from all counties of Kansas.

Services Location: Resource Family Homes - approximately 156 homes statewide.

Geographic Area Covered: Statewide

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 2 days.

Number of Beds/Capacity of Program: Approximately 156 homes.

Funding Source: CAFRP - \$25 per out-of-home emergency placement.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills.

Kansas Children's Service League

Flex and Budgeting Services

Services: KCSL partners with several community agencies within each area to disburse flex funds to those families in situational financial need. Families requesting flex funds also go through a budgeting process before approval.

Children's Alliance flex funds are intended for families experiencing a situational financial emergency. The goal of the Children's Alliance flex is to provide emergency financial assistance to keep children from entering the SRS system. The family will receive budgeting assistance as part of the application process. Any request must have a budget filled out by the family.

The following requests for Flex Funds will be considered: Utilities, Rent – No Deposits, Mortgage payments (will be paid, however, family must have a detailed plan on how they will continue to pay the future mortgage., if there is not a plan, flex will be denied), and School / Activity / Camp Fees. No Food, phone, Cable, gift certificates will be paid. The League's Outcome: 100% of families applying for flex funding will go through a budgeting process.

Community Collaboration: This program is done in collaboration with several community agencies. Partners make referrals based off family's needs and degree of financial need.

Design of Practice: The program is family centered. It offers financial need to keep youth in their homes.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come from JIAC CM, SRS, Community Partners, Mid-Cap, Head Start.

Services Location: Wichita, Hutchinson, Topeka, Kansas City, and Lenexa

Geographic Area Covered: Atchison, Brown, Doniphan, Leavenworth, Jefferson, Wyandotte, Woodson, Wilson, Montgomery, Allen, Neosho, Greenwood, Elk, Chautauqua, Rice, Harper, Kingman, Sumner, Cowley, Shawnee, Reno, and Sedgwick counties.

Service Hours: 8 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds - 46% of program funded plus Flex Funds for families. Other funding sources: contributions.

Risk Factors for Services: Family Management Problems; Economic Deprivation/poverty/residence in a disadvantaged neighborhood.

Protective Factors for Services: Family Attachment; Opportunities for Positive Involvement; Safe and health promoting environment

Kansas Children's Service League

Family Resource Services Case Management

Services: JIAC Case management and Intensive Family Support Case Management & FRC Family Support Services/Oasis Case Management: KCSL provides Case management services to children and youth ages 8-18 and their families that have had contact with Juvenile Intake and Assessment Services, runaway, homeless and at-risk youth, or any youth having a truancy concern. KCSL services involve the entire family and include a strengths-based assessment, development of an individualized family service plan, linkage to community resources and follow-up for a maximum of 6 months. KCSL Case Management services are home based. The assessment focuses on the following dimensions: the nature of the youth/ family's problems including school attendance and mental health issues; their social development and coping capacities; family and social service support systems; community resources that are available or needed; youth/family's motivation to work on problems, and the youth/family's additional strengths. The youth, family and case manager will work together in the development of the individual-family service plan (IFSP). The IFSP will include both short and long-term goals written in specific behavioral terms. The IFSP will also include defined responsibilities, any necessary restitution plan and will establish a schedule for face to face meetings and phone contacts. An informal behavioral contract will be developed from the IFSP goals that link rewards and consequences to contract compliance. Once the IFSP and behavioral contracts have been set, the case manager continues to monitor the family's progress towards achieving their goals through home visits and telephone calls. Visits will be at least weekly in the first month based on family need, and gradually decreased over the following months of service, with follow-up phone contact beginning in the third month. Families will receive a minimum of 14 hours of direct face to face service during case management. Periodic review of the IFSP will identify positive changes in the family and youth's functioning as well as barriers blocking successful completion of the program.

Kinship Navigator Program: This is a case management service for children who are not in SRS custody and are living with relatives. Kinship caregivers often face a variety of unnecessary barriers, including difficulties enrolling children in school, authorizing medical treatment, maintaining public housing leases, obtaining affordable legal services, and accessing a variety of benefits and services. The case manager will assist the caregiver in navigating these systems and obtaining the resources needed to provide for the child in their care.

Community Collaboration: KCSL receives referrals from JIAC, SRS, and school districts for case management services. KCSL's Case Management Program has also been successful in identifying and developing collaborative relationships with a variety of community services utilized by the identified population. Those include but are not limited to: Community Health Providers, Options Youth Services, Teen Intervention Program, King's Treatment Center, Functional Family Therapy, Higher Ground, New Dimensions, A Clear Direction, KCSL Family Counseling Services, Campus Connections, KANSEL, Junior League, and Boys and Girls Club. The League is a member of a variety of local coalitions which target youth and families. Those include: Suicide Prevention Taskforce, La Mesa Redonda, Families Kan/Street Outreach/Wichita Children's Home Quarterly meeting, and Sedgwick County Domestic Violence Coalition.

Design of Practice: The program is family centered and strengths based using family assessment and service planning. It is home based and uses best practice principles to provide service and is culturally sensitive. Referrals to community partners are a key objective of this program.

Population Served: Youth and their families age 10-18 that have had contact with Juvenile Intake and Assessment Services, runaway, homeless and at-risk youth, or any youth having a truancy concern. Kinship: these services are targeted at grandparents and other relatives raising children.

Access / Referral Sources: This program is done in collaboration with several community partners. The League, JIAC, SRS, and school districts have defined the referral process and have built a successful working relationship.

Services Location: Wichita, Junction City, McPherson, Salina, Topeka, Lenexa, Kansas City.

Geographic Area Covered: Currently Family Resource Services Case Management is provided in Sedgwick, Shawnee, Wyandotte counties. The Kinship Navigator Program is provided in Sedgwick County.

Service Hours: 8 am to 9 pm

Duration of Services / Average Length of Stay: Visits will be at least weekly in the first month based on family need, and gradually decreased over the following months of service, with follow-up phone contact beginning in the third month. Families will receive a minimum of 14 hours of direct face to face service during case management.

Number of Beds/Capacity of Program: Caseloads average 40-45; KCSL provides Kinship Navigation services to approximately 60 families.

Funding Source: JIAC Case Management Funds - CAFRP funds 18% of program - other funding sources: JJA.

Kinship Case Management Funds - CAFRP funds 29% of program - other funding sources: United Way.

Intensive Family Support Case Management Wyandotte County - CAFRP funds 2% of program - other funding sources: fee for service, SRS contract, and contributions.

FRC Family Support Services / Oasis: CAFRP funds 7% of program. Other funding sources: United Way, JJA, City of Topeka, fees.

Risk Factors for Services: Family Management Problems; Lack of commitment to school; Early and Persistent Anti-Social Behavior.

Protective Factors for Services: Family Attachment; Rewards for Conventional Involvement; Opportunities for Positive Involvement.

Kansas Children's Service League

4C Choices Program

Services: Sedgwick County 4C Choices Program (SC4C) Youth and children's groups will be provided in partnership with the Wichita Children's Home (WCH) in Sedgwick County. This is a new partnership as of July 2006. The planned curriculums are "Choices" and "Skills for Managing Anger". The target population will be youth leaving WCH from police protective custody (returning home) and youth identified as truant from the school system. The SC4C program is a combination of common-sense lessons and thought provoking ideas. The program is aimed at helping individuals learn to make good decisions by encouraging them to stop and think about the consequences prior to making decisions. 4C model focuses on helping individuals understand how their values, attitudes, peer and family pressures, responsibilities, and goals influence their decisions and how their decisions affect the relationships with themselves and others in their lives.

Community Collaboration: This program is done in collaboration with the Wichita Children's Home. We each provide a staff to co-facilitate the groups. We also collaborate with Communities in Schools (CIS) to provide the groups at their school sites. CIS refers the youth to the group. Local middle schools provide the space and permission to facilitate the groups at their sites. SRS also makes referrals to the program.

Design of Practice: The program is family centered. It offers both youth and parent groups to families. The program is family centered and strengths based and is culturally sensitive.

Population Served: Any Truant youth or PPC youth - Ages: 10-18.

Access / Referral Sources: Referrals from community partners are a key objective of this program. Communities in Schools, SRS, Wichita Children's Home.

Services Location: Wichita

Geographic Area Covered: Sedgwick County.

Service Hours: 8 am to 9 pm (classes are typically held in afternoon and evening)

Duration of Services / Average Length of Stay: 8 Weeks

Number of Beds/Capacity of Program: Group size is 10-12 youth.

Funding Source: CAFRP Funds - 100% of program (50% by Wichita Children's Home CAFRP Funds)

Risk Factors for Services: Family Management Problems; Lack of commitment to school; Early and Persistent Anti-Social Behavior

Protective Factors for Services: Family Attachment; Youth will choose healthy behaviors; Rewards for Conventional Involvement; Opportunities for Positive Involvement

Kansas Children's Service League

Parent Education Programs

Services: Parent Education Programs provide parenting education classes for parents to increase and strengthen their existing parenting abilities as well as teach positive disciplinary approaches. Parents have an opportunity to learn and practice these skills in a safe and supportive learning environment. Parents are then able to incorporate both new and strengthened parenting skills into their everyday life. KCSL's has focused on reducing risk factors associated with child abuse and neglect. Parents are provided information to increase their understanding of child development and examine how that applies to their own methods of discipline. It is through this effort that an identified goal of the program is shown a decrease in the use of physical punishment by those who participate in training. Parents are encouraged to develop a support network of existing resources as well as develop positive support relationships with parents. Several areas of family life are positively affected: an increase in positive self esteem for parents and children; and increase in communication between parents and children; parents increase their understanding of children's behavior; parents have more realistic expectations of their children and are more likely to be consistent with consequences and follow through.

Family Services: Parent coaching, home-based services are given to parents during the course. The goals in these home visits will be to practice skills learned during the course, coach parents on new techniques specifically designed as interventions to the unique needs of their children, and identify other resources that the family may need to be successful.

Youth Services: Youth will be encouraged to participate in a youth program specifically designed to meet their age appropriate needs. Children aged 4-8: KCSL will utilize the Incredible Years companion child education program, "Dina" The Dinosaur School. This program is designed to enhance children's school behaviors, promote social competence and positive peer interactions, develop appropriate conflict management strategies, enhance emotional literacy, and reduce conduct problems. Youth aged 9-16: KCSL will identify youth in this age group to participate in *Youth Matters*; a combined curriculum that will incorporate both principals from *The Incredible Years*, *4C Choices* and *Guiding Good Choices* curricula. These youth courses will be offered concurrent to the parents participating in Parent Education. Particular components of the course will include problem solving, making good choices and conflict resolution techniques. When children are under 4 years of age, staff will utilize age appropriate activities/curriculum to using the skills being discussed in *The Incredible Years* (i.e., time outs, ignoring the behavior, encouraging appropriate behavior).

Community Collaboration: Collaboration is a large component of the parent education programs. Staff work very closely with agencies such as United Way of the Plains, United Way of Riley County, UMY, DCCCA, Department of Corrections (Sedgwick, Atchison and Leavenworth Counties), Women's Recovery Center, SRS, Juvenile and Family Court, District Attorney's office, Adult Probation, State Parole, Knight Foundation, and Sedgwick County Jail, Catholic Charities, CASA, The Child Development Center at K-State, Ogden school system, KVC, TFI Services, Pawnee Mental Health and Community Solutions are among some of the key agency partners. Staff participates on a variety of community task forces, including, Returning Offenders Coalition, Riley County Council of Social Service Agencies and Infant/Toddler Services Network, The Incredible Years Collaboration, La Mesa Redonda, Leavenworth County Multi-Disciplinary Team and Leavenworth Child Abuse Prevention Council. We also have partnered with the Sedgwick County Jail, Department of Corrections (Sedgwick, Atchison and Leavenworth Counties), Leavenworth Public Library, Leavenworth Youth Achievement Center, SRS, Urban League, United Way of Riley County, and Women's Recovery to hold classes for clients at these sites.

Design of Practice: The parent education programs are family focused. The programs work with parents to directly improve their families and attitudes. The program is family centered and strengths based using family assessment and service planning and is culturally sensitive. This program uses best practice principles to provide service. Referrals from community partners are a key objective of this program.

Population Served: Any parent interested in more parenting information, parents on probation/parole or with a history of drug/alcohol treatment and parent referred by child welfare.

Access / Referral Sources: Sedgwick County DOC, Wichita Children's Home, SRS, DCCCA, Self referrals, UMY, KVC, TFI, CASA and area schools.

Services Location: Wichita, Topeka, Junction City

Geographic Area Covered: Parent Education is provided in Riley, Shawnee, and Sedgwick County.

Service Hours: 8 am to 9 pm (classes are typically held in afternoon and evening)

Duration of Services / Average Length of Stay: The Incredible Years -12 weeks; Guiding Good Choices - 8 weeks.

Number of Beds/Capacity of Program: 10 -12 parents per group.

Funding Source: CAFRP Funds 23% of program—other funding sources: United Way, JJA, Contributions, and program fees.

Risk Factors for Services: Family Management Problems; Early and Persistent Anti-Social Behavior; Inappropriate or ineffective parenting practices.

Protective Factors for Services: Family Attachment; Rewards for Conventional Involvement; Opportunities for Positive Involvement; Nurturing parenting practices appropriate for child's age and stages of development.

Kansas Children's Service League

Outpatient Mental Health Program

Services: The Outpatient Mental Health Program (formerly Children, Youth, & Family Counseling and Infant Toddler Mental Health) provides counseling to families with children birth to 18 years of age through intensive, family-based services designed to prevent child abuse & neglect, out of home placements of children, or incarceration of youth. Services are delivered in a manner that preserves and strengthens families struggling with stress and crisis situations such as high risk or unplanned pregnancy, child behavior problems, social emotional distress, anger management, truancy, grief, and ungovernable behavior.

Outpatient Mental Health serves approximately 250 families annually with intensive, therapeutic services. The family and their therapist will work together in the development of the individual-family treatment plan at the conclusion of a thorough clinical assessment. The plan will include goals written in specific terms, defined responsibilities, and expected timeframe for completing the plan. Once the plan has been developed, the therapist and the family continues to monitor risks and the progress towards goals at each therapy session. If obstacles or barriers to success are identified the therapist and family define how those barriers will be addressed to assure success. Families have the option to have in-home therapy services.

Community Collaboration: Many children receiving mental health services are also involved in other types of programs and services. Coordination and collaboration with other service systems during the assessment, service plan development, and after care planning phases helps children and families identify functional assets and deficits in all aspects of the child's life, and supports treatment success and maintenance. Successful treatment is dependent on a thorough assessment which may include information from a childcare provider or school teacher. And a child's achievement during treatment and their continued stability after treatment can sometimes be measured by the support of the other systems in which the child and family are engaged.

Program representatives also participate in Early Childhood and Smart Start Community Coalitions, the Domestic Violence Coalition, and the Drug Affected Infants Coalition. Collaborative relationships have been developed with the Sedgwick County Head Start, USD 259, Miracles House, Gerard House, Communities In Schools, WIN (Women's Initiative Network), Child Start, and KCSL Juvenile Case Management, Parent Education, and Kinship Navigation, Healthy Families, and Special Needs Adoption programs.

Design of Practice: The program is family centered and strengths based using comprehensive assessment that involves a child's parents or care givers. The service or treatment planning also includes the family, identifying how each member of the family will contribute the child's functional improvement. Services can be delivered in the family home and best practice principles assure sensitive and culturally responsive service. Collaborative partnerships with community agencies are key to the success of the program through referrals and collaborative services.

Population Served: Families with children birth to 18.

Access / Referral Sources: Referrals come from Self referrals, childcare providers, schools, JIAC, SRS, mental health facilities, family shelters, early childhood service providers, attorneys, and other KCSL programs.

Services Location: Topeka, Wichita and Hutchinson

Geographic Area Covered: Services are available in Sedgwick, Reno, and Shawnee Counties.

Service Hours: 8 am to 9 pm

Duration of Services / Average Length of Stay: Therapy session frequency and duration are determined by family need. Some families initially require several hours of time with the therapist to address immediate crisis issues. Typically, once the immediate crisis is stable, the therapist meets with the family weekly.

Number of Beds/Capacity of Program: Caseloads averages 40 families.

Funding Source: CAFRP Funds 3% of program—other funding sources: KS Children's Cabinet and fee for service. Other funding Sources: United Way, Smart Start, POS, and contributions.

Risk Factors for Services: Poor Family Management; Unresolved grief & loss or anger; Early and persistent Challenging or anti-social behavior; Inappropriate or ineffective parenting practices.

Protective Factors for Services: Family Attachment; Appropriate and healthy emotional expression and communication; Rewards for conventional involvement; Nurturing parenting practices appropriate for child's age and stage of development.

Children's Alliance Family Resource Project (CAFRP)

Reno County Youth Services



Bob Johnson Youth Shelter
Juvenile Detention Center
Juvenile Intake & Assessment

219 West 2nd, Hutchinson, Kansas 67501
Phone: 620-694-2500

CEO: Bill Hermes
Project Contact: Jeanne Kelly

Bob Johnson Youth Shelter (a program of Reno County Youth Services) was established in 1983. The facility was built to give the youth in this community a safe haven. Since that time, the facility has expanded and the youth served has become much more diverse. We currently take the youth from virtually the entire State. The majority of the youth in the Shelter are either alleged or adjudicated children in need of care. We serve police admission youth statewide as well as youth in custody from most of the state.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Family Resource
Services Case
Management

RCYS Choices
Program

The Shelter was named after the late Bob Johnson, a police Lieutenant whose home often served as an emergency family home when nothing else was available.

A new facility was built in 1989 which also houses the Juvenile Detention Center. In the 90's, many programs were added: the 27th Judicial District Juvenile Intake and Assessment Program; Sanction House Program; Family Resource Library; and the RCYS Choices Program.

Reno County Youth Services

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Staff find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care facilities are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: 10-17 year olds, Male and Female.

Access / Referral Sources: Will accept children from all counties of Kansas.

Services Location: Bob Johnson Youth Shelter - Hutchinson

Geographic Area Covered: All Kansas counties can make referrals, however primarily Reno County and the surrounding counties.

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 3 days.

Number of Beds/Capacity of Program: 20 Emergency/Temporary Care Beds (10 Males / 10 Females)

Funding Source: CAFRP - \$25 per out-of-home emergency placement.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Shelter also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills; Involvement with peer group in positive activities.

Reno County Youth Services

Family Resource Services Case Management

Services: A primary goal of the Family Resource Services program is to help families achieve maximum self-sufficiency and a satisfactory level of family stability and helping children live in safe and stable environments by supporting and strengthening the family.

Family Resource Services Case Management focus on parent-adolescent mediation during the 72 hours of law enforcement custody. Youth that are placed in the shelter by law enforcement as CINC-NANs are interviewed by the Case Manager to ascertain why the youth believes they have been placed in the facility. The Case Manager also interviews the parents to get their side of the story. If the parents are willing to try to work the situation out, a time is set up to try to mediate the situation. The Case Manager serves as the intermediary in the discussion between the youth and parents. If an agreement can be reached, the District Attorney and SRS is notified that it will be possible for the youth to return home without court intervention. If this is acceptable, a time for release is scheduled. If mediation was not successful then the Case Manager escorts the youth to a temporary custody hearing to inform the court of the mediation attempts and recommendation for services.

Community Collaboration: The Case Manager works closely with SRS and the District Attorney when dealing with youth in law enforcement custody. The Case Manager meets with the SRS representative following the SRS interview to collaborate on what is deemed to be in the best interest of the youth. If both are in agreement that working the youth home is feasible, the Case Manager attempts to mediate with the youth and family to develop a plan for the youth to return home. Families may be referred to community resources if applicable.

Design of Practice: Family Centered Systems of Care - The Case Manager will rely on families to convey and develop the information needed to stabilize the presenting crisis. During mediation, families will be encouraged to find solutions to their problems with the case manager serving as a facilitator, whenever possible. The approach utilized will be strengths-based and will start with the assumption that, if at all possible, the best place for a child is with their natural and/or extended family. The approach utilized will be community based and will strive to encourage families to connect with the communities and for agencies and individuals in the community to link with the families. The ultimate goal of this service is to strengthen families and help them recognize and develop their own resources and problem solving skills.

Population Served: Youth 10-17 years old; males and females.

Access / Referral Sources: Temporary custody of law enforcement, parental placements, or "at-risk" youth and their families.

Services Location: Hutchinson

Geographic Area Covered: Reno County

Service Hours: 8 am to 5pm - Monday through Friday

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays).

Number of Beds/Capacity of Program: Capacity fits need of CINC/NAN's in emergency care.

Funding Source: CAFRP Funds - 100% of program.

Risk Factors for Services: Family Management Problems; Lack of commitment to school; Early and Persistent Anti-Social Behavior.

Protective Factors for Services: Family Attachment; Rewards for Conventional Involvement; Opportunities for Positive Involvement.

Reno County Youth Services

RCYS Choices Program

Services: The RCYS Choices Program was developed to help "at-risk" youth learn to make choices which will give them a more successful future that does not include court involvement. The program helps youth start thinking about options and consequences, values, anger and assertiveness, responsibility, and goals. The youth taking part in the RCYS Choices Program have either been through JJA Intake and Assessment or they are family or community referred. The Case Manager, in conjunction with Intake and Assessment Staff, work with the youth in this program, concentrating on areas of concern for that particular youth. There are two programs, depending on the age of the youth: Choices and Junior Choices.

The program consist of 5 parts:

Part 1 - A brief 30-minute parent/youth registration/assessment session in which the case manager receives guidance as to the direction the program will take with the youth.

Part 2 - Will discuss steps to making decisions.

Part 3 - Will help the youth clarify his/her values and evaluate how the decisions that the youth makes affect his/her choices.

Part 4 - The youth learns how his/her attitude plays a part in the decision making process. This session will also help the youth set goals and learn how decisions affect goals.

Part 5 - Will be a 30 minute wrap-up session, again with both the parent and youth.

Parts 2, 3, and 4 last approximately 2 hours each. Along with the core program, additional materials in the form of books, videos, and computer programs are utilized.

Community Collaboration: Community organizations act as referral sources for the program.

Design of Practice: Youth based with parent orientation: The Case Manager involves the parents at the beginning and the end of the program so that they know the contents of the program and how well their child(ren) participated.

Population Served: Youth 7-17 years of age.

Access / Referral Sources: Reno County. Other counties can be served in this project if they travel to Hutchinson for the program.

Services Location: Hutchinson

Geographic Area Covered: Reno County

Service Hours: Daytime and evening hours.

Duration of Services / Average Length of Stay: Approximately 7 hours.

Number of Beds/Capacity of Program: 13 youth per month

Funding Source: CAFRP - Case Management Funds - approximately 70% of program funded. Other funding sources: JJA—Intake and Assessment—30%.

Risk Factors for Services: Family Management Problems; Lack of commitment to school; Early and Persistent Anti-Social Behavior.

Protective Factors for Services: Family Attachment; Rewards for Conventional Involvement; Opportunities for Positive Involvement.

Children's Alliance Family Resource Project (CAFRP)



217 SE 4th, Topeka, Kansas 66614
Phone: 785-272-3637

CEO: Peg Martin
Project Contact: Kameron Labahn

Founded in 1965 as a rural day camp for youth in Lyon County, Kansas, TFI Family Services is now a statewide nonprofit child welfare organization who served over 3,000 children and families last year. The primary programs within the agency's continuum of care include foster care, family permanency, family preservation, behavioral health services including substance abuse treatment and transitional living. The organization's motto of "Building brighter tomorrows for families and children" illuminates its mission to build and maintain permanency for children and their families whose lives have been disrupted and damaged by abuse, neglect and family dysfunction.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

Family Resource
Services Case
Management

TFI is the Reintegration/Foster Care Contractor for Region 1 and the Family Preservation contractor for Region 3 under the privatization of child welfare services by SRS. The Council On Accreditation (COA) accredits all programs and services of TFI Family Services. TFI employs in excess of 300 personnel and a network of more than 600 resource families, the largest percentage of which are involved in the direct provision of services to children and families. The organization's administrative and support staff, though not directly assigned to the project, provide critical support roles in agency administration, finance, human resources, quality improvement, MIS, training and information management.

This project is within the Care Management Department which consists of six divisions, including Intake, Care Management, Transportation, Utilization Review, Quality Improvement and Licensing.

TFI Family Services

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: Resource Family Homes: 0-18 Years Old.

Access / Referral Sources: Will accept children from all counties of Kansas.

Services Location: Resource Family Homes - Approximately 600 homes - Statewide.

Geographic Area Covered: Statewide

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 3 days.

Number of Beds/Capacity of Program: Approximately 600 homes.

Funding Source: CAFRP - \$25 per out-of-home emergency placement.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills.

TFI Family Services

Flex and Budgeting Services

Services: Families who are in crisis and facing situations that increase the likelihood of negative outcomes occurring which may lead to the children being placed in state custody may apply for flex funds. Those requesting the funds must meet the basic criteria for flex fund eligibility designed by the Children's Alliance, must agree to at least one budget counseling session, and must produce proof of identification and their need.

Community Collaboration: TFI works collaboratively with other community agencies to leverage limited resources to assist as many families as possible. This may include agreeing to split the cost to meet the families need.

Design of Practice: The parent works with the agency staff in developing a plan that is realistic considering their individual strengths and needs. Every effort is made to assist the family in keeping the children in the home with the flex fund resources.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come through community organizations, churches, or the potential recipient. Brochures were developed to market the availability of funding and services within TFI's flex funding counties. These brochures were provided to agencies such as United Way, SRS, county health departments, schools and county mental health agencies for those areas. In towns where TFI has offices, such as Manhattan and Emporia, brochures were provided to staff to disseminate to partnering community agencies. TFI is working in collaboration with other agencies such as Breadbasket and Community Health Ministries in Wamego. TFI is also working with local churches of assigned flex fund counties to help disseminate information about the grant's purpose and services offered.

Services Location: Manhattan and Topeka

Geographic Area Covered: Jackson, Nemaha, Marshall, Washington, Clay, Pottawatomie, Riley, Geary, Dickinson, Marion, Morris, Chase, Wabaunsee, Lyon, Franklin, Osage, Coffey, Anderson, Linn Counties.

Service Hours: 8 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds - 14% of program funded plus Flex Funds for families.

Risk Factors for Services: Life stressors; Economic deprivation/poverty; Having a young mother; Low parent education/literacy; Low community attachment; Social and physical disorder.

Protective Factors for Services: Availability of caring supportive adults; A safe and health-promoting environment; Availability of community resources; Healthy sense of self; Optimism for the future; Problem solving skills.

TFI Family Services

Family Resource Services Case Management

Services: For families who are referred due to contact with Juvenile Intake services, the case manager contacts the family within 24-36 hours of intake to schedule a time to meet with the family. The purpose of the initial contact, by phone or in-person, is to encourage family participation and involvement in the development of services. Based on the family's needs, and within 7 days of referral, the assessment will be scheduled which will be strengths based and include recommendations on service interventions, if case management is appropriate and will help maintain the unity of the family. This process is the foundation for the determination of the family's strengths and needs and a copy is forwarded to appropriate agencies as needed. For all youth placed in PPC, the assessment will be forwarded prior to the temporary custody hearing. For all clients who are returned home from JIAC, the assessment will be conducted within seven days of the precipitating intake. The family-centered/strengths-based assessment includes detailed recommendations which provide the court with viable options other than placing children in state custody, e.g. when parents are arrested for drug-related crimes, kinship care can be utilized instead of custody. The assessment can identify relatives who are willing and able to care for children until the parents legal issues are resolved. Case managers interview relatives, inspect the home and document its suitability and then make an informed recommendation on kinship placement. That alternative living arrangement can then be supported with case management services, including the coordination of parental visits.

Community Collaboration: The Behavioral Health Department works collaboratively with many community partners to meet the identified needs of the family such as SRS, JJA, JIAC, county attorneys, schools and court systems. Based upon TFI's prior and current experience in providing out-of-home foster care services in the area, these entities have welcomed these prevention services as an alternative to unnecessary family disruptions. We work with established community agencies to provide creative service interventions to children and families in order to prevent unnecessary out-of-home placements. These service agencies can include but not limited to: mental health centers, health department, services through the school, scouts, HealthWave, day care assistance, day care providers, 4-H, Head Start, and Parents as Teachers. Following processing through JIAC, children not already in out of home placement are placed in police protective custody (PPC) or returned to the families with recommendations for needed services. JIAC completes an assessment at point of entry, which is general crisis-related and includes input from family members at a time when they may be reactionary and emotional.

Design of Practice: TFI's Behavioral Health Department provides a range of case management services to at children designated at risk for out-of-home placement for reasons of non abuse and/or neglect. Project services include family-centered/strengths-based assessment, service plan development, case management, community resource brokering, parent education and mentoring/coaching. The Case Management model provided consistency in service delivery which was reflected in a higher engagement rate than previous years when a therapy model was used. This model is uniquely different from other service models, in that the Case Managers connect families to natural and community resources so that families have access to service resources for the long term, not simply for addressing the current crisis. The Case Manager puts specific emphasis on working with the family to identify natural resources that will maintain the family functioning after the Case Manager has discontinued services.

Population Served: 0-18 year old children and their families that meet the program criteria.

Access / Referral Sources: The BHD accepts referrals from SRS, Juvenile Intake, County Attorney's, Judges, and Law Enforcement officials. These community agencies are most likely to identify families who are at risk of having their children removed from their family home for reasons of abuse, neglect, delinquent or out of control behaviors, and have not been referred to an SRS Child Welfare Contract (Family Preservation or Foster Care). Other professionals such as school officials may be additional referral sources specifically related to truancy concerns.

Services Location: TFI has Behavioral Health Case Managers and/or Family Support Workers in TFI's offices in Emporia, Wichita, Chanute, Independence and Pittsburg.

Geographic Area Covered: TFI's BHD Department provides case management prevention services to fifteen counties in Kansas. Six are located in the South-East region of the state: Woodson, Allen, Neosho, Wilson, Montgomery, and Cherokee and nine are in the South-Central region of the state: Coffey, Lyon, Greenwood, Marion, Chase, Morris, Butler, Cowley, and Harvey.

Service Hours: Referrals can be made anytime through TFI's Care Management Department 24 hours/day, 7 days/week.

Duration of Services / Average Length of Stay: Case managers work with families for an average of 90 days following referral. Weekly contact will be maintained with the family to monitor progress, service access and emerging needs until the case is closed and this activity will be documented through monthly reports.

Number of Beds/Capacity of Program: Case Managers usually average caseloads of 15-18 families at any given time and may occasionally facilitate quarterly parenting classes, if necessary.

Funding Source: CAFRP Funds - 23% of program. Other funding sources: SRS Contracts—Family South Central Region and Family Southeast Region.

Risk Factors for Services: The characteristics of the intended service population include families with children who have allegedly committed minor offenses in the community prior to their adjudication, children reported to the court for truancy, children who run away or break curfew and children whose parents have been arrested or hospitalized and are in need of care. Families targeted frequently have boundary issues, mental health, substance abuse issues and/or poor communication skills among family members and with authority figures and individuals outside the family. Many parents have had difficulty providing discipline and/or structure for their children for many years, which are manifested in increasingly defiant behavior as the children reach adolescence.

Protective Factors for Services: Support from kin and community, stability within the family unit, positive peer relationships; Behavioral or mental health services available in the community; parental support; kinship support, consistent parenting, structured environments, school involvement.

Children's Alliance Family Resource Project (CAFRP)



Saint Francis
Community Services

Serving Children and Families Since 1945

509 East Elm Street, Salina, Kansas 67402
Phone: 785-825-0541

CEO: The Very Rev. Edward Fellhauer
Project Contact: Todd Hadnot

The Saint Francis Community Services, Inc. is a not-for-profit JCAHO accredited behavioral health care organization serving children, youth and families for the past 60 years. Residential facilities, early intervention and prevention programs are located in Kansas and Mississippi. Our mission is 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.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

Family Resource
Services Case
Management

Alcohol and Drug
Treatment
Program

Groups:

Choices;

Anger
Management;

All Stars;

Junior
Zookeepers;

Parent Education;

The Saint Francis Community Services, Inc. services are consistent with the agency's purpose and capability of being an instrument of healing for children, youth and families.

Residential Treatment Facilities:

Ellsworth:

Psychiatric Residential Treatment Facilities - 1945

Emergency Shelter - 1995

Salina:

Psychiatric Residential Treatment Facilities - 1945

Psychiatric Residential Treatment Facilities - 2006

Prevention and Community-based Programs:

Atchison:

Atchison Lodge - 1991

Salina:

Alcohol and Drug Treatment - 1998

Case Management - 1995

Choices - 2005

Preserving, fostering, and connecting families:

Family Preservation/Reintegration - 1996

Foster Care Homes - 1996

Foster Care Reintegration / Adoption - 2000

Saint Francis Community Services

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Staff and resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes/facilities are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: Resource Family Homes: 0-18 Years Old and YRCII: 12-18 years of age - males only.

Access / Referral Sources: Will accept children from all counties of Kansas.

Services Location: Shelter - Ellsworth and Resource Family Homes - Approximately 300 homes - in all regions, but the West and Northeast Regions.

Geographic Area Covered: Mainly West and Northeast Regions

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 3 days.

Number of Beds/Capacity of Program: Approximately 219 homes / 12 beds in YRCII - males.

Funding Source: CAFRP - \$25 per out-of-home emergency placement.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills.

Saint Francis Community Services

Flex and Budgeting Services

Services: Families who are in crisis and facing situations that increase the likelihood of negative outcomes occurring which may lead to the children being placed in state custody may apply for flex funds. Those requesting the funds must meet the basic criteria for flex fund eligibility designed by the Children's Alliance, must agree to at least one budget counseling session, and must produce proof of identification and their need.

Goal: Assists families to keep their families intact and achieve the maximum self-sufficiency.

Indicators of success:

1. The family is able to provide a safe secure living environment: free from eviction, working utilities.
2. The basic necessities of life such as adequate food and clothing are available.
3. The family has a plan to avoid further crisis situations.

Community Collaboration: The community services agencies are utilized for various reasons. Majority is for referrals, bill payment completion, and account understanding.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides them. Emphasis on finding the individuals and families strengths and assets are a guiding principal in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified service that would help the individual or family achieve their desired goals.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come through community organizations, churches, or the potential recipient.

Services Location: Salina

Geographic Area Covered: Atchison, Brown, Doniphan, Barton, Ellis, Graham, Norton, Osborne, Pawnee, Phillips, Rooks, Rush, Russell, Smith, Trego, Cloud, Ellsworth, Jewell, Lincoln, Mitchell, Ottawa, Republic, Saline, and McPherson County.

Service Hours: 8 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds - 81% of program funded plus Flex Funds for families.

Risk Factors for Services: Life stressors; Economic deprivation/poverty; Having a young mother; Low parent education/literacy; Low community attachment; Social and physical disorder.

Protective Factors for Services: Availability of caring supportive adults; A safe and health-promoting environment; Availability of community resources; Healthy sense of self; Optimism for the future; Problem solving skills.

Saint Francis Community Services

Family Resource Services Case Management

Services: The case manager will conduct a family based assessment and define case plan goals. Based off the assessment and goals; the families needs will be identified and it will be determined what community based services are available to the family. The case manager will then coordinate with the family and community based services to prevent out-of-home placements. Services include advocating for the family collaborating with the courts, schools, and law enforcement. Our program goal is simple: to treat troubled, "at-risk" families/youth allowing them to maintain relationships within the family unit and community whenever possible and provide continuum of care options.

Community Collaboration: Community partners frequently meet to educate and inform agencies on community services available for families and youth. Continuous communication allows for timely referrals and assessments during the case management process. The partners are able to provide long-term services and complete needs the Saint Francis program can fill.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides them. Emphasis on finding the individuals and families strengths and assets are a guiding principal in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified service that would help the individual or family achieve their desired goals.

Population Served: Families who are "at-risk" of losing child(ren) to SRS custody due to living environment, truancy, financial funding or lack of successful communication skills within the family unit. Any age of children up to the age of 18 are eligible due to working with the family as an entire unit.

Access / Referral Sources: School, SRS, Choices, Truancy Review Board, Flex Funds, Alcohol and Drug Treatment Program

Services Location: Salina and Great Bend

Geographic Area Covered: Saline and Barton county

Service Hours: 8 am to 5pm plus after hours on-call.

Duration of Services / Average Length of Stay: Depending on families' need, typically 2-6 months or 23-71 hours.

Number of Beds/Capacity of Program: 8-25 cases per year.

Funding Source: CAFRP Funds - 81% of program. Other funding sources: supplemental fees.

Risk Factors for Services: Misuse of changed empowerment; Increase power within the family dynamics; Short-term gain with out long term practice; Unwanted change within the family dynamics.

Protective Factors for Services: Increased ability to function as a family unit; Established rapport with family members; Accountable for self within the family unit; Role model of behavior change to other family members.

Saint Francis Community Services

Choices

Services: This program focuses on helping teens understand how values, attitudes, peer and family pressures, responsibilities, goals and relationships influence their choices. The program follows the Choices curriculum guidelines along with activities provided. The delivery message is given in various ways to promote individual learning styles. The method of open discussion learning is portrayed through conversation cards, games, music, videos, worksheets, and stories. A desired result of the program is to assist the youth and families when making decisions to stop and consider their options and consequences. The range of indicators for success varies from no encounters with law enforcement, positive post assessment results, increased communication and function within the family setting to not entering into SRS custody.

Community Collaboration: The community plays the largest role in the Choices program for referral purposes and support of the program. The courts and community corrections refer youth to the program as well as receive weekly updates and recommendations for the youth. Community Solutions refers youth and their family to the program. School district #305 allows the youth to meet with their leader during school hours and at after school programs.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides them. Emphasis on finding the individuals and families strengths and assets are a guiding principal in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified service that would help the individual or family achieve their desired goals.

Population Served: Saline and Ottawa County: juvenile offenders; Barton County: CINCNAN

Access / Referral Sources: Saline and Ottawa County: Majority of referrals for the Choices program in these counties is through the 28th Judicial District court or Community Correction Officers. Youth are also referred privately from schools, truancy review board or parents. Community Solutions refers youth to the program as part of the families case plan goals.

Barton County: A newly developed program to SFA currently receives all referrals from SRS, and the School District.

Services Location: Salina, Ellsworth, Great Bend

Geographic Area Covered: Atchison, Saline, Ottawa, and Barton Counties.

Service Hours: 8 am - 5 pm Weekdays (one Saturday for Great Bend—10 am - 4pm)

Duration of Services / Average Length of Stay: It is an eight week program that meets one time a week for 1.5hrs.

Number of Beds/Capacity of Program: Maximum of 8 youth per group.

Funding Source: CAFRP Funds - 81% of program. Other funding sources: Supplemental fees and Saint Francis Community Services

Risk Factors for Services: Association with like minded people; Reactive outcome towards power struggle; Networking with negative peers; Unwanted change in the family dynamics

Protective Factors for Services: Open/Assertive communication within the family; Ability to make improved decisions; Establish rapport with positive adults; Reaction plan to prevent past behaviors from reoccurrence

Saint Francis Community Services

Alcohol and Drug Treatment Program

Services: The road to recovery is unique for each person. Therefore, Saint Francis doesn't use a "one-size-fits-all" approach to treatment, but assess individual needs and works with each youth to develop a goal-oriented treatment plan. The road involves ownership of and actively participating in the program and their treatment plan. Because family is an integral part of healing and recovery, every effort is made to involve family members throughout the program. Services include assessments, drug and alcohol education. The youth may meet for individual sessions, group sessions, (i.e. workbooks and movies), and family sessions. Youth and families explore issues that contribute to alcohol and drug abuse and develop skills need to begin recovery. Saint Francis also emphasizes the development and implementation of a relapse prevention plan to promote continued success. The primary goal of the program is to aid youth in learning effective coping skills and to find more productive alternative behaviors. Saint Francis helps juveniles understand and accept responsibility for their actions and behaviors, while involving family and community resources.

Community Collaboration: A variety of community partnerships are needed for referrals and case management assistance including Community Corrections, Municipal and District Court, Central Kansas Mental Health Center, and an assortment of in-patient treatment facilities located in the Central Region.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides them. Emphasis on finding the individuals and families strengths and assets are a guiding principal in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified service that would help the individual or family achieve their desired goals.

Population Served: The Saint Francis Alcohol & Drug Treatment Program targets youth who have received legal offenses due to alcohol/drugs or personal issues related to alcohol/drugs. SFA Alcohol & Drug Treatment Program provides outpatient treatment for youth ages 12-18.

Access / Referral Sources: Referrals may be made through Choices, District or Municipal Court, County Attorney's Office, Community Correction Department, Schools, Juvenile Justice Authority, SRS, or Private referral

Services Location: Salina

Geographic Area Covered: West and Northeast Regions Primarily, Statewide accepted.

Service Hours: 9 am - 5 pm Weekdays

Duration of Services / Average Length of Stay: 12 weeks/ 3-7 hours a week depending on individual needs.

Number of Beds/Capacity of Program: Maximum number of youth in groups is 8.

Funding Source: CAFRP Funds - 20% of program. Other funding sources: Saint Francis Community Services, outpatient fees, Section 888.

Risk Factors for Services: Association with using peers; Parents continued use with children; Visiting environments where chemicals are being used; Not honestly working their program.

Protective Factors for Services: Changing recreational habits; Open/increased communication skills; Regular attendance to support group/meetings; Relapse prevention plan.

Saint Francis Community Services

Anger Management Group

Services: This program focuses on helping teens/preteens think before they act. This program will teach them that anger is a normal, human emotion. It is intense. Everyone gets angry and has a right to his/her anger. The trick is managing your anger effectively so that it will mobilize you in positive, not negative directions.

This program focuses on helping teens/preteens understand how peer and family pressures, attitudes, and unresolved emotions can lead to poor anger management. The program will keep the groups attention through related stories in conjunction with interactive activities, worksheets, personal scenarios, and movies that the group can learn key concepts.

A desired result of the program is to assist the youth in managing their anger when making decisions and to stop and consider their options and consequences before getting angry when dealing with other peers and family members. The program will also assist the youth to express their emotions without getting angry. The range of indicators for success varies from no encounters with law enforcement, positive post assessment results, increased communication and function within the family setting and dealing with others.

Community Collaboration: Saline, Ottawa, and Barton County: Majority of referrals for the Anger Management Course in these counties is through the 28th Judicial District court or Community Correction Officers. Youth are also referred privately from schools, truancy review board or parents. Community Solutions may also refer youth to the program as part of the families case plan goals.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides them. Emphasis on finding the individuals and families strengths and assets are a guiding principle in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified services that would help the individual or family achieve their desired goals.

Population Served: Saline, Ottawa, and Barton County: Juvenile offenders; CINCNAN (8-18 years of age)

Access / Referral Sources: Services Location: Saline and Great Bend.

Geographic Area Covered: Saline, Ottawa and Barton counties

Service Hours: 8 am - 5 pm Weekdays (evenings and Saturday optional based on need).

Duration of Services / Average Length of Stay: It is an eight week program that meets one time a week for 1.5 hours.

Number of Beds/Capacity of Program: Maximum of 8 youth per group.

Funding Source: CAFRP Funds - 81% of program. Other funding sources: Supplemental fees and Saint Francis Community Services

Risk Factors for Services: Family anger management problems; Friends who engage in problem behaviors; Early on-set of aggression/violence; Life stressors.

Protective Factors for Services: Safe and caring environment; Positive pro-social relationships with family members and other adults in the community; Healthy beliefs and clear standards for behaviors; Healthy beliefs and clear standards for behaviors.

Saint Francis Community Services

All Stars

Services: The All Stars program is designed to delay the use of alcohol, tobacco and drugs, postpone sexual activity and reduce fighting and delinquency in at risk children. The program also helps cover the state mandates on preventing bullying. It encourages youth to dream about their future and fulfill their potential. The program follows the research-based All Stars curriculum which meets the NHE standards. Through participation in games and open discussion positive peer group norms are established and peer pressure to engage in risky behavior disappears.

Community Collaboration: School District #305 will play the largest role in the All Stars program for referral purposes and support of the program. The age of onset of this behavior is considered 11-12 years old. They will help identify the children at risk of this behavior and will allow them to meet with their leader during school hours and at after school programs.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides them. Emphasis on finding the individuals and families strengths and assets are a guiding principle in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified services that would help the individual or family achieve their desired goals.

Population Served: Saline, Ottawa, and Barton County youth between the ages of 10-13.

Access / Referral Sources: Services Location: Saline, Ellsworth, and Great Bend; Saline, Ottawa and Barton county school districts will identify the children at risk for this behavior.

Geographic Area Covered: Saline, Ottawa, and Barton County

Service Hours: 8 am - 5 pm Weekdays

Duration of Services / Average Length of Stay: It is a thirteen (13) week program that meets one time a week for 45 minutes.

Number of Beds/Capacity of Program: Maximum of 15-20 youth per group.

Funding Source: CAFRP Funds - 81% of program. Other funding sources: Supplemental fees and Saint Francis Community Services.

Risk Factors for Services: Association with like minded people; reactive outcome towards power struggle; networking with negative peers; unwanted change in the family dynamics.

Protective Factors for Services: Open/assertive communication within the family; ability to make improved decisions; establish rapport with positive adults; reaction plan to prevent past behaviors from reoccurrence.

Saint Francis Community Services

Junior Zookeepers

Services: The Junior Zoo Keeper Program is designed to introduce at risk youth between the ages of 11 and 15 and their family to the life of a zoo keeper. Every class will include bio-fact lessons, snacks, and keeper talks. The majority of time will be spent in small-group sessions that will cover veterinary care of the animals, maintenance of the facilities, animal enrichment projects, working in the reptile building, record keeping and data management. Through group interaction and participation, youth will develop self esteem, team work, a sense of responsibility, social skills and respect for other creatures and people, while experiencing the natural healing affects of interacting with animals. Families will share in the excitement the youth will have following each program as the youth share their morning's activities. This will open lines of communications allowing children and families to work on a sense of trust, respect, self esteem and anger management.

Community Collaboration: Saint Francis Community Services working with Rolling Hills Wildlife Adventures will play a major role in the presentation of the Junior Zoo Keeper Program. We will provide the materials and staff necessary to produce the weekly programs. Saint Francis will provide the selection of the participants from youth in the community who are considered to be at risk. Our staff will accompany them throughout the time period and will blend in by assisting in the presentations with the zoo staff.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides the youth. Emphasis on finding the individual's and family's strengths and assets are a guiding principal in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified service that would help the individual or family achieve their desired goals.

Population Served: At risk youth between the ages 11-15.

Access / Referral Sources: Services Location: Salina—Youth deemed at risk of out of home placement

Geographic Area Covered: Saline and Ottawa Counties

Service Hours: 8:00 am – 12:00 pm Wednesdays and Fridays.

Duration of Services / Average Length of Stay: It is a six (6) week program that meets one time a week for 4 hours.

Number of Beds/Capacity of Program: Maximum of 15-20 youth per group.

Funding Source: CAFRP Funds - 81% of program. Other funding sources: Supplemental fees and Saint Francis Community Services.

Risk Factors for Services: Association with like minded people; reactive outcome towards power struggle; networking with negative peers; unwanted change in the family dynamics.

Protective Factors for Services: Open communication within the family; establish rapport with positive adults, teaching effective problem solving skills; improved self esteem, self worth; improved social skills, coping skills and interpersonal skills.

Saint Francis Community Services

Parent Education Program

Services: Parent Education Program will utilize the Common Sense Parenting (CSP) curriculum which is a skill-based parenting program that teaches parents practical and effective ways to increase their children's positive behaviors, decrease negative behaviors, and teach children appropriate alternative behaviors. Helping parents improve how they discipline and care for their children results in healthier, happier families and stronger parent-child relationships. This program consists of six two-hour group sessions that will be lead by a parent trainer. The five training components—instruction, modeling, practice, feedback and review—gives parents an opportunity to learn and use the parenting skills in a neutral class setting before putting the skills to use at home with their children.

Community Collaboration: Staff at each of our sites will work closely with a variety of community partners and agencies to educate and inform them on community services available for families and youth.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Saint Francis believes that each individual and family is part of a greater system that helps support and guides the youth. Emphasis on finding the individual's and family's strengths and assets are a guiding principal in the services provided. Utilizing the family systems of care in service delivery provides a wrap around approach for the children and families. This wrap around approach can include extended family members for support, community based programs, and faith based programs and other identified service that would help the individual or family achieve their desired goals.

Population Served: Any parent(s) interested in acquiring new skills and improving existing skills is served. The population served will include parents of toddlers and preschoolers to teenagers. Ages 0-18.

Access / Referral Sources: Self referrals, parents referred by other community agencies, SRS, schools, law enforcement, juvenile justice, courts, probation services, and faith community.

Services Location: Salina, Atchison, Leavenworth, and Great Bend

Geographic Area Covered: Salina, Atchison, Leavenworth, Doniphan and Barton Counties will be served.

Service Hours: Days and evening times to meet the need of the families served. Weekend time could also be available.

Duration of Services / Average Length of Stay: 6-8 weeks, 2 hour each session.

Number of Beds/Capacity of Program: 10-15 individuals per class.

Funding Source: CAFRP Funds 81% of program—other funding sources: Supplemental Fees.

Risk Factors for Services: Families in crisis, Early initiation of anti-social behaviors in children, Academic and behavior difficulty, Inappropriate or ineffective parenting practices, Poverty, Lack of knowledge of child development.

Protective Factors for Services: Opportunities for learning and acquiring positive parenting knowledge and skills, Nurturing positive parenting practices for each child that is age appropriate, acquisition of coping skills, Decrease in violent behaviors and/or criminal behaviors by parents and children, Family attachment, Interest and success at school.

Children's Alliance Family Resource Project (CAFRP)



THE SHELTER

105 West 11th, Lawrence, Kansas 66044
Phone: 785-843-2085

CEO: Judy Culley
Project Contact: Torrez Dawson

The Shelter, Inc., incorporated in 1981 to provide emergency/temporary residential care for adolescents in a facility owned by the City of Lawrence.

Our agency's stated mission is "to improve the lives of children and families, with a focus on children at risk in Douglas County and northeast Kansas." The central goal of this project, prevention of out of home placements and state custody through community collaboration, early intervention, and empowerment services, is absolutely in keeping with that mission. Because the project is defined as "an integrated process, measuring results across program areas, and combining multiple service delivery mechanisms," it is perfectly suited for our agency. We have a number of program areas that work toward the goal of preventing placement, as indicated above, and we have numerous close relationships with other service providers who can all help us meet that goal.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

Family Resource
Services Case
Management

Our current divisions of service consist of Residential Care, Juvenile Intake, and Family Services. In all three of our divisions, we provide both "intervention services" for children who are involved in the system and "prevention services" for children whom we hope to keep from entering the system. The "prevention services" are the ones most relevant to this project.

Residential Care Division: we administer 30 beds for children in state custody, law enforcement custody, and private placement. Of these 30 beds, 2 are specifically reserved for law enforcement placements and 1 bed for private placement. We may use the other beds for non-custody children as well.

Prevention: The short-term case supervision for those non-custody placements is the basic service in this project. We also administer Flex Fund services and Truancy Prevention/Diversion for juveniles who are age 16 and older.

Juvenile Intake Division: we provide Juvenile Intake service as a part of the statewide system, and we supervise Conditions of Release for alleged offenders.

Prevention: Pre-filing Diversion Program, providing an opportunity for approved juveniles to avoid any case filing on first time or low level offenses.

Family Services Division: we provide foster care placement and adoption case management for children in SRS custody whose parental rights are terminated.

Prevention: law enforcement and parental placements in foster care and

The Shelter

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Staff and resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes/facilities are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: Children at imminent risk of state custody. Shelter: ages 10-17; Resource Homes: ages 0-17.

Access / Referral Sources: This service is not only the basic service for this grant, but it is also the basis of prevention services in our community in company with other agencies in Douglas County. The Shelter, as well as, other agencies offer numerous non-residential prevention services, including Truancy Prevention and other Family Services through SRS, Bert Nash's WRAP program in the schools, etc. Those non-residential services are all very important, but their success is often dependent on the existence of a placement alternative to allow parents access to respite without losing custody of their children. For children whose own behavior puts them at risk, that type of placement also lets them know that continued at risk behavior at home really can result in out of home placement. Whether a short-term placement alternative is actually used or not in an individual case, the existence of that service is extremely important to both parents and children, and can often prevent longer-term out-of-home services.

Services Location: Lawrence

Geographic Area Covered: Statewide, primarily Douglas, sometimes Wyandotte, Shawnee, and Johnson

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 3 days.

Number of Beds/Capacity of Program: 30 Beds (19 males / 11 females); Approximately 23 Resource Homes.

Funding Source: CAFRP - \$25 per out-of-home emergency placement.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Shelter and Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills; Involvement with peer group in positive activities.

The Shelter

Flex and Budgeting Services

Services: For the Flex Funds available through this project, the purpose is specifically the prevention of state's custody for at risk children. We use these funds to address needs that relate to abuse/neglect issues, such as utilities, rent, etc. For families who are helped by Flex Funds, we also do budgeting counseling sessions that are designed to aid a family in assessing their needs and prioritize how they meet their budget each month, thus preventing future financial crisis.

Community Collaboration: Community partners are crucial to this service, as we rely on them to help us identify families whose needs are appropriate for this service. As indicated above, we work with a large number of agencies, collaborating with their staff to see how the community can best address a specific family's situation. Often resources from more than one agency are necessary in order for a family to get through a crisis, after which they can "get back on their feet" with the help of all the agencies involved.

Design of Practice: This service follows Family Centered Systems of Care Principles in that it is designed to work with the family around the family's identified need, empowering them to take charge of their financial situation in order to care for their own children rather than relying on state intervention.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Our own Juvenile Intake staff, our own Prefiling Diversion, and other community agencies, including the Health Department, Eckan, Bert Nash Mental Health Center, School Social Workers, Housing Authority, Salvation Army, Douglas County Youth Services, Big Brothers/Big Sisters, SRS, Health Care Access, Court Services, HeadStart, Infant-Toddler Coordinating Council, Police Department, Voc. Rehab., Ballard Community Center, churches, etc.

Services Location: Lawrence

Geographic Area Covered: Douglas County

Service Hours: 8 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds and Flex Funds - 100% of program funded.

Risk Factors for Services: Extreme economic deprivation; transitions and mobility.

Protective Factors for Services: Positive, pro-social relationships with family members and adults in the community.

The Shelter

Family Resource Services Case Management

Services: Family Resource Services Case Management focuses on a behavioral intervention by establishing behavioral expectations for the child, monitoring the success of the behavioral plan, referring to appropriate services in the community, and making collateral contacts to monitor the youth/family's progress.

Truancy Prevention and Diversion Program (age 16 and 17): While it is legally possible to quit school at age 16, that can only be done with parents' permission. If a child in that age group does not have parents' permission and he/she misses over 5 days unexcused, that constitutes a truancy, and a Child in Need of Care petition can be filed. The schools are identifying this as a significant problem. We hope to greatly reduce the number of case filings and significantly reduce the risk for custody. Depending on caseload size, we hope to also give schools the option of referring appropriate children prior to the point that they are legally truant if the schools feel that we could be of help. At the time of referral, if the family chooses to participate with us, they are given a specific diversion period (30—45 days) during which they have the opportunity to remedy the situation, and they participate in formulating an individualized plan that will be of help to their family, which may include therapy, drug and alcohol services, etc. During that diversion period, our case managers will meet regularly with child and family to monitor success with their plan and help the family support the child in his/her efforts. Our case managers will also have regular contact with the schools in order to monitor attendance, behavior, etc. At the end of the diversion period, and Assistant District Attorney will meet with the child/family. The ADA will review the attendance record for the diversion period and determine whether a Child in Need of Care case will be filed. (A truancy program done jointly by SRS and KU serves children under age 16.)

Pre-filing Diversion (PFD) Program: We hope to help families of first time offenders and/or juveniles who have committed minor offenses to access services quickly, and we hope to provide supervision to these offenders as soon as possible after an offense has occurred. If a juvenile successfully completes the program, no charges will be filed regarding the identified incident. If a juvenile does not successfully complete the program, the case is referred back to the DA's office for JO prosecution and possible state custody. Participation in this program is voluntary, and it must be approved on an individual case basis by the DA's office. Upon release from Juvenile Intake or detention, all alleged offenders who are not already on probation or in the state's custody are told to contact one of our case managers within two days. The juvenile and his/her family then meet with the case manager, at which time the case manager explains the court process, obtains releases, reviews the PFD program, and begins assessing whether the juvenile is a good candidate for PFD. The other alternative we have is to supervise him/her on regular Conditions of Release until the first court appearance. The case manager also assesses the family's willingness and ability to participate in PFD, and if the case manager thinks the juvenile is a good candidate for PFD and the family is amenable, the case manager makes an affirmative recommendation to the DA's office. The DA's office may also make direct referrals to the PFD program for juveniles who have not gone through Intake but have allegedly committed a crime per a police report. If the DA approves a juvenile for participation, the juvenile and his/her family will sign an individualized Diversion Agreement, with a term of 3 to 6 months. The case manager will then meet regularly with the juvenile and/or the family, and will monitor the Diversion Agreement by using drug screens, contacting schools, contacting employers, etc.. The DA's office is notified of all successful participants as well as unsuccessful participants, unsuccessful participants facing prosecution and possible state custody at the discretion of the court system.

Community Collaboration: These programs were developed collaboratively by a community team that included our staff, a representative from SRS, and a representative from the DA's office, and that team continues to meet periodically to fine-tune the service. Beyond the development of the programs, our community partners regularly make referrals to the programs, and we are reliant on SRS and the DA's office to do follow-up for the cases that are unsuccessful. We also coordinate with and refer regularly to a number of community services for participants in these programs, including Bert Nash, USD 497, RADAC, the Health Department, etc..

Design of Practice: This service follows Family Centered Systems of Care Principles because it is voluntary on the part of the family, depending on their own perception of their needs, and it is designed to help families keep custody of their own children. In the course of the service, the family and the case manager together complete a basic assessment and establish a behavioral plan specific to the family's needs as they have identified them.

Population Served: 10-17 year olds for PFD, 16-17 year olds for Truancy Program.

Access / Referral Sources: Juvenile Intake, SRS, DA's office, Bert Nash Mental Health Center, USD#497, and self-referral.

Services Location: Lawrence

Geographic Area Covered: Douglas County

Service Hours: 8 am to 6:30 pm - Weekdays

Duration of Services / Average Length of Stay: Truancy Prevention will last up to 3 months. Pre-filing Diversion Program last from 3-6 months.

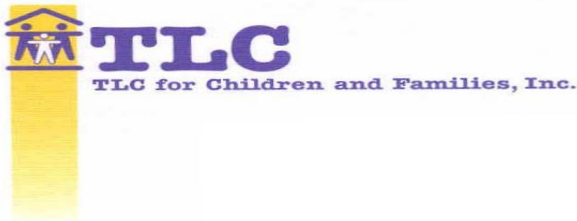
Number of Beds/Capacity of Program: Up to 30 cases per case manager (approximately 120 total).

Funding Source: CAFRP Funds - approximately 100% of Truancy Case Management and 17% of PFD/COR. Other funding sources: Douglas County, Client fees - 55%;

Risk Factors for Services: Family management problems; Early and persistent antisocial behavior; Family conflict; Favorable Parental Attitudes and involvement in the problem behavior; Lack of commitment to school; Academic failure beginning in late elementary school; Friends who engage in problem behavior; Availability of drugs.

Protective Factors for Services: Positive pro-social relationships with family members and other adults in the community; Healthy beliefs and clear standards for behavior.

Children's Alliance Family Resource Project (CAFRP)



480 South Rogers Rd, Olathe, Kansas 66063
Phone: 913-764-2887

CEO: Bob Dummond
Project Contact: Kari Simpson

TLC for Children and Families, Inc. (TLC) was founded in 1972 to fulfill an unmet need in its community, a need for an emergency shelter and social services for children and youth in the Kansas City metropolitan area. Children served were those who must be out of their homes because of abuse, neglect or other family disruption. Through the years, TLC has expanded its continuum of services to include children in crisis. The agency is governed by a 30-member voluntary board of directors and is accredited by the Council on Accreditation for Children and Family Services.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

Family Resource
Services Case
Management

The Project is a strong fit for our agency and its mission of providing emergency shelter and social services to children and their families.

Our philosophy is to maintain youth in their family home, when appropriate, and help them build strong safety nets and support services to improve their quality of life. We are capable of delivering such care to reduce the number of youth who go into state custody.

We have a 34-year track record and are a licensed child-placing agency, accredited by the Council on Accreditation for Children and Families, and have a number of contracts where we serve youth in varied capacities. Our agency has a solid financial base from which to grow and we plan to continue our efforts with various supports, such as this project, to aid children and families in crisis. It is significant to have these services in the least restrictive environment so the youth may learn how to cope with the world in which he or she must live and work. Since the program design is community-based, direct services are provided in the youth's natural environment, including school, home, or at a community related activity.

TLC for Children and Families

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Staff and resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes/facilities are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: Resource Family Homes: 0-18 Years Old and Shelter: 11-18 years of age.

Access / Referral Sources: Will accept children from all counties of Kansas.

Services Location: Shelter - Olathe, Resource Family Homes - mainly the Kansas City Metro Region.

Geographic Area Covered: Statewide

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 4 days.

Number of Beds/Capacity of Program: Approximately 40 homes / 11 beds in shelter.

Funding Source: CAFRP - \$25 per out-of-home emergency placement - approximately 1% of program funded.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Shelter and Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills; Involvement with peer group in positive activities.

TLC for Children and Families

Flex and Budgeting Services

Services: The primary goal for flex services is that the funds will be utilized as an intervention for a family in a crisis situation with the goal of preventing out of home placement. The budgeting counseling sessions are designed to aid a family in assessing their needs and prioritize how they meet their budget each month, thus preventing future financial crisis. Indicators of success include preservation of the family and no repeat requests for funds.

Community Collaboration: TLC for Children and Families, Inc. collaborates with the referral sources to provide services to youth and families in Johnson and Miami Counties. These collaborations are essential in reaching the families that need assistance.

Design of Practice: The program follows the Family Centered Systems of Care Principles by requiring that all applicants receive budgeting assistance and devise a plan to maintain financial stability, looking at all family resources in an effort to insure that the family's children will not enter SRS custody.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come through Johnson County Catholic Charities, Mid-America Nazarene University and other local churches, Johnson County Mental Health Center, Osawatomie SRS Office, Overland Park SRS Office and case managers within TLC for Children and Families.

Services Location: Olathe

Geographic Area Covered: Johnson and Miami Counties

Service Hours: 8 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds - 100% of program funded plus Flex Funds for families.

Risk Factors for Services: Life stressors; Economic deprivation/poverty; Having a young mother; Low parent education/literacy; Low community attachment; Social and physical disorder.

Protective Factors for Services: Availability of caring supportive adults; A safe and health-promoting environment; Availability of community resources; Healthy sense of self; Optimism for the future; Problem solving skills.

TLC for Children and Families

Family Resource Services Case Management

Services: Family Resource Services Case Management focuses on a behavioral intervention by establishing behavioral expectations for the youth, monitoring the success of the plan, referring to appropriate services in the community, and making collateral contacts to monitor the youth/family's progress. The case managers work with the youth and their family focusing on:

Relationship Building/Engagement: Case Managers get to know youth and families and gain an understanding of their issues leading to services.

Strengths Assessment: Case Managers do an initial needs assessment with the youth and their family; a family needs assessment; a strengths assessment with the youth; and weekly case plans to set goals and action steps.

Case Planning: Case planning occurs on a weekly basis in the youth's natural environment, and includes goals focusing on family relationships, academic performance and attendance, recreational activities, employment, and substance abuse, as needed. Participants include youth, family, school, and other community professionals with whom youth has contact. Also included is referral to community resources which may include, but are not limited to flex fund requests.

Advocacy: Case Managers teach youth and families valuable advocacy skills. By modeling and practicing advocacy, Case Managers promote self-sufficiency.

Monitoring and Evaluation: Case Managers monitor and evaluate goals with the youth, school personnel, family members and others relevant to the case plan weekly.

The above case management services take place within the following TLC programs:

Youth Crisis Services (YCS): This program serves youth who have runaway, been pushed out of their homes, or are otherwise homeless, or may be experiencing family conflict. Intervention specialists are available 24 hours a day to provide crisis mediation/intervention, situational counseling, resource referral, and emergency shelter when needed.

Juvenile Intervention Services for Truants (JIST): The JIST program consists of the community based program in which Case Managers work with youth and the school based program that provides prevention services to youth exhibiting pre-truant behaviors within their school. The Case Managers in the school based program are located at the school and assist the school staff/administration in tracking youth who exhibit these behaviors.

Family Case Management: The Program works in conjunction with SAFEHOME, Johnson County Mental Health and the District Attorney's Office to deliver services to families involved in family violence situations. The Case Manager will provide information about the program and information about crime victims' rights at the first meeting with the family. They will also have each member of the family who is able to respond orally or in writing complete the Index of Family Relations scale. The Case Manager will then begin to develop a case plan and safety plan with the entire family. These plans will be used as a guide to provide safety and stability for the children, and empower the victim and abuser to make any necessary changes that will assist them to decrease family conflict and to increase the well-being of the family. The case manager reports to the District Attorney's Office and/or the Juvenile Court on the progress of each family at their request. The Case Manager will compile and submit court reports, case and safety plans, and various community-based providers' reports to the DA's office and other involved agencies as required.

Community Collaboration: Each of our programs rely heavily on community collaboration in order to effectively deliver services to the youth and families who participate in our programs. Strategic community partners for the programs include, but are not limited to: Job Corps, USD#: 229, 230, 231, 232, 233, 512 and Synergy; The Johnson County: District Attorney's Office, Juvenile Court, Victim's Assistance Unit, Juvenile Intake and Assessment Center, Mental Health Center, SAFEHOME, & Intensive Family Counseling and Truancy Initiative.

Design of Practice: TLC programs follow the Family Centered Systems of Care Principles because the agency recognizes that the entire family is effected by the crisis. Case Managers use this approach by giving each family a strengths/needs assessment to determine what services will best benefit the family and all members are equally involved in the case planning process.

Population Served: YCS: Youth and families in crisis who are not receiving any other services. JIST: Youth exhibiting pre-truant behaviors and legally truant youth between the ages of 5-17 and their families. JOCM: Youth of either gender who have been charged with a juvenile offense and their families. FCM: Families experiencing co-occurring Domestic Violence/Child In Need of Care events in their homes as reported by law enforcement to the District Attorney's Office.

Access / Referral Sources: Referral sources include, but are not limited to: the 24 hour crisis line, local schools, Juvenile Court, Juvenile Intake and Assessment Center, District Attorney's Office, and Self-referrals.

Services Location and Geographic Area Covered: Johnson County

Service Hours: Generally 8am-5pm Monday-Friday but all programs are on-call 24/7 and YCS runs a 24 hour Crisis Hotline.

Duration of Services / Average Length of Stay: YCS: 12 weeks (4 weeks intensive services and 3 months of follow up services. JIST: 1-2 hours a week for 12 weeks. FCM: 2-4 hours each week for a minimum of 4 but as many as 24 weeks.

Number of Beds/Capacity of Program: Capacity fits the need.

Funding Source: CAFRP Funds - approximately 19% of Family Case Management; 31% of Truancy Case Management; and 18% of Youth Crisis Services. Other funding sources: United Way, DHHS, fundraising and contributions, SRS contracts, and HS.

Risk Factors for Services: Family Management Problems; Lack of Commitment to School; Friends Who Engage in Problem Behavior; Low Neighborhood Attachment & community disorganization.

Protective Factors for Services: Increase bonding through opportunities within the family, school and community; Healthy beliefs & clear standards; Protective processes, including opportunities for involvement, social and cognitive skills, and recognition for skillful performance.

Children's Alliance Family Resource Project (CAFRP)



WICHITA
Children's Home

810 N. Holyoke, Wichita, Kansas 67208
Phone: 316-684-6581

CEO: Sarah Robinson
Project Contact: Susan Uhlik

The Wichita Children's Home was established in 1888, it is a private nonprofit agency that serves at-risk youth from across the State of Kansas. The Wichita Children's Home provides a safe environment for youth 24 hours a day, 365 days a year. The Wichita Children's Home cares for abused, neglected and abandoned youth and youth whose parents are unable to care for them due to being in the hospital, incarcerated, or in drug alcohol treatment. The Wichita Children's Home also cares for homeless or runaway youth who face crisis in their own home.

The mission of the Wichita Children's Home is to assure the safety and well-being of children and to create healthy families by providing: assessment and intervention services; a temporary home for children at risk of abuse, neglect, or homelessness; and education, prevention and advocacy initiatives.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

Family Resource
Services Case
Management

SC4C Program

From tiny, fragile infants to experience-hardened teenagers, the Wichita Children's home cares for victims of abuse, abandonment, neglect, and homelessness, as well as runaways and children facing family crisis. When children have been hurt emotionally and physically, their recovery process can only begin by first securing them in a safe environment. WCH provides three distinctly different environments that allow children the opportunity to heal: family resource homes, residential center, and a transitional living program.

The Home provides more than just shelter and a bed. It offers comprehensive services, individualized and structured to treat the "whole" child and the circumstances surrounding his or her life, including family. Services are outcome-centered and include:

- Victim counseling
- Life skills training
- Medical attention
- Crisis stabilization
- Behavior modification
- Parent education
- Case management
- Substance abuse evaluation and prevention

Wichita Children's Home

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Staff and resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes/facilities are providing an extremely flexible service for an extremely challenging population.

When youth are admitted to WCH, a strength/needs assessment and drug/alcohol assessment is completed and based on their assessments youth will be invited to attend available groups within the shelter: *Choice's group*—based on the 4C model focusing on helping youth understand how their attitudes, values, family and peer pressures, goals, and responsibilities influence their decisions; *Runaway group*—focuses on safety; where to go and who to call if a youth is in an unsafe situation; and *DA group* — teaches youth how what one puts into their body can affect their lives; prevention and education of drug/alcohol use.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: Resource Family Homes: 0-18 Years Old and Shelter: 11-18 years of age.

Access / Referral Sources: Will accept children from all counties of Kansas.

Services Location: Shelter - Wichita, Resource Family Homes - mainly the Wichita Region.

Geographic Area Covered: Statewide

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 3 days.

Number of Beds/Capacity of Program: Approximately 27 homes / 51 beds in shelter.

Funding Source: CAFRP - \$25 per out-of-home emergency placement.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Shelter and Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills; Involvement with peer group in positive activities.

Wichita Children's Home

Flex and Budgeting Services

Services: Families who are in crisis and facing situations that increase the likelihood of negative outcomes occurring which may lead to the children being placed in state custody may apply for flex funds. Those requesting the funds must meet the basic criteria for flex fund eligibility designed by the Children's Alliance, must agree to at least one budget counseling session, and must produce proof of identification and their need.

Goal: Assists families to keep their families intact and achieve the maximum self-sufficiency.

Indicators of success:

1. The family is able to provide a safe secure living environment: free from eviction, working utilities.
2. The basic necessities of life such as adequate food and clothing are available.
3. The family has a plan to avoid further crisis situations.

Community Collaboration: WCH works collaboratively with other community agencies to leverage limited resources to assist as many families as possible. This may include agreeing to splitting the cost to meet the families need.

Design of Practice: The parent works with the agency staff in developing a plan that is realistic considering their individual strengths and needs. Every effort is made to assist the family in keeping the children in the home with the flex fund resources.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come through community organizations, churches, or the potential recipient.

Services Location: Wichita

Geographic Area Covered: Sedgwick, Harvey, Butler, Sumner, Cowley, Elk, Greenwood.

Service Hours: 8 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds - 100% of program funded plus Flex Funds for families.

Risk Factors for Services: Life stressors; Economic deprivation/poverty; Having a young mother; Low parent education/literacy; Low community attachment; Social and physical disorder.

Protective Factors for Services: Availability of caring supportive adults; A safe and health-promoting environment; Availability of community resources; Healthy sense of self; Optimism for the future; Problem solving skills.

Wichita Children's Home

Family Resource Services Case Management

Services: The WCH Intake Staff serves as the gateway to the other programs at the Wichita Children's Home. Intake staff makes the initial referrals and keeps in contact with the family until they are fully established with the new case management team. Youth are admitted to WCH, a strength/needs assessment and drug/alcohol assessment is completed and based on their assessments youth will be invited to attend available groups within the shelter and or a referral will be made to Families Kan or Brides for further case management services.

Families Kan provides services for CINCAN youth and their families through crisis counseling, family mediation, or individual/family therapy. These services may take place in the facility or in the family home.

Bridges Parent Case Management serves young parents who are within the ages of 16-22, are not in state custody and are unable to live at home. These young parents work with a case manager on independent living skills and parent education. They develop a 90 day plan that includes goals written in specific terms, defined responsibilities, and expected time frames for completing the plan. Services may include but are not limited to: crisis intervention, parent education, D/A groups, schooling, referrals to therapy, and medication management.

Non-custody Bridges Case Management serves youth who are 16 or 17 years old, are not in state custody and unable to live at home. Youth are admitted to the BRIDGES program. Each youth has a mental health and drug alcohol assessment. The case manager and youth develop a 90 day plan that includes goals written in specific terms, defined responsibilities, and expected time frames for completing the plan. Services may include but are not limited to: Choices groups, crisis intervention, drug alcohol groups, Ansell Casey Life Skills assessment, educational classes, referrals to therapy, and medication management.

Street Outreach Case Management: The outreach case manager will work on the streets with youth who are runaway or homeless, teens and young adults on their own or with children of their own. The case manager will be part of the team who is out in the Street Outreach Van at night and will begin case management on the streets with youth he/she meets when they are given safe placement information. The case manager will work with the Street Outreach staff and youth, and the youth's family (if involved) to assess the youth's strengths and needs and make referrals to services and develop a transitional plan that will focus on but not limited to the following areas: relationship building, engagement, advocacy, and promoting self sufficiency. The case manager will also provide monitoring of the youths transitional plan to ensure the goals continue to be relevant and are being met.

Community Collaboration: The Wichita Children's Home collaborates with the Wichita Child Guidance Center to provide therapy and medication management to youth referred to our case management programs; Families Kan. The Intake Case Management team makes the initial referrals and provides follow up until the family is actively engaged with these programs. The Family Resource Services Case Management staff facilitates a quarterly meeting to which all community-based service providers are invited. A quarterly satisfaction survey is also distributed to the service providers to complete.

Design of Practice: Families Kan: Youth are asked to complete an assessment based on strengths and needs. Parents are contacted to provide information as to what strengths and needs they see regarding the youth and family as a whole. The family can be referred to a Case Manager/Therapist team who, if family chooses, will work with the family in their home until such time as they no longer need the services. Bridges: This service follows the Family Centered Systems of Care Principles in that it is a voluntary for the youth to be in the program. The case manager and youth develop a 90 day plan that includes goals written in specific terms, defined responsibilities, and expected time frames for completing the plan.

Population Served: Bridges: 16-22 year olds not in state custody. **Street Outreach:** Youth ages 0-18, teens and young adult parents.

Access / Referral Sources: Schools, Street Outreach, Homeless Shelters, Libraries, former residents, SRS, law enforcement, Safe Place crisis line, Quik Trip.

Services Location: Wichita

Geographic Area Covered: Primarily Sedgwick, Butler, and Cowley Counties

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: **Families Kan:** up to 90 days. **Bridges:** 3-6 months **Street Outreach:** Services will continue until youth is living in a safe place and needs are met.

Number of Beds/Capacity of Program: **Families Kan:** Capacity fits the need. **Bridges:** 55 beds (also serve children in custody within the 55 beds).

Funding Source: **Families Kan:** CAFRP Funds - 26% of program. One Families Kan case manager position is funded by CAFRP. **Bridges:** CAFRP Funds - 0% of program. **Street Outreach Case Management** 21.5%. Other funding sources: SRS, HHS, HUD, UW, federal grant, Private Donations.

Risk Factors for Services: Family conflict; alienation and rebelliousness; friends who engage in the problem behavior; low neighborhood attachment, lack of commitment to school, family management problems, inappropriate or ineffective parenting practices and life stressors.

Protective Factors for Services: Family attachment; positive bonding; opportunities for positive involvement; social and cognitive skills; recognition for skillful performance; problem solving skills; availability of caring supportive adults; involvement with peer group in positive activities.

Wichita Children's Home

Sedgwick County 4C Choices Program (SC4C)

Services: Youth and children's groups will be provided in partnership with the Kansas Children's Service League in Sedgwick County. This is a new partnership as of July 2006. The planned curriculums are "Choices" and "Skills for Managing Anger". The target population will be youth leaving WCH from police protective custody (returning home) and youth identified as truant from the school system. The SC4C program is a combination of common-sense lessons and thought provoking ideas. The program is aimed at helping individuals learn to make good decisions by encouraging them to stop and think about the consequences prior to making decisions. 4C model focuses on helping individuals understand how their values, attitudes, peer and family pressures, responsibilities, and goals influence their decisions and how their decisions affect the relationships with themselves and others in their lives.

Community Collaboration: This program is done in collaboration with the Kansas Children's Service League. We each provide a staff to co-facilitate the groups. We also collaborate with Communities in Schools (CIS) to provide the groups at their school sites. CIS refers the youth to the group. Local middle schools provide the space and permission to facilitate the groups at their sites. SRS also makes referrals to the program.

Design of Practice: The program is family centered. It offers both youth and parent groups to families. The program is family centered and strengths based and is culturally sensitive.

Population Served: Any Truant youth or PPC youth - Ages: 10-18.

Access / Referral Sources: Referrals from community partners are a key objective of this program. Communities in Schools, SRS, Wichita Children's Home PPC youth.

Services Location: Wichita

Geographic Area Covered: Sedgwick county.

Service Hours: 8 am to 9 pm (classes are typically held in afternoon and evening)

Duration of Services / Average Length of Stay: 8 Weeks

Number of Beds/Capacity of Program: Group size 10-12 youth.

Funding Source: CAFRP Funds - 100% of program (50% by Kansas Children's Service League CAFRP Funds)

Risk Factors for Services: Family Management Problems; Lack of commitment to school; Early and Persistent Anti-Social Behavior

Protective Factors for Services: Family Attachment; Youth will choose healthy behaviors; Rewards for Conventional Involvement; Opportunities for Positive Involvement

Children's Alliance Family Resource Project (CAFRP)



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Youthville

Concern for the welfare of children and families was the driving force in the establishment of the Kansas Methodist Home for Children in 1927. The Methodist men and women of Kansas saw an important need for an orphanage for homeless or abandoned children and created a home in Newton, Kansas. The home's name was changed in 1968 to United Methodist Youthville, Inc. to reflect the changing needs of vulnerable children and their families.

Programs Funded or Partially Funded by CAFRP:

Emergency
Out-Of-Home Care

Flex and
Budgeting
Services

Family Resource
Services Case
Management

Therapeutic
Animal Program
(TAP)

Choices

Individual or
Family Therapy

Chemical
Dependency
Program

While Youthville's focus has always been to improve the lives of children, the programs and services provided by Youthville have been modified over the years to meet the changing needs of children. CAFRP services include:

- Family Foster Care—Provides all services necessary to support foster families and to facilitate permanency for the child. Youthville also provides specialized and treatment foster care services.
- Community Based Services—Since 1995, Youthville has provided in-home family treatment, as well as other clinical services, to facilitate treatment and meet the needs of its clients. Qualified mental health professionals provide these services either on-site or at Youthville's clinical office. Individual therapy, sex offender therapy, family therapy, assessment/evaluative services, anger management education and groups, animal assisted counseling, play therapy and individual independent living training are just some of the community-based services Youthville provides.

Youthville

Emergency Out-Of-Home Care

Services: The daily living services children receive while in emergency care include supervision, food, shelter, guidance, transportation, recreation, and situational counseling. Because children are placed on an emergency basis and are uncertain about their future, their needs are often extreme, and all of the above services need to be provided with a focus on stabilization of behavior. Resource parents find that particularly challenging as children go to court, are interviewed by professionals, have contact with family members, attend case plans, etc. Often new needs are identified while children are in emergency placement since many of these children are new to the system. As children feel more comfortable in placement, they may offer more information about their situation, and it is often necessary to involve them in numerous medical/mental health services in order to assess their current needs and formulate the best plan for the next step. The next placement for children in emergency care ranges from their own home, to a resource family home, to a residential facility or a psychiatric hospital placement. The fact that all of those options are possibilities for these children is evidence of the fact that emergency care homes are providing an extremely flexible service for an extremely challenging population.

Community Collaboration: The community support of the agency providing emergency care and community resources are essential for its operations. These resources include but are not limited to: school, recreational events and locations, law enforcement, and health care. For children placed through emergency care, case managers are the primary contact and are responsible for taking the initial referral information, meeting with the parents and child to sign the appropriate paperwork, setting up whatever services are necessary that are not already in place, coordinating with all service providers and the schools throughout the placement, doing all necessary written reports, and working jointly with the service providers, the parents, and the child toward reintegration. This service is not only the basic service for this project, but it is also the basis of prevention services. The closer communities can get to offering a complete array of voluntary services, including placement, for families outside the foster care system, the more successful we will be at keeping children from coming into the system.

Design of Practice: By accepting youth for an emergency placement we are: helping families manage and remedy problem situations by giving both the children and caregiver an opportunity for a break from each other and avoiding a crisis situation and through the offering of a community placement the agency is making "reasonable efforts" to keep children in their own homes by avoiding a major blowup that could lead to a custody placement. Case managers work collaboratively with SRS and community agencies to assess risks and needs of families and children in emergency care. Families are involved in the decision for placement for all parental placements. Referral information on emergency law enforcement placements is sent to SRS the day of placement or, if after hours, then the next working day.

Population Served: Resource Family Homes: 0-18 Years Old.

Access / Referral Sources: Will accept children from all counties of Kansas.

Services Location: Resource Family Homes - West, Wichita, South Central, and North Central Regions.

Geographic Area Covered: West, Wichita, South Central, and North Central Regions.

Service Hours: 24 hours a day - 7 days a week

Duration of Services / Average Length of Stay: Police Protective Custody: 72 hour placement or less (excluding weekends and holidays); Parental Placements: Less than 30 days. Average length of stay is 5 days.

Number of Beds/Capacity of Program: Approximately 350 homes.

Funding Source: CAFRP - \$25 per out-of-home emergency placement.

Other funding for emergency care: SRS Per Diem.

Temporary Care funding: The Resource Family Homes also serves children in temporary custody of SRS and JJA and receives funding accordingly.

Risk Factors for Services: Abusive and/or neglectful home environment; Anti-social behavior/delinquent beliefs; Favorable attitudes towards drug use; Early on-set of aggression/violence; Life stressors; Mental disorder/mental health problem; Family Management Problems; Pattern of High Family Conflict.

Protective Factors for Services: Safe and caring environment; Perception of social support from adults and peers; Presence and involvement of caring, supportive adults; Social competencies and problem solving skills; Involvement with peer group in positive activities.

Youthville

Flex and Budgeting Services

Services: The primary goal for flex services is that the funds will be utilized as an intervention for a family in a crisis situation with the goal of preventing out of home placement. The budgeting counseling sessions are designed to aid a family in assessing their needs and prioritize how they meet their budget each month, thus preventing future financial crisis. Indicators of success include preservation of the family and no repeat requests for funds.

Community Collaboration: The majority of flex requests are already involved in preventative services with SRS or with the Crisis Center. In the event the family is not connected to these resources, a referral will be made. Many times flex dollars are combined with donations from a church, assistance from SRS, Crisis Center or Harvest America in order to meet the need of the family.

Design of Practice: Flex and budgeting is designed to assist families in crisis in an effort to maintain the family structure and increase stability. Enhancing the value that families belong together.

Population Served: Any family with situational financial needs that put their children at risk of being removed from their home.

Access / Referral Sources: Referrals come through community organizations, churches, or the potential recipient.

Services Location: Dodge City

Geographic Area Covered: Barber, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Meade, Morton, Ness, Pratt, Scott, Seward, Stafford, Stanton, Stevens, Wichita Counties

Service Hours: 8 am to 5 pm - Weekdays

Duration of Services / Average Length of Stay: Flex funds will be distributed in a timely manner. Flex fund requests having complete information should be processed within 48 hours of receipt, excluding weekends and holidays. Typically, working with families on flex requests and budgeting involve a couple of meetings within a 1-2 day period.

Number of Beds/Capacity of Program: Will serve as many families as possible - up to approximately 1/12th of flex funds for the year each month.

Funding Source: CAFRP - Case Management Funds - 100% of program funded plus Flex Funds for families.

Risk Factors for Services: Life stressors; Economic deprivation/poverty; Having a young mother; Low parent education/literacy; Low community attachment; Social and physical disorder.

Protective Factors for Services: Availability of caring supportive adults; A safe and health-promoting environment; Availability of community resources; Healthy sense of self; Optimism for the future; Problem solving skills.

Youthville

Family Resource Services Case Management

Services: Case managers provide intense school and home intervention services. Often a child's behavioral problems or a parent/child conflict stem from larger family issues and cannot be remedied by addressing just the individual's issues. Case managers help support and empower both the children and families, and help reduce the number of youths placed in SRS custody or out of home. The case managers will: work with the school to identify children and families in need; assess children and families using a strengths based model; develop a strength based treatment plan for each child and family; provide services both in the schools and in the community; refer clients to in-house and community resources; evaluate progress and provide discharge planning. The Case Manager will utilize both natural and agency supports for meeting the family needs and will network with community resources.

Community Collaboration: Case Manager will work closely with law enforcement, schools, SRS, juvenile intake and the courts to accept referrals, make sound assessments and professional recommendations. Youthville will collaborate with community agency's to provide services and resources for families that are in crisis. This will include, but is not limited to: Crisis Center, Mexican American Ministries, SRS, Ford County Kids Count, Churches and Day Cares, Manna House, Catholic Social Services, St. Francis Academy, Red Cross, Big Brother's Big Sister's, Arrowhead West, Harvest America, doctor's offices, County Health Departments, and schools.

Design of Practice: The Crisis Case Manager will work with the family from within their structure assisting in healing and growth. Families will rely on their own strengths and resources to work through and manage a crisis identifying outside resources and supports to maintain their family unit.

Population Served: Youth in PPC or at risk of out of home placement

Access / Referral Sources: Referrals are received from SRS, schools, and Juvenile Intake for families in crisis.

Services Location: Dodge City

Geographic Area Covered: Focus is primary on Ford County and surrounding Counties: Gray, Clark, Comanche, Kiowa, Hodgeman, and Ness Counties.

Service Hours: Crisis Intervention: as needed.

Duration of Services / Average Length of Stay: The Crisis Intervention Case Manager will follow any families that do not enter SRS custody or Family Preservation for a minimum of 6 weeks and maximum of 6 months.

Number of Beds/Capacity of Program:

Funding Source: CAFRP - Case Management Funds 33%.
Other funding sources: Youthville

Risk Factors for Services: Teen Parents; Lack of parenting skills; Alienation of support system and parents due to pregnancy; Gang activity; Drug and alcohol use; Poverty; Poor school performance; Low self-esteem; Aggression and defiance of rules; Peer conflicts; Involvement in criminal behavior.

Protective Factors for Services: Improve parenting skills; Improve coping skills and problem solving skills; Create a support system with others of similar needs; School based intervention; Offer alternative for behavior and choice of activities and friends; Family involvement as needed/available; Improve self-esteem, self-worth; Improve coping and problem solving skills; Improve success at school; Socially acceptable behaviors and skills.

Youthville

Youthville's Therapeutic Animal Program (TAP)

Services: Youthville's Therapeutic Animal Program (TAP) is designed to help youth and families work through identified mental health needs, legal issues, domestic violence and victim issues. During group, the horses work as a partner in the treatment process. Horses will mirror the personalities and needs of the participants, aiding the therapist in identifying issues and assisting in the healing process.

Program Benefits:

- Group interaction and participation
- Experiencing the natural healing of affects of interacting with animals
- The opportunity to process with a therapist the needs identified by the referral source
- Improved insight into the clients needs leading to avenues in the healing process
- The use of metaphors and experiential therapy that can be applied to family, school and social settings

Children and families who participate in TAP will gain insight into their own needs and how to meet those needs in a productive and healthy way. Children and families will work on issues of trust, respect, communication, self care, self-esteem, self-awareness, anger management, social skills, grief and loss and trauma due to physical, sexual and emotional abuse. Through this experiential approach to therapy, children and families will use the skills and insight they have gained to apply to their lives, their families, their work and school. Through this application they will improve their ability to function within a family setting and reduce the likelihood of out of home placement.

Program Framework:

Referrals begin with a pre-assessment that is completed prior to group interaction. Groups will last 4-10 weeks depending upon the identified needs and the requests of the referral source. The treatment process consists of 1.5 hour therapy sessions each week with focus on: goal identification, group processing, application and experiential activities and ending with more group processing and reflection.

Teaming up with Youthville staff are 35 horses, several goats, 3 Llama's, one sheep, cats, dog, pigs, and birds.

Community Collaboration: Referrals are accepted from a variety of sources to include: SRS, Mental Health Centers, The Crisis Center, schools, the special education department, and other sources. Youthville partners with two mental health centers in our area for a large portion of the summer TAP program. These are children who are at high risk of removal from the home due to severe behaviors and multiple mental health diagnosis. This is a service that would not be offered in our community without the TAP program. Youthville also partners with The Crisis Center, SRS and the Special Education CO-OP to provide services to targeted children at risk. These other agencies work side by side UMY staff in obtaining assessments and consent forms. They work with the UMY therapist in identifying the needs and the therapy goals for their clients. In addition, UMY relies on the Para's from each organization to provide hands on assistance to ensure safety of the groups and insight into clients needs.

Design of Practice: Parents are encouraged to participate in their child's treatment. Focus on treatment within the community that the family lives and involving siblings and the whole family when possible. Focus is on prevention and on maintaining community and family placements as opposed to treatment after a disruption or out of home occurrence.

Population Served: The TAP program serves children of all ages, male and female, and their families. Each group session consists of 6-8 participants. Group focus is determined based on the needs identified in the referrals.

Access / Referral Sources: Other counties can be served in this project if they travel to Dodge City campus for the program.

Services Location: Dodge City – Youthville Campus

Geographic Area Covered: Barber, Clark, Commanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Meade, Morton, Ness, Pratt, Scott, Seward, Stafford, Stanton, Stevens, Wichita Counties

Service Hours: 8 am - 5 pm—Weekdays, some evenings, 1 1/2 hours per group.

Duration of Services / Average Length of Stay: 4-10 weeks—may have several group going at a time.

Number of Beds/Capacity of Program: 6-8 youth in groups.

Funding Source: CAFRP Funds 25% of program — other funding sources: fee for service.

Risk Factors for Services: Physical, emotional, sexual abuse; Parent or child drug usage; Family violence/child aggression; Grief and loss/death; Lack of supervision; School issues (any) truancy; Mental illness (parent or child); Defiance, aggression, criminal behavior; Peer conflict; Gang activity; Poverty; Poor social skills.

Protective Factors for Services: Family involvement; Stabilizing home environment; Teaching effective problem solving skills; Improved and effective communication; Improved social skills, coping skills and interpersonal skills; Improved family and social relations; Improved self esteem, self worth; Improve school performance, respect, communication, and positive peer relations.

Youthville

Choices

Services: This program focuses on helping teens understand how values, attitudes, peer and family pressures, responsibilities, goals and relationships influence their choices. The program follows the Choices curriculum guidelines along with activities provided. The delivery message is given in various ways to promote individual learning styles. The method of open discussion learning is portrayed through conversation cards, games, music, videos, worksheets, and stories. A desired result of the program is to assist the youth and families when making decisions to stop and consider their options and consequences. The range of indicators for success varies from no encounters with law enforcement, positive post assessment results, increased communication and function within the family setting to not entering into SRS custody.

Community Collaboration: The community plays the largest role in the Choices program for referral purposes and support of the program.

Design of Practice: The program utilizes family systems of care in their approach to the delivery of services. Emphasis on finding the individuals and families strengths and assets are a guiding principal in the services provided.

Population Served: At Risk youth

Access / Referral Sources: Youth are also referred from Community Corrections, SRS, schools, or parents.

Services Location: Dodge City

Geographic Area Covered: Focus is primary on Ford Counties and surrounding Counties: Gray, Clark, Comanche, Kiowa, Hodgeman, and Ness Counties.

Service Hours: 8 am - 5 pm Weekdays

Duration of Services / Average Length of Stay: It is an eight week program that meets one time a week.

Number of Beds/Capacity of Program: Maximum of 12 youth per group.

Funding Source: CAFRP Funds - 100% of program.

Risk Factors for Services: Association with like minded people; Reactive outcome towards power struggle; Networking with negative peers; Unwanted change in the family dynamics

Protective Factors for Services: Open/Assertive communication within the family; Ability to make improved decisions; Establish rapport with positive adults; Reaction plan to prevent past behaviors from reoccurrence

Youthville

Individual or Family Therapy

Services: Individual and family therapy is provided to children and families at risk of out of home placement. Therapy may occur on-site at the Youthville campus or in a client's home or community based on the need of the family. Other tools available to the therapist are a play therapy room, a sand tray room, the TAP program (for individual and family work), and activities available on the Youthville campus (baseball, soccer, large campus for walking, tennis courts and basketball goals). Children and families will meet the goals on their individualized treatment plans and maintain in-home placements and improved healing and stability within their home environments.

Community Collaboration: Referrals come from SRS, private referrals, The Crisis Center, physicians, schools, the mental health centers, or referrals from other therapists. Youthville partners with SRS, the mental health centers, The Crisis Center, and others to meet the needs of the shared clients. In addition, there may be circumstances where a family has partial funding (from SRS, the mental health center, insurance) for therapy but without the at-risk prevention services would not be able to pay for therapy.

Design of Practice: Children and families receive therapy as a preventative measure while they are residing in their own homes. Treatment is also at times done as In-Home Treatment, helping families meet their needs (such as inability to travel, inclusion of all family members, etc.)

Population Served: Children and families at risk of out of home placement and disruption.

Access / Referral Sources: Therapy may occur on-site at the Youthville campus or in a client's home or community based on the need of the family.

Services Location: Dodge City

Geographic Area Covered: Barber, Clark, Comanche, Edwards, Finney, Ford, Grant, Gray, Greeley, Hamilton, Haskell, Hodgeman, Kearny, Kiowa, Lane, Meade, Morton, Ness, Pratt, Scott, Seward, Stafford, Stanton, Stevens, Wichita Counties.

Service Hours: 8 am - 5 pm—Weekdays, evenings by appointment.

Duration of Services / Average Length of Stay: As needed determined by each individual case.

Number of Beds/Capacity of Program: Average caseload is 8—20 cases.

Funding Source: CAFRP Funds .4% of program — other funding sources: fee for service. Only families in the Dodge City area without sufficient insurance are covered from CAFRP funds.

Risk Factors for Services: Abuse of any kind, lack of supervision, poor parenting skills; Domestic violence, drug and alcohol abuse; Divorce, grief and loss; Poverty, lack of resources; Aggression, anger management; Effects of trauma; Parent child conflict, peer conflict; Criminal activity.

Protective Factors for Services: Healing of the whole family, focus on family stability and maintenance; Family and community support; Improved home environment; Improved coping skills; Improved level of family function.

Youthville

Youthville Drug and Alcohol Counseling

Services: The clients are referred by parents. They are assessed using two instruments SASSI A-2 and KCPC. If they meet criteria for outpatient treatment which might include group or individual therapy the service is delivered. Treatment plan is implemented including long term and short term goals. When the goals are achieved the client is discharged. Goals: Client achieves abstinence for mind altering substances, completion of treatment goals, reduction in indicators on SASSI A-2.

Community Collaboration: Referrals come from Parents, JJA, Community Corrections and walk ins. Follow Mental health recommendations and collaborations. JJA recommendations and referrals as well as carry through with consequences. The parents collaborate with all above parties.

Design of Practice: Children receive outpatient treatment as a preventative measure while they are residing in their own homes.

Population Served: Adolescents with substance abuse issues.

Access / Referral Sources: Referrals come from Parents, JJA, Community Corrections and walk ins.

Services Location: Dodge City

Geographic Area Covered: Potentially state wide, however mostly Ford, Seward, Gray, Clark

Service Hours: 8 am - 5 pm—Weekdays.

Duration of Services / Average Length of Stay: As needed determined by each individual case.

Number of Beds/Capacity of Program:

Funding Source: CAFRP Funds 3% of program— Other funding sources: fee for service.

Risk Factors for Services: School involvement and access, Illegal activity, Death.

Protective Factors for Services: Prevalence of mind altering substances, Reduction of health and safety risks, Reduced cost to community.



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