

Prevention in Kansas

In this issue...

- FFPSA External Evaluator *pg 1-2*
- Provider Spotlight: SFM *pg 3-4*
- Babies in the River* editorial *pg 5-6*
- Prevention in the Field *pg 7*

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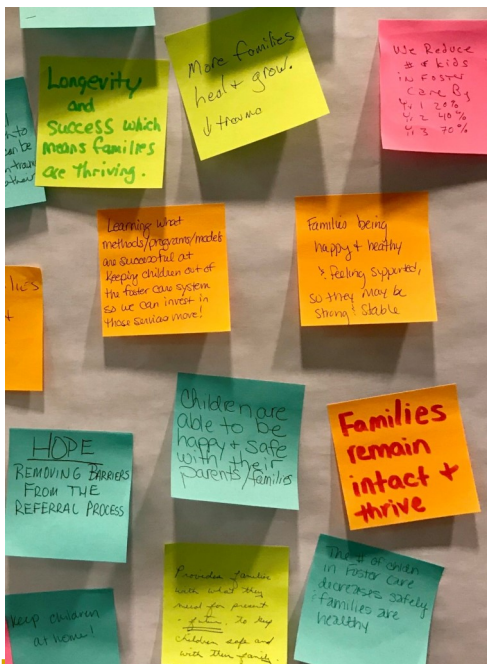
FFPSA grantees meet external evaluator

Keeping families together with services to support their safety, permanency and well-being is a primary goal of the Family First Prevention Services Act. A key provision in the legislature is the research and evaluation. It is required states rigorously evaluate and support implementation of prevention programs through continuous quality improvement, outcomes, and process measures. This means each evidence-based model selected for the Family First program will be reviewed to ensure it meets fidelity to the model, and further, to allow the outcomes to drive practice

and services decisions.

Kansas contracted with The University of Kansas School of Social Welfare (KUSSW) to conduct a rigorous evaluation of all Family First Prevention Services. The evaluation team is led by Associate Professor and PhD Program Director for KUSSW, Becci Akin, along with Kaela Byers, PhD, MSW, Associate Research Professor at the University of Kansas School of Social Welfare.

(continued next page)



Top Right: KU School of Social Welfare and KU CPPR represented the evaluation team; Becci Akin, Kaela Byers, Amy Mendenhall, Terri Garstka, Megan Cizek and Lindsay Orion. Above: Hand-written hopes for Family First lined the walls after the meeting.

(continued) FFPSA grantees meet external evaluator

An all grantee meeting was held in January to introduce the evaluation team, review the draft evaluation plan and obtain feedback. “We walked away energized by the amazing networking that took place and are excited to identify a measurement strategy for each program,” said Allison Bowling, Family First grants manager.

Grantees also participated in a discussion around the planning for the Family First Advisory Committees. Local and statewide stakeholders will be instrumental in helping to identify service gaps in the communities as well as identifying community providers. Family First Advisory groups will consist of those stakeholders that expressed an interest in participating in these groups from the spring community convenings, as well as pillars from a variety of backgrounds and programs, as well as parent partners. People looked forward to what collaborative efforts for communities looked like and were eager to get others involved. “Family First completely changed my thought process regarding what is in a child’s best interest,” said Nancy Kubler, DCF Administrator for the East region.

To conclude the meeting, the evaluation team asked each grantee to handwrite their hopes for the Family First program. These were shared on stickies throughout the meeting hall. See the right side of the page for some of the thoughts from all who attended.

Photos from the grantee meeting are shared below, thanks to all who participated.

Hopes for Family First

Excerpts collected by the Kansas FFPSA grantee evaluator, KUSSW

Collaboration between programs, education about programs.

Families have more CHOICE to select prevention services to meet their needs.

More comprehensive and collaborative delivery of services for all Kansas families!

The number of children in foster care decreases safely and families are healthy.

Our families feel partnered with to become all they can be without additional trauma or being forced.

Learning what models are successful at keeping children out of care so we can invest more in those services!

Help add positive change to as many families as possible

To truly empower families that they can do this!

Longevity and success of FFPSA which means families are thriving

~



Prevention Provider Spotlight: Saint Francis Ministries

Saint Francis Ministries has been serving children and families in Kansas for nearly 75 years, beginning as the Saint Francis Boys' Home in Ellsworth. Rooted in the Episcopal tradition, the organization has evolved to meet the changing needs of children and families.

Today, the Saint Francis ministry is at work in eight states and internationally and encompasses foster care, therapeutic foster care, adoption, family preservation, residential care, international

ministries, and community outreach services.

In Kansas, Saint Francis offers services in the central and western areas, geared toward the needs of families in the urban Wichita area and in rural communities in the West.

Saint Francis Ministries, Kansas, is offering two evidence-based programs as part of the Kansas Department for Children and Families' new Family First awards.



Saint Francis
MINISTRIES

Family First Selected Program, Seeking Safety

Seeking Safety is a present-focused treatment designed for families dealing with substance use disorder and trauma and who are at risk of having their children removed from the home.

In-home or in-office services help parents, pregnant women, teenagers and new parents with infants heal from substance abuse and trauma so they can strengthen their families and re-orient their lives.

The key principles of Seeking Safety are:

- Safety – Helps families find safety in their relationships, behaviors, and emotions
- Integration – Combines substance use and trauma treatment.
- Content – Examines cognitive, behavioral, and interpersonal concerns.
- Processes – Provides structured treatment that addresses counter-transference, self-care, and other areas of need related to substance use and trauma.
- Flexibility – Designed to treat women, men, and mixed groups – in a variety of settings.

Multiple treatment requirements are part of the Seeking Safety process, including the ability to stably remain at home, being open to change and being willing to develop a safety plan for children in the event of relapse.

Seeking Safety avoids jargon to engage families in the work necessary to achieve stability and safety, and the focus is on practical solutions leading them toward solutions that work for their family.

Seeking Safety is an extremely safe model that teaches present-focused coping skills, and it can be implemented by professionals at multiple levels, from paraprofessionals to case managers. It is classified as “strongly supported by research,” and multiple studies and trials show its efficacy for various populations. Notable in the research is its success in working with complex populations that are typically excluded from PTSD studies, such as people with homelessness, domestic violence, substance dependence and drug use disorders.

The Seeking Safety program will be provided in Thomas, Barton, Finney, Seward, Saline and Sedgwick counties.



Top: Saint Francis Ministries team at the Wichita meet and greets for DCF staff. Bottom: Susan Montague, Director of Seeking Safety.

(SFM continued) Family First Selected Program, Family Centered Treatment

Family Centered Treatment, is a four to six-month prevention services program for families offered by Saint Francis Ministries throughout the West and Wichita Regions.

Family Centered Treatment, or FCT, is an evidence-based model of intensive in-home treatment services for youth and families using psychotherapy designed to reduce maltreatment, improve caretaking and coping skills, enhance family resiliency, develop healthy and nurturing relationships, and increase children's physical, mental, emotional, and educational well-being through family value changes.

The treatment is time-limited, with multiple hour sessions occurring several times a week, and is for treating a family system that is experiencing crisis. Sessions are held in the family home, and there is on-call, crisis support for families 24/7.

FCT is built on the foundation of home-based intervention, which is among the most accessible, responsive, timely and intense forms of treatment. The client is the family unit, not the individual, which allows the family to focus on skills training, counseling, interventions and other options

that create a more stable future. The focus is on family preservation unless it is determined that is not in the child's best interests.

Staff members carry small caseloads to permit more interaction with each family. The program is committed to empowering families to set and achieve their own goals. The services use a wide range of research-based interventions. Participatory assessments permit the family to be in charge of the process. Families in crisis receive services within 48 hours of referral.

There are 4 Phases of Treatment:

- **Joining and Assessment** – offers dignity, hope and respect, assesses and facilitates motivation, identifies family functioning areas of need and personal safety.
- **Restructuring** – Facilitates practice experiences in individual, conjoint and family sessions.
- **Valuing Change** – Enables the family to see their own worth and change & assumes a less directive and more supportive role.
- **Generalization** – Offers hope and confidence in changes & assists in predicting future challenges and action.

FCT is family systems work that specializes in joining with highly resistant families. When warranted, Specialist will address immediate needs (safety, food, electricity, etc). FCT targets functions of behaviors not just symptoms of behavior and early setbacks or struggles are expected, predicted and when part of joining, can be a sign of progression that the family is willing to open up about concerns.

FCT focuses on data-driven outcomes, and each family collaborates to determine the timing of closure, using an analytical process that evaluates the changes that have occurred and the family's ability to use the strategies independently of external agencies. Data shows that 90% of families who complete treatment maintain family placement, are reunified with their family or move to independent living. What's more, 91% of all families report progress toward their primary treatment goal.

Impressive as those outcomes occur when admission policies accept 98% of all referrals, and they typically are of children and youth who didn't respond to community-based services.



Left: Karen Hubbard, Teri Augustus, James Enns, Courtney Maugans, and Selecia Dean, Wichita FCT team

Right: Sherry Medina, James Enns, Selecia Dean, Karen Hubbard, Annette Kazungu, & Wanda Hodge, Wichita FCT team

Babies in the River



There is a story of a village that has a peculiar problem of babies being found in the river. The townspeople are frantically rescuing the babies from tragedy. Everyone who visits and lives in the town spends all their time dramatically saving these vulnerable children. The situation is simply terrible. The townspeople are tired and always discontent, nevertheless they continue to work hard to keep children safe. One day, an outsider comes to the village. She stares at the villagers and river and says nothing. The townspeople ask, “don’t you care about the children? Come into the river and help us!” She looks at them and says, “no- I won’t be joining you. I’m going to travel upstream and stop the person who keeps throwing children in the river.”

This is the entire premise of implementing Family First Prevention Services Act (FFPSA). Kansas is a leader in “traveling upstream” and providing preventative services for children and families. Prevention is key as noted in the story above. We can impact families by providing needed services to safely keep children connected with their families. However, there is more to the story.

Before the woman ventured upstream to stop the person who was throwing children in the river, she noticed something. She asked a townspeople, “why are most of the babies in the river black and brown?” Startled by the question, the townspeople shrugged their shoulders and said, “its just the way things are.”

A child welfare system that produces equal experiences and outcomes for all Kansas families regardless of race, ethnicity, and socioeconomic status will help all Kansans. Racial disparities and disproportionality and its affect on child welfare are areas for improvement within our system as acknowledged by countless government agencies and public policy institutions studying the issue and recommending various solutions.

As the agency embarks upon the amazing opportunities of

being proactive versus reactive, we must have courageous conversations to maximize its potential. Understanding how and why racial disparities matter within the child welfare system and how it relates to prevention services will be the purpose of this article.

Why is race so hard to talk about? It’s probably because of the complicated history America has with race and its lasting effects. No person alive today participated in the inhumane practices of slavery or forced assimilation, yet this does not change the structural effects which are still evident. The enslavement of Africans and the forced removal and assimilation of Native Americans were not just unfortunate events which occurred in our history, it was a nationwide practice, codified by the law, engrained in the fabric of the economy, which in turn infiltrated our systems. Its effects were disastrous. Millions of newly free African Americans and displaced Indigenous Americans had no land, no resources, and limited education. At the same time, systems and laws were enacted which directly impacted generational wealth and the ability to own land and pass on financial benefits for future generations. These effects are seen through redlining which impacts housing, subpar educational opportunities which impacts employment options, and limited health care choices which leads to lower life expectancy rates. According to the Indian Health Service a division of Health and Human Services, “the American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences.”

Why should we discuss race as it relates to outcomes in the child welfare system? It is widely recognized that race plays a role in how and why some children and families become involved in the child welfare system. To highly summarize the concern and findings;

1. The Department of Health and Human Services have found children of color are abused or neglected at the same rate as white children;
2. Yet, African American and Native American children are overrepresented in the child welfare system. According to the Center for the Study of Social Policy, African American children are 14% of the child population, but they make up 23% of children in foster care. One study found 4.9% of white children will experience foster care placement before their eighteenth birthday, compared to 15.4% of Native American children and 11% of black children.
3. When children of color, specifically African American and

(continued) Babies in the River

Native American children and their families become involved in the child welfare system they experience worse outcomes than Caucasian children and families. They have less placement stability, lower rates of permanency, they remain in the system longer, and their mental and physical health needs are poorly addressed.

What is a racial disparity? The unequal outcomes of one racial or ethnic group as compared to outcomes for another racial/ethnic group.

What is racial disproportionality? The underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population.

Family First Prevention Services addressing racial disparities and disproportionality

FFPSA serves children who are at imminent risk of removal that can safely remain at home with services. It serves parents, caregivers, pregnant and parenting youth in foster care. Because of FFPSA, we now have providers across the state who can offer mental health services, substance use disorder treatment, parent skill-building, and kinship navigator programs before a child enters into foster care. However, if we do not have courageous conversations amongst ourselves, partners, and monitor the data at various decision points throughout the process, we will continue to have negative outcomes for families of color.

Equitably implementing FFPSA alone will not address the racial disparity and disproportionality problem that is prevalent across the nation. It will require additional efforts in conjunction with Family First services. Kansas is not shrugging its shoulders as the townspeople did above and saying, “*it’s just the way things are.*”

Structured Decision Making® (SDM) and Signs of Safety® (SOS)

Families that come to our attention will now receive equal assessments because Kansas is using SDM in the Protection



Reporting Center (PRC). When the agency first receives a report of suspected abuse or neglect through the PRC, we will have a concrete and consistent manner to screen in versus screen out a report of abuse or neglect. This will allow us to make clear safety and risk assessments in an unbiased fashion. Additionally, if the report is assigned for follow up contact Child Protection Specialist workers can use SDM to accurately assess risk versus safety and use SOS to authentically engage all families equitably to determine if we should offer services that will support the family and safely keep them together, or if removal should be recommended.

Kansas Strong

Kansas Strong is the name of the federal grant awarded to the KU School of Social Welfare by the U.S. Department of Health and Human Services. School of Social Welfare researchers will collaborate with DCF, KVC Kansas, Saint Francis Ministries, TFI Family Services, Inc., DCCCA and the Kansas Court Improvement Program. One of the areas the grant will address is racial disproportionality and disparities for children age 0-5 in Wyandotte County, Kansas. The technical assistance is provided by Kristen Weber an expert with the Center for the Study of Social Policy. “Kansas Strong for Children and Families proposes to serve three target populations: Children and families involved with in-home services, foster care and adoption. In all three populations, the partners plan to focus on improving outcomes for African-American youths as they are disproportionately represented in the Kansas foster care system, and for children

who have high risk factors, including age, removal because of parental substance abuse, neglect or disability.” This collaborative work across agencies is exactly the type of partnerships we must form to address systematic barriers for families of color in the child welfare system.

Team Decision Making (TDM)

TDM is a process which involves important people in the child’s life when a safety threat suggests a child may need to be separated from parents or caregivers. A TDM meeting presents an opportunity to engage an entire team of people when making a safety decision regarding the child’s placement. Because TDM is a facilitated meeting, it brings the agency, parents, community members and grassroots organizations to the table. TDM is effectively family group decision making which shows remarkable promise towards greater community trust and awareness, less time in foster care, increased kinship placements.

Kansas is working towards answering the question, “how can children and families have equal access to services and equitable experiences while involved in our system.” To frame the question another way, how can we stop the flow of babies in the water and notice which ones are being thrown in at a disproportionate rate with disparate outcomes? We’ve taken many steps as an agency to address these questions. Family First will only strengthen our resolve as we interact with our communities and continue to build trust.

Special thanks to Shanelle Dupree, the Kansas City Regional Director for the Department for Children and Families, for writing this special editorial for the Prevention in Kansas newsletter.



From the Field: Examples of Prevention referrals

Creative and critical thinking along with problem-solving and continued learning has been an agency theme when speaking with frontline staff and supervisors this month.

“Our Johnson county supervisor team has gone from bi-weekly meetings to weekly meetings to review cases and determine appropriate and priority referrals. We’ve also scheduling meetings with our District Attorney and courts to discuss the changes with the new Family Preservation contracts,” said Johnna McVay, supervisor in the Kansas City Region.

Each month the *Prevention in Kansas* newsletter will feature prevention services in action. Examples are not specific to any region but display situations where staff made the connection to a particular program.



Referral # 1—Parent Skill-Building, Parents as Teachers

From the CPS who referred to PAT: *"Parent had no transportation and was overwhelmed as a single parent of newborn and several other young children. Parent agreed that parenting guidance may be beneficial. Parent had concerns of child’s developmental needs and Parents as Teachers program provides developmental screenings. I sent paperwork late on a Thursday and was notified that eve that it was received. Parents as Teachers contacted mom that Friday and had an appointment for the initial meeting the following week."*

Referral # 2—Family Preservation, Tier 1– Family Centered Treatment

From the CPS who made the referral to Family Preservation: *"Family was experiencing stress in multiple areas and substance use disorder was an issue with both parents. The teenagers stated that one parent was too severe with discipline and the other was frequently absent from the home. Both parents recognized their family needed help and could not afford therapy. They were open to the variety of mental health service options through Family First or both tiers of Family Pres. It was decided this family needed intensive services to prioritize their stressors through Family Preservation intensive tier 1, and the ability to work down to a tier 2, if needed."*



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