

# Catholic Community Services

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## Catholic Community Services Foundation

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### 2019 FUTURES PLAN UPDATE



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## **CCS/CCSF Vision**

Children, adults, and families with the knowledge, ability, and desire to live responsibly with others in a just society.

## **CCS/CCSF Mission**

We champion the positive development of children and adults, strengthen families and build community.

## **CCS/CCSF Board 2020 Vision**

Families and Communities are transformed and empowered when CCS efforts strengthen safe, stable nurturing relationships among family members, friends and neighbors. Integrate health, housing, and human services in a manner that supports the voluntary care of family members, friends and neighbors.

## **CCS Ends Statements**

Communities supported by CCS include:

1. Families that need support to protect and nurture their children
2. Foster Parents and the children placed in their care
3. People with Intellectual Disabilities

CCS fulfills the Board's Vision when each community:

- enjoys safe, stable, nurturing relationships
- enjoys good physical and mental health
- possesses the knowledge, skills, and virtues they need to succeed at the things that are most important to them in life
- enjoys financial self-sufficiency

These ends shall be accomplished at a reasonable cost established by the board through the annual budgeting process.

## Theory of Change

Catholic Community Services has created a theory of change that is grounded in credible science and designed to effectively and efficiently support the people we serve to thrive, create joy in their lives and achieve one or more key outcomes.

### **Assumption 1: Children, families, and adults need safe, stable, nurturing relationships to thrive, i.e. enjoy good health, develop the knowledge, skills, and virtues they need to succeed, and become financially self-sufficient.**

- Home is the most important part of a person's environment. A good home is safe, stable, and nurturing.
- Safety refers to the extent to which a person is free from fear and secure from physical or psychological harm within his or her social and physical environment.
- Stability refers to the degree of predictability and consistency in a person's environment. Disrupted home environments and frequently changing caregivers harm people; therefore every effort should be made to support stability in a safe, nurturing home.
- Nurture refers to the extent to which a caregiver is available and able to sensitively respond to and meet the needs of the person.
- We believe healthy, stable personal relationships foster hope, which in turn paves the way for success in matters of health, education and employment.
- The profound relationship between life-long positive relationships and human health and well-being is well documented.

### **Assumption 2: Children, families, and adults do better when they live in a safe, caring neighborhood or community.**

- "Healthy children are raised by people and communities, not by government and professional services..." Center on the Developing Child at Harvard University (2010).
- Community health can be enhanced by many of the same resources, activities and facilities that support individual health: indoor and outdoor recreation space, opportunities for meaningful work and volunteerism, neighborhood gatherings and celebrations, and supportive faith communities.

### **Assumption 3: Toxic stress disrupts safe, stable, nurturing relationships and triggers fight- flight- freeze reactions.**

- Some stress is necessary and helpful, higher levels of stress can be tolerable; however at some point stress becomes toxic and debilitating.
- Adverse childhood experiences and other types of trauma can lead to hypersensitivity to stress. Trauma-informed care and treatment is, therefore, essential to our work.

**Assumption 4: Homes, neighborhoods, and communities rich in five key Strengthening Families Protective Factors help mitigate the source of toxic stress and help people to become more resilient when facing stressful situations. These include:**

- Social Connections: Friends, family members, neighbors and colleagues can provide:
  - emotional support
  - help solving problems
  - parenting advice

Networks of support are essential to children and adults. They also offer opportunities for people to “give back”, an important part of self-esteem as well as a benefit for the community. Isolated children, adults and families may need extra help in reaching out to build positive relationships.

- Concrete Support in Times of Need: Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.
- Knowledge, Skills and Virtue Development: Knowledge of human development and trauma theory helps children and adults develop the skills they need to succeed in life at what is most important to them. Skills such as Mindfulness, Honest Compassionate Communication, designing and implementing Safety Plans, designing and implementing Self-Care Plans, Financial Literacy, and Mastering Time help children and adults to reduce stress and enjoy relationships more fully.
- Parental Resilience: Resilience is the ability to manage and bounce back from challenges that emerge in life. It means finding ways to take care of yourself, solve problems, build and sustain trusting relationships, and seek help when necessary.
- Social and Emotional Competence of Others: This occurs when role models and teachers are available to assist. The ability of a spouse, child, family member, co-worker, or neighbor to interact effectively with others, self-regulate behavior, and communicate feelings and needs has a positive impact on everyone.

**Assumption 5: Intentional pursuit of quality**

- Our work is accomplished through our employees, foster parents, contractors, and volunteers. Workers must be well trained and supported to provide excellent support and services in a manner that leads to desired results and is congruent with our values, service principles, and theory of change.
- Workers need the skills and data necessary to evaluate and continually improve the quality of our support and services.

**Assumption 6: Collective impact and collaboration, where organizations work together to realize shared goals and objectives, is vital for solving complex social problems.**

- *Common Agenda*: All participants **share a vision for change** that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
- *Shared Measurement*: All participating organizations **agree on the ways success will be measured and reported**, with a short list of common indicators identified and used for learning and improvement.
- *Mutually Reinforcing Activities*: A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a **mutually reinforcing plan of action**.
- *Continuous Communication*: All parties engage in **frequent and structured open communication** to build trust, assure mutual objectives, and create common motivation.
- *Backbone Support*: An **independent, funded staff dedicated to the initiative** provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

**Assumption 7: Spirituality refers to the need for meaning, relationship and hope in our lives as well as the expression of faith in a higher power.**

- Catholic Community Services cares for the whole person—body, mind and spirit.
- Many people find healing and strength through spiritual belief and growth.
- Adults must be free to develop their own understanding of God. Children will be encouraged in their early spiritual formation in a way that respects the faith of their parents, family, and culture.

## 2019 Key Strategic Issues

1. CCS - Enhanced Support for Foster Parents
2. CCS – Cavazos Coalition for Latino Youth and Families
3. CCS - Supported Employment
4. CCSF - Focused Resource Development
5. CCS/CCSF - Fostering Hope Initiative (FHI)
6. CCS/CCSF - Affordable Supportive Housing
7. CCS/CCSF - Work Force Growth and Development-We Flourish Together
8. CCS/CCSF - Strategic Financial Planning
9. CCS/CCSF - Executive Director Succession
10. CCS/CCSF – CCS Campus/Family Resource and Child Development Center

## 2019 Futures Plan Update Recommendations

Recommendations are based on input from CCS/CCSF board members, staff, donors, community partners, and the people we serve.

### **CCS Issue 1: Enhanced Support for Foster Parents**

**Current Reality:**

Oregon’s Child Welfare and Foster Care Systems continue to be in crisis due in large part to its inability to recruit and retain enough qualified foster parents and substitute care providers.

CCS terminated our contracts with the state to provide Treatment Foster Care in 2017 due to philosophical and funding concerns.

CCS conducted numerous focus groups with foster parents and worked with Marion County Children & Families Commission to develop a new model for supporting foster parents and foster children called *Enhanced Support for Foster Parents*.

CCS actively supported Marion County Children and Families Commission’s Family Preservation Action Team (FPAT) to develop a Marion County Foster Parent Recruitment and Retention Strategic Plan.

**Preferred Future:**

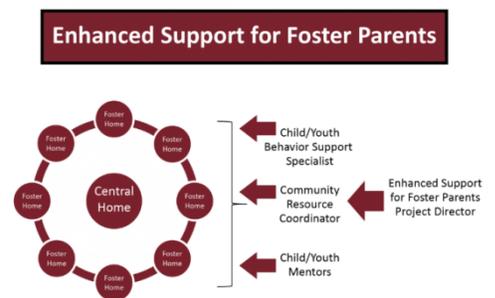
No child enters foster care whose parents are willing and able to protect and nurture them.

All foster children thrive while they are in care and quickly transition out of foster care to a safe, nurturing, permanent home.

No foster child ages out of foster care without a strong connection with a safe, nurturing adult who has made a long-term voluntary commitment to the relationship.

**Objectives:**

1. Sustain the Enhanced Support for Foster Parents program using a Complex Adaptive System/Continuous Quality Improvement approach.
2. Continue to support the Marion County Foster Parent Recruitment and Retention Strategic Plan.
3. Support and align with implementation of the federal “Families First Act” in Oregon to help ensure best practices in supporting foster families.
4. Increase voluntary relationships with foster families that specifically support foster parents and foster youth to enhance care and promote reunification.



## CCS Issue 2: Cavazos Coalition for Latino Youth and Families

### Current Reality:

Good progress has been made on designing, funding and implementing the Cavazos Youth and Family Strengthening model program. Unfortunately, however, the prospects for sustainable funding have not improved nor are they likely to improve in the near future.

The Cavazos program has emerged to become very similar to the Foster Hope Initiative (FHI). The main difference being FHI's focus has traditionally been on strengthening families that need support to protect and nurture their children prenatal through eight years old.

The CCS executive leadership team has come to believe that Latino families raising youth exhibiting minor delinquent behavior could be served more effectively and efficiently by consolidating the Cavazos Youth and Family program with the Fostering Hope Initiative.

### Preferred Future:

Latino youth grow up in safe, stable, nurturing homes and safe neighborhoods that are rich in Strengthening Families Protective Factors. Latino youth are diverted from the juvenile justice system, succeed at school, and go on to become financially self-sufficient.

### Objectives:

1. FHI Community Health Workers develop the knowledge and skills they need to support Latino families raising youth with minor delinquency histories.
2. Transition the families and youth served by the Cavazos Program into the FHI.



## CCS Issue 3: Supported Employment

### **Current Reality:**

CCS has spent nearly three years of dedicating substantial time and resources into establishing a sustainable Supported Employment program for people experiencing Intellectual Disabilities without success. CCS executive leadership team members are in agreement that the situation is not likely to improve in the foreseeable future and that continuing to operate the Supported Employment program with significant financial deficits puts other important programs at greater risk of failing.

### **Preferred Future:**

CCS Executive Leadership recommends carefully and compassionately transferring all the people receiving CCS Supported Employment Services to other providers and closing the program.

## CCSF Issue 4: Focused Resource Development

### Current Reality:

While our community is very generous, there continues to be significant challenges in raising the necessary funding to support and sustain critical CCS services.

### Preferred Future:

Adequate funding is available to support CCS services and programs that are innovative and strategically aligned with the Board Ends Statements and the needs identified by the owners. Resource development is focused on sustainable funding to meet current programmatic need, funding for innovation projects, and long term sustainability.

### Objectives:

1. Design and implement an action plan to develop sustainable funding for the following programs: :
  - The Fostering Hope Initiative
  - Enhanced Support for Foster Parents
  - Safe Families for Children
  - Saint Joseph Family Shelter
2. Develop and fund a DSP recruitment campaign aimed at informing potential DSP recruits of the We Flourish Together benefits of working at CCS.
3. Develop funding strategies to support the renovation of the old St. Vincent de Paul Thrift Store into a Family Resource Child - Development Center that supports co-location of health and social services.

## CCS/CCSF Issue 5: Fostering Hope Initiative (FHI)

FHI is a neighborhood-based, collective impact initiative designed to improve the life prospects of our community's most vulnerable children by strengthening families and building more resilient neighborhoods.

### Current Reality:

Research conducted by OHSU indicates that children born to a single parent who lives in poverty, dropped out of high school, and has a history of mental health or addictions problems is ten times more likely to experience maltreatment and end up in foster care. The same research indicates that children living in certain high poverty neighborhoods are ten times more likely to experience maltreatment.

Independent research conducted with funds from the federal Children's Bureau found that parental stress levels dropped from toxic to tolerable and even healthy levels for families living in FHI neighborhoods.

FHI has three basic components:

1. Certified Community Health Workers organize FHI neighborhood residents to promote Strengthening Families Protective Factors in their neighborhood.
2. Certified Community Health Workers conduct targeted outreach and care coordination for pregnant young women living in FHI neighborhoods and other beneficiaries of high cost, publicly funded health, housing, and human services.
3. CCS acts as the "Collective Impact Backbone" organization responsible for bringing health, housing, and human service providers together in support of the FHI vision, i.e. every child, in every neighborhood grows up in a safe, stable, nurturing home, enjoys good health, succeeds at school, and grows up to become financially self-sufficient.

The FHI is recognized as one of the most promising strengthening families and, building more vibrant neighborhoods initiatives in the United States by Harvard University, Oregon Health Sciences University, the federal Children's Bureau and others and yet does not have ongoing stable funding.

The Community, Business, and Education Leaders Collaborative has been sponsored by Mountain West Investments. The vision is to make the Salem Keizer School District the best school district in Oregon. They are looking for a partner to work with families.

State policy related to the Oregon Health Plan requires Coordinated Care Organizations (CCO) to increase funding for what is known as the Social Determinants of Health.

### Preferred Future:

The FHI has a Health and Wellness Tracking System that supports "complex adaptive behavior" and continuous improvement in child health, child welfare, and educational outcomes while reducing costs.

FHI enjoys stable “Pay for Performance/Performance Based Contracting” contracts with health care, housing, education and human service organizations that not only fund current service levels but allows FHI to scale up as needed.

**Objectives:**

1. Continue to design and then test a FHI Health and Wellness Tracking System that supports continual learning and “Pay for Performance/Performance Based” contracting.
2. Align FHI with Community Business and Education Leaders Collaborative and their vision of making the Salem Keizer School District the highest performing school district in Oregon.
3. Expand FHI into sixteen neighborhood based service areas with a corresponding increase in CHWs to serve the identified populations.



## CCS/CCSF Issue 6: Affordable Supportive Housing

### Current Reality:

Homelessness may be the issue CCS's "moral owners" talked more about than any other during the last year.

Family homelessness is on the rise. Youth aging out of foster care tend to experience much higher rates of homelessness than the general population. People with intellectual disabilities are less likely to experience homelessness but often report not being able to find housing that support their full human potential and inclusion in the community.

CCSF owns approximately 250 units of affordable housing. Unfortunately, much of CCSF's current portfolio of affordable housing was in very poor condition when acquired and initial rehab cost projections were greatly underestimated.

Approximately 500 children and adults live in CCSF's affordable housing but unfortunately, progress toward the goal of integrating CCSF affordable housing with CCS health and human services has been slow.

Government regulations make it difficult to coordinate health and social services with affordable housing.

CCCF's Affordable Housing portfolio is not financially self-sustaining.

### Preferred Future:

Quality Affordable Housing is available for all families facing adversity, youth emancipating from foster care, and people with intellectual disabilities who need it.

CCSF's affordable housing portfolio is safe, attractive, and well-maintained. The portfolio generates sufficient rental income to fund all necessary property management, asset management and tenant services functions.

The residents living at CCSF's Affordable Housing have easy access to integrated health and social services as needed. Children, youth and adults living in CCSF affordable housing flourish together. Residents know and support each other to reach personal and community aspirations. CCSFs' affordable housing is a valuable asset in the neighborhood where it is located, and the neighborhoods are rich in Strengthening Families Protective Factors.

### Objectives:

1. Engage with CCS services to support affordable housing residents/families in providing model resident services and coordinating resident services plans for each complex.
2. CCSF affordable housing operates in full compliance with all government regulations.

3. Continue completion of Capital Needs Assessments, develop and fund an affordable housing asset management plan.
4. Implement the Saint Joseph Family Shelter, Mission Benedict, and Casa Adele property master plan.
5. Determine feasibility and strategy of developing additional affordable housing in alignment with the Governor's state wide plan to increase affordable housing opportunities.



## **CCS/CCSF Issue 7: Work Force Growth and Development - We Flourish Together**

### **Current Reality:**

There are numerous Direct Service Professionals (DSP) positions unfilled, and turnover rates remain high. DSP staff retention is a significant issue at CCS, as well as throughout the State and nation, causing a lack of stability and threatening the quality of care for people served in CCS group homes.

The latest social science research calls for new approaches to our work. DSPs need to be skilled in providing trauma-informed care that supports rather than supplants the voluntary care of family members, friends and neighbors. These changes will require a concerted effort that will change how we recruit, train, and support employees.

CCS has developed and tested the We Flourish Together model with promising results. The model is designed to equip DSP's to promote Strengthening Families Protective Factors not only in the group homes where they work but also in the surrounding neighborhoods.

Based on the theory that you can't give what you don't have, the curriculum empowers DSP's to build protective factors in their own lives that lead to greater enjoyment of: 1) Safe, stable, nurturing relationships; 2) Good physical and mental health; 3) Possessing the knowledge, skills and virtues they need to succeed in life at the things most important to them; 4) Financial self-sufficiency; and 5) Peace and happiness. The core of the curriculum includes mindfulness meditation, Honest Compassionate Communication, and Sanctuary Trauma Informed Care. The curriculum also offers Financial Literacy, Blue Zone Health and Wellness, Civic Engagement and Mastering Time training.

### **Preferred Future:**

All DSP positions are filled by highly qualified, long-term employees. All employees understand CCS's Theory of Change and use it to enrich their personal as well as professional lives. They are adept at helping people served reach their desired outcomes and connecting people with family members, friends and neighbors.

CCS's reputation as an excellent employer that invests heavily in workforce development attracts more than enough employees and volunteers.

### **Objectives:**

1. 50% of DSP's participate in the We Flourish Together Curriculum and report that participation leads to greater job satisfaction.
2. No more than 10 DSP open positions at any given time.
3. Create additional retention and recognition strategies including career path, growth, and modification of program design to meet the changing job desires of future workforce members.

## CCS/CCSF Issue 8: Strategic Financial Planning

### Current Reality:

CCS/CCSF defines financial health in terms of:

1. **Net worth** - Net worth is the ratio between assets and liabilities and should always be positive. Both CCS and CCSF enjoy positive net worth.
2. **Revenue/Expenses** - Revenue is the money we've earned but not necessarily collected. An expense is the money we owe but have not necessarily paid. Having closed programs of low strategic value that operated in the red, CCS is in a good position to go forward with revenue exceeding expenses each year. CCSF continues to have difficulty earning more money than it spends.
3. **Cash in/Cash out** - CCS brings in more cash than it spends. CCSF struggles to maintain positive cash flow.
4. **Accounts Payable** - Accounts Payable (AP) are the outstanding bills. The inability to pay a bill on time is a strong indicator of poor financial health. Both CCS and CCSF are current on all their bills with the occasional exception of a bill that is being disputed.
5. **Accounts Receivable** - Accounts receivable (AR) are funds earned and believed to be collectable but not yet received. The longer AR ages the less likely it is that funds will ever be collected. Both CCS and CCSF do a good job of collecting receivables and writing off bad debt.
6. **Cash Reserves** - Cash Reserves are the funds set aside in a savings account, or liquid investments that are not needed to manage ongoing cash flow. It is generally accepted practice for a non-profit corporation to set aside one to three months operational cost in reserve. CCS is close to having the minimum one month reserve. CCSF is not in a position to set aside cash reserves.

The CCS/CCSF Joint Finance Committee is aware of financial performance on all six financial health measures and has developed dashboards in order to keep the full board up to date.

### Preferred Future:

Both CCS and CCSF are in a "good" or "empowered" condition on all six financial health domains. CCS and CCSF have a sound financial strategy to ensure the sustainability of programs and services on a multi-year basis. This strategy promotes current financial health and future expansion into the services outlined in the Futures Plan.



Additionally, a simple to understand “Financial Health Dashboard Report” is reviewed by the full board at least quarterly.

**Objectives:**

1. Present quarterly Financial Health Dash Board Reports to the Joint Finance Committee and both boards of directors.
2. Develop and implement a board approved strategic financial plan aimed at establishing and maintaining Financial Health in all six Financial Health domains.

## **CCS/CCSF Issue 9: Executive Director Succession**

### **Current reality:**

The long-term executive director of the organization is planning to retire in January 2020. The board of directors has identified transition planning as a key issue that must be addressed during 2019.

### **Preferred Future:**

Catholic Community Services is served by a dedicated, highly qualified executive leader.

### **Objectives:**

1. Define the transition plan by the end of the first quarter for immediate implementation. Include action steps needed to attract and interview qualified candidates, engage staff, train and develop the new executive director.
2. Identify key donors with ties to the existing executive director and solidify CCS relationship by engaging key people where applicable. Retain key donor support.
3. Identify, hire, and support a highly qualified and committed executive director.

## **CCS/CCSF Issue 10: CCS Campus/Family Resource & Child Development Center.**

### **Current reality:**

Thousands of young children in our community are suffering from trauma, post-traumatic stress, intellectual and physical disabilities – and are unable to receive the services they need to flourish.

It is often difficult for the parents of these young children (prenatal to eight years old) to get all the support and services they need due to lack of service integration, transportation to various parts of the county where services are located, need to schedule services around school and work, and lack of knowledge about which services are needed, available, accessible and affordable. Many of the parents are overtaxed, stressed, and need support to protect and nurture their children. Public school teachers of children with special needs also find it challenging to locate and access services, materials and equipment the children need to flourish.

After consulting with a wide array of community partners a Family Resource & Child Development Center has been designed to help children with special needs and their families and teachers by co-locating support and services in a single, convenient and accessible location. On-premises services will include treatment facilities, classrooms, meeting spaces, offices for providers, and community gathering space.

The promise of the Center is to help children with special needs to flourish, increase their success at school and in the community, strengthen family resilience, reduce the incidence of disrupted foster care placements, improve collaboration and service integration among health care professionals, social service providers and educators, reduce service duplication, and increase accessibility.

Catholic Community Services Foundation has received a \$1,000,000 leadership gift to renovate the 28,000 square foot building located adjacent to the Bishop Steiner Building and convert it into a Family Resource – Child Development Center.

The Bishop Steiner Building needs new siding and roof repairs.

### **Preferred Future:**

The Family Resource and Child Development Center provides an “oasis” for children with special needs and their families where they can develop positive social connections, receive tangible support in times of need, gain new knowledge, learn new skills, develop the virtues they need to succeed at the things that are most important to them in life, become more resilient, and model social and emotional intelligence for and with each other. The Center provides a “state of the art” space where health and social service providers co-locate and collaborate in support of families raising children with special needs.

Once established, the Center is financially self-sustaining and able to contribute to long term financial reserves.

A campus environment exists between the Family Resource and Child Development Center and the Bishop Steiner Building that promotes health and wellness as well as a community resource within the Northgate Neighborhood.

### **Objectives:**

1. Convert the 28,000 square foot building adjacent to the Bishop Steiner Building into a Family Resource & Child Development Center where families raising young children with special needs develop positive social connections and a broad array of health and social service providers co-locate and collaborate to strengthen families and promote the positive development of children.
2. Identify community partners and CCS programs that align with the intended focus of the Center and offer affordable lease rates to support co-location and collaboration.
3. Create a campus environment between the Bishop Steiner Building and the Family Resource and Child Development Center that promotes co-location and collaboration.
4. Raise approximately \$3,000,000 in additional funds (\$4,000,000 total) for the Campus/Family Resource & Child Development Center project.

