



TITLE IV-B CHILD AND FAMILY SERVICES PLAN ANNUAL PROGRESS AND SERVICES REPORT

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This 2024 Annual Progress and Services Report (APSR) is the fourth annual report related to the Title IV-B Child and Family Services Plan (CFSP) for the five-year time period Fiscal Year (FY) 2020-2024. The CFSP details the goals, objectives, services, service delivery strategies, statewide assessment, and plan for improvement.

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A. The Children's Bureau's Priorities for Creating an Equitable Child Welfare System

The Kansas Department for Children and Families (DCF) is striving to shift from a child welfare system to that of Family and Child Well-Being system. A Family and Child Well-Being system is one that prioritizes family, primary prevention, and community engagement. Under the leadership of Kansas Governor Laura Kelly, DCF Secretary Laura Howard, and the extraordinary work and dedication of the more than 2,500 DCF employees, outcomes are significantly improving.

During SFY2023 Kansas DCF continues to be invested in establishing new, and strengthening existing, relationships with children, youth, families, community partners and staff to lift their voices and expertise to achieve a system in which significant and real change can be made to create safer, more nurturing environments for children in the state. As Kansas DCF continues to transform, it is imperative to include families as experts and innovators in co-designing needed services and cultivating local support networks. This all must happen with an eye toward equity.

Kansas DCF is comprised of Economic and Employment Services (EES), Prevention and Protection Services (PPS), Rehabilitation Services, Child Support Services, and Foster Care and Residential Facility Licensing. Services are provided directly by the agency or through contracted providers and community partnerships. Work encompasses services to children, families with children, caregivers, vulnerable adults, or adults who have special needs, and pregnant women using substances.

Services from DCF are managed statewide from the DCF Administration office, located in the capital city of Topeka. They are led by the Secretary through the Deputy Secretary of Family Services (FS). The Deputy Secretary oversees four Directors of Prevention and Protection Services. These four directors have responsibility for the services outlined within this plan. Directors are assisted by Deputy Directors, Program Administrators and/or Program Managers. Kansas DCF has six regions implementing Prevention and Protection programs. The six DCF regions throughout the state are: Kansas City, Northeast, Southeast, Wichita, Northwest, and Southwest. Each region is led by a regional director, an assistant regional director(s) for programs and an administrator for each program area: assessment and prevention, foster care, and support services.

See Attachment 1 for the 2022 Kansas DCF PPS Organizational Chart.

On Oct. 1, 2021, DCF announced a new mental health service called Family Crisis Response. The helpline connects families and caregivers who have children experiencing emotional crisis or other behavioral health symptoms, including substance abuse disorder, to needed services — including mobile crisis response — anywhere in the state. In SFY2023, DCF has focused on co-branding the helpline materials with Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services, Kansas Department of Corrections, Association of Community Mental Health Centers (CMHC) of Kansas, Kansas Department of Education (KSDE), and Kansas Children's Service League (KCSL) and plans on additional co-branding opportunities. In late 2022, DCF developed a crisis service training to dispense crisis services for foster parents, kinship, and non-related kinship. Through 2023-2024, the training will be implemented across the state. In 2022, there were 494 total calls to the Crisis Helpline, 230 of the total calls were DCF youth in care, 432 of the total calls received phone assistance, and 62 of the total calls received a CMHC for Mobile Response. The 494 total calls includes non-foster care members. Of the 494, 120 were foster care, 357 were non-foster care and the remaining 17 calls, the caller did not identify with foster care or non-foster care.

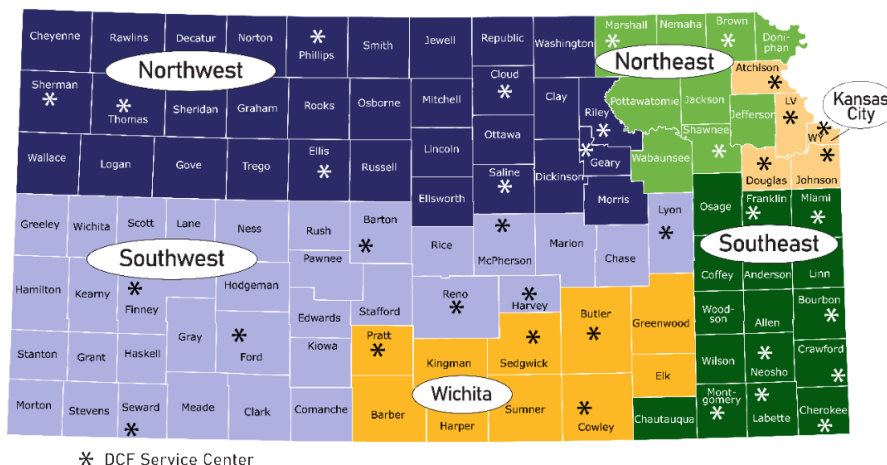
In November of SFY23, DCF granted nearly \$1.8 million for ten unique Family Resource Centers (FRCs) around Kansas. These community or school-based hubs support families by providing easier access to programs and services. The FRCs work in a collaborative with KCSL, the state chapter representative of Kansas for Prevent Child Abuse America. The goal is to apply the framework of Standards of Quality for Family Strengthening and Support to each individual FRC. These standards are described by Kansas Family Support Network (KFSN). KFSN is a member of the National Support Network.

Kansas DCF is partnering with schools and community service providers in Emporia, Hutchinson, and Wichita to create Communities Supporting Families. The goal is to refer families where abuse and neglect are not a concern, rather in need of a connection to services while building the family’s own capacity. DCF hopes are to reduce the number of families who come into formal contact with DCF through the intake process who do not need DCF intervention, rather a connection to services. The collaboration between each of the school districts and Kansas DCF is solidified with an inter-agency agreement. In each agreement, DCF provides funding to the school districts for a position directly managed and employed within their district. The expectation is these positions will identify and be an access/resource to families needing/requesting support and assistance at the earliest point in time. The hope is to be of service to families with a focus on early intervention and prevention within their communities without the need for DCF involvement. This is one example of DCF efforts to link partners as supporters in addition to mandated reporters so families can be wrapped with services before stresses potentially escalate to a level of needing a report to DCF. In Emporia, August 2022 – February 2023, the Student Liaison Specialist, employed by Emporia Public Schools, had contact with 226 families. In Hutchinson from mid-August 2022 to February 2023, the School Liaison of Hutchinson Public Schools had contact with 261 students. The Wichita region has two Family Resource Liaisons who are in four schools, two elementary, one middle school, and one high school beginning in August 2022. The Family Resource Liaisons within Wichita meet individually and in groups with students as well as parents to address hygiene and truancy concerns. Wichita’s Communities Supporting Families has been successful in connecting families to local resources. DCF has noticed a slight reduction of Families in Need of Assistance Reports in Emporia and Hutchinson. Due to Covid-19, the norm has changed. It is predicted DCF will have a solid understanding of the impact of Communities Supporting Families on DCF reports by the completion of the next academic year.

These are a few of the new initiatives Kansas DCF began in SFY2023. More details of these initiative and others will be discussed in section C.1.

Kansas Regional Map

DCF Regions



A.1: Prevention and Protection Programs Administered by DCF

DCF PPS is responsible for administering the State's Family and Child Well-Being programs as follows:

The State administers Family and Child Well-Being services through regional offices and contracts. DCF Child Protective Services (CPS) Specialists complete child abuse and/or neglect investigations, family in need of assessment cases, and may provide or refer to prevention services including Family Services, Family Preservation, and Family First grants. When all prevention services to maintain children safely within their home have been exhausted, the CPS Specialist may also need to initiate process for referral to foster care services and adoption services.

Provisions of the following Acts are incorporated into and implemented through the Kansas Child in Need of Care (CINC) process:

Title IV-B, subpart 1, Stephanie Tubbs Jones Family and Child Well-Being Services;
Title IV-B, subpart 2, MaryLee Allen Promoting Safe and Stable Families;
The Indian Child Welfare Act (ICWA) of 1978;
The Fostering Connections to Success and Increasing Adoptions Act of 2008;
The Preventing Sex Trafficking and Strengthening Families Act, 2014;
The Child Abuse Prevention and Treatment Act (CAPTA);
The Comprehensive Addiction and Recover Act of 2016 (CARA);
The Victims of Child Abuse Act Reauthorization Act of 2018;
The Family First Prevention Services Act (FFPSA);
The Consolidated Appropriations Act, 2018;
The Supporting Foster Youth and Families Through the Pandemic Act (Division X)
The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2019;
and; The Further Consolidated Appropriations Act, 2020.

The Child and Family Services Plan (CFSP) 2020-2024 may be found on the PPS webpage at:
<http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx>

The current Revised Kansas Code for Care of Children [K.S.A 38-2201et seq.] may be found at:
http://kslegislature.org/li/b2021_22/statute/038_000_0000_chapter/038_022_0000_article/

The current DCF PPS Policy and Procedure Manual (PPM) may be found at:
<http://www.dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx>

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A.2: Agency Mission: To protect children, strengthen families and promote adult self-sufficiency

The Kansas Department for Children and Families (DCF) initiatives strive to engage children, youth and adults in evidence-based prevention strategies designed to increase the child and family’s safety, stability, and well-being. Such strategies focus on the whole family, by providing services at all levels to meet the unique needs of each family served. PPS and community service providers collaborate to ensure families experience timely and effective services and interventions. PPS and its providers work alongside families. With DCF’s philosophy of families at the center, family participation and feedback drives practice.

The agency seeks meaningful ways to keep children safe, promote healthy development of children and ensure youth who have transitioned from care receive services needed to promote self-sufficiency.

In FY2023, Strategic Implementation Teams (SIT) began achieving what each set out to do. The foundation for this work is represented in the document below. “What We Believe” expresses DCF’s values toward clients and each other within the agency.



The current SITs are:

- **Community Engagement** – this team had success in implementing a new agency-wide policy which allows full-time, benefits eligible employees with at least six months of DCF experience and in good standing to take up to four hours of paid time off each month to participate in volunteer programs. To support DCF’s community partners, DCF staff now can take time to step into the community and be hands on in participation by donating their time. As stated in the announcement, Secretary Laura Howard said, “I encourage all employees to become involved in their communities. This is a great way to make connections with your neighbors and fellow employees and positively impact the quality of life in Kansas.”

- **Diversity, Equity, and Inclusion (DEI)** – In August 2022, this committee launched the Ally Support Network (ASN) to provide opportunities for DCF team members to come together to enhance their knowledge and practice around DEI concepts. A DEI consultant has also been hired to grow the DCF equity program. DCF currently has two full-time staff members dedicated to DEI. ASN has 65 members with 13 of them representing from the DEI committee and two members being the full-time DEI staff. Learning opportunities are attached in Attachment 117 ASN Intro Sessions Series Descriptions. A subcommittee was formed from DEI committee members to “relaunch” the ASN to include additional recruitment opportunities, handouts, and virtual and in person events. The DCF committee has hosted in person and virtual events across the state of Kansas. The committee completed an open house tour in August 2023 to Western Kansas to reach more staff. The tour included Garden City and Hays. Open houses are for individuals in the region to drop by and learn about DCF’s DEI initiatives, share their experiences, and connect with DEI committee members.
- **Holistic Service Delivery** – This SIT developed and implemented what is now known to agency staff as Communiversity. Communiversity is a strategy for promoting cross knowledge of agency programs among staff. The Communiversity kicked off with educational sessions related to Adult Protective Services (APS). Attendees learned the population served by APS and the role of Protection Specialist practitioners. Steps taken during and APS investigation were briefly described to attendees as was the assessment and decision-making process. Using APS as an example, the program plans to connect with the agency communication team to build and offer future learning sessions for staff featuring new curriculum. More sessions with other programs are scheduled to be available for staff soon. All curriculum and sessions will be stored and available for staff to visit and experience at their pace.
- **Modernize and Enhance Employee Experience** – This committee’s work has concluded. A final initiative was the creation of the Employee Advisory Committee.
- **Employee Advisory Committee** – EAC was established in April 2022 for the purpose of working with DCF Leadership. The charter indicates this group wants to identify suggestions, make recommendations, and advise on the impact of policies. In their first year, EAC completed an Employee Appreciation Survey, allowing the committee to draw out major themes. EAC has also developed a podcast for DCF employees which connects a professional from leadership to a professional on the frontlines for a day. At the conclusion of the first full year, EAC has decided to open five member positions and are currently working on member selection. EAC will be announcing new candidates as well as plans for 2023-2024.
- **Measurement** – This SIT was designed to create tools for DCF teams, provided consultation, and methods for measuring their initiatives. The Measurement SIT concluded work in 2021. There is no final report from this SIT.
- **PPS Kansas Practice Model Statewide Implementation Team** – This team was developed to create, customize, and implement a practice model which integrates different practice approaches as we work alongside families, their natural supports, and community partners on the journey toward improved safety and well-being for families. The SIT is responsible to provide and respond to continuous feedback on the Kansas Practice Model (KPM). Discussion of what is working, identifying barriers, and to serve as the link between implementation and practitioners. It is expected the SIT will meet four times per year. One 2-day Annual Implementation Planning Meeting and three 1-day Quarterly Implementation Planning Meetings. SIT members can launch

work groups as needed. It is anticipated a portion of the SIT membership will rotate each year to balance the need for stability with the need for refreshed energy, ideas, and representation." Members include: Assistant Regional Directors, Assessment/Prevention Administrator, Child Protection Supervisors, Learning & Development Specialist, CPS, TDM Facilitator, TDM Supervisor, Program Administrator, Child Protection Supervisor, Foster Care Admin, Administrator of KPRC, TDM State Coordinator Learning & Development Specialist, Family Finding & Independent Living, Administrator of KPRC, Director of CCWIS, Director of Safety and Thriving Families, Performance Improvement and Learning & Development, Safety and Thriving Families Administrator; ICPC Compact Administrator, Curriculum Development Specialist, Professional Development Program Manager, Family Preservation Program Administrator, KanCoach/KS Strong.

Integral in the SITs and across the agency is the shared vision below:

- Innovation Environment and Inclusivity
- Strengthening Customer Experience
- Maximizing Collaboration and Community Engagement
- Cultivating Leaders at All Levels
- Capitalizing on Technology
- Maximizing Communication and Engagement
- Becoming a Holistic and Comprehensive Agency

Along with the foundational values of transparency, walking alongside and honoring families, the six actionable strategies developed include:

- Build on intentional agency character around Diversity, Equity, and Inclusion
- Modernize and enhance the employee experience
- Build cross-functional knowledge
- Cultivate leaders at all levels
- Advance holistic service delivery
- Engage with community

Supporting these strategies are to create, prioritize, build, and deploy a comprehensive technology plan and inspire two-way communication. Foundational to these strategies are valuing the voices of clients and employees and being clear about abilities within federal, state, and other mandates.

B. Overview of the Child and Family Services Plan (CFSP)/ Annual Progress and Services Report (APSR) and the Child and Family Services Review (CFSR)

The Kansas Child and Family Services Plan is a five-year strategic plan covering FY 2020-2024, that was submitted June 30, 2019. The first annual update, APSR 2021, was submitted June 30, 2020, the second annual update, APSR 2022, was submitted June 30, 2021, and the third annual update, APSR 2023, was submitted on June 24, 2022. The information contained within this annual update outlines activities

completed since the APSR 2023 submission and addresses planned activities for FY 2024. Throughout this plan, DCF has responded to ACYF-CB-PI-23-01 as prescribed. Responses provided follow the Program Instruction format and can be found throughout sections C-G.

C. Requirements for the 2024 APSR

C.1: Collaboration

Throughout the Kansas Family and Child Well-Being System exists many avenues of cross partnerships, collaboration, feedback loops and ongoing opportunities to team together for the sake of the families we serve. Daily discussions occur between the Department for Children and Families and partners, communities, and sister agencies. Throughout this state plan, there will be continual references to such occurrences. For purposes of focusing on longstanding collaborations, some examples are provided in the section below. In Kansas, Family and Child Well-Being collaboration continues to evolve and remains fluid, constantly allowing opportunities for new partnerships and connections to begin.

C.1.a. Kansas Department for Children and Families

PPS consistently works alongside other divisions within the agency whose services directly impact families. The Deputy Secretary meets every other week with leaders of the following programs which make up Family Services: PPS, Economic and Employment Services, Rehabilitation Services, Child Support Services, and Foster Care and Residential Facility Licensing. These programs work together on a continual basis to ensure families are connected to all services for which they are eligible, thus bringing stability to the family environment.

In addition to the areas outlined below, Kansas has ongoing collaboration with Kansas Tribal leaders to foster open communication and good-working relationships. Collaboration occurs between PPS and the four federally recognized Tribes headquartered in Kansas with PPS extending invitations to participate in policy and procedure venues, workgroups, and committees. Kansas DCF created a new position in 2019, Tribal Specialist, with the intention to further strengthen collaboration with all Kansas Tribes. The current Tribal Liaison is an active member of one of the federally recognized Tribes headquartered in Kansas and who has many years of work within the Kansas child welfare system.

All workgroups/committees serve as an opportunity to solicit input, address case review results, CFSR outcomes, Program Improvement Plan (PIP) goals and activities, and to review policy. Standing PPS workgroups/committees consist of both internal and external stakeholders, including:

Prevention and Protection Services Administration and Regional Administration meetings are held every other month. This venue provides PPS an opportunity to review outcomes as they relate to safety, permanency, well-being, and review the seven CFSR systemic factors. Information is shared regarding the Program Improvement Plan, policy changes, upcoming initiatives, and legislative topics.

Comprehensive Addiction and Recovery Act Workgroup is currently suspended. This group's purpose is to review and discuss opportunities and ideas to improve policy and procedure for Prevention and Protection Services, Assessment and Prevention (AP), specific to the Comprehensive Addiction and Recovery Act (CARA). The group addresses performance improvement with respect to meeting requirements of CARA training and community collaboration efforts. This group will be reinstated. The CARA workgroup was initiated in order to support implementation of the new CAPTA requirements. The group met quarterly through 2019. The goals of the CARA workgroup for initial implementation were

met. Reinstatement of the CARA workgroup or evaluation of a current workgroup to encompass this work is on the roadmap for SFY2024.

The Family Preservation Advisory Workgroup meets quarterly to discuss continuous quality improvement (CQI) for the DCF Family Preservation program. Participants include front-line staff and supervisors from both DCF and the Family Preservation Case Management Providers (DCCCA, TFI and Cornerstones of Care), and DCF Program Improvement staff. This workgroup is charged with serving as a forum for data review and analysis, identifying trends, monitoring outcomes, reviewing family feedback as provided on the new Client Satisfaction Surveys, and collaborating on policy development and revisions. While this workgroup suspended meeting in SFY2022 due to limited policies being reviewed, there is intention to re-establish this group in SFY23.

The Family Preservation Program Director's Meeting meets monthly to support new Family Preservation contractors with program implementation. Family Preservation Program Directors, Family Preservation agency leadership, and Regional Assessment and Protection Administrators are invited to discuss referral numbers, outcomes, successes, and challenges regarding Family Preservation in Kansas.

Early Childhood Directors Meeting occurs every two weeks to collaborate and align initiatives, funding streams and keep each other apprised of what is happening within their respective agencies. Agency partners include Kansas Department of Health and Environment (KDHE), Kansas Department of Education (KSDE), DCF and Kansas Children's Cabinet. This group and their discussions are captured by the University of Kansas Center for Public Partnership and Research (KU-CPPR).

The Interstate Compact on the Placement of Children Workgroup meets monthly and is facilitated by Kansas Interstate Compact of Children (ICPC) staff. This workgroup consists of Kansas ICPC staff, Child Welfare Case Management Provider (CWCMP), and DCF regional ICPC staff and supervisors. The goal of the workgroup is to review, clarify, and revise policies and procedures related to ICPC issues and to discuss best practices to ensure ICPC cases are being handled uniformly across the state of Kansas. The group also meets to discuss ICPC issues or concerns and to answer any questions.

Kansas Crossover State Policy Team. This multi-system and multi-agency collaboration at the state level works to identify and ameliorate barriers to addressing crossover in Kansas. The Kansas Crossover State Policy Team fosters a system of care inclusive of Family and Child Well-Being, juvenile justice, education, mental and behavioral health, and legal stakeholders that is comprehensive and adaptable to meet the unique needs of communities. The intentional and genuine partnership among multiple agencies strengthens the system of care by enabling information sharing, striving for continuous improvement, and purposely incorporating the voices of youth and families into all decisions affecting themselves and their communities. The team meets monthly and includes participation among multiple state agencies. These partners include Sedgwick County Assistant District Attorney, 4th Judicial Community Corrections, Kansas Dept. of Corrections (KDOC), DCF, OJA, Kansas State Department of Education (KSDE), Brown County Sherriff, Ellsworth Police Department, USD 237 (Special Education Director), KVC, Saint Francis, DCCCA, Kansas Family Advisory Network, Wyandotte County Court Services, Children's Alliance, Kansas Health Institute, TFI, and Cornerstones of Care.

Permanency Advisory Committee is facilitated by PPS. The committee meets approximately four to six times a year to promote coordination between PPS and Family and Child Well-Being stakeholders. Membership on the committee includes: PPS Deputy Director of Permanency, PPS Permanency Program Administrator, PPS Foster Care Program Manager, PPS Adoption Program Manager, PPS Independent Living Program Manager, regional PPS and Performance Improvement staff, CWCMP staff, Kansas Tribes, Kansas Family Advisory Network (KFAN), Kansas Foster and Adoptive Parent Association

(KFAPA), Wichita State University (WSU) Caregivers Support Association, CWCMP Providers, Child Placing Agencies, and foster and adoptive parents. This membership allows for policy and program input from caseworkers, supervisors, birth parents, foster parents and relative caregivers. The CWCMPs also continue to ensure family involvement at a policy-making level by holding stakeholder-feedback meetings and foster parent advisory board meetings to solicit input from youth and families about agency policy and practice.

Adoption Policy and Adoption Assistance Advisory Workgroup meets 2-3 times a year to review, discuss and develop adoption and adoption assistance policies to reflect best practice. The goal of the workgroup is to improve the effectiveness, efficiency, and permanency outcomes for children with a goal of adoption. Statewide standardization and adherence to determining initial and ongoing IV-E and State eligibility, and negotiations and renegotiations of adoption assistance, will result from this workgroup. Members of the workgroup include PPS Administration, regional administrators, supervisors, adoption assistance specialists, eligibility staff and CWCMPs. In a focus group conducted last year with CMP and DCF staff, DCF learned the Adoption Tracking Tool (ATT) was useable and helpful for practice, particularly in the case of passing cases to new staff when there is turnover or case reassignment and for capturing all of the gathered information successfully. Staff reflected they weren't sure the tool was being used by the courts. In response, KU is launching a survey with court and legal staff in partnership with OJA. IRB has approval and it will be launching in August 2023 to get input from Das, judges, GALs, etc. From case read data from DCF, it was noted cases that were revived and eligible for the ATT, the ATT was not always present, but when it was present, it was completed to the degree of completeness and quality expected. Use of the tool may feel slow, but fidelity to the tool is positive. ATT will continue to be explored in additional planned case reads and court observations. Stakeholders will be reminded of ATT at upcoming Adoption Policy Workgroup and Permanency Advisory Council (PAC) meetings in FY24.

The Kansas Adoption Network, as coordinated by AdoptKSKids, meets at least quarterly to review, discuss, and provide input on adoption practices and policies to reflect best practice. The goal of the workgroup is to improve the effectiveness, efficiency, and permanency outcomes for children with a case plan goal of adoption, as well as work toward standardization of procedures amongst contractors, grantees, and other partners across the state. Members of the workgroup include may include PPS Administration, regional administrators, supervisors, and various CWCMP staff.

Psychotropic Medication Workgroup was initiated in 2012, to decrease the prevalence of psychotropic medication prescriptions among children in out-of-home placement within the Kansas foster care system. The workgroup convened specifically to address Centers for Medicare and Medicaid Services (CMS) Information Bulletin dated August 24, 2012, regarding the foster care population. The workgroup is comprised of members from DCF, KDADS, KDHE, KDOC, CWCMPs, Managed Care Organizations (MCO), physicians, pharmacists, and psychiatrists. For additional information on the work of this group, see Health Care Oversight and Coordination Plan, Attachment 2.

Family First Prevention Services Act (FFPSA) and Kansas Strong Interagency and Community Advisory Board

The Interagency Advisory Board (ICAB) is a Kansas cross-system multi-agency collaboration that was established to support two statewide implementations: The Family First Prevention Services Act and Kansas Strong for Children and Families. The ICAB's overarching goal is to support and activate a comprehensive service array that spans a broad continuum of care (Coc) for families by: (1) building cross-sector knowledge of needs, gaps, challenges, and best practices; (2) using data and CQI to monitor

processes and outcomes; and (3) developing and executing action plans to address service gaps. There is one statewide group that meets quarterly and 6 regional boards that meet at least three times a year. The statewide group is comprised of statewide agency and service representatives across sectors (e.g. Family and Child Well-Being, corrections, public health, health, early childhood, behavioral health, courts and legal systems, etc.). Regional groups, co-led by community and Family and Child Well-Being leaders for each region, are comprised of regional stakeholders across child/family serving sectors. In SFY2023, a new group for the Family First Family Council was selected. Members of the family council include those with lived experience with the child welfare system and/or prevention services as a caregiver or youth. Throughout SFY2023, members of the Family Council participated in the Statewide and Region ICAB's to integrate family and youth voice. See Attachment 3 for the ICAB Fact Sheet.

Family First Family Council (FFFC)

The Family Council, implemented in SFY2022, is an advisory board of Kansans with experience in the child welfare system and/or prevention services as a caregiver or youth. The goal of the Family Council is to integrate family and youth voice into the Family First Prevention Services implementation in Kansas. The council is made of three members from each of the six DCF regions as well as members from the Family First evaluation team, the Family First prevention team, and the University of Kansas Center for Public Partnerships and Research. Family Council members must apply to be selected and serve a one-year term. They are required to attend at least six meetings and receive a stipend for participation. See Attachment 4 for the Family Council Fact Sheet.

Family First Case Manager Workgroup

This group meets at least quarterly to discuss program process, review policy, as well as agency vision and culture. The goal of the workgroup is to improve the statewide capacity of the Family First program and each evidence-based model within the program, promote best practice of the program, and enhance DCF's collaboration and coordination with the providers and community-based services. The group is comprised of Family First case managers, their supervisors, and is hosted by the prevention team.

PPS Kansas Practice Model Statewide Implementation Team (SIT) see section A.2.

Kansas Tribal Collaboration purpose is to discuss policy changes, suggestions for improved procedures and/or communication with DCF and identify any unmet needs and assist with solutions if needed. This includes supporting the tribes through transitions that could affect their capacity. DCF Tribal Specialist meets individually with each federally recognized Tribe headquartered in Kansas monthly. These meetings are set up at the first of the year for twelve months. As per the grant DCF meets quarterly with the Kansas Tribes. In FY2023, attendance has grown consistently amongst all invested parties. The required quarterly grant meetings are scheduled at the first of the year for the next twelve months. Representatives include Tribal social service administration, Tribal Leadership/Council, Tribal case workers, Tribal Family and Child Well-Being Specialist, ACYF Children's Bureau (CB) Region 7, Kansas Office of Judicial Administration (OJA), DCF Tribal Specialist, DCF Foster Care Administrator, DCF State Plan Administrator, DCF PPS Legal and additional DCF program staff as specific questions or requests arise.

This last year Indian Child Welfare Act (ICWA) cases were a constant discussion. From Intake to Change of Venue (COV) cases. Discussion outcomes produced an ICWA list maintained in OneDrive folders for each tribe. This allowed the tribe or DCF access to make notes. DCF would check the screen out intakes once a month against the ICWA list and add to the file folder.

Another ICWA discussion outcome that is driven by the tribe. They requested a monthly meeting with the contractor to discuss ICWA cases. This allows the opportunity to request copies of missing forms, dates of upcoming meetings, case plan tasks being met, and creates ICWA relationships. ICWA cases are current. Each tribe has their own specific sign-in when accessing the individual file or the All tribes file. The tribes are also able to submit/add information resources, etc. to either file folder they choose. Each meeting is not listed individually. Each tribe has a monthly meeting with DCF, they help design the agenda, facilitate the meeting, and brainstorm challenges. This will be a future quality assurance type task for tribes and state. The majority of tribe and state meetings were virtual. Some of those meetings were recorded. There are some meeting minutes toward the end of the year from the Tribal Specialist who volunteered to record, save data and information from the meetings. With the monthly meeting being new for all, the meetings were adjusted along the way to accommodate tribes. Tribal and DCF staff capacity is an on-going challenge. There were samples of meeting minutes to present the format and meeting results, group goals, challenges, and successes.

Kansas Youth Advisory Council (KYAC) meets monthly and serves as the voice of youth and young adults who have experienced foster care custody, Tribal Authority custody, or KDOC-JS custody at age 14 or older. KYAC is designed to empower youth and young adults by having an organized structure for them to share their experiences and provide recommendations concerning the Family and Child Well-Being system in Kansas and on a national level. Youth and young adults ages 14 to 25 may apply to participate in KYAC. Pathway Family Services is the current contractor to facilitate KYAC. Members include: KYAC council members, DCF Independent Living staff, CWCMP Independent Living staff, Tribal Independent Living staff, KDOC-JS staff.

C.1.b. DCF and the Legal Community: Continuing Legal Education in Social Welfare

Kansas DCF has identified a connection point of opportunity for ongoing improvement. The social and legal systems hold important roles in establishing safety and moving families forward. For information regarding statewide collaboration between the Office of Judicial Administration (OJA)/Courts and DCF, see Section C.1.k. There can sometimes be a lack of clear communication about system wide updates and changes within the agency. DCF is creating and encouraging a culture of intentional collaboration between the local legal and social services systems in Kansas.

Social and legal partners need to communicate and have a clear understanding of the how systems work and more importantly how the two systems can work together to benefit families. DCF created a social and legal series called “DCF Social & Legal Connection Series: Creating Shared Learning Opportunities to Strengthen Families” hosted on September 13, 2022, and November 2, 2022. DCF co-hosted Continuing Education Units (CEU) for social workers and DCF employees as well as Continuing Legal Education (CLE) credits for Judges, Parent Attorneys’ Guardian Ad Litems, and Prosecutors across the state of Kansas in collaboration with the implementation of the KPM. The following topics were provided to attendees:

- “Kids2Kin,” a Family First program which helps kinship caregivers obtain the legal documentation to care for children.
- “Kansas Practice Model: How Iowa Judges & 4 Questions are Keeping Families Safe & Together,” Kansas hosted two Iowa Judges (Judge Nicol and Judge Owens), Dr. Amelia Franck Meyer, and Ellis County Attorney Robert A. Anderson, Jr. to highlight the changes Iowa Juvenile Court has made with the “4 Questions” and highlight the Kansas Practice Model to show how these changes are keeping families safe and together.

Additionally, DCF regional staff meet with Judges and Prosecutors outlining the new prevention programs through Family First, their county specific data, and ways to best assist families as they navigate through DCF services.

DCF plans to continue to build upon the foundation laid and to maximize relationships with legal partners to strengthen shared trust and advocacy promoting healthy families across Kansas.

C.1.c. Collaboration between DCF and other States: Kansas/Missouri Border Agreement

Kansas DCF and the Children’s Division of the Missouri Department of Social Services continue to operate under a border agreement for the placement of children across state lines. Proposed placements must originate from a county bordering the state line and the placement must also be in a county bordering the state line. Placements made under this agreement shall not exceed 90 calendar days unless an ICPC request has been initiated. Under this agreement, children may be placed closer to their family and support network, even if the placement is in the other state. Please see Attachment 5 Kansas/Missouri Border Agreement.

C.1.d. Governor’s Behavioral Health Services Planning Council

Kansas DCF PPS continues to collaborate with the Governor’s Behavioral Health Services Planning Council (GBHSPC) in SFY 2024 by sending representatives to serve on subcommittees. The Deputy Director of Permanency is the standing representative for these bi-monthly meetings. Additionally, in 2020, DCF added a Director of Medicaid and Children’s Mental Health and this Director attends and serves on the committee.

The annual recommendations from the Subcommittee on Children’s Mental Health are presented to the Secretary of KDADS and other state agency secretaries are invited to attend.

The Children’s Mental Health subcommittee was initiated in 2004 and established a membership to bring voices of parents, youth, caregivers, educators, service providers, state agencies. Membership includes Kansas Department of Corrections- Juvenile Services (KDOC-JS), KDADS, Kansas DCF, and representatives of the state education system. There are other agency stakeholder representatives involved and share interest in accessibility of quality mental health services for children and their families.

The subcommittee focuses on agency and community collaboration, education and advocacy for children and families. They are charged with researching and evaluating services and programs for quality, accessibility, location, and effectiveness of behavioral health services available to families through local Community Mental Health Centers (CMHC), the education system and other resource agencies available to families. From their research and evaluation, the subcommittee develops recommendations and submits them annually. The recommendations serve as strategies to improve the array and quality of behavioral health services offered to families in Kansas.

The subcommittee is planning to focus its efforts in SFY24 on sustaining the KSKidsMap Program and emphasizing parent engagement, diversity, equity, and inclusion in their advisory role.

The 2022-23 Annual report was presented to Secretary Howard and Governor Laura Kelly, see Attachment 6. In general, annually, all subcommittees develop goals and report out recommendations through shared reports with the Governor’s Behavioral Health Services Planning Council (GBHSPC), the Secretary of KDADS and the governor. The information is reviewed by KDADS and the Governor's Office and decisions are made based on, which recommendations can be implemented that year with existing resources, which recommendations would require agency budget enhancements to be implemented in the following year, which recommendations require new legislation to implement during

the upcoming session to be implemented in the following year, and then which recommendations would require changes in Medicaid/KanCare to be implemented. Based on those determinations, KDADS follow the budget and legislative agenda process and recommendations are prioritized by KDADS for the Governor's Office, which ultimately determines which recommendations end up in front of the Legislature. At the end of the legislative session, KDADS find out which recommendations were enacted and passed into law or added to the agency budget for implementation along with any others that fit into our existing agency budget and authority. Sometimes recommendations may be made by the subcommittees for several years, before being implemented.

One sub-committee is The Children's Subcommittee. This sub-committee generates recommendations for the GBHSPC regarding the behavioral health system of Kansas as it relates to Kansas children and their families. The GBHSPC reviews not just this subcommittees recommendations but other existing subcommittees and presents all Behavioral Health recommendations to the Secretary of KDADS and the governor.

Below is a summary of the subcommittees goals:

Children with Dual Diagnoses:

- Explore* and identify the need and gaps in services for Dually Diagnosed children (IDD/MH; ASD/BH) including workforce issues such as lack of training and availability of providers, funding, system involvement and limits.

*Clarification of the role of CMHCs, CDDOs, consider recommendations from the Special Committee on Mental Health Modernization and Reform.

KSKidsMAP:

- Continue to serve as the advisory council for KDHE's KSKidsMAP pediatric mental health grant.
- Make progress on the recommendation to sustain the program by continuing to research and identify opportunities or actions for the committee or others to take to sustain the project

Continuum of Care & Parent and Community Engagement:

- Explore how Community Mental Health Centers, Federally Qualified Health Centers, Psychiatric Residential Treatment Facilities, Qualified Residential Treatment Program are engaging the community to educate and collaborate with primary care providers, caregivers and parents, schools, and other agencies.

Note about this goal: we are concerned about making recommendations regarding prevention, we want to raise the awareness and make information available to parents before behavioral health needs are present to increase early access to services and supports. We are also interested in what gets and keeps parents engaged in treatment and care of their child.

Currently, the sub-committees are drafting their annual reports to present to the Council at the Full Council meeting scheduled for September 20th, and then Secretary Howard in October 2023.

C.1.e. Systems Collaboration

In Kansas, programs and services impacting children in custody of the Secretary of the Kansas DCF, are provided by DCF, the KDADS, the KDHE, the KSDE, and the KDOC-JS, and community service providers/organizations. These programs and services include Medicaid (KanCare), Home and Community Based Services (HCBS) waiver service, CMHC, intellectual developmental disability

services, Psychiatric Residential Treatment Facilities (PRTF), state hospitals, juvenile corrections, and early childhood education. As a result, the ongoing collaboration of all State agencies is essential to ensure the health and well-being of children in the custody of DCF.

Collaboration with other State agency and community organizations has occurred individually and in various workgroups with each of these agencies and DCF for many years. Since 2019, DCF and KDADS share leadership from the same Secretary. This has dramatically increased the communication and collaboration between these two agencies. Due to COVID-19 restrictions DCF and sister agencies have utilized Microsoft Teams and teleconferences to continue their collaboration on behalf of the youth in foster care.

In previous years, system coordination and collaboration were identified as areas where opportunities for growth were present to improve health care oversight and coordination for children in DCF custody. In Kansas, key system collaboration workgroups exist. A few examples of this coordination/collaboration exist in the following:

Foster Care in KanCare provides advice and consultation to KDHE and KDADS regarding KanCare issues that affect children in state custody. The workgroup addresses KanCare issues unique to children in DCF custody. The workgroup meets monthly and is comprised of representatives from DCF, KDHE, KDADS, KDOC-JS, Family and Child Well-Being Case Management Providers (CWCMPs), and the three Medicaid Managed Care Organizations (MCOs).

State Agency Foster Care in KanCare provides advice and consultation to KDHE and KDADS regarding KanCare issues that affect children in state custody. The workgroup is comprised of state agency representatives only. They meet monthly, at a minimum, and at times twice monthly. This workgroup focuses on issues, barriers, and state agency coordination specific to children in DCF custody.

Both workgroups include multi-state/community agency participation necessary to support ongoing collaboration to ensure children in foster care receive appropriate medical/mental health services.

PRTF Stakeholders: In SFY 2017, a third workgroup was formed to work on issues related to children in foster care who are receiving or need to receive treatment in a PRTF. The “PRTF Stakeholder” group meets bi-monthly and is coordinated and facilitated by PRTF providers. Participants serving on this group include the PRTFs, KDADS, DCF, KDOC-JS, KDHE, CWCMPs, and the three MCO. Examples of processes this workgroup implemented to reduce the need for PRTF placement and reducing PRTF waitlists are explained below.

DCF partners with KDHE, KDADS and the MCOs to reduce the number of children on the PRTF waitlist through reviewing the status and services provided to each youth on the waitlist. This review occurs every two weeks. For each youth, the review captures the amount of time on the waitlist, current placement, available services, and current services being offered. If a youth is not participating in services which may be of benefit, this group reaches out to the CWCMP to determine if a referral to services is appropriate and if appropriate services are available in the community where the child resides. Ongoing obstacles are shared with sister agencies and in other groups focused on KanCare issues.

PRTF Referral Process: Referring a youth in foster care to a PRTF is the responsibility of the Family and Child Well-Being Case Management Provider (CWCMP). The MCO assigned to the child is responsible for requesting a Pre-Authorization Review (PAR) from the child’s local CMHC. Once the Cognitive Behavioral Skills Training (CBST) and PAR are completed, the CMHC will submit both back to the assigned MCO. Within the documentation the CMHC is to include whether they support PRTF treatment

or recommend diversion based on their review. The MCO will review the documents and determine if medical necessity is met for PRTF level treatment.

When a youth is approved for treatment in a PRTF the MCO will contact the CWCMP who decides which PRTF facility the youth will be referred to based-on location, available beds, gender, and individual needs of the youth. The CWCMP considers each facility and the program they operate within to determine the best match. If a facility does not have an opening, the youth is placed on a PRTF waitlist until an appropriate bed becomes available.

The MCO, DCF and other community supports involved with the family/youth are included in planning when a youth is ready to be discharged from their PRTF placement. The MCO has the option to convene a “Complex Case Staffing” at any time during the discharge planning process. Communication and input from the MCO, DCF PPS staff, the CWCMP, caregiver(s) of the child, and KDADS all determine if a “Complex Case Staffing” is warranted or necessary. When held, the complex staffing focuses on strategies for discharge and/or appropriate placement options for youth continuing to exhibit high needs.

In SFY 2020, DCF added a treatment transition rate available to all relative, foster placement, or other caregiver situations regardless of which MCO the youth is assigned to. This rate level allows reimbursement for the cost of being active and present in the youth’s discharge planning. Active participation from the caregiver is important to stabilize and successfully transition the youth back into a family setting in their community. Caregivers must participate in the treatment plan identified by the program being delivered within the facility to qualify for this rate of care. The rate is available to the caregiver for up to 6 months (180 days) while the caregiver engages in the additional services needed to help transition the youth into their care.

Youth who are diverted from PRTF admission are referred for community services.

KDHE has implemented One Care Kansas (OCK), which provides coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. OneCare Kansas expands upon medical home models to include links to community and social supports. OneCare Kansas focuses on the whole person and all his or her needs to manage his or her conditions and be as healthy as possible. All the caregivers involved in a OneCare Kansas member’s health communicate with one another so that all of a patient's needs are addressed in a comprehensive manner.

OneCare Kansas is intended for people with 1 serious and persistent mental illness, defined as having at least one of the following diagnoses:

- Schizophrenia
- Bipolar Disorder
- Major Depressive Disorder
- Or one chronic condition defined as people who have Asthma that also are at risk for developing:
 - Diabetes
 - Hypertension
 - Kidney Disease (not including Chronic Kidney Disease Stage 4 and ESRD)
 - Cardiovascular Disease
 - COPD
 - Metabolic Syndrome
 - Mental Illness (not including Paranoid Schizophrenia and Severe Bipolar Disorder)
 - Substance Use Disorder

- Morbid Obesity (body weight 100lbs over normal body weight, BMI greater than 40, or BMI over 30 with obesity-related health problems)
- Tobacco Use or exposure to secondhand smoke

Below is a table providing the number of youths in foster care who were enrolled in One Care Kansas each month from January 1, 2022, through December 31, 2022.

Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
264	278	342	349	366	377	378	380	380	382	331	327

In 2021, the Kansas DCF Medicaid and Children’s Mental Health (MCMH) team identified a need for an additional level of care, therapeutic family foster homes, for children with high behavioral, mental and/or physical health needs. The MCMH team began researching other similar programming throughout the nation and in 2022, a consultant group, comprised of the MCMH team, case management, child placing, and training agencies convened to define the new level of care. The Kansas therapeutic family foster home level of care is guided by the National Standards of the Family Focused Treatment Association (FFTA). This level provides 24-hour care for children and youth with high acuity needs and in out of home placement. The goal is to meet their safety and well-being needs in the community. Kansas currently has 10 children and 12 homes approved for this level of care. A report was not generated. The group developed the Therapeutic Family Foster Home level of care for the DCF Placement Services Standards Manual.

C.1.f. Kansas Department of Corrections – Juvenile Services (KDOC-JS) and the Office of Judicial Administration (OJA)

DCF PPS collaborates with the KDOC-JS and the OJA on issues affecting populations in the custody of and/or served by DCF and KDOC-JS.

In October 2019, Kansas began working with Georgetown University’s Center for Juvenile Justice Reform (CJJR) to implement the Crossover Youth Practice Model (CYPM). The CYPM was established in 2010 and has since been introduced in over 120 jurisdictions across the United States. Research demonstrates the CYPM is effective in reducing out-of-home placements and recidivism while increasing prosocial outcomes among crossover youth, young people who are involved with both the juvenile justice and child welfare systems. The CYPM has been recognized as a “promising practice” by the California Evidence-Based Clearinghouse and the National Institute of Justice and is featured in the Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide. Three state agencies, the KDOC-JS, the DCF, and the OJA support the CYPM at the state and local levels. These stakeholders, under the guidance of The Center for Juvenile Justice Reform (CJJR), initially convened the Kansas Crossover State Policy Team (SPT) in the Fall of 2019. In addition to representatives from KDOC-JS, DCF, and OJA, there are representative members on the SPT from various fields including mental health, behavioral health, education, court and legal personnel, law enforcement, tribes (DCF Tribal Specialist), a parent with lived system experience, foster care, and others. The purpose of the team is to assist in identifying challenges and related solutions to improve how crossover youth and families experience the various systems and agencies they encounter.

In November 2021, DCF, KDOC and OJA entered a Memorandum of Understanding (MOU) to allow for, and support needed data sharing to improve the collection, tracking and analysis of data as relates to populations served by the child welfare system and juvenile justice systems. This guides the agencies in

providing appropriate evidence-based programs/practices for youth needing services. See Attachment 7 for the MOU.

The multi-system and multi-agency SPT meet via a virtual platform monthly for two hours. This group examines and evaluates state policies impacting the crossover youth population. They identify opportunities to change policies and practices to better serve youth and families. The group embodies cross-system collaboration, reviews statewide data and reports, and develops recommendations. Nationally, each community implementing CYPM determines a specific target population on which to focus their efforts. The SPT made it a priority to clearly define the term “crossover youth” to ensure its use is consistent across the state. The SPT defines crossover youth as any young person aged 10 and older with any level of concurrent involvement with the child welfare and juvenile justice system. Involvement in the juvenile justice system includes court ordered community supervision, and Immediate Intervention Programs (IIP). Involvement in the child welfare system includes out of home placement, an assigned investigation of alleged abuse or neglect with a young person named as alleged perpetrator, and/or participation in voluntary/preventative services that are open for services. The definition has been adopted at the local level, in Kansas counties of Shawnee, Montgomery, and Sedgwick. To support consistency across the state and so guidance provided by the SPT is applicable to all jurisdictions focused on crossover youth, the definition will be adopted by other local counties as CYPM expands. The team continues to identify challenges and opportunities regarding cross-county cases. This includes youth under courtesy supervision of the court, improving communication between foster care providers and Juvenile Intake and Assessment Services (JIAS), and improving compliance with the Indian Child Welfare Act (ICWA). Collaboration and Consistency across the state continues, as the Crossover Youth Policy and Practice Coordinators (Coordinators) from DCF, DOC, and OJA meet via a virtual platform weekly to share information, discuss upcoming meetings, and troubleshoot concerns. The coordinators are responsible for facilitating the SPT, and providing support, training, and technical-assistance for community-level initiatives.

The SPT originally focused on two main topics impacting crossover youth. The workgroup reviewed law, consent, and court orders to determine what can be shared to support collaboration at the aggregate and direct services level. The workgroup focused on understanding and improving communication issues between systems and agencies. The group explored avenues to disseminate information about services and resources. They developed a survey to gather feedback from parents and guardians with direct system experience. The survey was designed to bring forth a better understanding of the challenges related to communication and service coordination barriers. It is currently being piloted in Shawnee County.

In March of 2022 DCF, KDOC, OJA and CJJR proposed a structural change to the SPT. The proposed restructure included expanding membership on the steering committee who are charged with identifying areas of CYPM to focus, and smaller workgroups/subcommittees who perform hands-on work for implementation. The SPT discussed three areas of focus: Policy, Practice, and Uplifting Youth and Families. Establishing areas of focus ensures the SPT can make a direct and immediate impact on the lives of crossover youth and families. A short survey was created to gauge members’ interest in remaining on the SPT. A survey asked members to identify others who might be interested, the members interest in participating on subcommittees, their interest in chairing a subcommittee, and a commitment statement for participation. The Steering Committee meets every 3rd Wednesday of the month from 10:00 am – 12:00 pm. Within the new structure the team decided to include guest speakers as the agenda allows. Guest speakers provide opportunity to learn about/build relationships with other service providers who work with Crossover Youth and their families across the state. The guest speakers for this year included Kerrie Lonard from the Kansas Office of Public Advocates, School Resource Officer James Browning

from Handle with Care in Douglas County, David Glenn and Jenn Williams from Youth Advocacy Program (YAP), Dr. Kelsey Dachman from the Center for Supportive Communities, and Dr. Leanne Heaton from Capacity Building for States (Leading for Results, LFR).

In response to the three focus areas identified by the steering committee, subcommittees were established for each. The Policy Subcommittee was created to assess policy, practice, and role each agency has regarding crossover youth. As part of their work, they will be adding the Crossover Youth definition to the DCF Policy and Procedure Manual (PPM) and reviewing policy for revisions. KDOC has added the Crossover Youth definition to their standards and are also working on reviewing/updating relevant standards.

The Practice Subcommittee focuses on developing guidelines for a collaborative meeting structure supporting team decision-making for crossover youth cases. The committee identified youth involved in family preservation who exhibit two or more “risk factors.” The committee is in the process of defining risk factors, reviewing current intake assessments, identifying staff who should be involved in a meeting, and developing steps for meetings and service referrals.

The Uplifting Youth and Families (UY&F) Subcommittee was created to respond to recommendations from the SPT. Recommendations are comprised of feedback on experience of youth and families who are involved in the child welfare and/or juvenile justice systems. The committee works to improve system processes for youth and families, raise awareness of services and resources in the community, and support staff in practice. In 2022, in partnership with 1-800-Children, regional state offices advertised and offered materials about how to access to 1-800-Children. The UY&F subcommittee is exploring staff turnover impacting continuity of services for youth. The subcommittee is connecting with local agencies to understand transition practices. See Attachment 8 for SPT meeting minutes.

The SPT has two other projects in progress, and one of those is to identify an educational point person within each school in Kansas. This person would have general knowledge about the child welfare and juvenile justice system. They would have a working knowledge about involvement in either/both and potential impact on youth’s functioning. The educational point person would provide support, advocate as needed, help youth acclimate to the school environment, and ensure needs are met within the classroom. This individual would also assist during times of transition such as an absence or change in placement. With the help of the KSDE, a short survey was sent to principals across the state to request thoughts on positions within the school to fill this role. The survey asked for volunteers to participate on a short-term workgroup to plan the logistics. The committee received 104 responses, 52 of which stated they would participate in the short-term workgroup. Coordinators and CJJR plan to connect with those interested to begin the next steps.

SPT’s second project is with the Jackson Heights Schools in Holton, Kansas to develop a video to educate school staff on ways to support system-involved youth within their schools and communities. The goal is for the video to be completed and distributed within 2023 – 2024 school year. See Attachment 9 for Regional Flyers.

Two counties piloted the implementation of CYPM—Shawnee and Montgomery. The counties were tasked with creating a Leadership Team that oversees the direct work and an Implementation Team that designed and carried out work to ensure the CYPM fits the needs of the jurisdiction. Montgomery County opted to have one team and Shawnee County created two teams.

Shawnee County continued in-depth conversations regarding the different pathways a youth may take within the Juvenile Justice and the Family and Child Well Being systems. An example of a pathway is

post-arrest, a youth is brought to Juvenile Intake and Assessment Services (JIAS). Protocols have been drafted based on youth needs. In addition to the overall sharing of information across systems, the Shawnee County team determined that KVC and JIAS should implement an additional MOU for information sharing.

In the Fall of 2022, Shawnee County conducted a listening session that provided a safe space for individuals to share their experiences. Parents/guardians who have lived experience were invited to participate in the listening sessions. One parent was available to participate. A parent/guardian survey gathered additional feedback. Responses were synthesized into a report to inform and identify actions that can be taken to address and support crossover youth. As responses are received, the report updates. Involving youth and families as partners in making decisions that impact them increases the likelihood the decisions will be accepted and will meet their needs. Including voices from those with lived experience demonstrates their value. KDOC-JS reinvestment dollars compensate the parent for their participation in the listening session. See Attachment 10 for the Parent/Guardian Report. See Attachment 11 for Shawnee County Meeting Minutes.

Montgomery County began the year by reviewing the systems assessment and goals identified in 2021. The goals are improved communication with youth and families, improved identification of dually involved youth, and enhanced information sharing throughout the life of a case. Throughout the year the team continued to walk through current protocols used by staff working with youth who are in foster care and taken to the JIAS. This discussion will guide the development and enhancement of protocols specific to the county. On November 30, 2022, the team held a Community Lunch and Learn at the Independence, Kansas Memorial Hall. Attendees included 28 stakeholders from local community corrections, court services, child welfare, and law enforcement. The stakeholders were provided with an overview of the unique needs of crossover youth. Staff from the DCF, TFI, KDOC, Court Services, and the 14th Judicial District defined their roles and the importance of agency collaboration to interrupt the trajectory of youth crossing between systems and support their success. See Attachment 12 for Montgomery County Meeting Minutes.

Sedgwick County continued their work on reinvigorating the use of the CYPM throughout their system. The county started work in 2015 and initially experienced success in implementation of the CYPM. This was later stalled after key agency staffing turnover. New practices and staff have since been put into place and the county is regaining momentum. A Crossover Youth Facilitator position is dedicated to helping continue the CYPM work. Sedgwick County has started developing cross systems trainings for agencies in their system. In early 2022, the team decided to create the two-team structure, leadership and implementation teams, to ensure the CYPM work progresses forward. Sedgwick County recently completed the review of the current processes that are used when a youth enters/moves through each system. The processes are under review to determine how to strengthen or updated communication across agencies. After review, the team will discuss and implement these suggestions to best suit their respective agencies. See Attachment 13 for Sedgwick County Meeting Minutes.

The CJJR, DCF, KDOC and OJA representatives presented at the Governor's Conference in October of 2022 to raise awareness about the CYPM project. Information presented included an overview of the CYPM, Kansas initiatives, and formal and informal ways for staff to support system youth within their own communities.

C.1.g. Kansas Early Head Start

Kansas Early Head Start (KEHS) is a social service and child development program. It is an initiative providing grants to local Head Start programs to serve pregnant women, infants, and toddlers. In 1998,

the Kansas Legislature approved funding for a state-administered Early Head Start (EHS) initiative. Kansas was the first state in the nation to fund an EHS modeled after the federal program. This initiative created a joint federal partnership with the federal Administration for Children and Families, the U.S. Department of Health and Human Services and its Region VII Kansas City Office.

All services delivered through KEHS are guided by the Community Needs Assessment conducted every five years. This is a comprehensive evaluation of the community and population, including demographics, geographical area, and economic distribution and existing resources for children and families in the areas of education, health, social service, and early intervention for disabilities. Data is collected from members of the general community as well as representatives from family service professions in the area and are gathered via open forums, town meetings, individual interviews, focus groups, community surveys or other appropriate methods that capture stakeholder voice.

The Kansas DCF awards grants to 11 KEHS programs in 44 counties, with 979 enrollment slots. Families can choose the model they prefer to enroll in based on two that are offered through KEHS programs. Depending on what model the grantee offers, families can choose to enroll in either Kansas Early Head Start Home Visitation (KEHS-HV) or Kansas Early Head Start Child Care Partnership (KEHS-CCP). Both models are approved by KEHS.

The KEHS-Home Visitation service model is:

- Modeled after the federal EHS home visitation program created by the U.S. Congress;
- Primarily serves pregnant women and families with infants and toddlers who meet the federal poverty guidelines;
- Offers children and families comprehensive services through weekly 90-minute home visits;
- Provides comprehensive health and mental health services, including services to women before, during and after pregnancy; and is
- Funded through the Temporary Assistance for Needy Families (TANF) program.

The KEHS-Child Care Partnership service model is:

- A quality initiative which requires KEHS grantees to partner with community childcare providers;
- Primarily serves families with infants and toddlers who meet the federal poverty guidelines;
- May also be provided in a center-based infant/toddler classroom operated by the KEHS grantee;
- Seeks to increase the availability of childcare for infants and toddlers and to increase the quality of childcare for all Kansas children;
- Allows KEHS programs to provide quality training to childcare providers who partner with them;
- Provides childcare through DCF subsidy for parents who are employed, attending school or are in a job training program;
- Supports childcare partners in meeting federal Head Start Program Performance Standards; and is Funded through Child Care Development Fund (CCDF) program.

Both KEHS service models, HV and CCP:

- Follow Head Start Performance Standards, which provide specific quality standards for the provision of services;
- Require at least 10 percent of total enrollment slots be made available to children with disabilities;
- Support children's growth in many areas such as language, literacy, and social and emotional development;

- Emphasize the role of parents as their child's first and most important teacher;
- Provide opportunities for parents to improve their parenting skills, knowledge and understanding of the educational and developmental needs of their children;
- Offer parents opportunities for their own growth and support in identifying and meeting goals;
- Provide a comprehensive program designed to meet the individual needs of each child and family, including early education, parent education, nutrition education and family support services
- Are voluntary;
- Collaborate with various community partners to provide the highest level of services to children and families and maximize available resources; and
- Partner with local health departments, Part C-Infant Toddler service providers, Parents as Teachers (PAT), and higher education institutions.

KEHS is an evidenced-based prevention program. All KEHS programs have met or exceeded the expected outcomes. Outcomes for all KEHS programs include:

- Pregnant women and newborns thrive
- Infants and children thrive
- Children live in stable and supported families
- Children enter school ready to learn

KEHS is an exceptional preventive measure for families working with PPS to prevent recurrent maltreatment and to prevent out-of-home placement. The childcare and home visiting models provide not only daycare services for young children, which provide socialization and educational services, but also provides an in-home parent skill building training component. Additionally, this service provides an ongoing outside interaction for children who may otherwise be isolated. Children and families who are part of other PPS services are not precluded from participating in KEHS services. Families who are engaged in Family Services, Family Preservation, Family First and Foster Care, to include out of home placement, remain eligible for KEHS services if the other program eligibility requirements are met. All children under the age of three, who are affirmed or substantiated as victims of abuse or neglect, are referred to Kansas Infant-Toddler Services for early intervention assessment. See DCF PPS PPM 2543 Affirmed or Substantial Case Findings on Children Under the Age of Three.

The PPS Administration Prevention Team is a standing member of several early education and home visiting leadership workgroups. Participants will include Head Starts across the state, DCF Assessment and Protection staff, Family First Grantees, Family Preservation Providers, and Foster Care Providers. The objective is to bridge relationships, share information related to DCF programs and contacts, and to learn more about Head Start programs and processes.

C.1.h. Jobs for America's Graduates – Kansas

PPS facilitates ongoing collaboration with the Jobs for America's Graduates- Kansas (JAG-K) program. JAG-K is primarily focused on high school graduation and delivering the competencies of the JAG model. This was added to the transition plan to include discussion and consideration of secondary educational opportunities. The JAG-K program began in 2013.

There were 180 youth in foster care who fully participated in the traditional evidence-based, national program from the fall of 2013 through the Spring 2019. 95% graduated from high school, far exceeding state and national graduation rates for youth in care. Those students were mostly able to stay in one JAG-K program or transferred to a school that also had JAG-K.

In Spring 2018, DCF partnered with JAG-K to launch Success Academy to help Kansas students in foster care have a better chance of realizing positive outcomes. The first cohort of ten students were all academically behind, and none were on track to graduate. At the end of the semester, seven of the students were on track to graduate, and both seniors graduated. Seven of eight seniors graduated (88%) from the pilot, and JAG-K staff continued to work with the non-graduate for 12 months to help that student graduate by May 2020. For the 2018-19 school year, Kansas City and Topeka were added to the Success Academy. For the 2019-20 school year, JAG-K added a Western Region program.

In 2020, JAG-K changed the name of the program from Success Academy to Transition Services (TS). The COVID-19 pandemic affected the overall referral numbers, but also enabled JAG-K to institute new and creative ways to reach students virtually.

TS has four essential components:

- A TS Career Specialist is dedicated to up to 25 students in a cohort and will serve as that student’s education advocate regardless of where the student is placed.
- Online credit recovery and core classes are utilized to help students catch up and stay on track regardless of how many times they experienced placement changes in a semester or academic year.
- Students are enrolled in the traditional JAG-K program if one exists and has space available. If a JAG-K program is not an option, the TS Specialist works one on one with the student to introduce and help the student master the research-based JAG competencies, which include career development, leadership, and life skills. JAG-K is working with DCF to expand the list of competencies to include those that are specific to the needs of youth in care. The collaboration between PPS and JAG-K encourages both programs to continuously look for better methods to meet the needs of older youth in foster care.
- JAG-K TS Specialists continue to maintain contact with graduates for 12 months following their graduation year. This enables the specialist to help the student maintain stability and connection with appropriate aftercare services. Additionally, if the student did not graduate, the specialist will provide support, referrals, and accountability to promote graduation within those 12 months.

At the time of this submission, TS has served over 96 students statewide on transition rosters in this 2022-2023 school year. There have been more students who have been signed into the TS and able to enroll in a traditional JAG classroom, putting the program at well over 100 students. See numbers served and graduation rates by academic year in the chart below:

Academic Year	Number of Students Served Statewide in Foster Care	Number from this Group that were Seniors	Number of Seniors that Graduated	Graduation Percentage
2018-2019	24	8	7	90%
2019-2020	83	22	17	78%
2020-2021	70	31	25	81%
2021-2022	75	20	17	85%
2022-2023	96	---	---	---

C.1.i. Community-Based Child Abuse Prevention

The Kansas Children's Cabinet and Trust Fund (KCCTF) is the lead agency responsible for the administration of Community-based Child Abuse Prevention (CBCAP) funds.

In 1999, Kansas lawmakers demonstrated a strong commitment to the state's future by enacting legislation to transform the original trust fund into the Kansas Endowment for Youth (KEY) Fund and the Children's Initiatives Fund (CIF). This landmark legislation dedicated Kansas' annual payments from the Tobacco Master Settlement Agreement to the KEY Fund and the CIF and created the Children's Cabinet. The Children's Cabinet is charged with developing and implementing a coordinated and comprehensive early childhood care and education system, aligning, and facilitating interagency cooperation, and advising the governor and legislature regarding investments in early childhood programs and services.

The Children's Cabinet is a 15-member committee consisting of appointees of the governor, state legislature, and ex-officio members. The Children's Cabinet advises the governor and legislature regarding use of money credited to the CIF and assesses programs receiving CIF money. The Children's Cabinet partners with the University of Kansas Center for Public Partnerships and Research (KU-CPPR) to assess CIF programs using an accountability framework. The framework encompasses a multi-phase process of information gathering, assessment of programs, and recommendations.

DCF's Family Preservation Program is partially funded by CIF funds. This program solely serves families referred by PPS. Families participating in Family Preservation are at risk for having a child placed in out of home care. Other CBCAP and CIF-funded programs are available to children and families receiving PPS services if they meet eligibility requirements. DCF is working to improve communication by sharing information with CBCAP programs to better serve and provide preventative services to families in Kansas.

The Children's Cabinet and DCF work cooperatively together through an inter-agency agreement which establishes the working relationship, duties, and responsibilities between them. The DCF Secretary is an ex-officio member of the board for the Children's Cabinet and is represented by the DCF Director of Policy and Economic and Employment Services. Members from DCF programs serve on the Kansas Early Childhood State Directors Team, led by the Children's Cabinet. This team meets twice a month and includes members from KDHE, KSDE, DCF, and KU-CPPR. The State Directors team guides the early childhood systems-building effort, makes key decisions, generates pathways for statewide collaboration, ensures consistent communication and messaging, and develops solutions for challenges that arise.

Through CBCAP, the Children's Cabinet encourages and supports collaborative planning efforts in early childhood care and education, primary prevention, and child and family well-being. In the 2022 fiscal year, six communities and one statewide grantee were awarded CBCAP funds. These programs provided a range of services targeted to the unique needs of their communities. These include parent and child education programs, parent support groups, adult support services, parent substance use support, crisis nursery services, case management for families in crisis, supportive housing, home visiting, parent leadership opportunities, and professional training/education. Additionally, Supplemental CBCAP American Rescue Plan Act (ARPA) funds supported five new projects -- the launch of two preventive legal services projects, family engagement in libraries in Southeast Kansas, care coordination, prenatal education, home visiting, and peer-support for pregnant women in Douglas County, and the addition of a new FRCs, childcare professional academy, and incubation center to support and expand the childcare workforce in Douglas County.

The Children’s Cabinet Early Childhood Director is a member of the Family First Prevention and Services Statewide Interagency and Community Advisory Board, bridging efforts between Family First and CBCAP funds to strengthen prevention Coc. Additionally, the Children’s Cabinet co-leads Kansas’ efforts to reimagine the child welfare system, along with state directors and community leaders representing child welfare, early childhood, education, and public health and individuals with lived experience. As a Thriving Families, Safer Children participant, Kansas is committed to significant and real change that creates safer, more nurturing environments for children.

Additional information on the statewide partnership with CBCAP is further discussed in section C.3.

C.1.j. Citizen Review Panels / Children’s Justice Act

The Children’s Justice Act (CJA) grant funding provides assistance for states and territories to improve their approach and response to child abuse and neglect. The focus of the funding is to create systemic changes designed to prevent additional trauma child victims, and to protect their rights more effectively. Section 107(a) of the Child Abuse Prevention and Treatment Act (CAPTA) outlines the purpose of CJA funding. Developing and implementing Citizen Review Panels (CRPs) are a piece of the requirements for this funding.

Child Abuse Prevention and Treatment Act (CAPTA) funds are utilized by DCF to contract with Mainstream Nonprofit Solutions to facilitate the first two panels, write reports and assist with the preparation of the CJA Three-year Assessment. The Executive Director from the Office of Attorney General facilitates the Child Death Review Board meetings. Mainstream Nonprofit Solutions facilitates the Intake to Petition Panel, Children’s Justice Act Task force, and the Custody to Transition Panel.

Kansas has three Citizen Review Panels:

The Intake to Petition Panel serves as the CJA Task Force as outlined in the requirements. The Task Force/Intake to Petition Panel emphasizes citizen input and issuing recommendations to modify and/or improve the child protective services system from intake to petition based on their voices. The panel met quarterly until August 2022 and then the panel began meeting every other month in October 2022. DCF’s regular program participants include CJA Program Manager, CAPTA Program Administrator, and DCF will be adding the DCF Deputy Director of Prevention Services to this roster. DCF will be adding in-person representatives from DCF Program areas whenever possible to attend these meetings as applicable to the agenda topics. The Intake to Petition Panel and Task Force Report for 2022 outlines the purpose, function, process, membership, goals, and recommendations from the panel to Kansas DCF. See Attachment 14 for the Intake to Petition Annual Report and Attachment 15 for the PPS Deputy Secretary’s response to the panel’s recommendations. See Attachment 126 KS CRP ITP 2023 Annual Report Final for the most recent report.

The Custody to Transition Panel ensures key stakeholder and community voices can provide guidance on building successes and improvement in the Family and Child Well-Being system from custody to transition. The panel met quarterly until August 2022 and then began meeting every other month in October 2022. The Custody to Transition Report for 2022 outlines the purpose, function, process, membership, goals, and recommendations from the panel to DCF. DCF’s regular program participants include CJA Program Manager, CAPTA Program Administrator, and DCF will be adding the Deputy Director of Prevention services to this roster. DCF will add in-person representatives from DCF Program areas whenever possible to attend these meetings as applicable to the agenda topics. See Attachment 16 for the Custody to Transition Annual Report and Attachment 17 for the PPS Director of Permanency’s response to the panel’s recommendations. The panel met quarterly until August 2022 and then the panel

began meeting every other month in October 2022. See Attachment 127 CRP CTT 2023 Annual Report Final for the final report.

The Child Death Review Panel also serves as the State Child Death Review Board (SCDRB). See Attachment 18 for the SCDRB Annual Report and Attachment 19 for the PPS Deputy Director of Safety and Thriving Families response to the board's recommendations.

DCF continues to conduct reviews on cases of where severe maltreatment/child death has occurred. Data is gathered from these reviews and assists in decisions regarding potential changes in policy and practice. Kansas continues to collaborate with partners in developing and implementing a statewide plan to prevent child maltreatment fatalities by involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts.

C.1.k Collaboration between DCF and Judicial Branch: Kansas Court Improvement Program

Collaboration continues between Kansas DCF and the Kansas Judicial Branch through DCF's participation on the Supreme Court Task Force on Permanency Planning (SCTFPP) and court personnel participation on the citizen review panels. There is court system participation on two of the three panels: The Citizen Review Panel: Intake to Petition and the Citizen Review Panel: Custody to Transition. The judicial branch does not participate on the third panel, the Kansas SCDRB. The collaboration continues with current implementation of the Strengthening Child Welfare Systems to Achieve Expected Child and Families Outcomes Grant, also referred to as Kansas Strong for Children and Families Grant.

Coordination between the three branches of government is supported by the ongoing involvement on the Kansas Judicial Council Juvenile Offender/Child in Need of Care (JO/CINC) Advisory Committee and other specially appointed Judicial Council Subcommittees and/or Joint Committees when needed. The JO/CINC Advisory Committee includes representatives from the judicial, legislative, and executive branches of government. DCF typically has a representative member on the Judicial Council JO/CINC Advisory Committee. The Committee addresses multiple issues related to the juvenile offender system, the Family and Child Well-Being system, and "crossover youth" issues related to both systems. The Committee continues to assist with any necessary updates to specific Kansas Judicial Council forms related to both the Juvenile Justice Code and the Code for Care of Children. The Committee provides input and guidance during the legislative process to ensure the codes, and amendments thereto, continue to support best practice.

The implementation of the Family First Prevention Services Act (FFPSA) involved collaboration between the judicial, legislative, and executive branches of government during the 2019 Legislative session. Representatives from each branch met jointly and developed legislation to implement FFPSA, specifically the requirements related to the Qualified Residential Treatment Programs (QRTP) established by FFPSA. The needed legislation was successfully passed during the 2019 Legislative session and signed into law by the Governor. Kansas Judicial Council and SCTFPP developed the needed court notices and journal entry forms which were approved and posted on www.kansasjudicialcouncil.org. Joint collaboration related to ongoing implementation of FFPSA continues. A subcommittee of the Kansas Supreme Court Task Force on Permanency Planning worked on development of an updated Bench Card related to QRTPs.

In collaboration with DCF, OJA conducts two Best Practices in Child Welfare Law Trainings per year (Spring and Summer). Participants include various stakeholders in the child welfare system including judges, county and district attorneys, agency attorneys, parents' attorneys, Guardians ad litem (GALs), Court Appointed Special Advocate (CASA) and Citizen Review Board (CRB) programs' staff and volunteers, DCF staff, provider staff, foster parent and former foster youth, as well as other professionals. Plans are underway for the August 2023 Best Practices training focusing on older youth. A Kansas Child Welfare Summit, the first of its kind to be held in Kansas, is being planned to be held April 2024. DCF staff work with the OJA, CIP, the courts and other stakeholder participants in planning these events.

Court Improvement Program (CIP)

Joint Project-Judicial Branch with DCF (Child Welfare Agency): Permanency

During CFSR Round 3, the Case Review (Item 22) was determined to be a strength. The statewide assessment indicated "the majority of children have permanency hearings in the first year and at a minimum of every 12 months thereafter (as required by Kansas statute). Stakeholders agreed permanency hearings occur timely, with many occurring as often as every 6 months." However, under the Permanency Statewide Data Indicator Performance, Kansas did not meet the national standard in two areas:

Permanency in 12 months for children entering foster care. The indicator is defined as "of all the children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?" Kansas did not meet the national standard of 35.2%. As of April 2023, the state's performance was 34.7%. DCF and the Judicial Branch are working jointly to strategically focus on improvement of the performance. The data indicated the 4 largest urban areas in Kansas (Shawnee, Wyandotte, Johnson, and Sedgwick counties) were not meeting the national standard. Per DCF data for same timeframe, all other counties were meeting the national standard. SCTFPP members include, but are not limited to, a representative from DCF and each of the four large urban areas in the State which are not meeting the performance standard. Strategies to improve performance have been and will continue to be discussed by SCTFPP members. Kansas law requires permanency hearings be held every 12 months subsequent to the initial order of removal.

Permanency in 12 months for children in foster care 24 months or longer. The indicator is defined as "of all the children who enter foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?" As of April 2023, Kansas met the national standard of 37.3% as the state's performance was 34.5%.

CIP and DCF staff agree the number of days to permanency for children in state care in Kansas must be reduced; CIP and DCF staff continue conversations to address the issue. The data report created by DCF provides the number of days but does not indicate the specific reason for the increased number of days to permanency.



Adoption Tracking Tool

Working together to achieve timely adoptions for Kansas children

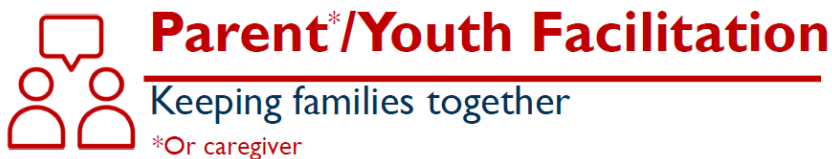


In May of 2019, the Capacity Building Center (CBC) for Courts, University of Kansas (KU), DCF, DCF grantees, OJA, and Administration for Children and Families (ACF) staff met for two days to identify projects targeted for both the Kansas Strong grant project (KU is the lead) and the court improvement strategic plan. As a result of the discussion about current practices, the team agreed efforts

would focus on improving processes to achieve a faster rate of permanency through adoption for children in care who are legally free for adoption and created the Adoption Tracking Tool (ATT). The ATT identifies key benchmarks and data elements of any case for which a child is legally free for adoption and is awaiting adoption. “Legally free” is defined as the parental rights have either been relinquished, accepted, and approved by the DCF Secretary or have been terminated by the court. The Office of Judicial Administration (OJA) created a workgroup consisting of judges, attorneys, DCF staff, OJA staff, and the SCTFPP. This workgroup created and refined the tool. The ATT was later vetted by the Kansas Strong Steering Committee and DCF’s PPS administrative staff. The ATT was piloted in six counties from June 1, 2020, through December 31, 2020. Three counties were added to the pilot beginning April 1, 2021, through June 30, 2021. University of Kansas staff obtained feedback from pilot participants in the original six counties via surveys and stakeholder focus groups. The feedback on use of the new Tool was primarily positive. CIP staff provided orientation and training related to the ATT to court and legal staff in the pilot counties.

During the Spring of 2021, the final ATT was submitted, along with related policy and instructions, to the DCF Prevention & Protection Services division Policy Workgroup and the Workgroup approved inclusion and posting ATT, policy, and instructions in the DCF PPS PPM on July 1, 2021. In June of 2021, CIP staff provided orientation and training for court and legal staff in all counties which were not included in the pilot. The ATT was implemented statewide on July 1, 2021, as a result of the collaborative work between KU, OJA, DCF, and DCF grantees. DCF revised its case review tool by adding two questions intended to measure the use and impact of the ATT. See Attachment 20 Adoption Tracking Tool. OJA, DCF, and KU staff have met to discuss the necessary data points and scheduling of KU’s court observation of the ATT, and the court observations will be used to evaluate the Tool’s usage and effectiveness.

Kansas Strong project leaders reached out to a Kansas District Court Judge with a request to secure space for observing and collecting qualitative data regarding the use and effectiveness of the ATT in practice. The Judge agreed to provide a court room for this purpose. Observations in this court room are expected to occur in the Fall of 2023. Kansas Strong project leaders applied for a no-cost extension grant for this project. The application requested approval to extend the grant through September of 2024.



The same team created the Parent/Youth Facilitation (PYF) Project. PYF focuses on older youth with the goal of improving the following two outcomes: 1) reducing the number of youths coming into DCF custody and 2) reducing the number of youths aging out of foster care. The process described below is utilized before the filing of a child in need of care case to effectively meet the youth’s and family’s needs by providing appropriate services to support the resolution of problems was piloted in two counties, Wyandotte and Saline. If a youth is 14-17 years old, at risk of removal from the home, and the family resides in the counties where the project is being piloted, the prosecutor may refer the youth to a trained facilitator. The P/Y facilitator works with the youth and youth’s family to attempt to come to an agreement on how best to address the current issues/problems. The agreement is embodied in writing and a summary report is returned to the prosecutor. The agreement is monitored for effectiveness/success. The prosecutor is informed if it’s successfully completed or if no agreement is entered into and/or if the plan in the agreement is not successful. It is then within the prosecutor’s discretion to determine how to proceed. A long-time certified parent/adolescent mediator, per the recommendation of OJA, provided consultation on the project. KU contracted with the mediator and her work extended to every piece of the

project specifically, designing the facilitation process, and training the facilitators. University of Kansas staff, DCF, OJA, prosecutors, judges and the P/Y Facilitation consultant collaborated to develop the Fact Sheet, Program Brochure, letters, and forms to be used in connection with this project.

PYF is a two-pronged approach to preventing entry into foster care by older youth through: (1) Using a facilitation process to help families arrive at appropriate decisions best fitting their unique needs, and (2) Connecting families to community-based prevention services and supports. This strategy will complement efforts to maintain children in their homes whenever possible and appropriate.

PYF is ongoing in Wyandotte and Saline counties since August 2020. Shawnee county was launched in October 2021. In FY23, the number of referrals from county attorney offices to PYF site coordinators have been low across all three counties. When referrals have come in, the rate of acceptance by families has been very low. Saline County, having the most established PYF program, has been the most successful with receiving referrals and engaging families. The other two counties are working to build relationships with their county attorneys and enhance the referral process. Additionally, based on feedback from focus groups, all three counties are discussing how PYF may be adapted for more community-based referrals and engagement with families. A key discussion topic is how to reach families at earlier points (e.g., with preteens) that would reduce the crisis orientation that may emerge during the mid-to-later teen years.

In FY23, the KU team completed focus groups and interviews with the PYF implementation team on their reflections and recommendations related to implementation. A comprehensive analysis is underway. To date the KU team identified the following key strengths:

- Need for dedicated space for open, private communication between youth, parent, and facilitator was identified as a facilitator of reaching a family agreement
- The aspect of connecting families to resources in the community is a strength of the model that is not necessarily included in other models of mediation. But connection to services has been a challenge due to other service access barriers (e.g., mental health waiting lists, making warm handoffs to get connected)
- Participants noted including PYF in other prevention initiatives (e.g., extending to younger youth, youth not at imminent risk of removal; family service and family preservation cases) as a potential mechanism of sustainability and reach.

The KU team identified the following key challenges:

- Lag time in the referral process that include up to three different organization or entities
- Including two facilitators for complex cases is necessary and may be beneficial for all cases as a default approach
- Sporadic referrals create facilitator compensation issues.

The KU team is currently working on recruitment of families who have received PYF service for focus groups from the family perspective. The KU team's primary challenge is that contact information is out of date. The evaluation team is working with site coordinators to connect with families.

Joint Project-Judicial Branch with DCF (Child Welfare Agency): Termination of Parental Rights

Kansas commenced the Child and Family Services Review (CFSR) in 2015 and DCF completed the related Program Improvement Plan (PIP) in June of 2019. The Case Review Section of the CFSR addressed termination of parental rights. Kansas received a designation of "Area Needing Improvement" for Item 23: Termination of Parental Rights. The findings were established with the completion of the

statewide assessment and stakeholder interviews. During the statewide assessment, the state could not provide data on the filing of termination of parental rights. When conducting the stakeholder interviews, individuals suggested there was not a consistent process to ensure timely filing of termination of parental rights.

The judicial branch has a case management system that can track the filing of the motion for termination of parental rights. The DCF Family and Child Tracking System (FACTS) system tracks the conclusion of termination of parental rights proceedings and when the child is available for adoption. However, Kansas does not require a separate motion to be filed if it was pled in the original petition. Additionally, no other documentation is required by journal entry or report, when compelling reasons are cited as to why a motion will not be filed. Kansas statute requires “compelling interests” be documented in the IV-E agency’s records (DCF records). The judicial branch is in the process of implementing Odyssey, a new statewide case management data system. In configuring this system, OJA worked to implement procedures allowing for additional methods of tracking this information. The new system will track when notices of hearing are issued. However, if notice is provided orally in court, allowable per Kansas law, and no further notice is issued, the new system will not be able to track such notice.

CIP and DCF staff agreed to request the Kansas Judicial Council Committee on Child in Need of Care (CINC) and Juvenile Offender (JO) issues review the statutes related to the termination of parental rights and the voluntary relinquishment of parental rights for any suggested revision. The Committee reviewed and did not determine a revision to the statutory language was needed.

Joint Project-Judicial Branch and DCF: Hearing Quality/Notice of Court Hearings to Foster Parents

Kansas commenced the Child and Family Services Review (CFSR) Round 3 in 2015 and related PIP in June of 2019. The CFSR Item 24, Notice of Hearings and Reviews to Caregivers, received a rating of Area Needing Improvement. Stakeholders at such time reported inconsistency existed in notification of court hearings and noted the ability of caregivers to be heard in court is inconsistent across the state. The findings were based on information obtained during the statewide assessment and stakeholder interviews.

The SCTFPP, CIP staff and DCF staff met and reviewed the CFSR Final Report and Kansas Statutes Annotated (K.S.A.) 38-2265 which requires notice of permanency hearings be provided to the following individuals:

- the subject child if child is 14 years of age or older;
- the child’s foster parent or parents or permanent custodian providing care for the child;
- pre-adoptive parents for the child, if any;
- the child’s grandparents at their last known addresses or, if no grandparent is living or if no living grandparent’s address is known, to the closest relative of each of the child’s parents whose address is known;
- the person having custody of the child; and
- upon request, by any person having close emotional ties with the child and who is deemed by the court to be essential to the deliberations before the court.

The SCTFPP determined if the individuals listed under K.S.A. 38-2265 are not provided notice, the permanency hearing cannot proceed. The SCTFPP was hesitant to recommend revisions to statute or improvements due to the lack of data on notices and decided to establish a project between CIP and DCF to address the notice issue.

CIP and DCF worked with the Kansas Foster and Adoptive Parents Association to develop a survey. The SCTFPP requested the survey address all types of notices required under statute; did the foster parents

attend the hearing; if they did attend, were the foster parents addressed during the hearings, and the use of the foster parent court report form.

After the survey was completed, the SCTFPP reviewed the data and identified the following as approved interventions:

- Prepare a training for family and child well-being stakeholders concerning the requirement for foster parents to receive notice and their right to be heard during permanency hearings. Completed - Best Practices Trainings and Governor's Conference Training in 2019.
- Edit Foster Parent Report to the Court (DCF PPS PPM Appendix 3G). Completed.
- Make Foster Parent Report to the Court (PPS PPM, Appendix 3G) available on the DCF website. Completed.
- Review notice statute and language requiring the notice to foster parents included the Foster Parent Report to the Court (Appendix 3G) to determine whether revision is needed. Completed.
- Review documents in "red book" and consider placing information on the next hearing date and contact information for the guardian ad litem. DCF decided not to implement this intervention.

A copy of the survey was disseminated by CIP in collaboration with DCF as well as the results of same which are attached. See Attachment 21 Foster Parent Survey Results.

The Kansas Foster Parents Notice of Hearings and Rights to Be Heard Survey and Results were provided with the APSR submitted on June 30, 2020. The first three interventions above have been completed. For the fourth intervention, the Supreme Court's Task Force discussed statutory revisions and determined none were needed at that time. Red book changes were discussed, but there have been numerous staff and process changes in past few years, so PPS Program will continue to seek effective ways to share information with foster parents. The DCF PPS Permanency Team regularly meets with each of the licensed Child Placing Agencies who sponsor family foster homes and continues to seek ways to support foster parents. OJA and DCF agree that this project has been completed. This will be addressed in the Round 4 PIP.

DCF actively continues the ongoing commitment to collaboration between DCF and the Kansas Judicial Branch to encourage and foster creation of a climate where the shared value of safety, permanency and well-being of all Kansas children provides the framework for effective delivery of family and child well-being services.

C.1.1 Human Trafficking

In 2013, the Kansas Legislature passed legislation which addressed many aspects of human trafficking (HT). The Kansas Attorney General's Human Trafficking Advisory Board (HTAB) was established as the official board to oversee human trafficking issues within the state of Kansas. Kansas statute defines the structure and membership of the board that include, but are not limited to, law enforcement personnel, prosecutors, court personnel, advocates, legislators, survivors of human trafficking, DCF and other parties who have expertise related to issues regarding human trafficking. The Anti-Human Trafficking Program Manager represents DCF as a member of HTAB.

DCF's ongoing role in addressing human trafficking is outlined in Kansas state statute in K.S.A 38-2232(b)(2), K.S.A 38-2287(a)(b), Justice for Victims Trafficking Act, Preventing Sex Trafficking and Strengthening Families Act, and Family First Prevention Services Act. This addresses human trafficking

among children and youth served by child welfare agencies, or in foster care, who are victims or at risk of victimization of commercial sex or forced labor.

The position of the Anti-Human Trafficking Program Manager was created in 2018 to develop and lead DCF's initiative in developing a comprehensive response for youth in DCF custody who are victims or at risk of becoming victims of human trafficking. The Program Manager participates in local human trafficking task forces statewide to gather information of efforts across the state to combat human trafficking. The Program Manager works regularly with the Kansas Attorney General's Office, three law enforcement associations across the state (Kansas Association of Chiefs of Police, Kansas Sheriff's Association, and the Kansas Peace Officers Association), Kansas Bureau of Investigation (KBI), Kansas Highway Patrol (KHP), Exploited and Missing Child Unit (Wichita Police Department), Wichita Children's Home, Kansas Department of Corrections (KDOC), National Center for Exploited and Missing Children (NCMEC), and other non-profits. The Program Manager also works with contracted service providers is assisting them in training and other human trafficking related issues.

Human Trafficking Initiative Mission Statements: To identify and serve child victims of human trafficking through a collaborative multidisciplinary approach by providing comprehensive trauma-informed holistic services that promote safety, advocacy, and restoration.

See below for Human Trafficking Initiative Mission Statements and DCF strategies in italics.

- Identification- The key to responding to the needs of this population begins with the ability to identify the victims. *DCF uses the evidence-based Westcoast Commercial Sexual Exploitation-Identification Tool (CSE-IT), developed by the West Coast Children's Clinic, and is being used by 36 child welfare agencies in the US. Each of the four CWCMP providers have developed their own screening tool that is used to screen every child who is recovered or has returned from a runaway episode. KPRC assigns all reports related to human trafficking.*
- Service Provision - Victims of child trafficking have a continuum of needs, from intervention through restoration, that must be addressed. These services need to be delivered through a comprehensive CoC model that includes a victim-centered and trauma-informed approach. Providing comprehensive and individualized services must be a priority to help a child heal and recover from the trafficking experience.
- Collaboration - No single system can successfully combat human trafficking. Trafficking requires a multidisciplinary and multi-system response. *DCF is a member of the Kansas Attorney General's Office HTAB and works with other state agencies, law enforcement, non-profits, state-wide taskforces, and community organizations to address trafficking in the state.*
- Training/Education - Building a successful child welfare response begins with training and education. *DCF partners with other state agencies, state and local law enforcement, and non-profits to provide multidisciplinary training for workers and partners.*
- Prevention - Deliberate efforts to prevent human trafficking are critical to reduce youth vulnerability and the likelihood of exploitation through building supportive protective factors such as strengthening families, providing stability in foster care, and prevention education programs that increase a youth's resiliency.

Previously mentioned laws have requirements for a response from child welfare agencies. The requirements and responses, in italics, are listed below.

First, child welfare agencies are required to expand the definition of “child abuse” to include human trafficking. *DCF recognizes child sex trafficking or severe forms of trafficking (labor trafficking) as a form of child maltreatment (abuse, neglect).*

Second, child welfare agencies are required to have a mechanism in place to “screen in” cases involving child trafficking. *Once a report is screened in, it is assigned for assessment and investigation. Assigned reports require a response within a same day or seventy-two-hour time. The response is dependent upon the severity of the accusation and risk of harm to the child. In 2022 the following number of human trafficking cases were identified, assigned, and assessed.*

Cases assigned to assess Human Trafficking Labor	8 cases
Cases assigned to assess Human Trafficking Sex	146 cases

Third, children who run away from foster care are especially susceptible to trafficking victimization and requires that child welfare agencies develop protocols for (1) locating children missing from care (2) determine the primary factors contributing to the child running away and respond to those factors (3) and determine if the child was a victim of human trafficking while missing from care. *In October 2022 the human trafficking program manager partnered with the two SRT managers to provide multidisciplinary training at the 2022 Governor’s Conference on the topic “The Road from Missing/Runaway Youth in Care to Commercial Sexual Exploitation.” See section C.5.b Special Response Team (SRT) for more information.*

Fourth, child welfare agencies are required to develop training on human trafficking for their staff. *The program manager provided human trafficking training to new members of the Immediate Response Team (IRT). The human trafficking program manager and the DCF training department partnered with the NCMEC with the goal of adding training sessions on human trafficking and child welfare to the DCF Intranet where practitioners can easily access. In addition, this would open access to any staff wishing to learn more. The process to develop and uphold the sessions began in 2022, and the goal is to complete by the summer of 2023. The following topics represent the sessions practitioners will be able to access virtually:*

- NCMEC Child Sex Trafficking Legislation – What It Means for You
- NCMEC Module 1 Recognizing Child Sex Trafficking
- NCMEC Module 2 Child Sex Trafficking Vulnerabilities and Grooming
- NCMEC Module 3 Child Sex Trafficking and Trauma
- NCMEC Online Enticement – Examining Risk Factors Webinar Dec 2019
- NCMEC Reporting Children Missing from Care – How NCMEC Can Support You
- NCMEC Resources and Assistance for Indigenous Communities Video
- NCMEC Resources for Child Welfare Professionals

Fifth, the laws require collaboration between agencies and disciplines in providing multidisciplinary training about human trafficking with community stakeholders. In January 2022 DCF partnered with KSDE and presented information about dynamics and risk factors associated with human trafficking. This information was shared during the “Safe and Secure Schools” conference. The audience included school administrators, teachers, and School Resource Officers (SRO). In December (2022) DCF partnered with KDOC to deliver training to parole and probation officers on the dynamics of human trafficking.

Twice in 2022 DCF partnered with the Kansas Attorney General’s Office and presented Interdiction for Protection of Children (IPC) training for law enforcement and service providers in the state of Kansas.

The training is centered on teaching participants how to identify missing and exploited children including endangered runaways, technology facilitated crimes against children, and human trafficking.

Sixth, the laws require multiple stakeholders from government and nongovernmental organizations to collaborate to address human trafficking. DCF has collaborated with the KDOC-JS, JIAC, in developing a screening tool for human trafficking. Every child who is received at a Kansas JIAC undergoes a screening assessment for human trafficking. If the child is “screened in” as a victim, the JIAC will make a report to KPRC, and an IRT member is notified and conducts a formal screen and assessment using the CSE-IT. 36 child welfare agencies across the U.S. use this tool. DCF piloted the tool in five areas of the state in 2022. DCF plans to continue implementing with the goal of statewide implementation in 2023. 38 JIAC screens were sent to DCF for follow-up from the five pilot areas in 2022. DCF continues to partner with Children’s Alliance of Kansas (CAK) to further develop human trafficking curriculum for foster homes across the state. Trauma-informed placement options are needed, and the lack of these types of placements is critical. Kansas shares this need with other states. This training is being developed for foster homes who accept high-risk, chronic runaways, and human trafficking victims. This resource will become available in 2023.

Partners in human trafficking response also include the following agencies:

- Hope Ranch for Women
- ICP/SOS
- Kansas Attorney General’s Office
- KDOC
- Kansas Department of Labor (KDOL)
- KBI
- Sedgwick County Anti-Human Trafficking Coalition
- Topeka/Shawnee County Anti- Human Trafficking Coalition
- Wichita Children’s Home (Dakhil Safe Home, Garver House)

Immediate Response Team Human Trafficking Assessments in 2022

	KVC	SFM	TFI	Cornerstones
LE Requested	8	11	0	0
Court Ordered	4	0	1	0
Internal Requested	0	8	1	0

C.1.m Collaboration Against Sexual and Domestic Violence

The Kansas Coalition Against Sexual and Domestic Violence. (KCSDV) is a statewide nonprofit organization with the mission of preventing and eliminating sexual and domestic violence in Kansas.



As an organization, KCSDV trains professionals working in an array of disciplines, collaborates on public policy with partners and lawmakers, and increases awareness about sexual and domestic violence.

From 2016 to 2020, the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) was one of 12 sites nationally to be awarded the U.S. Department of Health and Human Services Specialized Services for Abused Parents and Their Children grant. Through this federal family and child well-being

project, KCSDV built capacity and trained more than 1,400 family and child well-being professionals on issues related to domestic violence and child maltreatment and distributed over 1,200 family and child well-being domestic violence manuals. DCF wishes to sustain the gains for this project's tools, and resource materials for continuity of knowledge management for the family and child well-being workforce. Continued collaboration and resources are needed for this critical workforce training and development topic of family wellbeing when children are exposed to domestic violence. As of January 1, 2021, KCSDV is the sole source offering skills-based training in screening, interviewing, assessment, safety, and permanency planning and resource referral actions. DCF signed a MOU with KCSDV. The purpose of this agreement is to support continuity of KCSDV personnel and operating costs for a minimum of eight trainings and 12 consultation meetings across a 12-month annual period. KCSDV has continued to create and sustain best practice and leading-edge knowledge management of this specific subject matter on co-occurrence of domestic violence and child abuse and neglect. From January 2, 2021 throughout SFY2022 there were a total of 34 trainings provided to a total of 1,954 family and child well-being professionals and over 500 family and child well-being domestic violence manuals have been distributed.

During SFY 2023, KCSDV has provided 13 trainings to a total of 773 family and child well-being professionals. Totals include a learning session at the Annual Governor's Conference for the Prevention of Child Abuse and Neglect and participation in consultation meetings. Participants are employees of DCF, DCF's provider network, CASA, courts, and other state agencies. KCSDV project staff attend scheduled meetings for the Supreme Court Task Force on Permanency Planning, the Kansas Power of the Positive state coalition, and the Family First and Kansas Strong Statewide Interagency and Community Advisory Board (ICAB). There are five additional trainings scheduled through June 30, 2023, including a learning session at the Annual Crime Victims' Rights Conference. KCSDV project staff continue to participate in applicable consultation meetings. Collaboration is scheduled to continue through SFY 2024.

C.1.n Stakeholder Meetings

In addition to utilizing already established workgroups and/or venues outlined in this section, DCF conducted a minimum of semi-annual meetings with internal division staff, external stakeholders, and the community over the last five years to discuss CFSR results, Program Improvement Plan (PIP) development, PIP progress, and new improvement initiatives. DCF and CWCMPs continue convening community meetings to obtain information and feedback on practices and processes. Stakeholder meetings provide opportunities to ensure family involvement at a policy-making level and solicit input and feedback from families and other key stakeholders concerning agency practices.

C.1.o Racial Equity Collaborative

The Kansas Racial Equity Collaborative (REC) was created in 2021 and is comprised of three founding organizations: DCF, CarePortal, and The University of Kansas School of Social Welfare (KUSSW). Kansas has a disproportionately higher number of Black and Brown children entering the child welfare system in comparison to White children. Additionally, children of color have worse outcomes and experiences once entering the system. Yet, the network of collaborators who contribute to the child welfare pipeline often lack understanding of the root causes attributing to racial disparities. Together, since inception, REC successfully gathered over 2,000 Kansans to educate, amplify, and support the common goal of reducing the number of Black and Brown children in foster care to achieve racial equity in child welfare. This was accomplished through developing a shared language, hosting learning lectures, and engaging stakeholders through curious questions and other activities since September 2021. Events hosted, sponsored, and supported by REC include, but are not limited to 4 learning lectures with local and national experts which was attended by 2,000 Kansans across the state, an inaugural in-person symposium

in April 2022 attended by over 200 people engaged in a day of reimagining the child welfare system, bi-monthly newsletters, presentations at six local and national conferences in 2022, and published articles in the Kansas Bar Association Journal and NACC Winter Journal. REC invites individuals to access four online learning opportunities on the University of Kansas School of Social Welfare website (<https://socwel.ku.edu/racialequitycollaborative>):

- Understanding the Historical Context of Structural Racism and Current Day Implications: How We Got Here and a Better Path Forward, Speakers: Haywood Burns Institute, September 29, 2021
- Addressing Racial Inequities in Child Welfare: View from Early Childhood Education, Speaker: Dr. Iheoma U. Iruka, October 27, 2021
- Debunking Myths Around Racial Inequities in Child Welfare, Speakers: Deidre Calcoate, Dr. Alan J Dettlaff, Ruby White Starr, January 26, 2022
- Forward Movement: Shifting from Control of to Support for Black and Brown Families, Speakers: Maleeka Jihad, Kristen Weber, Nina Shaw-Woody, and Joni Hiatt, February 23, 2022

In May 2023 REC hosted a Mini Symposium in Wyandotte County, Kansas which included Associate Commissioner Aysha Schomburg of the Children’s Bureau (CB) to elevate a national conversation about neglect versus poverty and the confusion that exists. In addition, the Associate Commissioner traveled to different organizations in Wyandotte County and heard from various organizations and system-involved individuals on ways to improve the child welfare system.

C.2. Update to the Assessment of Current Performance in Improving Outcomes

Family and Child Well-Being services often intersect with some of society’s most vulnerable populations. Even under the best of circumstances, the decisions made in family and child well-being cases can have profound effects on the children and families touched by the system. Considering this solemn responsibility, Kansas is committed to achieving the highest level of performance and outcomes.

As part of the Continuous Quality Improvement (CQI) process, DCF uses qualitative and quantitative data to assess performance and to inform practice and systems change. DCF collects this data from multiple sources, and the findings have been incorporated into this assessment.

Federal Reviews

The CFSRs assess the state’s performance on seven outcomes related to safety, permanency, and well-being as well as seven systemic factors affecting outcomes. Kansas completed CFSR Round 3 in May 2015, and the Final Report was received in November 2015. Since completing the CFSR Round 3, Kansas has finalized six PIP measurement case reviews. These reviews have included case-specific interviews with key participants and stakeholders. Kansas successfully achieved implementation of the PIP by April 2019. The fifth and sixth PIP measurement case reviews were completed in 2020.

Kansas completed its fourth round of CFSR in April 2023. On-site review of 65 total cases were held in Sedgwick, Brown, and Crawford counties in Kansas. Multiple focus group interviews in relation to the system factors were held both virtually and in-person at the state administration office in Shawnee County, Topeka, KS. Kansas awaits the report for this fourth round of CFSR which may potentially come in June 2023. Results of Round 4 indicate Kansas will need to focus on several key areas in the PIP. The state was not found to be in conformity with any outcomes during Round 4, but was found to be in conformity with three systemic factors (Statewide Information system, Agency Responsiveness to the

Community, and Foster and Adoptive Parent Licensing, Recruitment, and Retention). Key areas to be addressed in the state's PIP include the state's QA system, parent engagement and engagement in case planning, achieving timely permanency, ongoing safety assessments particularly for children in foster care, monitoring and oversight of provider training, and service array. DCF has started the PIP process.

Quarterly Case Reviews

Outside of the CFSR and PIP measurement reviews, Kansas conducts quarterly case reviews for CPS, in-home services, and out-of-home services. The random sample of cases is derived from the respective program case populations and stratified by geographic service area. The CFSR Onsite Review Instrument (OSRI) questions are incorporated into the quarterly reviews. Quarterly case reviews can be found on the DCF public website: <http://www.dcf.ks.gov/services/PPS/Pages/CaseReadResults.aspx>. An initial analysis and review occur upon completion of the quarterly case read with DCF administration, regional performance improvement teams, and DCF program staff. DCF Region performance improvement staff, regional staff and contracted providers engage in a regional review. DCF is gathering information from providers on where case read data goes and preparing for more consistent engagement with providers across the State of Kansas.

CFSR Statewide Data Indicators

The CFSR statewide data indicators provide additional performance information related to the safety and permanency outcomes. The statewide data indicators are calculated from the biannual submission of Kansas Adoption and Foster Care Analysis and Reporting System (AFCARS) data and the annual submission of Kansas National Child Abuse and Neglect Data System (NCANDS) data. The AFCARS data is comprised of case-level information for all children in out-of-home foster care and those who have been adopted from foster care. The NCANDS data is comprised of information about reports of child abuse and neglect.

Administrative Data

In addition to the AFCARS and NCANDS data sets, DCF regularly reviews statewide administrative data reports. Most of the administrative data reports are updated monthly and posted on the agency's public website or internal SharePoint server. Administrative data reports provide information related to key program measures such as specific contract performance outcomes and success indicators.

Safety Outcomes 1 and 2

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Responding to child maltreatment reports represent a core function of the agency's CPS work. When the report alleges abuse, neglect, or a family possibly in crisis, a timely response is critical.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Kansas timeframes for initial assessment of child maltreatment reports and face-to-face contact with the child(ren) are established in the PPS PPM. The KPRC is responsible for initial assessment of the report and determines whether further assessment is warranted. When a report is accepted for further assessment, CPS practitioners are responsible for making face-to-face contact with the child(ren). Safety Outcome 1 comprises these measures.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Strength for Item 1 because 98% of the 40 applicable cases were rated as a Strength. Since completing the CFSR, Kansas has finalized six PIP

measurement case reviews. Performance ratings are based on information gathered through a thorough review of case file documentation and interviews with key case participants.

During the Round 3 PIP periods, Kansas had challenges to sustain the 97% performance measurement for Safety Outcome 1. See section Current and Planned Activities to Improve Performance on Child and Family Outcomes for information on how Kansas is addressing this issue. During Round 4, Kansas was at 69% for Item 1.

Item 1: Were the agency’s responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency policy or state statutes?		
Data	Period Under Review	Item 1 Performance
Agency Data	April 2021-September 2021	59%
	October 2021-March 2022	41%
	April 2022-September 2022	50%
CFSR Review Round 4	April 2022 – April 2023	69%
CFSR Review	April 2014 – May 2015	98%
PIP Measurement Period 1	July 2016 – September 2017	90%
PIP Measurement Period 2	January 2017 – March 2018	61%
PIP Measurement Period 3	July 2017 – September 2018	45%
PIP Measurement Period 2	January 2017-March 2018	61%
PIP Measurement Period 1	July 2014-May 2015	98%
PIP Measurement Period 4	April 2018 – June 2019	46%
PIP Measurement Period 5	January 2019 – March 2020	41%
PIP Measurement Period 6	July 2019 – September 2020	69%

Data Source: Federal Online Monitoring System and DCF Performance Improvement & Learning System (PILS)

Administrative Data

Statewide administrative data provides important contextual information. Once the report is assigned for further assessment, Kansas has historically, consistently, and importantly, completed the initial face-to-face contact within established time frames. For more information about the progress toward meeting the 95% standard, see the Kansas Protection Report Center Section below. Administrative data Indicates initial contacts are being made on a timely basis and meeting the 95% standard.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023

Timely initial assessment decision <i>Standard: 95%</i>	97%	99%	91%	48%	43%	69%	79%	95%	91%	91%
Timely initial contact <i>Standard: 95%</i>	97%	96%	97%	97%	96%	96%	95%	95%	95%	95%

Data Sources: KIPS, FACTS

*SFY 2023 data reflects data from July 2022 through December 2022

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Child maltreatment reports received	65,152	65,631	67,642	67,372	72,683	73,407	66,525	67,378	70,057	47,845
Child maltreatment reports assigned	35,551	36,611	37,807	37,445	40,623	45,801	37,940	44,418	38,870	25,464
Assignment rate for child maltreatment reports	55%	56%	56%	56%	56%	62%	57%	66%	55%	53%

Data Source: FACTS

*SFY 2022 data reflects data from July 2022 through February 2023

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

DCF believes maintaining children in their own homes, whenever safely possible, is fundamental to supporting the well-being of children, families, and communities. This focus results in better outcomes for children, less trauma, and a reduced need for foster care. Even when the best services are provided, unnecessary family disruption can have negative consequences. Promoting community-based programs and strengthening prevention and resiliency networks designed to support families is an important piece of the state’s vision for family and child well-being services.

Item 2: Services to Families to Protect Children in the Home and Prevent Removal and Re-Entry into Foster Care.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 2 due to 88% of the 26 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on

information gathered through thorough review of case file documentation and interviews with key case participants.

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children’s entry into foster care or re-entry after reunification?		
Case Review	Time Frame	Item 2 Performance
Agency Data	April 2021 - September 2021	77%
	October 2021 – March 2022	56%
	April 2022 - September 2022	57%
CFSR Round 3 Review	PUR	
CFSR Review	April 2014 – May 2015	88%
PIP Measurement Period 1 <i>PIP Measurement Goal: 90%</i>	July 2016 – September 2017	77%
PIP Measurement Period 2 <i>PIP Measurement Goal: 90%</i>	January 2017 – March 2018	76%
PIP Measurement Period 3 <i>PIP Measurement Goal: 90%</i>	July 2017 – September 2018	96%
PIP Measurement Period 4 <i>PIP Measurement Goal: 90%</i>	April 2018 – June 2019	100%
PIP Measurement Period 5 <i>PIP Measurement Goal: 90%</i>	January 2019 – March 2020	86%
PIP Measurement Period 6 <i>PIP Measurement Goal: 90%</i>	July 2019 – September 2020	95%

Data Source: Federal Online Monitoring System and State Performance Improvement Learning System

The state’s performance for Item 2 for the PUR July-September 2021 showed a decrease in performance. While there are no formal improvement plans in place, the DCF data team conducts quarterly meetings with family preservation and foster care providers to review data along with guidance and examples of how case file documentation can be improved. In the cases reviewed during the PIP period, Kansas has improved efforts to prevent unnecessary family disruption. The Kansas Round 3 Program Improvement Plan (PIP) established a goal of 96.5% for Item 2. Kansas achieved this goal during the fourth PIP measurement review period (Technical Bulletin #11 subsequently capped the Item 2 goal—for all states—at 90%).

When services are needed to prevent a child(ren)’s entry into foster care or re-entry after reunification, DCF prevention services are considered. All DCF prevention services are provided to the entire family

and may be accessed through a child protective services assessment, court order or at the request of the family. Participation is voluntary (unless court-ordered), and services are provided without regard to income.

Beginning in SFY2020, DCF Prevention Services include Family Preservation Services and Family First Prevention Services programs. CPS practitioners, in partnership with families, determine the appropriate prevention services based on the family’s feedback and the assessment of family needs. The Community Based Family Service program concluded at the end of SFY2021.

Administrative Data

Outcome Measure	SFY	SFY	SFY	SFY	SFY	SFY	SFY	SFY	SFY	SFY
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Children will remain safely in their home during the open Community Based Family Services case. <i>Standard: 90%</i>	94%	96%	99%	97%	97%	95%	98%	98%	N/A**	N/A**
Children will remain safety in their home for 365 days post conclusion of the Community Based Family Services case. <i>Standard: 80%</i>	NA	90%	91%	93%	92%	97%	90%	97%	N/A**	N/A**

Data Source: FACTS

*SFY 2021 data reflects data from July 2020 through June 2021

**Community Based Family Service program concluded June 30, 2021

Family Preservation Services

In-home Family Preservation Services (FPS) may be provided to reduce the risk of maltreatment, improve family functioning, and prevent children’s entry into foster care. The FP program supports the family’s strengths and resources to resolve crises, safely maintain children in the home and teach families new coping skills. FPS are generally provided when a family needs or a circumstance warrants a higher-level of service intensity and frequency.

In SFY 2020, new FPS contracts were executed with three providers, and services under the new contracts began January 1, 2020. In the contracts, DCF implemented sweeping changes to the service delivery model and enhanced the quality of the services available to support families. Instead of a one-size-fits-all approach, two distinct tiers were developed, providing two different levels of service within the program. Models practiced within each level were required to be evidence-based.

- Tier 1 Intensive Family Preservation Services provides high-intensity therapeutic services designed to stabilize the family and prevent children’s entry into foster care. Tier 1 services require an average of 3 to 5 hours of in-person contact with the family by an assigned therapist, with a typical six-week duration.

- Tier 2 Case Management Family Preservation Services provides families with case management services over three to six months. Tier 2 services require a minimum of one hour per week of in-person contact with the family by an assigned case manager.

Administrative Data

Outcome Measure	SFY 2022	SFY 2023*
Children referred to Tier 1 Family Preservation who were not referred to foster care during the service period or within 30 days of case closure. Tier 1 <i>Standard: 90%</i>	96%	96%
Children referred to Tier 1 Family Preservation who were not referred to foster care during the service period or within 30 days of case closure. Tier 2 <i>Standard: 90%</i>	90%	85%

Data Source: FACTS

*SFY 2023 is representative of July 2022- February 2023

Family First Prevention Services Act services

In SFY 2020, Family First Prevention Services Act (FFPSA) services was implemented and served as an option for families to help prevent children’s entry (or reentry) into foster care. To be eligible, at least one child in the home must be at imminent risk of entering foster care, but the child can safely remain at home or in a kinship placement through provision of the FFPSA. Pregnant and parenting youth in foster care are also eligible for Family First Prevention Services. FFPSA services are provided through community-based partnerships and services target mental health, substance use, parent skill-building and kinship navigation services. Evidence-based practice models are required. Data reflected below includes all services DCF categorizes as Family First, whether state or federally funded.

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Target children and youth who have reached 12 months from the time-of-service referral remained together at home without the need for foster care. <i>Standard: 90%</i>	NA	NA	NA	NA	NA	NA	NA	88%	90%	90.7%

Data Source: FACTS & ROM

SFY2023 data reflects data from July 2022-March 2023

Because referrals for Family First Prevention Services began in October 2019 (SFY 2020), the administrative program outcome data measuring prevention of entry into foster care is not available until SFY21 as the children served by the program must have reached 12 months from referral date.

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	*SFY 2020	SFY 2021	SFY 2022	**SFY 2023
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Target children and youth receiving family first services placed in foster care during an open case (Goal: Less than 10%)	NA	NA	NA	NA	NA	NA	2.3%	3.9%	3%	4.9%
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Data Source: FACTS & ROM

*SFY2020 data begins from implementation date of October 2019 – June 2020

***SFY 2022 data reflects from July 2022 – March 2023

Post-Permanency Services

DCF is equally committed to safely maintaining children in their own home after exiting foster care. Specialized aftercare services are provided to strengthen and support families after achieving reunification, permanent custodianship, and adoption. Aftercare services are developed, in partnership with families, to ensure transition of services and supports necessary to prevent re-entry into foster care.

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Children who re-entered foster care within 12 months of discharge for reasons of reunification, living with relative, or guardianship/custodianship. <i>Standard: 8.3% (lower is better)</i>	NA	NA	7.5%	8%	8.6%	9.3%	10.0%	10.0%	9.3%	5.3%

Data Source: FACTS

*SFY 2023 Based on the CFSR4 Data Profile/AFCARS and NCANDS submissions as of 12-21-22

In October 2019, Kansas implemented changes designed to maximize support to families. Comprehensive aftercare services are now provided for six months after achieving reunification, permanent custodianship, adoption and are available for youth who discharge from care with another planned permanent living arrangement. In addition to available crisis on-call services available twenty-four hours per day and seven days per week, aftercare services now provide more frequent contact between aftercare staff and families.

If ongoing services and supports are necessary to prevent re-entry into foster care, additional time-limited aftercare services may be authorized or DCF Prevention Services may be accessed.

Additional resources and support for kinship and adoptive families is available, without time-limited eligibility requirements, through the Kansas Post Adoption Resource Center (K-PARC) and the Caregiver Association.

Kansas Caregivers Support Network (KCSN)

DCF provides funding through a grant with FosterAdopt Connect (FAC) to maintain the Kansas Caregivers Support Network (KCSN). The intent of this grant is to provide meaningful representation and a voice to caregivers, foster families, kinship families, relative families and anyone caring for children not born to them. FAC provides resources including peer support, advocacy, training, and information.

Kansas Post Adoption Resource Center (K-PARC)

DCF provides funding through a grant to K-PARC. K-PARC connects kinship and adoptive families to services. K-PARC provides no-cost services to:

- Families who have adopted from public child welfare in Kansas
- Kinship families (adoption or guardianship) who reside in Kansas
- Any family who has adopted a child from any state’s child welfare system and resides in Kansas

Individualized Post Adoption Support Services

Families who adopt may access Individualized Post Adoption Support Services through grantees DCCCA and TFI. These services are designed to connect caring and knowledgeable professionals to adoptive parents in Kansas that are needing support. Together they identify and establish the type of support needed. Services are trauma informed, trauma equipped, culturally responsive, and linguistically accommodating. The focus is on preventing children and youth who are living with their adopted family from entering or re-entering foster care. Parents have access to:

- support groups and trainings,
- respite care services
- in home therapy services
- Trust Based Relational Intervention (TBRI) services

DCF is encouraged by the implementation of the Kansas KPM. KPM was implemented statewide in calendar year 2020. At the start of the relationship, working alongside family, children, and youth defines the practice approach of KPM. KPM is a framework for engagement, safety planning, and decision-making using family voice, practitioner skills, tools, and policy. An example of KPM approach is reflected in the practice of engaging parents in a “mapping” discussion about identifying their family strengths and areas they see as challenging. Based on the “mapping” discussion on a joint decision is made how to develop a plan to keep the child safe. Building the trust and transparency with the parents, with the mindset “nothing said about me without me” supports incorporating family voice including the child, in decisions made and safety planning for the child.

Administrative Data

Statewide

Region	Population ¹	Child Population ²	Average Monthly Removals [*]	Removal Rate per 1,000 in Child Pop. ^{**}	Number of Children in OOH ³	OOH Rate per 1,000 in Child Pop. ^{***}	Average Monthly Ending OOH ^{****}	Ending OOH Rate per 100 in OOH (Note: higher is better)	Average Number Ending OOH per 1 Removal
Kansas City	987,920	262,244	38	2.1	1,272	4.9	51.6	4.1	1.36
Northeast	277,505	73,286	32	5.1	896	12.2	37.8	4.2	1.18
Northwest	329,058	83,583	36	6.9	643	7.7	42.8	6.6	1.18
Southeast	269,497	70,675	31	6.9	752	10.6	41.8	5.6	1.34
Southwest	373,946	105,210	45	6.3	1,002	9.5	54.3	5.4	1.20
Wichita	675,388	187,093	70	4.4	1,696	9.1	70.8	4.2	1.01
Statewide	2,913,314	782,091	42.1	5.3	6,261	9.0	49.8	5.0	1.21
National	327,167,434	73,285,505		3.7	423,997	5.8			
Data Sources:									
² % of Children in Poverty: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, Poverty and Median Household Income Estimates - Counties, States, and National Release date: June 2019									
³ Number of Children in OOH: FACTS 'Out of Home Last Day of the Month' as of June 2017; Nationwide ACF AFCARS Report 2019									
[*] Rate determined from FACTS Monthly Number of Children Removed averaged over a twelve month period for SFY2020.									
^{**} Rate determined from Annual Number of Children Removed divided by Child Population multiplied by 1000.									
^{***} Rate determined from Number of Children in OOH divided by Child Population multiplied by 1000.									
^{****} Rate determined from FACTS Monthly Number of Children in OOH (Last Day of the Month) divided by Child Population multiplied by 1000.									

*This census data was most recently updated in June 2019. The report should list June 2022 as the date for Administrative Data.

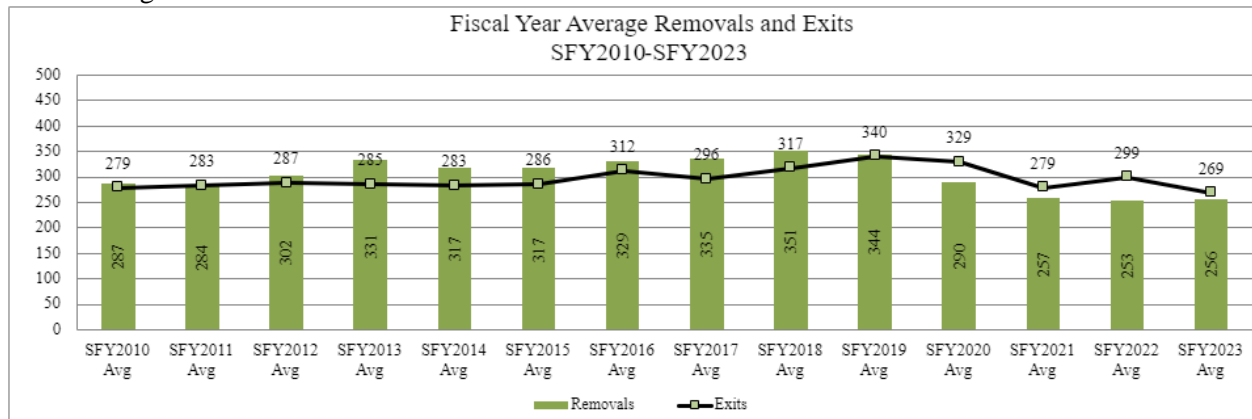
Removals, Exits and Children in Out-Of-Home Placement on the Last Day of the Month

By DCF Region	Type of Information	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Fiscal year Total	Fiscal year Average
Kansas City Region	Removals	37	47	45	24	24	24	41	242	35
Kansas City Region	Exits	40	66	47	51	58	48	34	344	49
Kansas City Region	OOH Last Day of the Month	1256	1237	1239	1210	1182	1161	1166		1,207
Northeast Region	Removals	27	42	21	22	19	15	31	177	25
Northeast Region	Exits	24	24	44	31	41	30	26	220	31
Northeast Region	OOH Last Day of the Month	889	908	883	880	871	849	843		875
Northwest Region	Removals	30	27	56	24	31	33	36	237	34
Northwest Region	Exits	31	45	30	22	48	53	21	250	36
Northwest Region	OOH Last Day of the Month	640	620	645	651	626	610	622		631
Southeast Region	Removals	27	41	39	35	32	12	30	216	31
Southeast Region	Exits	44	37	26	24	51	43	34	259	37
Southeast Region	OOH Last Day of the Month	731	739	751	768	752	721	711		739
Southwest Region	Removals	55	58	58	61	46	18	28	324	46
Southwest Region	Exits	39	72	34	31	61	62	34	333	48
Southwest Region	OOH Last Day of the Month	1012	1001	1027	1056	1045	1007	991		1,020
Wichita Region	Removals	86	129	100	82	49	78	74	598	85
Wichita Region	Exits	60	100	56	43	93	72	52	476	68
Wichita Region	OOH Last Day of the Month	1712	1745	1783	1824	1798	1798	1814		1,782
State	Removals	262	344	319	248	201	180	240	1,794	256
State	Exits	238	344	237	202	352	308	201	1,882	269
State	OOH Last Day of the Month	6240	6250	6328	6389	6274	6146	6147		6,253

Data Source: FACTS

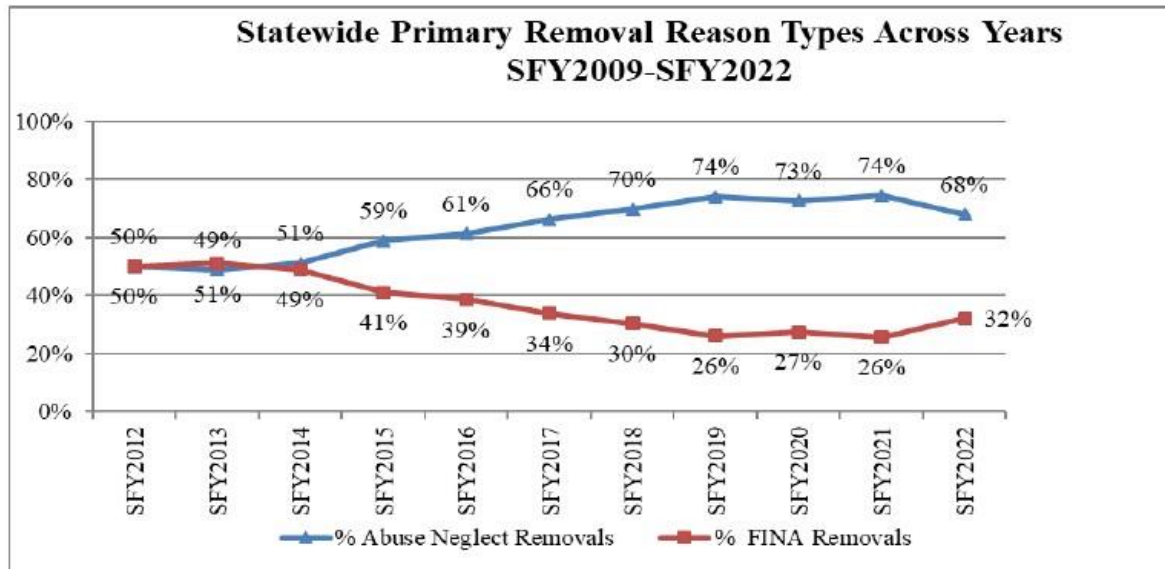
*SFY 2022 data reflects data from July 2022 through January 2023

SFY Average Removals vs Exits



Data Source: FACTS

*SFY 2022 data reflects data from July 2022 through January 2023



Data Source: FACTS

*SFY 2022 data reflects data from July 2022 through January 2023

Item 3: Risk Assessment and Safety Management

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 3 due to 78% of the 65 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?		
Case Review	Time Frame	Item 3 Performance
Agency Data	April 2021 - September 2021	73%
	October 2021 – March 2022	66%
	April 2022 - September 2022	66%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	78%
PIP Measurement Period 1 <i>PIP Measurement Goal: 84%</i>	July 2016 – September 2017	63%
PIP Measurement Period 2	January 2017 – March 2018	69%

<i>PIP Measurement Goal: 84%</i>		
PIP Measurement Period 3 <i>PIP Measurement Goal: 84%</i>	July 2017 – September 2018	71%
PIP Measurement Period 4 <i>PIP Measurement Goal: 84%</i>	April 2018 – June 2019	91%
PIP Measurement Period 5 <i>PIP Measurement Goal: 84%</i>	January 2019 – March 2020	77%
PIP Measurement Period 6 <i>PIP Measurement Goal: 84%</i>	July 2019 – September 2020	82%

Data Source: Federal Online Monitoring System and State Performance Improvement Learning System

After an initial drop in performance from the CFSR, performance on Item 3 increased in the third and fourth PIP measurement review periods. The Kansas Round 3 PIP established a goal of 84% for Item 3. Kansas achieved this goal during the fourth PIP measurement review period.

Agency policy requires formal and informal assessment of risk and safety concerns on an ongoing basis and at critical times in the case. Critical points in the case are defined in PPM 3100 but include when there is new allegations of abuse or neglect, changes in family conditions and household composition, changes to visitation, upon reunification and at case closure.

Safety and Risk Assessments

The CFSR Round 3 identified a need for Kansas to utilize standardized assessments when assessing risk and safety concerns. Kansas selected Structured Decision Making (SDM) assessments for implementation (PIP Activity 1.2.2). The SDM assessments are evidence-based assessments utilized at major case decision points and increase the consistency and validity of case decisions.

In August 2019, the KPRC began utilizing SDM, at intake, when assessing child maltreatment reports for case assignment. The SDM assessments helps intake staff make accurate, consistent decisions about which families need further assessment from CPS practitioners and the timeframes to initiate in-person contact.

Kansas DCF identified Johnson, Wyandotte, Cherokee and Crawford Counties to pilot SDM implementation in SFY 2020. CPS practitioners in these four counties began utilizing the SDM safety assessment in their casework during November 2019 and began utilizing the SDM risk assessment during December 2019 (PIP Activity 1.2.5). The four pilot counties piloted the SDM safety and risk assessment for 12 months. DCF will not continue with the SDM safety and risk assessment tool due to implementation of the KPM which provides more opportunity for family engagement in the assessment process. In 2020 Kansas began to implement the KPM which integrates aspects and tools from multiple practice approaches with promising evidence research and best practices to come alongside families, their natural supports and community on a journey toward improved safety and family well-being.

DCF worked with Safe Generations to integrate elements of Signs Of Safety (SOS) with the KPM. During November and December 2019, CPS practitioners in the Wichita Region, Harvey County and Reno County completed the two-day exposure training. This training examined the core principles of the KPM approach and reviewed disciplines essential for assessment and planning tools. Practitioners build

skill and competency to begin incorporating the tools in their work with families. CPS practitioners in the West Region completed the exposure training in January and March 2020.

The pandemic and the declaration of a nationwide public health emergency which followed presented an opportunity for DCF to reimagine how to share and deliver learning about KPM with staff throughout the state while maintaining momentum for statewide implementation of the KPM principles. This new challenge was met using technology. DCF East and Kansas City regions received KPM training virtually throughout the summer of 2020. In SFY21, virtual training continued for ongoing learning about KPM. See Attachment 22 DCF Training Plan 2024 for more details.

DCF family preservation and foster care providers in Kansas utilize a variety of tools to assess risk and safety concerns (PIP Activity 1.2.6). The services are required to be trauma-informed and evidence-based. However, services are not limited to any one practice model. This flexibility allows each CWCMP to select a practice model and evidence-based assessments recommended and integrated within the model. DCF is not considering a universal risk and safety tool as the focus has been to insure consistent worker/child visits are taking place by assigned case worker so risk and safety can be informally assessed by observation and conversation with children who are verbal. The risk and safety tools used by each CWCMP in SFY22 are shown in Table 1.2 below. DCF’s original plan was to require that all grantees use SDM as their safety and risk assessment tool, however as DCF practice evolved away from SDM and integrated Signs of Safety into the Kansas Practice Model, a requirement that each grantee and contractor use SDM was no longer consistent with the model that DCF had chosen. DCF allowed each grantee and contractor to choose and implement the safety assessment tool that fit their model. While DCF understands the value of a universally used assessment tool, DCF’s focus is on allowing each grantee to implement the tool most fitting to their practice model with fidelity amongst the children and families served by the individual grantees.

Table 1.2

CWCMP’s	Tools used to assess risk and safety concerns
KVC	Structured Decision Making
TFI	NCFAS-G+R tool
St. Francis Ministry	NCFAS, safety and risk questions they use in worker/child, worker/parent, and parent/child visits that are completed during each face to face. Columbia-Suicide Severity Rating Scale.
Cornerstones of Care	CSDC, CROPS/PROPS, BIO/PSYCO/Social, ASQ, CAFAS/PECFAS PSI, UNCOPE
DCCCA	PHQ-9, GAD-7, CSSRS - Short form, Financial Needs Assessment, ASSIST, PHQ-9A, CRAFT, ASQ

Team Decision Making

In SFY2021, Team Decision Making (TDM) was implemented statewide. TDM is a collaborative practice which includes family members and kin in the conversation and decision making when critical decisions about where a child can safely reside need to be made. DCF utilizes TDM when a parent or caregiver’s behavior places a child at-risk for separation from parent/caregiver. This approach recognizes families as the experts of their lives and partners with them to develop resolutions which engage the family’s strengths and resources.

Unless an immediate and serious safety threat requires emergency decisions to be made, the TDM meeting is held before any child is removed from the home. The meetings are facilitated by a trained TDM facilitator and include the family, the child (when appropriate), the family’s support system, service


providers, community partners, and agency CPS practitioners. Each TDM meeting is focused on the child’s safety and well-being.

Communication with community stakeholders is key to the success of TDM as a practice approach. Local ongoing outreach to engage courts, communities, service providers, families, and law enforcement in understanding the value of this important practice remains a priority.

DCF partners at Evident Change, formerly the National Council on Crime & Delinquency (NCCD) and the Children’s Research Center, continues to guide and mentor agency efforts in cultivating a TDM practice which maintains fidelity to the model. Research from Evident Change shows the more consistent the agency adheres to TDM’s key elements, the likelier families experience positive outcomes.

The TDM report below identifies attendance at TDMs remained consistent across most categories (not more than a 3% decrease in any role) for the third year, noting increases in participation from Mothers (from 81% to 83%), Children/Youth (from 22% to 23%), Contract Agency Staff (from 35% to 36%) and Fathers (from 54 % to 57%). DCF is encouraged by the positive feedback we receive from attendees about the difference being a part of the TDM made for them.

Administrative Data

 TDM 2023 YTD Report - Statewide Summary July 1, 2022 - February 28, 2023		
Section I. PPS FACTS & TDM Application Data		
1a. Reports assigned for Further Assessment*	TBD**	
Reports assigned for Further Assessment with a TDM Meeting (subset of 1a)	TBD**	TBD**
1b. Children/Youth Removals ***Please Note Removal Data is through 1/31/2023	1794	
Children/Youth Removals by Law Enforcement (PPC) (subset of 1b)	1001	56%
Children/Youth Removals with a TDM (subset of 1b)	622	35%
Section II. Characteristics of TDM Meetings - TDM Application Data		
	# Meetings	% Meetings
2a. TDM Meetings	1007	
2b. TDM with Suspected/Confirmed Domestic Violence	139	14%
2c. Attendance at Meetings	# Meetings	% Meetings
DCF Worker	950	94%
DCF Supervisor	990	98%
Other DCF Staff (not assigned worker/supervisor)	265	26%
Mother	833	83%
Father	578	57%
Children/Youth	229	23%
Caregivers	34	3%
Family Members and Friends	644	64%
Contract Agency Staff	365	36%
Neighborhood / Community Representatives	17	2%
Service providers / Other supports	365	36%
Section III: Summary of Children/Youth Identified with a TDM Meeting		
	# Children	% Children
3a. Children/Youth with a TDM Meeting (ages 0-17 yrs)***	1790	
3b. Youth ages 12+ with a TDM Meeting	499	28%
3c. Children ages 0-11 with a TDM Meeting	1291	72%
Section IV. Child/Youth Placement & Recommendation		
	# Children	% Children
4a. Child/Youth Location at Time of TDM (subset of 3a)		
In Home	761	43%
Separated	1029	57%
Removed by Law Enforcement (subset of "Separated")	872	85%
4b. Recommendation for Custody & Care (subset of 3a)	# Children	% Children
Maintain Child/Youth in own home, no court involvement	508	28%
File for court intervention not involving out of home placement	203	11%
Immediately return Child/Youth to own home, no court involvement	223	12%
Place Child/Youth with relative, no court involvement	206	12%
File for any type of custody that includes out of home placement (OOH)	647	36%
4c. Placement Recommendations for Child/Youth Placed Out of Home (subset of "OOH")	# Children	% Children
Place with a Relative	422	65%
Place with Unrelated person, not Foster Parent	35	5%
Place in Foster Home	185	29%
Place in Group Home	0	0%
Place in Residential Treatment	4	1%
Place in Independent Living	1	0%

Kansas Practice Model

The KPM provides a consistent and customized framework to support engagement, safety planning and decision-making to guide work alongside families. Practitioners use their skills with engaging the family. Using the family voice and practice approaches, practitioners connect with needed services to support safety and well-being.

The KPM approach involves “mapping” conversations with the family. “Mapping” is a technique used to engage the family and connect their voice(s) in the assessment and plan for immediate and lasting safety. This assessment incorporates and highlights the child’s voice, integrates the family and the network’s perspective, and identifies the strengths demonstrated as safety. Co-authoring the assessment with the family provides depth to the information, enhances engagement, and promotes shared understanding and clarity.

Administrative Data

When family preservation or foster care services are provided, Kansas measures the rate of recurring maltreatment. This data is used to ensure agency services and interventions are appropriately addressing safety concerns and effectively reducing the risk for maltreatment.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Families will not experience substantiated or affirmed abuse or neglect within the first 365 days of referral to Community Based Family Services <i>Standard: 85%</i>	NA	98%	98%	97%	93%	95%	96%	94.7%	NA	NA
Families will not experience substantiated or affirmed abuse or neglect within the first 90 days of Family Preservation <i>Standard: 95%</i>	99%	99%	99%	99%	99%	99%	99%	NA	NA	NA
Families will not experience substantiated or affirmed abuse or neglect within the first 365 days of Family Preservation <i>Standard: 95%</i>	NA	96%	95%	95%	93%	94%	94%	NA	NA	NA
Families will not experience substantiated or affirmed abuse or neglect between referral and case closure. Tier 1 <i>Standard: 95%</i>	NA	NA	NA	NA	NA	NA	99%	99%	98.7%	96.0%
Families will not experience substantiated or affirmed abuse or neglect between referral and case closure. Tier 2 <i>Standard: 95%</i>	NA	NA	NA	NA	NA	NA	97%	96.6%	97.1%	98.7%
Children in foster care will not experience substantiated or affirmed abuse or neglect within a 12-month period <i>Standard: 8.5 (lower is better)</i>	NA	NA	4	4.9	5.6	4.7	3.8	3.7	3.02	2.74

Data Source: FACTS

*SFY 2023 data reflects data from July 2022 through January 2023

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Children who were a victim of a subsequent affirmed or substantiated maltreatment within 12 months of the initial affirmed or substantiated finding. <i>Standard: 9.5% (lower is better)</i>	NA	NA	4.5%	4.7%	6.4%	6.3%	6.3%	4.9%	4.9%	3.9%

Data Source: FACTS

*SFY 2023 data reflects data from July 2022 through February 2023

Permanency Outcomes 1 and 2

Permanency Outcome 1: Children have permanency and stability in their living situations

Although DCF’s prevention services have been successful in keeping children in their homes, there continues to be a need for temporary foster care. For children and youth in foster care, Kansas is committed to achieving permanency.

Item 4: Stability of Foster Care Placement

Several studies have revealed the relationship between stability of foster care placement and permanency. This connection makes enhancing placement stability part of the state’s focus on achieving permanency.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 4 due to 70% of the 40 applicable foster cases rated as a Strength. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 4: Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?		
Case Review	Timeframe	Item 4 Performance
Agency Data	April 2021 - September 2021	86%
	October 2021 – March 2022	83%
	April 2022 - September 2022	82%
CFSR Round 3 Review	PUR	
CFSR Review		
CFSR Round 3	April 2014 – May 2015	70%
PIP Measurement Period 1 <i>PIP Measurement Goal: 79%</i>	July 2016 – September 2017	69%
PIP Measurement Period 2 <i>PIP Measurement Goal: 79%</i>	January 2017 – March 2018	73%
PIP Measurement Period 3 <i>PIP Measurement Goal: 79%</i>	July 2017 – September 2018	73%
PIP Measurement Period 4 <i>PIP Measurement Goal: 79%</i>	April 2018 – June 2019	75%

PIP Measurement Period 5 <i>PIP Measurement Goal: 79%</i>	January 2019 – March 2020	60%
PIP Measurement Period 6 <i>PIP Measurement Goal: 79%</i>	July 2019 – September 2020	82%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Throughout the PIP Measurement Periods, Kansas showed an increase in performance for Item 4. The Kansas Round 3 PIP established a goal of 79% for Item 4, which was achieved during the sixth PIP measurement review period. The Agency Data indicates performance for Item 4 increased to 86% shortly after the sixth PIP measurement review period prior to most recently going back to 82%.

Administrative Data

The CFSR Round 3 introduced a new data indicator for measuring placement stability. This measure calculates the rate of moves per 1,000 days for children entering foster care. Kansas began utilizing this measure in SFY 2016.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Placement Stability: Rate of moves per 1,000 days in Foster Care <i>Standard: 4.44 (lower is better)</i>	NA	NA	6.6	7.1	8.9	9.7	8.6	5.4	7.0	7.0
Children in foster care placed in a family-like setting <i>Standard: 90%</i>	95%	95%	94%	93%	92%	91%	91%	92%	92%	92%

Data Source: FACTS

*SFY 2023 data reflects data from July 2022 through January 2023

Each month, Kansas also examines placement stability for the 12-month cohort of children entering foster care. In January 2023, over 58.4% of the cohort experienced 4.4 or fewer moves. Over 27.8% of the cohort experienced 8.6 or more moves.

In 2019, DCF formed the Leading for Results for Placement Stability (LFR) work group with participation including DCF and CWCMP staff tasked with discovering the root cause behind placement instability. In 2020, the Capacity Building Center (CBC) for States joined the work group to provide consultation, technical assistance (TA), and guide exploration of instances of placement instability. From July 2020 to January 2023, the LFR Placement Stability group met bi-monthly and utilized the appreciative inquiry method of exploring placement stability and getting to the root causes; data driven exploration including data planning, analysis, and findings; further contextualized and understanding of contributing factors; targeted discussion of root causes; causal links exploration and stakeholder vetting; theory of change articulation; theory of change finalization and overview of applicable state and national initiatives. Through the LFR group’s root cause analysis, it was determined the majority of those experiencing placement instability were older youth ages 13 to 18 with higher levels of disabilities/needs. The top three root causes of placement instability in Kansas are (1) community prevention - inadequate community-based prevention services to serve older high needs youth (2) front door to child welfare (front door into foster care is too wide due to a lack of understanding of the role of foster care; and (3) foster care placements - lack of placements for older youth with intensive behavioral health needs. The findings of the group further indicate placement instability is a complex problem that starts further upstream in the child welfare continuum. Solutions involve multiple systems due to community-level and

child welfare front door root causes. There may be an opportunity to leverage prevention efforts to improve placement stability.

The findings of the LFR for Placement Stability group re-affirm the work Kansas is already doing in terms of an increased need for prevention services. In February 2023, Governor Kelly announced a new set of Family First Prevention grants totaling nearly \$20 million. The purpose of this funding is to create and grow programs designed to keep families together and prevent children from entering the foster care system. Current Family First Prevention programs have helped more than 3,000 Kansas children remain with their families and avoid entering foster care. The new grants will expand the number of providers from 11 to 14, expand statewide Multisystemic Therapy (MST) (serving youth 12-17 years old and their families), fund new substance use disorder services, fund new parent-skill building partners, and include new primary prevention programs including a partnership with the Sedgwick County Sheriff’s Department.

Rate of Moves	Number of Children	Percent of Children
4.4 or fewer	1,713	58.4%
4.5 – 5.5	77	2.6%
5.6 – 6.5	141	4.8%
6.6 – 7.5	92	3.1%
7.6 – 8.5	95	3.2%
8.6 or greater	815	27.8%

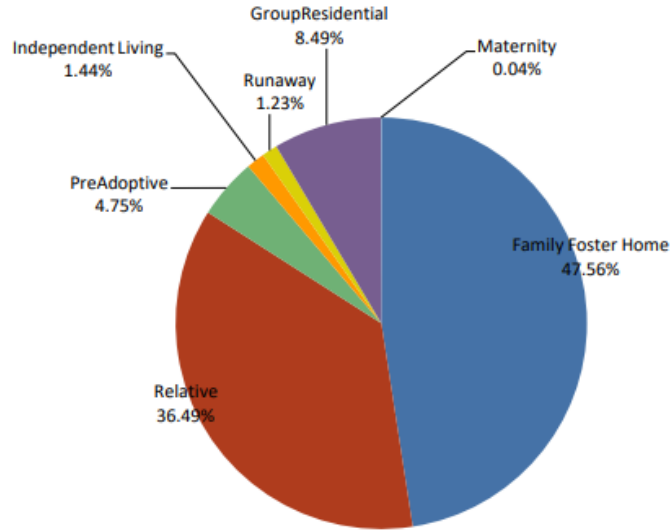
Data Source: FACTS, July 2022 – January 2023

SFY 2023 Foster Care Placement Settings

Foster Care placement by placement type is available July 1, 2022 through January 2023 on DCF’s public website.

	July	August	September	October	November	December	January	Average
Family Foster Home	2,866	2,912	3,041	3,073	3,030	2,964	2,933	2,974
Relative	2,194	2,272	2,291	2,345	2,329	2,293	2,252	2,282
Pre-Adoptive	468	373	304	254	228	194	260	297
Independent Living	90	93	85	94	87	93	87	90
Runaway	82	77	77	75	73	74	80	77
Group Residential	540	521	528	545	524	525	532	531
Maternity	-	2	2	3	3	3	3	3
Total	6,240	6,250	6,328	6,389	6,274	6,146	6,147	

Data Source: FACTS



Item 5: Permanency Goal for the child

Permanency goals, and concurrent permanency goals, guide the overall case direction and development of the service plan. Kansas establishes a permanency goal for all children in foster care. Agency policy requires each case plan to include the permanency goal. The initial case plan goal is established at the first case planning conference, which is held within 30 days of entry or re-entry into foster care. Progress toward the goal is regularly monitored, and the permanency goal may be changed when it is apparent the current goal cannot be met within a reasonable time frame.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 5 due to 65% of the 40 applicable cases rated as a Strength. The PIP established a goal of 74%. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews.

Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?		
Case Review	Timeframe	Item 5 Performance
Agency Data	April 2021 - September 2021	82%
	October 2021 – March 2022	55%
	April 2022 - September 2022	82%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	65%
PIP Measurement Period 1 <i>PIP Measurement Goal: 74%</i>	July 2016 – September 2017	78%
PIP Measurement Period 2 <i>PIP Measurement Goal: 74%</i>	January 2017 – March 2018	56%
PIP Measurement Period 3 <i>PIP Measurement Goal: 74%</i>	July 2017 – September 2018	73%
PIP Measurement Period 4 <i>PIP Measurement Goal: 74%</i>	April 2018 – June 2019	70%

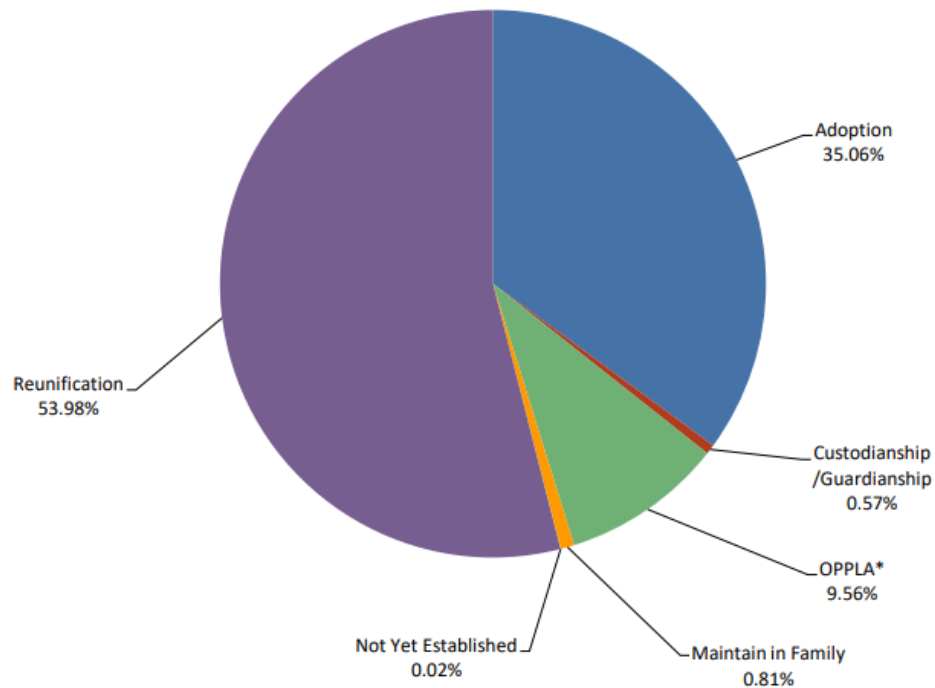
PIP Measurement Period 5 <i>PIP Measurement Goal: 74%</i>	January 2019 – March 2020	80%
PIP Measurement Period 6 <i>PIP Measurement Goal: 74%</i>	July 2019 – September 2020	74%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Establishing appropriate goals and in a timely manner show improvement and exceeds performance through all PIP periods. Kansas achieved the PIP measurement goal during PIP Review 1. Data reflects this level of performance has not been sustained over time. However, as of SFY2023 Quarter 1, Kansas achieved a higher level of performance than achieved at any point during CFSR Round 3.

Administrative Data



*Other planned permanent living arrangement (OPPLA). This is a permanency option only when other options such as reunification, adoption, or guardianship have been ruled out.

Children in Foster Care by Permanency Goal

Data Source: FACTS

Item 6: Achieving Reunification, Guardianship, Adoption or Another Planned Permanent Living Arrangement

Kansas sees foster care as a temporary support to families and the state believes all children in foster care deserve permanency in their lives. The agency envisions a foster care system in which children aren't spending one day more in care than necessary.

Federal Reviews

Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants. Item 6 has increased from 49% to 58%.

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or another planned permanent living arrangement for the child?		
SFY23 Agency Data	SFY2023 June 2022-September 2022	Item 6 Performance
Agency Data	June-September 2022	58%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	63%
PIP Measurement Period 1 <i>PIP Measurement Goal: 72%</i>	July 2016 – September 2017	44%
PIP Measurement Period 2 <i>PIP Measurement Goal: 72%</i>	January 2017 – March 2018	48%
PIP Measurement Period 3 <i>PIP Measurement Goal: 72%</i>	July 2017 – September 2018	48%
PIP Measurement Period 4 <i>PIP Measurement Goal: 72%</i>	April 2018 – June 2019	50%
PIP Measurement Period 5 <i>PIP Measurement Goal: 72%</i>	January 2019 – March 2020	50%
PIP Measurement Period 6 <i>PIP Measurement Goal: 72%</i>	July 2019 – September 2020	59%

Data Source: Federal Online Monitoring System

Ensuring permanency goals are achieved within the timeframes suggested in the federal reviews has remained a challenge. Kansas supplements case review findings with administrative data. The administrative data broadens understanding and can help identify, clarify, and define barriers to improved outcomes.

Administrative Data

Kansas uses several measures to monitor permanency and the length of time before permanency is achieved for children in foster care. Several of the measures mirror CFSR Round 3 statewide permanency indicators.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Children who enter foster care, discharged to a permanent home within 12 months of their date of entry into foster care and before turning 18 <i>Standard: 40.5%</i>	NA	NA	40%	38%	37%	36%	36%	34%	33%	41%

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Children in foster care between 12 and 23 months, discharged to a permanent home within 12 months from the first day of the reporting period and before turning 18 <i>Standard: 43.6%</i>	NA	NA	41%	40%	37%	40%	41%	36%	38%	39%
Children in foster care 24 months and longer, discharged to a permanent home within 12 months from the first day of the reporting period and before turning 18 <i>Standard: 30.3%</i>	NA	NA	31%	35%	29%	36%	38%	34%	34%	35%
Children who became legally free for adoption in the 12 months prior, discharged to a finalized adoption in less than 12 months from becoming legally free <i>Standard: 45.8%</i>	45%	43%	42%	40%	29%	39%	44%	41%	40%	44%
Children discharged from custody for reason of adoption, released from custody in less than 24 months from removal into care <i>Standard: 26.8%</i>	33%	26%	23%	22%	18%	17%	19%	15%	13%	13%
Children discharged from foster care who were legally free for adoption at the time of discharge and will be discharged to a permanent home before turning 18 <i>Standard: 96.8%</i>	90%	91%	91%	89%	88%	92%	92%	89%	90%	93%
Children discharged from foster care for reason of emancipation, or who reached age 18 while in foster care, who were in care 3 years or longer <i>Standard: 47.8% (lower is better)</i>	33%	33%	36%	32%	31%	34%	29%	35%	39%	39%

Data Source: FACTS

*SFY 2023 data reflects data from July 2022 – November 2022

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Average months in foster care for children discharged to reunification <i>Suggested Timeframe: 12 months</i>	8	9	9	10	10	10	10	12	11	11
Average months in foster care for children discharged to custodianship/guardianship <i>Suggested Timeframe: 18 months</i>	18	19	18	19	20	19	19	24	22	24

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Average months in foster care for children discharged to emancipation <i>Suggested Timeframe: NA</i>	34	38	39	37	38	36	38	39	42	44
Average months in foster care for children discharged to adoption <i>Suggested Timeframe: 24 months</i>	32	33	35	36	38	39	39	40	39	41
Adoptions finalized <i>Standard: NA</i>	666	765	755	758	766	1210	998	846	948	475

Data Source: FACTS

*SFY 2023 data reflects data from July 2022 – December 2022

Based on this data, Kansas can improve outcomes for children and families by ensuring concerted efforts are made to achieve permanency in a timely manner.

When a child is reunified with their family, reunification occurs, on average, 11 months after the child’s entry into foster care. This is within the 12-month suggested timeframe for achievement. Data in 2023 indicate an increase in this percentage to 41%. This is within the 40.5% standard for permanency in 12 months.

When a child exits to custodianship/guardianship, permanency is achieved, on average, within 24 months of the child’s entry into foster care. This data point indicates increase over SFY 23 and outside the 18-month suggested timeframe for achievement.

When a child exits to adoption, permanency through adoption occurs, on average, 41 months after the child’s entry into foster care. This data point indicates increase over SFY 23 and outside the 24-month suggested timeframe for achievement.

The suggested timeframe for achieving adoption is 24 months. Kansas data is stagnant regarding the percentage of children who exited to adoption and achieved permanency within 24 months of entering care. SFY23 (July 2022 – Dec. 2022) reflects 13% of children met this suggested timeframe. The number from SFY22 is also 13%. Also, 44% of the children, who became legally free for adoption, had exited to adoption 12 months later. An increase from 40% from SFY22.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

Kansas recognizes foster care as a support and not a substitute for families. Bonds with family and community are often critical to minimizing trauma and maintaining a sense of identity after children enter foster care. DCF preserves these family relationships and meaningful connections for children.

Item 7: Placement with Siblings

Kansas DCF policy (PPM 5237) requires siblings be placed together in foster care whenever possible and appropriate.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Strength for Item 7 due to 100% of the 14 applicable foster care rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 7: Did the agency make concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?		
Case Review	Timeframe	Item 7 Performance
Agency Data	April 2021 - September 2021	56%
	October 2021 – March 2022	58%
	April 2022 - September 2022	57%
CFSR Round 3 Review	PUR	59%
CFSR Round 3	April 2014 – May 2015	100%
PIP Measurement Period 1	July 2016 – September 2017	86%
PIP Measurement Period 2	January 2017 – March 2018	82%
PIP Measurement Period 3	July 2017 – September 2018	76%
PIP Measurement Period 4	April 2018 – June 2019	77%
PIP Measurement Period 5	January 2019 – March 2020	73%
PIP Measurement Period 6	July 2019 – September 2020	90%

Data Source: Federal Online Monitoring System
 Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Administrative Data

When a child has one or more siblings in foster care, Kansas measures whether the child is placed together with at least one sibling.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Children in foster care, with siblings in foster care, placed with at least one sibling <i>Standard: 78%</i>	79%	78%	79%	77%	74%	73%	74%	77%	77%	76%

Data Source: FACTS
 *SFY 2024 data reflects data from July 1, 2022 through December 2022

Item 8: Visiting with Parents and Siblings in Foster Care

Kansas DCF policy Interactions/Visitations (PPM 3237) supports the philosophy of visitations with parents, and siblings also in foster care, promotes the continuity of family relationships for children in care. DCF encourages visitations be as frequent as possible, in the least restrictive environment, and appropriate to the circumstances of the case. The agency prohibits using the opportunity for visitation as either a consequence or reward for parents or for children.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 8 due to 85% of the 26 applicable foster care cases rated as a Strength. These findings revealed performance ensuring the frequency and quality of visits between a child and his or her siblings in foster care was lower than visits between a child and his or her parents. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?		
Case Review	Timeframe	Item 8 Performance
Agency Data	April 2021 - September 2021	64%
	October 2021 – March 2022	43%
	April 2022 - September 2022	63%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	85%
PIP Measurement Period 1	July 2016 – September 2017	62%
PIP Measurement Period 2	January 2017 – March 2018	81%
PIP Measurement Period 3	July 2017 – September 2018	66%
PIP Measurement Period 4	April 2018 – June 2019	74%
PIP Measurement Period 5	January 2019 – March 2020	80%
PIP Measurement Period 6	July 2019 – September 2020	90%

Data Source: Federal Online Monitoring System SFY2022 Q1 July-September 2021

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Item 9: Preserving Connections

In addition to preserving relationships with close family members, DCF maintains meaningful connections a child may have with his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 9 due to 83% of the 40 applicable foster care cases rated as a Strength. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 9: Did the agency make concerted efforts to preserve the child’s connections to his neighborhood, community, faith, extended family, Tribe, school, and friends?		
Case Review	Timeframe	Item 9 Performance

Agency Data	April 2021 - September 2021	82%
	October 2021 – March 2022	67%
	April 2022 - September 2022	84%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	83%
PIP Measurement Period 1	July 2016 – September 2017	76%
PIP Measurement Period 2	January 2017 – March 2018	77%
PIP Measurement Period 3	July 2017 – September 2018	80%
PIP Measurement Period 4	April 2018 – June 2019	85%
PIP Measurement Period 5	January 2019 – March 2020	85%
PIP Measurement Period 6	July 2019 – September 2020	97%

Data Source: Federal Online Monitoring System SFY2022 Q1 July-September 2021

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Administrative Data

DCF administrative data measures whether children continue to attend their same school after entry into foster care. Kansas also measures whether a lifelong connection has been developed and maintained for youth exiting custody to adulthood. Kansas has shown increased performance in both data measures since CFSR Round 3.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023
Children aged 6 and older attending the same school after removal <i>Standard: 25%</i>	15%	16%	15%	15%	16%	17%	18%	18%	24%	27%
Youth emancipating from custody with an identified lifelong Connection for Success <i>Standard: NA</i>	-	54.6%	59.9%	75.6%	81.2%	79%	79%	86%	88%	91%

Data Source: FACTS

*SFY 2023 data reflects data from July 2022 through January 2023

Item 10: Relative Placement

When a child must be removed from the home, placement with relatives can ease the transition into foster care and maintain the child’s connections with his or her family. Kansas gives preference to the child’s relatives for placement.

For placement, Kansas defines a relative as:

- A person who can trace a blood tie to a child. Persons related by blood may include a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-great grandparent, great uncle or aunt, first cousin, great-great-great grandparent, great-great uncle or aunt, or a first cousin once removed (the child of a first cousin). Termination of parental rights does not alter or eliminate the blood relationship to other relatives.
- A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to, stepparents, step grandparents, step aunts and step uncles to the first degree.
- Legally adoptive parents and other relatives of adoptive parents.
- Birth parents and grandparents of siblings and birth parents of half-siblings.
- Adoptive parents and grandparents of siblings or half-siblings.
- A court-appointed guardian or permanent custodian of a sibling or half-sibling.

Federal Reviews

Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?		
SFY2023 Agency Data	SFY2023 July-September 2022	Item 10 Performance
Agency Data	July-September 2022	78%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	86%
PIP Measurement Period 1	July 2016 – September 2017	89%
PIP Measurement Period 2	January 2017 – March 2018	80%
PIP Measurement Period 3	July 2017 – September 2018	93%
PIP Measurement Period 4	April 2018 – June 2019	92%
PIP Measurement Period 5	January 2019 – March 2020	85%
PIP Measurement Period 6	July 2019 – September 2020	89%

Data Source: Federal Online Monitoring System
SFY2022 Agency data

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Children in foster care live with relatives or non-related kin <i>Standard: 50%</i>	31%	32%	33%	33%	32%	33%	34%	42%	44%	45%

Data Source: FACTS

*SFY 2022 data reflects data from July 2022 through December 2022

DCF and CMPs focus on relative and NRKIN placements. In SFY 2021, relatives or non-related kin were added to the outcome measure and the standard was raised from 29% to 50%. As of December 2022, 45% of children in out of home care were placed with a relative or non-related kin.

Item 11: Relationship of Child in Care with Parents

In the past are the days when it was believed social workers “saved” children by removing them from families in crisis. Today much more is known about the crucial role families play in caring for their children in foster care.

In recent years, Kansas has made meaningful strides toward becoming a family and child well-being system centered around shared parenting by the child’s parents and foster care placement. Kansas has shifted from simply encouraging opportunities for parents to be involved in the child’s life to expecting parents be provided these opportunities.

Aside from regular visitation, parents are provided opportunities to participate in the child’s school activities and teacher conferences, to attend medical appointments with the child and to engage in the child’s after-school or sports activities. Additionally, foster parents are encouraged to mentor and support the child’s parents and to help nurture the relationships between the child and his or her parents.

Federal Reviews

Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants. Unfortunately, there was a decline. However, this continues to be a primary focus in discussions when meeting with the grantees each quarter.

Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?		
SFY2023 Agency Data	SFY2023 July-September 2022	Item 11 Performance
Agency Data	July-September 2022	50.71%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	79%
PIP Measurement Period 1	July 2016 – September 2017	77%
PIP Measurement Period 2	January 2017 – March 2018	73%
PIP Measurement Period 3	July 2017 – September 2018	63%
PIP Measurement Period 4	April 2018 – June 2019	60%
PIP Measurement Period 5	January 2019 – March 2020	95%
PIP Measurement Period 6	July 2019 – September 2020	88%

Data Source: Federal Online Monitoring System

DCF supports the Icebreaker model to increase interaction and connections between the child’s family and caregiver providing placement for children in foster care. Child Placing Agencies (CPA) use Icebreaker conversations to encourage connection, advocacy, and mentorship between foster parents and

the child’s family. When in-person meetings are not possible, virtual meet and greets and phone calls have been used as strategies to make these connections. From July 1, 2022, through March 31, 2023, 57 out of 106 icebreakers were held, meaning policy was met 54% of the time. 106 is the number of icebreakers DCF was able to identify as having been required. However, the actual total number of required icebreakers in KS over the reporting period is likely higher. DCF recognizes improved data collection on icebreakers as an opportunity for improvement. Of those, 45 out of 57 or 79% of the icebreakers were held timely. Data tells us in the following circumstances Icebreakers did not occur:

- Court orders prohibit contact,
- Parental rights are terminated,
- Placement disrupted before an icebreaker conversation could be held,
- Biological parent(s) location is unknown,
- Biological parent(s) uncomfortable in participating,
- Youth moved to NRKIN/KINSHIP placement,
- Biological parent(s) had scheduling conflicts,
- Biological parent(s) in institutional placements, and
- Already existing relationship between families.

Additionally, the Family Finding model is being used by CWCMPs. In January 2021, DCF began discussion with the CBC for states to develop a messaging plan to increased family engagement and alignment with the KPM.

Well-Being Outcomes 1, 2 and 3

Well-Being Outcome 1: Families Have Enhanced Capacity to provide for their children’s needs

Strengthening families is essential to the agency’s mission and critical to the state’s vision for family and child well-being services. Agency programs and interventions are inherently time-limited, and services are designed to strengthen families and build skill and capacity for families to provide for their children’s needs.

Item 12: Needs and Services of Child, Parents and Foster Parents

The needs of children, parents, and foster parents are assessed by DCF initially and on an ongoing basis to identify service dedicated to supporting the family in meeting their goals.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 12 due to 58% of the 65 cases rated as a Strength. Item 12 was rated as a Strength in 63% of the 40 applicable foster care cases and 52% of the 25 applicable in-home service cases. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?		
Case Review	Period Under Review	Item 12 Performance
Agency Data	April 2021 - September 2021	53%

	October 2021 – March 2022	68%
	April 2022 - September 2022	68%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	58%
PIP Measurement Period 1 <i>PIP Measurement Goal: 66%</i>	July 2016 – September 2017	57%
PIP Measurement Period 2 <i>PIP Measurement Goal: 66%</i>	January 2017 – March 2018	45%
PIP Measurement Period 3 <i>PIP Measurement Goal: 66%</i>	July 2017 – September 2018	55%
PIP Measurement Period 4 <i>PIP Measurement Goal: 66%</i>	April 2018 – June 2019	62%
PIP Measurement Period 5 <i>PIP Measurement Goal: 66%</i>	January 2019 – March 2020	66%
PIP Measurement Period 6 <i>PIP Measurement Goal: 66%</i>	July 2019 – September 2020	72%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement Learning System SFY2023 April-September 2022

Sub-Item 12A: Did the agency make concerted efforts to assess the needs of and provide services to children to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Case Review	Period Under Review	Item 12A Performance
Agency Data	April 2021 - September 2021	84%
	October 2021 – March 2022	84%
	April 2022 - September 2022	83%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	85%
PIP Measurement Period 1	July 2016 – September 2017	79%
PIP Measurement Period 2	January 2017 – March 2018	80%
PIP Measurement Period 3	July 2017 – September 2018	82%
PIP Measurement Period 4	April 2018 – June 2019	92%
PIP Measurement Period 5	January 2019 – March 2020	85%
PIP Measurement Period 6	July 2019 – September 2020	92%

Data Source: Federal Online Monitoring System

Sub-Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

Case Review	Period Under Review	Item 12B Performance
Agency Data	April 2021 - September 2021	52%
	October 2021 – March 2022	49%
	April 2022 - September 2022	56%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	61%
PIP Measurement Period 1	July 2016 – September 2017	61%
PIP Measurement Period 2	January 2017 – March 2018	46%
PIP Measurement Period 3	July 2017 – September 2018	56%
PIP Measurement Period 4	April 2018 – June 2019	60%
PIP Measurement Period 5	January 2019 – March 2020	75%
PIP Measurement Period 6	July 2019 – September 2020	71%

Data Source: Federal Online Monitoring System

Sub-Item 12C: Did the agency make concerted efforts to assess the needs of and provide services to <u>foster parents</u> to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?		
Review	Period Under Review	Item 12C Performance
Agency Data	April 2021 - September 2021	74%
	October 2021 – March 2022	70%
	April 2022 - September 2022	67%
PIP Measurement Period 2	January 2017 – March 2018	76%
PIP Measurement Period 3	July 2017 – September 2018	86%
PIP Measurement Period 4	April 2018 – June 2019	81%
PIP Measurement Period 5	January 2019 – March 2020	85%
PIP Measurement Period 6	July 2019 – September 2020	100%

Data Source: Federal Online Monitoring System

The Kansas Round 3 PIP established a goal of 66% for Item 12. Kansas achieved this goal during the fifth PIP measurement review period.

Item 13: Child and Family Involvement in Case Planning

Kansas holds case planning conferences with families initially, after the case is opened, and periodically throughout the case. Case planning conferences are designated times set aside to identify strength and needs, identify services and service providers, establish goals, evaluate progress toward goals and discuss

the plan. Case planning activities also occur during contacts with children and families between conference dates.

The case plan is a cooperative agreement developed in partnership with the child, family, the family’s identified supports, the agency and service providers. Case planning is based on family-centered practice, and Kansas actively involves the child and family in the case planning process.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 13 due to 65% of the 63 applicable cases rated as a Strength. Item 13 was rated as a Strength in 68% of the 38 applicable foster care cases and 60% of the 25 applicable in-home service cases. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?		
Case Review	Period Under Review	Item 13 Performance
Agency Data	April 2021 - September 2021	70%
	October 2021 – March 2022	53%
	April 2022 - September 2022	59%
PIP Measurement Period 2 <i>PIP Measurement Goal: 72%</i>	January 2017 – March 2018	62%
PIP Measurement Period 3 <i>PIP Measurement Goal: 72%</i>	July 2017 – September 2018	58%
PIP Measurement Period 4 <i>PIP Measurement Goal: 72%</i>	April 2018 – June 2019	73%
PIP Measurement Period 5 <i>PIP Measurement Goal: 72%</i>	January 2019 – March 2020	81%
PIP Measurement Period 6 <i>PIP Measurement Goal: 72%</i>	July 2019 – September 2020	70%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Kansas met the PIP measurement goal for Item 13 during the fourth PIP review period. Case review findings suggest strengthening efforts to actively involve children and fathers is an area of opportunity to improve outcomes.

Item 14: Caseworker Visits with the Child

Visitation between a case worker and child is important in building mutual trust and aiding the child in experiencing and recognizing advocacy in the practitioner’s decision and practice. Examples of important conversations and assessments which occur during visitation between a child and their caseworker include, but are not limited to:

- Assessing safety and well-being of the child
- Conversation, input and understanding of the case plan and progress toward goals
- Listening and observing the child to assess if their needs are being met
- Conversations and planning around preserving and sustaining connections important to the child.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 14 due to 78% of the 65 cases rated as a Strength. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants.

Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?		
Case Review	Period Under Review	Item 14 Performance
Agency Data	April 2021 - September 2021	70%
	October 2021 – March 2022	46%
	April 2022 - September 2022	66%
CFSR Round 3 Review	PUR	
PIP Measurement Period 2 <i>PIP Measurement Goal: 85%</i>	January 2017 – March 2018	65%
PIP Measurement Period 3 <i>PIP Measurement Goal: 85%</i>	July 2017 – September 2018	78%
PIP Measurement Period 4 <i>PIP Measurement Goal: 85%</i>	April 2018 – June 2019	89%
PIP Measurement Period 5 <i>PIP Measurement Goal: 85%</i>	January 2019 – March 2020	78%
PIP Measurement Period 6 <i>PIP Measurement Goal: 85%</i>	July 2019 – September 2020	82%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Kansas met the PIP measurement goal for Item 14 during the fourth review period. Case review findings suggest strengthening the frequency and quality of visits between caseworkers and children is an area of opportunity to improve outcomes. DCF exceeded the goal of 95% with a rate of 96% according to the Year to Date (YTD) Federal measurement of worker/child visits made on a monthly basis as of February 2023. Similar success is seen when looking at the measurement for visits made in residence. As of February 2023, DCF exceeds the goal of 50% by currently having a rate of 87%.

Administrative Data

Section 424(f) of the Social Security Act established performance standards for completing monthly caseworker visits with children in foster care. States are required to meet the following performance standards:

- Monthly Caseworker Visits (MCV): The total number of visits made by caseworkers on a monthly basis to children in foster care during the federal fiscal year (FFY) must not be less than 95% of the total number of such visits that would occur if each child were visited once every month while in care.
- Visits In-Home (VIH): At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during the FFY must occur in the child’s residence.

As detailed in Program Instruction ACYF-CB-PI-12-01, Kansas collects data and reports caseworker visit data for each Federal Fiscal Year (FFY). Kansas had consistently surpassed the standard for the number of monthly caseworker visits occurring in the child’s residence. In FY 2018-2020, data reflects Kansas

declined in the performance standard for monthly caseworker visits. In FY 2021, system issues were corrected, communication between DCF and Case Management Providers has improved, and Kansas' ratings have begun to show improvement. DCF will continue to address any system issues and partner with the CWCMPs to ensure outcomes are met.

Outcome Measure	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022	*FFY 2023
Monthly Caseworker Visits <i>Standard: 95%</i>	97%	98%	97%	95%	90%	74%	89%	95%	97%	96%
Visits In Home <i>Standard: 50%</i>	80%	81%	83%	83%	83%	85%	76%	83%	88%	87%

Data Source: SCRIPTS

*FFY 2023 data reflects data from October 2022 through February 2023

Item 15: Caseworker Visits with Parents

Visitation between a case worker and the parent(s) is important in preserving and building upon family strengths and identifying where services or supports might improve well-being of their child(ren). Worker/Parent visits promote the opportunity for parents to have an active role and voice in case planning and progress toward goals.

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 15 due to 55% of the 56 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six Program Improvement Plan (PIP) measurement case reviews. Performance ratings are based on information gathered through review of case file documentation and interviews with key case participants.

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?		
Case Review	Period Under Review	Item 15 Performance
Agency Data	April 2021 - September 2021	48%
	October 2021 – March 2022	25%
	April 2022 - September 2022	54%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	55%
PIP Measurement Period 1 <i>PIP Measurement Goal: 63%</i>	July 2016 – September 2017	70%
PIP Measurement Period 2 <i>PIP Measurement Goal: 63%</i>	January 2017 – March 2018	55%
PIP Measurement Period 3 <i>PIP Measurement Goal: 63%</i>	July 2017 – September 2018	62%
PIP Measurement Period 4 <i>PIP Measurement Goal: 63%</i>	April 2018 – June 2019	77%
PIP Measurement Period 5 <i>PIP Measurement Goal: 63%</i>	January 2019 – March 2020	65%
PIP Measurement Period 6 <i>PIP Measurement Goal: 63%</i>	July 2019 – September 2020	74%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Kansas met the PIP measurement goal for Item 15 during the first review period and the fourth review period. Case review findings suggest strengthening the frequency and quality of visits between caseworkers and parents is an area of opportunity to improve outcomes. This area is in process of being discussed during the quarterly performance improvement meetings being held with DCF regional staff and all CWCMPs with focus on involvement of fathers in relation to assessments, services, and visits.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

Item 16: Educational Needs of the Child

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 16 due to 91% of the 47 applicable cases rated as a Strength. Item 16 was rated as a Strength in 94% of the 35 applicable foster care cases and 83% of the 12 applicable in-home service cases. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through review of case file documentation and interviews with key case participants.

Item 16: Did the agency make concerted efforts to assess children’s educational needs, and appropriately address identified needs in case planning and case management activities?		
Case Review	Period Under Review	Item 16 Performance
Agency Data	April 2021 - September 2021	88%
	October 2021 – March 2022	79%
	April 2022 - September 2022	84%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	91%
PIP Measurement Period 1	July 2016 – September 2017	89%
PIP Measurement Period 2	January 2017 – March 2018	78%
PIP Measurement Period 3	July 2017 – September 2018	80%
PIP Measurement Period 4	April 2018 – June 2019	93%
PIP Measurement Period 5	January 2019 – March 2020	76%
PIP Measurement Period 6	July 2019 – September 2020	98%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	*SFY 2023

Children in foster care for 365 days or longer that progress to the next grade level <i>Standard: 70%</i>	70%	36%	83%	86%	99%	78%	69%	88%	91%	**N/A
Youth exiting custody to emancipation or runaway that have completed grade 12 <i>Standard: NA</i>	43%	52%	46%	51%	68%	39%	31%	32%	53%	47%

Data Source: FACTS

*SFY 2023 data reflects data from July 2022 through January 2023

**Data for SFY2023 is not complete at the time of submission of this APSR as data is only valid at the completion of an SFY

DCF currently receives data from the CMPs related to educational milestones including both progression to the next grade level and youth exiting custody to emancipation or runaway who have completed 12th grade. The percentage of youth exiting custody to emancipation or runaway who have completed 12th grade has fluctuated from year to year. DCF will continue to monitor data surrounding this success indicator.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Item 17: Physical Health of the Child

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 17 due to 81% of the 48 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through review of case file documentation and interviews with key case participants.

Item 17: Did the agency address the physical health needs of children, including dental health needs?		
Case Review	Period Under Review	Item 17 Performance
Agency Data	April 2021 - September 2021	57%
	October 2021 – March 2022	40%
	April 2022 - September 2022	48%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	81%
PIP Measurement Period 1	July 2016 – September 2017	75%
PIP Measurement Period 2	January 2017 – March 2018	76%
PIP Measurement Period 3	July 2017 – September 2018	68%
PIP Measurement Period 4	April 2018 – June 2019	91%
PIP Measurement Period 5	January 2019 – March 2020	76%
PIP Measurement Period 6	July 2019 – September 2020	84%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Item 18: Mental/Behavioral Health of the Child

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 18 due to 78% of the 54 applicable cases rated as a Strength. Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through review of case file documentation and interviews with key case participants.

Item 18: Did the agency address the mental/behavioral health needs of children?		
Agency Data SFYQ1 July-September 2021	SFY2022Q1 July-September 2021	Item 18 Performance
Agency Data	July-September 2021	81%
CFSR Round 3 Review	PUR	
CFSR Round 3	April 2014 – May 2015	78%
PIP Measurement Period 1	July 2016 – September 2017	74%
PIP Measurement Period 2	January 2017 – March 2018	74%
PIP Measurement Period 3	July 2017 – September 2018	64%
PIP Measurement Period 4	April 2018 – June 2019	82%
PIP Measurement Period 5	January 2019 – March 2020	72%
PIP Measurement Period 6	July 2019 – September 2020	87%

Data Source: Federal Online Monitoring System

Mental Health in Schools is a program based on a partnership between school districts and their Community Mental Health Centers (CMHC). This program continues to expand and is now in 67 school districts. Mental Health in Schools provides school-based mental health services to children. Currently, there are 19 CMHCs participating in the program across Kansas. The behavioral intervention teams, as part of this program, include a school liaison, a clinician, and a mental health case manager. Working alongside the Association of Community Mental Health Centers (ACMHC), DCF identifies communities/school districts where there is a gap in mental health services for children in foster care. Providing services to children in school setting has increased access to mental health services for children in care.

In October 2021, DCF along with Beacon Health Options launched the Family Crisis Response Helpline for the management of a centralized behavioral health crisis hotline, screening, and mobile response stabilization services. The Helpline was implemented to promote coordination and access of community-based services as a deterrent from hospitalization or other out-of-home placements. Beacon Health Options holds a 3-year contract intended to create a crisis CoC with targeted goals of deescalating and ameliorating a crisis before more restrictive or institutional interventions become necessary and provide a connection to needed supports and services for children and youth. For additional information, see Attachments 23-27

Current and Planned Activities to Improve Performance on Child and Family Outcomes

Kansas is committed to achieving the highest standards in safety, permanency, and well-being. As an agency, DCF is dedicated to perpetual learning and CQI. Opportunities to improve outcomes and practice to promote family and child well-being through an equity lens are pursued. DCF has engaged in community conversations and completed revisions to mandated reporter training curriculum to describe and educate about differences between poverty and neglect.

Safety

DCF is dedicated to achieving the highest standards for safety, prevention and reducing the need for foster care. Of the 38 states completing reviews in the first three years of CFSR Round 3, Kansas was one of only three states to achieve substantial conformity for Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. None of the 38 states achieved substantial conformity for Safety Outcome 2: Children are safety maintained in their homes whenever possible and appropriate.

Assessing reports for assignment within the time frames established by agency policy remains an opportunity for improvement. In SFY 2023, DCF continued making significant systemic and practice improvements to become a family and child well-being system focused on safety and prevention. DCF has implemented strategies to improve timeliness in assessing child maltreatment reports.

Changes in the family preservation programming, implementing Family First prevention services, TDM, and KPM have significantly reduced the need for foster care in Kansas. Expanding prevention efforts and providers has afforded DCF the opportunity to forge new partnerships in communities across the state.

Kansas Protection Report Center

KPRC continues to find ways to improve Safety Outcome 1. In August of 2021, KPRC initiated a review to analyze reports designated as “late for no reason” as an opportunity for improvement. “Late for no reason” includes reports received outside of DCF business hours, reports in the incorrect queue, and reports pulled within 15 minutes of the time they are due were areas identified for improvement.

In June 2022 supervisors began reviewing their team’s initial assessments. This allowed for timely communication to address practitioner errors. Missed preliminary inquiry dates and times, reports left under review for an extended period, and reports set to the wrong screening date and/or time are some examples of errors discovered. A further review of “late for no reason” was completed in August 2022. KPRC began utilizing the performance evaluation and management process to measure overall productivity of each individual practitioner. Supervisors work with their staff toward a goal to reach KPRC timeliness while also building autonomy for staff to take initiative in completing the work. In each staff performance plan, competencies are chosen and include corresponding suggestions and examples of ways to achieve the competency. Behavior suggestions are designed to challenge and develop their quality of work. For example, they can include ideas and suggestions for improving consistency, accuracy, and/or dependability. Supervisors and their staff collaborate in developing goals to meet timeliness of assessments. Progress toward meeting the established goal is monitored and adjusted based on progress toward meeting them. Performance reviews occur annually with the most recent evaluation period beginning January 2023. DCF’s annual performance reviews are the formal assessment process in which the supervisors evaluate their staff’s work performance. The purpose is to learn more about their strengths and weaknesses, offer constructive feedback for skill development in the future, and assist with goal setting. The performance reviews are based on a set of key objectives, competencies, and behaviors that were determined pertinent to complete the requirements set for their position. This performance

review is discussed mid-year to identify where they currently stand and what goals need to be set in order to get them to where they need to be at the end of the year.

In January of 2023 KPRC leadership met with supervisors to again discuss the timeliness of initial assessments. Data reflected the average fell to 80.8%. During January and prior to, supervisors were assisting with screening which did not allow time for them to coach staff on productivity goals. Supervisors collaborated and came up with a plan to address individual opportunities to improve productivity. The plan was shared with staff. As part of this communication “Why do we do what we do?” materials were included. One of which was an inspirational testimonial from an intake practitioner. After implementing the plan, KPRC achieved an 11.4% increase in timeliness in February and another 3.2% higher performance in March with 95.6% of the initial assessments of reports completed timely. KPRC continues to initiate production plans designed to improve timely performance.

Reporting Month		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Average YTD
Statewide	# of Events Assessed Timely	4,609	6,238	6,291	5,461	5,467	5,067	5,549	6,169	6,906	6,602			5,836
	Total # of Events	4,723	6,405	6,787	6,670	6,195	5,421	6,856	6,676	7,201	6,852			6,379
	% of Timely Initial Assessments for reporting month	97.6%	97.4%	92.7%	81.9%	88.2%	93.5%	80.9%	92.4%	95.9%	96.4%			91.5%

*Note: This report contains both child and adult events taken by the Kansas Protection Report Center.

KPRC has identified another area in their processes to analyze and could be an opportunity for improvement. The process identified centers around reports via a fax. Reconciliation has begun to understand ways to improve our practices in managing them. This production plan is schedule to occur in SFY24.

KPRC adjusted the shifts of five staff to begin at an earlier time as a strategy in meeting timeliness of assessments. This was done after phone logs, which record the time calls into KPRC, were reviewed. From this review it was discovered additional staff were needed during the times when most calls occur. The impact of this change directly affects achieving timeliness of initial assessments.

Of the 41,048 reports KPRC revied from July 2022 to March 2023, staff completed preliminary inquiries on 21.5%. Preliminary inquiries are needed when there is not adequate information in the report, thus creating an additional step in the assessment process. KPRC revised the online reporting form with the intent of decreasing incidences of preliminary inquiry. With these revisions, the goal is to cut this percentage in half by 2025.

One of the ways a stakeholders can make a report to KPRC is via fax. In September 2022 a review of faxes to KPRC was completed to understand if improved efficiencies could be found in this process. Persons who fax five reports or less per month were encouraged to utilize the online reporting option. KPRC communicated with DCF regional staff who work directly with schools and law enforcement agencies to assist with making this change by promoting the benefits of online reporting with their stakeholders.

Also, in September 2022 revisions and improvements were made to the online reporting form. The form was updated to reflect language and questions aligning with KPM. KPRC started using the same questions stakeholders answer in the online reporting form when conversing with stakeholders who called the hotline. The questions are crafted to understand worries the reporter may have and learn about safety planning which may have already begun. Lastly, KPRC wants to understand what is working well with the family and what the reporter would like to see happen. By asking these questions and diving deeper

into the information being reported, KPRC believes this will impact the level of detail within the report. More information within reports translates to a more streamlined initial assessment process.

Family First Prevention Services

Since implementing Family First in Kansas in October 2019, DCF began partnerships with an array of evidence-based prevention providers across the state. Grants to community-based organizations are focused on specific services targeted in mental health, substance use, parent skill building, and kinship navigation. The Family First Act supported Kansas in increasing the service array within the state allowing for a broader prevention focused continuum of care.

Mental Health	Substance Use	Parent Skill-Building	Kinship Navigation	State Funded Prevention Programs
1932	256	1195	589	30

Since implementation of Family First and up to March 31, 2023, 4,002 families have been referred to one of the prevention programs.

Family Resource Centers

In November of SFY 23, DCF awarded grants to 10 new or already established Family Resource Centers (FRCs) throughout Kansas.

Agency	Areas Served
Community Children’s Center	Douglas County (KC Region)
Kansas Family Advisory Network SE	Allen, Bourbon, Chautauqua, Cherokee, Crawford, Labette, Linn, Montgomery, Neosho, Osage, and Wilson Counties (SE Region)
Kansas Family Advisory Network SW	Barton, Comanche, Edwards, Finney, Ford, Gray, Greeley, Harvey, Lyon, Marion, McPherson, Meade, Pawnee, Reno, Rice, Seward, and Stafford Counties (SW Region)
KCSL	Sedgwick County (Wichita Region)
KU Project Eagle	Wyandotte County (KC Region)
Live Well Northwest Kansas	Cheyenne, Rawlins, Decatur, Norton, Sherman, Thomas, Sheridan, Graham, Wallace, Logan, Gove, and Trego Counties (NW Region)
Pony Express Partnership for Children	Marshall and Washington Counties (NE Region)
Turner USD 202 Early Childhood	Wyandotte County; USD 202 (KC Region)
Urban League of Kansas	67214 zip code in Sedgwick County (Wichita Region)
USD 252 Lyon County	Lyon County communities of Neosho Rapids, Harford and Olpe (SW Region)

Examples of services our grantee programs offer include:

- Childcare resource and referral
- Counseling
- Early childhood programs
- Food bank, cooking, and nutrition programs
- Health screenings
- Home visiting program
- Job skills training
- Legal services
- Literacy programs
- Parent leadership and peer groups
- Play groups
- Youth leadership and peer group

FRCs provide a unique service in their communities and include resources based on community needs. DCF granted FRCs are community-based or school-based hubs with programming designed to support and strengthen families. Data supports the idea of when an FRC is operating in a community, families experience well-being, and incidences of abuse and neglect are reduced. Kansas is a member of the National Family Support Network and has a contract with KCSL to support grantees in building the research-based Strengthening Families Protective Factors. Grantees align their site with the National Family Support Network Standards of Quality. KCSL’s designation as the Prevent Child Abuse America Chapter agency positions them to operate as the certification and TA agent. KCSL collaborates with the sites with enhancing their programs. KCSL is creating a plan for how to establish new sites and replicate existing models. Additionally, KCSL provides national network training. KCSL is DCF’s contractor responsible for developing and delivering mandated reporter training. FRC program staff are encouraged to attend these training sessions.

Kansas Strong

The Kansas Strong for Children and Families (Kansas Strong) project is a statewide public-private partnership between the KUSSW, Kansas DCF, and the state’s private providers of foster care and family preservation case management services. Other collaborators and members of the steering committee include the OJA, the CIP, Kansas Family Advisory Network (KFAN), the CAK, and FAC. This project was made possible through the Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes grant funding awarded by the CB.

In previous fiscal years, DCF granted official permission to combine the ICAB with their Family First statewide advisory and regional boards. During FFY22, refinement to this structure continued to expand membership to include a cadre of caregivers with lived experience who are members of the FFFC. Three members per DCF region with diverse life experiences and demographic characteristics joined the regional boards to represent the communities and provide input and bring community voice in decision making. KUSSW and KU-CPPR continue to facilitate six regional ICAB, the statewide ICAB, and the FFFC.

Kansas Strong for Children and Families (Parent/Youth Facilitation)

Through Kansas Strong the state has developed and is implementing and evaluating seven strategies: KanCoach, PYF, ATT, and ICAB, Youth Voices from Foster Care, Change the WORLD (identifying policies and procedures to support anti-racist practice), and the Kansas REC. After a comprehensive review of available data these strategies were identified to improve Safety Outcome 2 and Permanency Outcome 1. Learn more about PYF in section C.1.k Collaboration between DCF and Judicial Branch: Kansas Court Improvement Program.

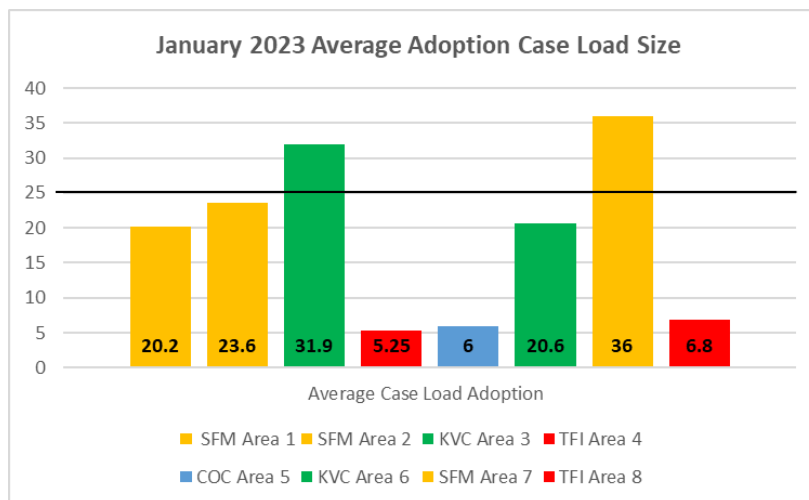
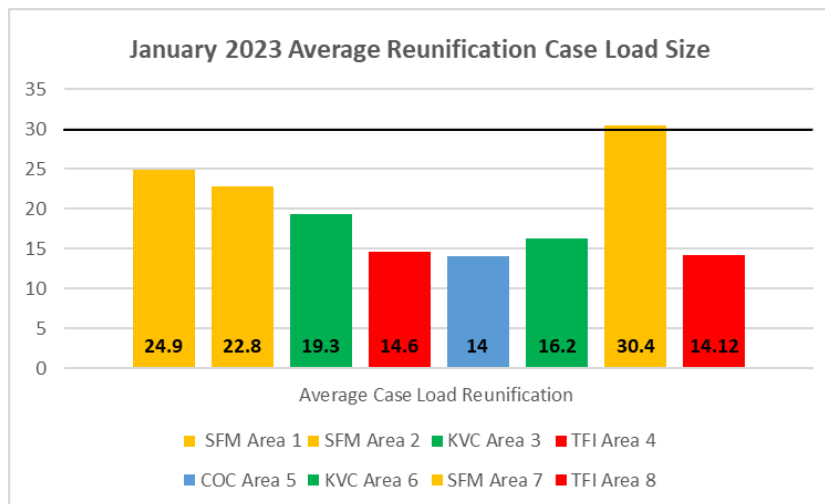
Caseload Limit

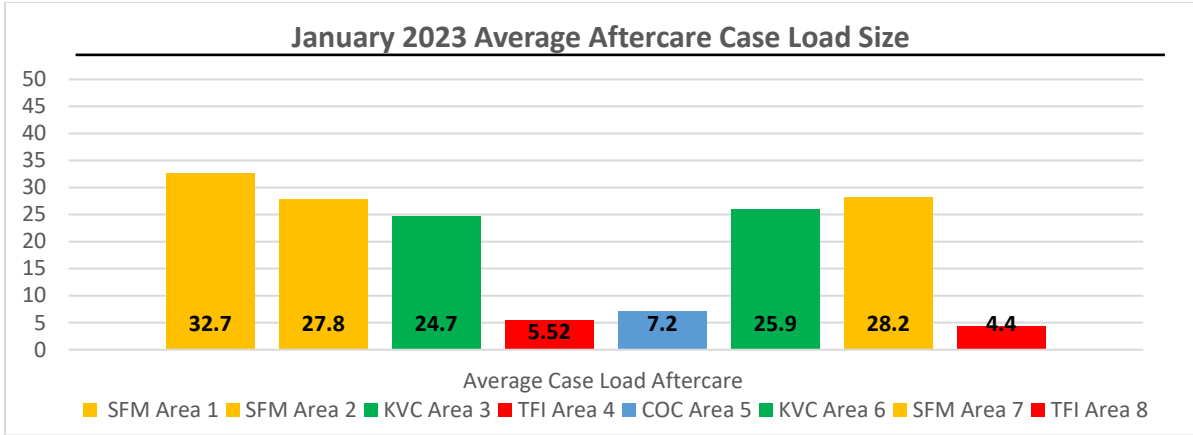
In October 2019 caseload limits were established for foster care cases. Provider grants require foster care case management agencies be accredited by a national accrediting organization. Grants allow for case management agencies to independently structure teams.

Caseload Limits:

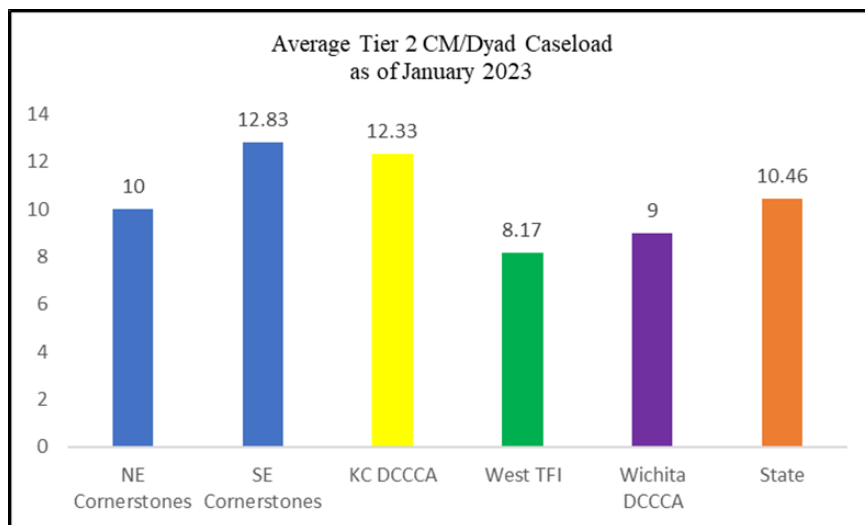
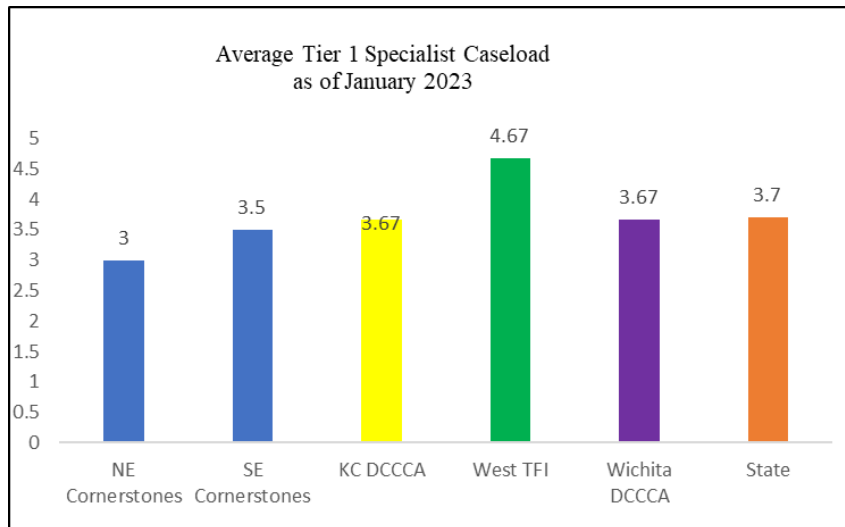
	Reunification Caseworker	Adoption Caseworker	Aftercare Caseworker
Number of Children	30	25	50

Monthly reports are received by DCF from foster care providers. These include data regarding caseloads, DCF can monitor based on these reports. Reports indicate caseloads on average are within acceptable limits. There are times caseloads may be higher resulting from staff turnover. Data is monitored monthly for identifying caseloads exceeding limits. Collaborative discussions occur between DCF and providers until optimal caseload sizes are achieved.





Family Preservation case load limits are a maximum of four families per therapists providing Tier 1 services and 12 families Tier 2. Average monthly caseloads as of January 2023 for each Family Preservation contractor within designated service areas are below.



All three Family Preservation contractors, Cornerstones, TFI, and DCCCA have experienced staffing turnover. Providers are dedicated to continuity of care, which may temporarily exceed caseload limits. As many sectors across the country face hiring challenges, all agencies are actively seeking new approaches to fill open positions.

Permanency

For nearly a decade, Kansas experienced increasing numbers of children in foster care. This trend strained resources and agency capacity and affected permanency outcomes for children and families. Prevention services have impacted the number of children entering care. DCF is committed to expediting permanency for children when in foster care. Data supports these efforts in influencing permanency for children and families.

Leading for Results-Placement Stability

Leading for Results (LFR): Placement Stability Summit was held on July 30, 2020. Since the summit, this group continues to meet bi-monthly with guidance from the CBC for States to support stability for children/youth in out of home care. Stabilizing placements remains an area for improvement. The LFR group conducted a review of data and root cause analysis. Through this work, child welfare leaders identified factors and areas to improve placement stability. This work was presented to DCF's executive leadership in March 2023 along with suggestions for cross-system collaboration. Presentations were provided to Kansas legislative joint committees twice in March 2023.

The federal performance standard for Rate of Moves per 1,000 cases is 4.48 moves or fewer. Kansas was at 7.0 for January 2023. DCF and CMPs continue to focus on relative and NRKIN placements. Kansas set a goal of 50% achievement for children in out of home placement who are placed with a relative or NRKIN. As of December 2022, 45.1% of children in out of home care were placed with a relative or NRKIN.

DCF launched the Failure to Place Network (FTP) in October 2022 to build capacity for placement stability. This network provides an array in different levels of care and impacts youth who experience FTP. A strategy implemented for placement stability involves incentivizing CPAs to reserve standby beds in their foster homes and facilities. Standby beds are a strategy within the FTP Network. DCF funds up to 10 family foster homes in each CPA at one time. Facility providers may hold a maximum of two beds but must remain within a licensed capacity for their facility. There were 87 youth placed in a standby bed as of October 2022.

CPAs were given an increase in already established rates to cover the cost of holding open beds. Once a child is placed in an FTP bed, rates paid to that facility return to normal at the beginning of the following month. FTP procedures require all children be accepted into placement. If the FTP is not a long-term placement option for the child, care continues until placement is found.

A second strategic effort to reduce instances of FTP include an incentive program where payment is made monthly directly to CPAs for each month they opt in and achieve zero FTP. 30 youth experienced 46 instances of FTP since October 2022.

CMPs and MCOs collaborated in identifying youth served by both agencies who have higher behavioral/medical needs. Efforts have been made to assess for gaps in services for the child and/or support for their placement.

In October 2022, DCF sought interest from CPAs regarding an in-house foster home recruiter position. Eight of the CPAs chose to opt-in to this concept. DCF followed up by providing funding for one full-time dedicated foster family recruiter in their agency.

Additionally, safely reducing the number of children needing foster care out of home placement has had a significant impact on placement stability. Additional work towards meeting placement stability outcomes includes adding the TDM model to permanency work, TA from the Center for Capacity Building for States, and individualized PIP developed by CMPs.

CareMatch

In October 2019 DCF deployed new placement management software known as CareMatch. CareMatch uses algorithms to match a child to an available placement based on location, child attributes, and placement preferences. Prior to CareMatch, sponsoring agencies functioned as gatekeepers to available foster families. Resources were underutilized and placement decisions were not always informed. Today, CareMatch can produce a list of the best matched, least restrictive placement options available, and customized to a child's individual needs. CareMatch is one tool Kansas is utilizing to increase the likelihood of a child's first placement sustaining until permanency is achieved.

Placement stability saw some improvement across the state during the height of the pandemic in 2020 and 2021. However, there has been an increase in movement of youth across the state again. Some of the movement is being attributed to the higher mental health needs according to the root cause analysis mentioned previously. Analysis indicated cross-system collaboration is needed.

In February 2022, the Kansas DCF Business Intelligence (BI) dashboards was created. The BI dashboards provide a critical snapshot of permanency information. Using BI reports can be developed with information aligned to meet requirements of the US District Court of Kansas settlement agreement, CFSR, and insights DCF wishes to gain regarding goals of KPM.

The current data source for the BI reports is Carematch. Historical data is available and is included in the report dashboard. Each BI dashboard can filter and export allowing the user to stratify the data across multiple levels. The end user can view child placements for one child as opposed to all child placements. Dashboards refresh nightly.

The following dashboards and main functionality have been implemented into CareMatch:

- Active Children- End user can view historical placement attributes stratified e.g., region, CPA, provider type, child name.
- Out of Home Placements- End user can view provider attributes e.g., bed availability, bed count, status, type, provider name.
- Provider Information- End user can view child case demographics

Family Finding

Since the Fall of 2019, DCF has partnered with Aetna Better Health for Kansas to learn about Family Finding. DCF and stakeholders had the opportunity to experience training by Kevin Campbell throughout 2019-2021. Following the initial immersion, CWCMPs began delivering foundational Family Finding curriculum. In December 2022, DCF offered an intensive one-day workshop virtually and in-person in March 2023. DCF plans to hold these workshops quarterly at locations across the state. Development of Family Finding leads is being achieved through bi-weekly curriculum calls.

Plans for SFY2024 include, but are not limited to:

- Recruitment and development of family finding leads based on observation and education
- Development of half-day workshops
- Research other states Family Finding/Family Seeing programs and initiatives
- Restructuring and redevelopment of online resource directory pertaining to family finding

Icebreaker Conversations

As mentioned in Item 11, Icebreaker Conversations promote continuity of relationships when a child is placed in a traditional foster home. In the past, interactions between birth parents and foster parents were implicitly and/or explicitly discouraged. When birth parents and foster parents do not know each other, they often make assumptions about each other based on very limited information. Building Alliances between birth parents and foster parents can be crucial to the well-being of the child. While there are meetings focused on paperwork and decision-making, Icebreaker Conversations offer a meaningful opportunity to solely focus on relationship-building. The child benefits from the birth and foster parents working together. This relationship can impact placement stability and improve permanency outcomes.

The Icebreakers model is specifically designed for placement in foster families who are not known to the biological family. The current PPS PPM allows for an Icebreaker Conversation to not be required if placement is somewhere other than a foster home. Icebreakers are encouraged for any placement that is non-temporary. CareMatch tracks all new foster care placements and icebreakers eligibility each time a placement is made.

Icebreakers Conversation is a practice DCF continues to remain invested in as it is a complement to the KPM of walking alongside families. DCF continues to partner with CMPs to promote biological and foster family interaction in keeping with the best interest of the child.

Rapid Permanency Reviews

In October 2019, DCF awarded grants to four agencies to provide reintegration, foster care, and adoption services throughout the state. The grants were awarded by catchment areas within the traditional four regions. These grantees are also known as CWCMPs. KVC, SFM, Cornerstones, and TFI were each awarded grants. Each of the CWCMPs has experience providing services to Kansas children and families. In partnership with DCF, the CWCMPs provide a full array of family-centered, trauma-informed services and supports to children and families from when a child centers care through permanency. Evidence-based assessments are completed with the family to understand what services the family and child would most benefit from.

Kansas implemented Rapid Permanency Reviews (RPR) in 2018 with support from Casey Family Programs (CFP). In September 2020, Kansas opted to pilot virtual RPRs beginning with two of the four CWCMPs covering five areas of the state. The first round of the RPRs were finished in November 2020. The virtual RPRs received favorable feedback from the participants. Holding the RPR virtually made the process more accessible to a broader group of participants to observe without travel time or exposure. DCF finished the second-round of virtual RPRs in May 2021. The RPR teams eventually were held for all eight areas of Kansas. Cases related to 321 children and youth were reviewed over a six-month period. By October 2021, 96% of the children/youth achieved permanency and were released from care. Two youth were still being tracked using the Cadence of Accountability. 10 children dropped from the cohort due to re-entry into foster care.

The RPR virtual pilot was a success. The virtual reviews allowed other departments and stakeholders to participate and learn the RPR process firsthand. Court and CASA were able to hear about specific worries related to court related delays.

Reviewed by Region and Area:

Region	CMP	Area	Number of Cases Reviewed	Percentages of Cases Reviewed	*Reached Permanency
West	SFM-West	1	19	6%	19
West	SFM-West	2	10	3%	10
East	KVC	3	53	16%	51
East	TFI	4	32	9%	29
Kansas City	CoC	5	22	6%	22
Kansas City	KVC	6	34	10%	31
Wichita	SFM-Wichita	7	131	44%	127
Wichita	TFI	8	20	6%	20

The practice of using RPRs was evaluated to determine if it was a tool positively impacting outcomes for children and families. DCF no longer tracks RPRs held by the CWCMPs. Efforts to engage with court jurisdiction and change in philosophy related to working with families have been initiated with the goal of positively impacting permanency of children.

CWCMP case managers keep courts updated on a family’s progress between scheduled hearings. CWCMPs advocate for the family by providing information to court regarding therapy and school progress reports. If there are safety worries, the worry and plan for mitigation is included in the documentation to the court. The CWCMP may request the child(ren) be released from custody prior to court. This request would be included in reports to the court. CWCMPs empower families to take control of their court cases by transitioning authority to the parents and assisting families with ownership of their court orders. CWCMPs advocate for permanency for families. CWCMP staff are trained by their legal department on how to write a comprehensive court report. CWCMPs and DCF meet monthly to discuss families who require aftercare services after six months.

Kansas Strong for Children and Families/Adoption Tracking Tool

See section C.1.k. Kansas Court Improvement Program for more information about the work Kansas Strong for Children and Families has done related to the Adoption Tracking Tool.

Adoption Accelerators

In SFY 2023, grant funding for five “adoption accelerators” (AA) positions through the foster care case management providers continues. DCF Providers utilize these positions in different ways, but do not carry a caseload. AA positions were created to reduce the length of time children waiting for adoption. Providers report utilizing this position for tasks such as streamlining internal administrative processes, tackling both systemic and case-specific barriers to timely permanency through adoption.

The AA job duties include:

- Case staffing facilitation
- Case barrier identification
- Solutions focused on children moving toward adoption
- Support toward achieving finalized adoptions
- Support in preparing documentation for home assessments
- Support to case manager in completing child social histories
- Development tracking tools and collecting case related data
- Facilitating workshops and delivering training to case managers

- Advocacy and promotion of quality adoption practices

SFY2023 AA reports by each provider are below.

TFI Family Services – Catchment Areas 4 and 8

	Area 4	Area 8
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	4.3	11.8
% of children who become legally free for adoption achieve adoption in less than 12 months, once legally free (45.8%)	36.8	27.5

In February 2023, the TFI AA team, consisting of the AA Supervisor, Director, and Vice President, completed an in-depth staffing of all pending adoption cases in Wellington and Kingman and followed this by dedicating a workday focused on completing related tasks. Over 400 tasks were completed on this day.

The AA team plans to replicate this process throughout their offices as part of a plan to increase adoption outcomes.

The AA team will continue to travel to offices and do in depth staffing and workdays as part of a plan to increase adoption outcomes.

St. Francis Ministries (SFM) – Catchment Areas 1, 2 and 7

	Areas 1, 2, and 7
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	16.7
% of children who become legally free for adoption achieve adoption in less than 12 months, once legally free (Standard 45.8%)	43.5

SFM catchment areas 1,2, and 7 geographically include Sedgwick County and counties in the DCF Northwest and Southwest regions.

In catchment area 7, the AA tracks outcome data by case manager. The data is shared monthly with the case managers and their supervisors. In February, SFM transferred 10 children from reintegration to adoption.

The AA positioned in Sedgwick County continues to focus on completing documentation for children nearing transfer to adoption. The AA completes all waivers for Best Interest Staffings (BIS). This has resulted in streamlining the process and improving consistency. New staff onboarding with SFM require the AA to maintain regular communication with them to avoid continuity barriers to permanency through adoption. The AA maintains the tracking system with updated information related to the two state adoption outcomes.

In Northwest and Southwest Kansas 17 children transferred to Areas 1 & 2 in January 2023. At the time they were transferred, the assessments were completed for three of the children. 13 legal reviews were sent to DCF and 25 were returned to SFM from DCF. The AA meet with reintegration teams each month to identify children, resources, and barriers to children moving toward permanency. The AA in areas 1 and 2 continues to focus on improving the number of assessments completed prior to transfer.

KVC – Catchment Areas 3 and 6

	Areas 3 and 6	Area 3	Area 6
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	8.9%	10.9%	7.1%
% of children who become legally free for adoption achieve adoption in less than 12 months, once legally free (Standard 45.8%)	41.1%	46.5%	35.8%

For this month, KVC Adoption Accelerators worked on numerous social histories, most of them being ICPC cases that needed additional information about each child’s progress. For the children placed with ICPC placements, it was beneficial for the adoption accelerator to contact the current placement to get further information about the child’s well-being. In doing so, the adoption accelerator ensured that each piece of information was accurate to help accelerate the adoption process for each child. For ICPC placements, the adoption accelerator contacts placements to get children’s medical provider information and educational providers. With ICPC placement, a lot of the time, information needs to be communicated more effectively. The adoption accelerator continues communicating and bridging the gaps between placement and case management services.

The adoption accelerator continues to work on social histories within all regions to expedite the adoption process. During this process, the adoption accelerator continues to collaborate with professionals from the reintegration team, positive connection families or NRKIN and outpatient providers.

Lastly, the adoption accelerator was able to attend professional development with Rose Brooks on Trauma Work and the Impact of Work on Families. This continuing education has been an excellent resource for this adoption accelerator. The worker incorporated this education within the workforce by talking with placements in which there are parents in the workforce who also struggle with trauma and working with children within their home. Additionally, this worker talked about secondary trauma and resources/tools within the community that families can utilize. Overall reporting period has been great due to engaging with placements and case team on additional resources that this worker can provide for the team.

Future goal, continue to help KVC case management staff with the necessary paperwork to expedite the adoption process.

KVC AAs support case managers by assisting with updates to a child’s social history. This includes following up with ICPC placements to gain information about the child’s progress in services, medical, and educational provider information and well-being. The AA provides the check and balance of accurate information as part of their role to accelerate the adoption process for each child. The AA bridges the communication gap between placement and case management services.

Professional development is part of the task and responsibilities of the AA. For example, the AA was able to attend Rose Brooks on Trauma Work and the Impact of Work on Families. The concept learned, the AA found to be easily transferrable and relatable to case managers, placements, and other stakeholder they partner with throughout the adoption process.

Cornerstones of Care – Catchment Area 5

	Area 5
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	Jan. 2023 66.67% February 2023 0% March 2023 0% April 2023 5%

% of children who become legally free for adoption achieve adoption in less than 12 months, once legally free (Standard 45.8%)	January 2023 11.11%
	February 2023 0%
	March 0%
	April 0%

Cornerstone’s AA assisted with completing consent and Adoption Placement Agreement (APA) packets before submission to DCF. AAs co-facilitate formal BISs and assist with BIS waivers. The AA reviews the Adopt Kansas Kids spreadsheet monthly and provides updates to Foster Adopt Connect who manage the data. The AA is a member of the Adoption Team at Cornerstones and provides support with all adoption process and activities. For example, the Adoption Team followed up on pending journal entries which needed corrections or requests for birth certificates. The AAs meet with permanency teams twice per month. The AA plays a role in managing the adoption case tracking system. The AA shares outcome data with leadership and plays a part in planning next steps to achieve goals and streamline processes.

Turnover continues to be a challenge, but this has not placed a barrier on finding permanency for children. Cornerstones has seen 426 children through adoption finalization since 10/1/2019.

Adoption program goals include:

- Reassessment and implementation of a step-by-step adoption process flowchart. (Prevent delays between stages in the adoption process and outline what tasks should be completed by AAs and case teams at each stage/step);
- continue cross-training new case team staff utilizing case studies and toolkit/resources;
- continue partnering with external agencies, CWCMPs, and prospective families to streamline adoption home study process, and procedures, as well as adoption packets;
- increase timely permanency for children with a case plan goal of adoption and no adoptive resource(s) (active, accurate and engaged recruitment efforts); and,
- report to the Associate Director of Permanency regarding action plan efforts/progress to identify potential barriers/areas for improvement.

Well-Being

Kansas Strong for Children and Families (KanCoach)

KUWSSW, DCF, and CWCMPs in concert with CIP remain partners in a federal five-year grant to develop and deliver Kansas Strong for Children and Families (KS Strong).

Kansas Strong developed KanCoach as a strategy toward improving Safety Outcome 2 and Permanency Outcome 1.

KanCoach is a skills-based coaching program focused on developing and strengthening supervisory capacity and skills to promote quality frontline practice and improve outcomes. Priority topics for the program include safety/risk assessment, case planning, family engagement, relative/kin connections, secondary traumatic stress, and anti-racist practice. KanCoach is expected to impact safety, permanency, and well-being.

The KanCoach project include developing an initiative to enhance coaching skills for supervisors, implement coaching practice within supervision, and develop a comprehensive set of methods and tools for supervisors to deliver coaching to frontline practitioners. This initiative started with a pilot in June of 2020 and was fully implemented to all regions and child welfare agencies by July 1, 2021.

Ongoing training and support continue for new supervisors in response to turnover or added positions. The model taught and adapted for Kansas was the Atlantic Coast Child Welfare Implementation Center (ACCWIC) skills based coaching model which had been successfully launched and operating in New York City child welfare. Supervisors have had opportunities to attend virtual training, attend skill based collaborative practice sessions, and have personal coaching from a trained KanCoach to learn and enhance their coaching skills.

KanCoach launched Phase 1 training in the DCF East region on June 22, 2020. The remaining regions across the state quickly followed.

In total, 344 supervisors enrolled, 296 (86%) completed Phase 1 training, and 124 (36%) participants completed all requirements for the 12-month Phase 1 KanCoach Program. 66 (16%) participants remain active in the 12-month KanCoach Program. New training cohorts continue to be created as supervisors are hired.

KanCoach added anti-racism as a priority topic. Data and action from the Change the WORLD initiative was infused into this topic. Additionally, parent voice has been incorporated in the development. During the first 40 minutes, excerpts from the Parent Partner focus groups were woven into the instruction and discussion of skills and priority topics to amplify family voice.

KanCoach is being adapted with a plan to offer the adapted format to child welfare administrators, CAP supervisors, Kansas Tribes, and supervisors within prevention services to include Family First and FRCs.

Case Planning

In SFY 2020, Kansas implemented Initial Family Meetings (IFM) when families are referred for foster care or family preservation services. The IFM is scheduled in consultation with the family but is generally required within two days of a referral for family preservation service or within three days of a referral for foster care case management services. The IFM initiatives partnership between the family, Kansas DCF, and service providers. The Initial Service Plan (ISP) is also developed with the family at the IFM. The ISP outlines immediate tasks or activities to be completed pending completion of the case plan. The ISP was created in response to requests for tangible and immediate guidance for families.

The IFM and the use of the accompanying form, ISP (PPS 3031 Foster care Initial Service Plan) continues to be used across the state. With the implementation of KPM, language on the ISP form is undergoing changes to ensure terminology is sensitive and understandable for families. July 2022, an instructions document was published in policy as a guide and when it is to be completed. See Attachment 28 PPS3031 Instructions for more information.

Services for Children with High Needs

In October 2019, DCF added QRTP as a new level of service for children in foster care. QRTPs provide an integrated treatment model designed to address the clinical needs of children with serious emotional or behavioral disorders. The treatment program involves the child's family and siblings as much as possible. The program also provides discharge planning, a family-based aftercare support, and placement within a QRTP facility is not meant to be long-term. DCF contracts with HealthSource to conduct the Child and Adolescent Functional Assessment Scale (CAFAS) for QRTP eligibility.

DCF updated placement standards and rates. The rates were determined by the child's level of care, but providers caring for children with high needs generally receive a higher daily rate under the rate structure. DCF implemented tiered rates for relatives providing care. Prior to this change, all relatives were provided the same rate of financial support when caring for a child in foster care. Under the current

structure, payments for relatives and kin increased based on the child's needs and level of care. Placement standards have been revised to include the rate structure. See attachment 29 Foster Care Rate Structure for more information.

CPAs are expected to have more frequent visits with foster parents caring for children with high needs.

Each licensed foster home will be reimbursed per the level of care tools each CWCMP has identified to use to make this determination. Rates shall be reimbursed to licensed family foster homes as per the DCF Rate Structure.

CWCMPs use an assessment tool to determine a child or youth's level of care and the level of a foster home is designated to provide. The child is assessed when first placed to determine the level of care needed. Assessments are completed every 180 days a child remains in placement. The child and caregiver are given assessment tools to determine if a change in level of care is needed. There is one grantee who does not use a caregiver assessment.

DCF continues to partner with Wichita State University's GEAR UP (gaining early awareness readiness for undergraduate programs). GEAR UP provides services to help participants prepare for postsecondary education by offering college exploration and campus visits, academic skills building, mentoring, ACT/SAT workshops, financial literacy, tutoring, and academic credit recovery. At any given time, GEAR UP is actively working with over 2,000 students. These students are currently in foster care or recently returned home.

The Mental Health Intervention Team (MHIT) provides school-based mental health services to children including those in foster care. There are 17 CMHCs providing behavioral health intervention teams which include a school liaison, clinician, and mental health case manager. Providing services to children in the school setting has increased access to mental health services for children in care. In SFY 2022, the partnership between school districts and community mental health centers expanded to a total of 55 districts.

Systemic Factors

Statewide Information System

Item 19: Statewide Information System. How well is the statewide information system functioning statewide to ensure, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Kansas utilizes five systems to track family and child well-being data and information in lieu of a SACWIS/CCWIS system:

- FACTS: Family and Child Tracking System
- KIPS: Kansas Intake/Investigation Protection System
- KIDS: Kansas Initiative Decision Support System
- PILS: Performance Improvement & Learning System
- SCRIPTS: Statewide Contractor Reimbursement Information and Payment Tracking System

FACTS is the primary system of record for DCF, the State's IV-E agency. The FACTS system contains data from the point of intake through permanency and post-permanency services. The FACTS system identifies the status, demographic characteristics, location, and permanency goals for the placement of every child who is (or within the immediately preceding twelve months, has been) in foster care.

FACTS is a statewide mainframe-based information system. It was created to collect and maintain information about children, families, and providers with involvement in the family and child well-being system. Information in the system is accessible by agency and case management provider staff across the state. Collecting and maintaining this information allows immediate access to information about any child, family member, or other involved party who has had contact with the State’s family and child well-being system. The system allows timely data reporting and analysis key to monitoring outcomes and identifying areas of opportunity. Through FACTS, Kansas collects and reports Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), National Youth in Transition Database (NYTD), and Family First data.

Information in FACTS includes demographic information, legal status, current and previous location(s) and placement(s), case plan management information, current and previous case plan goal(s) for all children who currently are or have been the subject of an investigation/assessment and who currently are or have received in-home services or have been in foster care. The FACTS system also houses the State Central Child Abuse/Neglect Registry, containing the names of substantiated perpetrators of child abuse and neglect. Data collected in the system is consistent across geographic areas statewide and across all populations served.

The FACTS system complies with internal and external data quality standards. The PPS PPM and the FACTS User Manual provide guidance and detailed instructions on how and where to enter elements in FACTS. Questions within the internal AFCARS Case Read Review and questions included in other case read protocols help to monitor the accuracy of information entered in the system. Case Read results suggest the data in FACTS is consistently and highly accurate. Additionally, Kansas is confident about the quality of data in FACTS and the timeliness of data entry proved by validated AFCARS submissions with no requirement to resubmit for numerous years.

Administrative QA Data

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Does the child’s birth date in FACTS accurately reflect the child’s birth date on the PPS 1000 for the most recently assigned intake or the PPS 5110?	100%	99%	100%	100%	99%	100%	98%	100%	100%	100%
Does the information on the race of the child in FACTS accurately reflect the child’s race on the PPS 1000 for the most recently assigned intake or the PPS 5110?	93%	95%	96%	96%	95%	93%	96%	98%	97%	93%
Does the information on the child’s Hispanic origin in FACTS match information found on the PPS 1000 or the PPS 5110?	98%	98%	97%	97%	97%	91%	94%	94%	95%	95%
Does the information in FACTS reflect all diagnosed disability types for the child as	84%	77%	78%	76%	87%	89%	66%	85%	72%	79%

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
indicated on the PPS 5110, the PPS 3052, or other documentation in the case file?										
Does all placement history information in FACTS accurately reflect the placement history information on all PPS 5120 documents?	100%	96%	97%	96%	95%	85%	90%	95%	93%	94%
Does the current placement address in FACTS match the information on the most recent notice of move/acknowledgement (PPS 5120) from the provider?	97%	96%	98%	97%	90%	91%	94%	92%	97%	94%
Does the information on the PLAN screen accurately reflect the most recent case plan conference date as indicated on the PPS 3051?	98%	99%	97%	95%	93%	78%	85%	91%	85%	84%
Does the information in FACTS accurately reflect the child's current permanency goal as indicated on the most recent PPS 3051?	99%	98%	98%	96%	95%	96%	96%	90%	93%	86%
If the child's out of home placement has ended, does FACTS accurately reflect the Out Of Home End Date and Reason as indicated in the case file?	98%	97%	98%	96%	100%	95%	90%	96%	98%	100%
If the child was discharged from custody, does FACTS accurately reflect the date and reason of discharge?	97%	97%	97%	97%	100%	100%	75%	100%	87%	100%
Does the date of the mother's termination of parental rights in FACTS accurately reflect information found in the case file?	87%	95%	81%	87%	92%	100%	90%	78%	83%	88%
Does the date of the father's termination of parental rights in FACTS accurately reflect information found in the case file?	94%	94%	82%	90%	89%	89%	82%	88%	87%	89%
If child has been adopted, does the finalization date of the adoption in FACTS accurately	100%	87%	87%	91%	100%	100%	100%	80%	100%	100%

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
reflect information found in the case file?										
If child is being adopted, does the information in FACTS regarding the adoptive parent/child relationship accurately reflect information in the case file?	100%	93%	94%	88%	100%	73%	0%	90%	88%	95%

Data Source: QA Case Reviews

Data Source: Performance Improvement & Learning System SFY2023 April-September 2022

Each CWCMP uses a management information system (MIS) independent from the state systems. This requires a close working relationship between DCF and the CWCMP to ensure data quality and reliability. Each time information, including a child’s status, demographic characteristics, location, or permanency goals needs to be entered or updated, CWCMP staff submit the information using DCF forms to DCF Regional staff for data entry into FACTS. Policy provides instructions and timeframes for submitting information to DCF for data entry. Once information is received by the DCF Regional office, staff have five days for data entry into FACTS.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 19: Statewide Information System. FACTS is functioning to ensure, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. Kansas’ Statewide Information System exceeds minimum expectations for functioning of this systemic factor.

DCF has continued routine comparative analyses of the information within FACTS with information contained in case files using a statewide sample of cases. These analyses have consistently provided a high validation rate for the required information.

In calendar year 2022, the Comprehensive Children Welfare Information System (CCWIS) Planning Project saw Kansas, working in conjunction with vendor Public Consulting Group (PCG), create three Scopes of Work for the project. Those three are the Quality Assurance, IV&V services and Implementation or Design, Development, and Implementation (DDI) services. The three scopes of work were approved by ACF and Kansas Chief Information Technology Officer (CITO). The Planning Project, with PCG remaining onboard as Project Management Support through the exercising of an optional contract extension of services. The resulting two Request for Proposal (RFP) and one TPR were posted for bidders in March 2023. Parallel project activities include refinement of project roles and responsibilities; selection of Subject Matter Experts (SMEs) for assignment to the project; Organizational Change Management; Business Process Review; Data Governance/Data Quality Activities; evaluation of bidder responses, vendor selection and contract negotiation and approvals.

In SFY2023, one measurement showed a decrease and is related to the information in FACTS accurately reflecting the child’s current permanency goal as indicated on the most recent PPS 3051. The most recent case review (4/1/22-9/30/22) shows a significant decrease from 93% in SFY22 to 86% in SFY23. The DCF performance improvement team is currently in process of conducting further analysis into this decrease.

Case Review System

Item 20: Written Case Plan. How well is the case review system functioning statewide to ensure each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

DCF policy, per Kansas statute, requires each child in DCF custody, regardless of whether they have siblings who are also in custody, have an individual case plan. All providers use DCF case plan forms. Case plan forms are in the PPS PPM and comply with applicable federal case plan requirements. Case plans are reviewed for requirements and approved by DCF Child Protection Specialists and/or the DCF Foster Care Liaison. The first case planning meeting is required to be held within 30 days of the child's entry into foster care. Subsequent case planning meetings are conducted at least every 170 days (and within 30 days of permanency goal change).

The CWCMP submits a copy of applicable documents from the PPS 3050 form series to the DCF FC Liaison assigned to the case. The DCF FC Liaison reviews the submitted documents and completes the PPS 3058 Permanency Plan Checklist and sends to the CWCMP. If necessary, the CWCMP makes corrections to the PPS 3050 series documents. The corrected documents are resubmitted to the DCF FC Liaison for review and approval. Upon receiving approval of the PPS 3050 series documents from the DCF FC Liaison, the CWCMP submits a copy to the court and regional FACTS entry staff.

DCF implemented IFM, see Current and Planned Activities: Case Planning to learn about IFMs.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 20: Written Case Plan. Written case plans were found to be timely, and in foster care cases, concerted efforts were made to involve parents in case planning activities. However, it was not clear how families were involved in developing the written plan. The agency has since updated case plan forms to explicitly document the family's input in the development and review of the case plan. There is no data available to monitor the effectiveness of this process. DCF performance improvement answers the following questions during quarterly case reviews, which correlate to Item #13 and guidance on the OSRI: During the period under review, did the agency make concerted efforts to actively involve the child in the case planning process? During the period under review, did the agency make concerted efforts to actively involve the mother in the case planning process? During the period under review, did the agency make concerted efforts to actively involve the father in the case planning process?

Item 21: Periodic Reviews. How well is the case review system functioning statewide to ensure a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Case planning conferences are also considered administrative reviews. After the first case plan meeting, subsequent case plan review meetings are conducted with the family at least every 170 days (and within 30 days of permanency goal change). DCF staff are invited to all case planning meetings, and all case plans must be reviewed and approved by DCF.

There is no statewide data system to track and report all periodic reviews. A report is posted monthly on the agency share point site, available to DCF and CWCMP staff, showing cases due for a periodic review within the next 30 days. This report is used by supervisors to ensure administrative periodic reviews for each child occurs no less frequently than once every six months. Kansas statutes require courts hold permanency hearings a minimum of every 12 months. Most Courts hold reviews every six months, but sometimes as frequently as every 30 or 90 days.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 21: Periodic Reviews. Findings were determined based on information from the statewide assessment and stakeholder interviews. Kansas did not provide sufficient data in the statewide assessment to demonstrate the functioning of this systemic factor item. In interviews, stakeholders consistently reported periodic reviews were routinely occurring across the state. Stakeholders reported there are systems in place such as the Full Court- Juvenile Compliance System, FACTS system, and contractors' individual tracking systems which provide a tickler or advance information for planning purposes. Most capture the date of periodic reviews.

During Round 4, Kansas received an overall rating of Strength for Item 21. Stakeholder interviews indicated periodic reviews were routinely occurring across the state and occur based on the circumstances of the case. Courts hold periodic reviews at least every six months (or more frequently). The timeliness of periodic reviews are tracked by the courts, district/county attorneys, and DCF. As indicated in the CFSR Round 4 Final Results document, periodic reviews are equated to court hearings, not case planning conferences. Data collection for timely permanency hearings will be addressed through R4 PIP. Most Kansas courts, but not all, have now converted to the Centralized Case Management System (CCMS). OJA does maintain permanency hearing data. Permanency hearings may have been recorded differently prior to courts that converted to CCMS. The use of CCMS requires a specific hearing format so that future data may be more consistent. OJA responds they are only able to share data in the aggregate. See Attachment 121 Permanency Hearing.

Item 22: Permanency Hearings. How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

K.S.A. 38-2264(d) requires a permanency hearing be held within 12-months of the date the court authorized the child's removal from the home and not less frequently than every 12 months thereafter.

DCF may generate reports as requested, regarding permanency/no reasonable efforts by DCF on a quarterly basis to the OJA. This report includes cases which do not have a reasonable efforts clause in the initial journal entry and cases where there are no reasonable efforts documented in the journal entry at required permanency hearings every twelve months.

DCF determines a permanency hearing has occurred when the journal entry includes the required federal language finding ongoing reasonable efforts have been made.

In compliance with such federal law, specific reporting requirement, DCF data indicates as follows:

- Of all children who entered care SFY 2018 who were in care for at least 12 months, 87% had their first permanency hearing within 12 months of removal. Of all children who entered care SFY 2018 who were in care for at least 24 months, 61% had their second permanency hearing within 12 months of their first permanency hearing.
- Of all children who entered care SFY 2017 who were in care for at least 12 months, 71% had their first permanency hearing within 12 months of removal. Of all children who entered care SFY 2017 who were in care for at least 24 months, 62% had their second permanency hearing within 12 months of their first permanency hearing.

DCF has data on permanency hearings. Not all district courts have converted the new statewide case management system, so providing data in some instances may be quite time-consuming. It is important to note that hearings may have been recorded differently prior to the new CCMS which could affect the

reports. Standards under the new CCMS require that hearings are recorded in a specific format. Additionally, only aggregate data can be shared.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 22: Permanency Hearings. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas provided data on a cohort of children demonstrating most children had permanency hearing in the first year and subsequently within the next twelve months. Stakeholders agreed permanency hearings occur timely, with most occurring every six months. Stakeholders also indicated some regions use journal entries to track whether permanency hearings happen within 365 days and notify judges when such information is missing.

Item 23: Termination of Parental Rights. How well is the case review system functioning statewide to ensure the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

The Adoption and Safe Families Act (ASFA) provides, in the case of a child who has been in foster care under the responsibility of the State for 15 of the most recent 22 months (or abandoned infant or parent has committed certain crimes (set out in K.S.A. 38-2271 (7)), the “State shall file a petition to terminate the parental rights of the child’s parents”. K.S.A. 38-2264 specifically requires, “If reintegration is not a viable alternative and either adoption or appointment of a permanent custodian might be in the best interests of the child, the county or district attorney or the county or district attorney’s designee shall file a motion to terminate parental rights or a motion to appoint a permanent custodian within 30 days and the court shall set a hearing on such motion within 90 days of the filing of such motion.” This is going to be addressed in the PIP.

In Kansas, child in need of care (CINC) cases are filed and processed by county/district attorneys. The IV-E agency, DCF, is not generally a party to the legal CINC case. Kansas statute does not require a separate termination of parental rights petition be filed in a CINC action as such a motion/petition may be orally submitted to the court. Additionally, Kansas statutes allow, prior to hearing on termination of parental rights, a parent, or parents to relinquish their parental rights to the DCF Secretary, subject to the Secretary’s approval. The Secretary (or designee) subsequently executes the Consent to Adoption. If a parent relinquishes parental rights, there is no necessity for a hearing on a motion/petition for termination of parental rights.

Federal Reviews

Notably, Item 5F was only applicable to a total of 125 cases across all 6 reviews, and 79 cases were rated as a Strength.

Item 5F: Did the agency file or join a termination of parental rights petition before the period under review or in a timely manner during the period under review?		
Review	Period Under Review	Item 5F Performance
Agency Data	April 2021-September 2021	82.3%
	April 2022-September 2022	82.0%
	October 2021-March 2022	80.4%

CFSR Round 3	April 2014 – May 2015	58%
PIP Measurement Period 1	July 2016 – September 2017	90%
PIP Measurement Period 2	January 2017 – March 2018	78%
PIP Measurement Period 3	July 2017 – September 2018	74%
PIP Measurement Period 4	April 2018 – June 2019	67%
PIP Measurement Period 5	January 2019 – March 2020	83%
PIP Measurement Period 6	July 2019 – September 2020	64%

Data Source: Federal Online Monitoring System

Administrative Data

Measure	*SFY 2022
For children who became legally free in SFY 2021, average days between removal and date legally free	716

Data Source: FACTS

*SFY 2022 data reflects data from July 2021 through February 2022

This data reveals a period of nearly 24 months between removal and when the child became legally free for adoption (date of last parent to have rights terminated or relinquished and approved). However, FACTS does not track when motions to terminate parental rights are filed by the county or district attorney.

The OJA and the DCF liaison to OJA met regularly during the CFSR process and since the PIP was approved, to collaborate and develop a plan to track the filing of TPR and/or request for filing. FACTS data was shared, under the applicable confidentiality provisions in the CINC Code, with the Kansas OJA data staff to compare with dates of hearings and orders entered by the courts. The SFY 17 report is identified below:

SFY 2017	Total # of Terminations	Average # of Months between petition to terminate parental rights and termination
Mother	271	4.2 Months
Father	359	4.1 Months

The SFY 2017 data supports the conclusion of the average number of months between the petition/request for mother and for fathers would be within the timeframes established by Kansas statute. OJA will be providing data through the CIP.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 23: TPR. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas did not provide data or information on the filing of termination of parental rights proceedings or cases where a compelling reason should have been

documented. During interviews, stakeholders indicated a consistent process to ensure the timely filing of termination of parental rights was not in place across all jurisdictions and tracking of timely filing of TPRs varies.

Kansas has implemented administrative desk reviews as another way to support compliance with state and federal requirements. The PPS 3056 Permanency Plan desk review is required when a child has been in foster care for 15 of the most recent 22 months. This review documents whether any exceptions to the termination of parental rights requirement are applicable. If applicable, the review also requires documentation of the compelling reason for determining termination of parental rights would not be in the best interests of the child. The desk review is completed by the CWCMP case manager and supervisor and provided to DCF and the county or district attorney. Data will be addressed through round 4 PIP in coordination with OJA. OJA statewide case management system tracks written filings and motions, not oral motions. Under Kansas law, a TPR can be requested in an oral motion (K.S.A. 38 – 2234). OJA does not track whether exceptions and compelling reasons are documented.

Item 24: Notice of Hearings and Reviews to Caregivers. How well is the case review system functioning statewide to ensure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review hearing held with respect to the child?

K.S.A. 38-2239 requires notice of hearings be given, and manner of service, to all parties and interested parties as defined in the Kansas CINC Code by the court clerks. When notice is provided by mail, the court receives a certificate of delivery confirming the notice was received. Statute also allows for notice to be given verbally during one hearing of the next court hearings. Verbal notice is documented in individual case files.

Foster parents, pre-adoptive parents, and relative caregivers of children in foster care have a right to be heard in court. PPS Appendix 3G Foster Parent Report to Court may be used to submit a written report. PPM 3383 requires foster parents be informed of their right to submit a report directly to the Court. The PPS Appendix 3G Foster Parent Report to Court was developed in collaboration with the Kansas SCTFPP as one way for Foster Parents to have a voice in Court.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 24. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas described the methods for providing notice of hearings and reviews to caregivers. Kansas was not able to provide data or information to show whether either method was occurring. Information collected through stakeholder interviews revealed notification of court hearings is inconsistent across the state. There is no statewide data system for collecting information regarding the foster parent's court notifications. Stakeholders also reported caregivers' ability to be heard is dependent on the judge overseeing the case. The Kansas Judicial Council's notice of hearing form is not mandated under Supreme Court Rule 174, so attorneys and judges may use any form to provide notice. Additionally, notice may be given orally instead of in writing. Finally, notice is provided by different individuals across the state. Some judges require the prosecutor to provide notice. Some judges require the court clerk to provide notice. The agency does not have a system in place to collect data regarding the foster parent being notified they can provide a report to the court.

Policy direct CWCMP to inform the foster parent or kinship caregiver of the right to submit a report directly to the court. The CWCMP shall provide the foster parent or kinship caregiver with information as to the name and address of the Judge to whom the report may be sent, as well as the dates of the court hearings. Documentation of this task shall be placed in the child's case file.

In 2023, the Gail Finney Memorial Foster Parent Bill of Rights was signed into law. DCF has provided this to foster parents in some forms and continues to communicate this further. The Foster Parent Bill of Rights includes the right to submit a report to the Court pursuant to KSA 38-2261 and amendments thereto.

DCF, the SCTFPP and CIP staff met to review the CFSR Final Report and K.S.A. 38-2265, which requires notice of permanency hearings be provided to the following individuals:

- the child's foster parent or parents or permanent custodian providing care for the child;
- pre-adoptive parents for the child, if any;
- the child's grandparents at their last known addresses or, if no grandparent is living or if no living grandparent's address is known, to the closest relative of each of the child's parents whose address is known;
- the person having custody of the child; and
- upon request, by any person having close emotional ties with the child and who is deemed by the court to be essential to the deliberations before the court.

The SCTFPP determined a permanency hearing cannot proceed if the individuals listed in K.S.A. 38-2265 are not provided notice. The SCTFPP was hesitant to recommend revisions to statute due to the lack of data on notices and decided to establish a project between CIP and DCF to address this issue.

CIP and DCF developed a survey and sent it out to foster parents. The SCTFPP requested the survey address all types of notices required under statute, if the foster parents attended the hearing, if they were addressed during the hearings and the use of the foster parent court report.

After the survey was completed, the SCTFPP reviewed the results and approved the following interventions (*updates are noted in italics*):

- Prepare training for family and child well-being stakeholders concerning the requirement for foster parents to receive notice and be heard during permanency hearings. *This has been completed via an OJA Best Practices Training.*
- Edit Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G)- Completed. *This has now been completed.*
- Consider making the Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G) available on the DCF placement management system. *The Report remains posted as an Appendix on the PPS PPM.*
- Review notice statute and language requiring the notice to foster parents include the Foster Parent Report to the Court (Appendix 3G) to determine whether revision is needed. *This was reviewed and SCTFPP determined statutory changes were not needed.*
- Review documents in "red book" and consider placing information on the next hearing date and contact information for the guardian ad litem. *This was discussed by SCTFPP but was not pursued.*

A Best Practices Training (by OJA in collaboration with DCF) was made available to foster parents, judges, attorneys, practitioners, and CASAs on the statutory notice requirement.

The DCF Permanency Team met with all CPAs on an individual basis and discussed an array of topics May-July 2020. The survey has informed the work being done with the CPAs. Support for Foster Parents has been discussed as it relates to placement stability.

A copy of the survey and the results are attached to the agency's Child and Family Services Plan for 2020-2024.

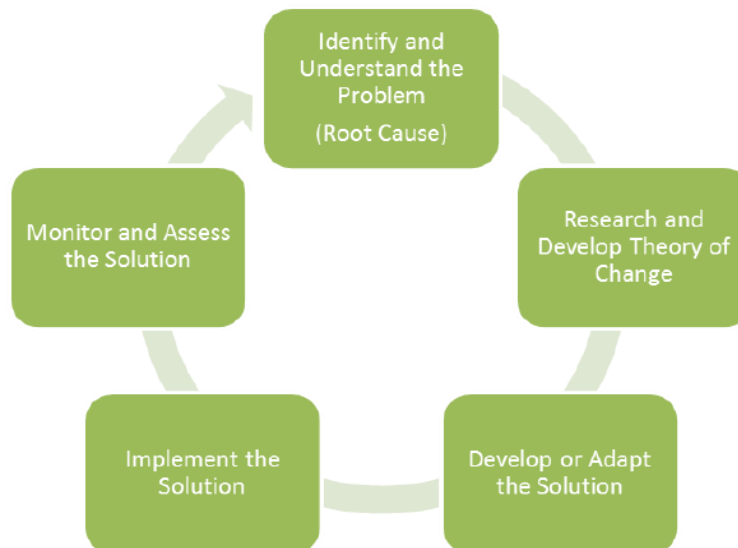
Quality Assurance System

Item 25: Quality Assurance System. How well is the quality assurance system functioning statewide to ensure it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure children in foster care are provided quality services that protect their health and safety) (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

During CFSR Round 3, Kansas received an overall rating of Strength for Item 25: Quality Assurance System. In the statewide assessment, Kansas provided data and information on CPI confirming the state's quality assurance process is applied consistently across the state. The data and information included case review results and performance data from the MIS. Case reviews using the federal OSRI are conducted quarterly in each regional office on a sample of cases which include the two components of in-home and out-of-home cases, and review of AFCARS. Case reviews are also conducted for Intake and Assessment and Title IV-E. Additionally, targeted case reviews are conducted as needed for policy compliance or CPI projects. Case review and MIS data are available to internal stakeholders through a secure website and used at the statewide, regional, county, judicial district, unit, and practitioner levels. Information is shared with external stakeholders through a public website, quarterly CIP meetings, and CRP meetings.

DCF has maintained an established QA and CPI process. The CPI cycle includes identifying and understanding the root cause of problems, researching, and developing theories of change, developing, or adapting solutions, implementation of solutions and monitoring and assessing solutions.

Functional components of CPI include data collection, data analysis and interpretation, communication and collaboration and support for sustainable CPI. Dedicated CPI staff are responsible for providing support and accountability for the structure, methodologies and administration of quality assurance and CPI activities.



The QA system operates in the jurisdictions where the services included in the CFSP are provided. DCF utilizes a performance management process which is applied consistently across the entire state. Additionally, each region in the state has a dedicated CPI team. Administrative data is collected from every case in the state to measure performance and contract outcomes. Data from state information

systems is analyzed in a variety of ways. Outcome information is calculated monthly for the Child Welfare Outcomes. Reports for each outcome include statewide and regional analysis. Outcome data is available in a variety of formats including a one-page snapshot with quarterly outcome performance by region for each outcome, and reports by outcome and region with performance by month.

Quarterly case read review samples are also pulled from a statewide population. A Stratified Random Sample is utilized to establish the sample size. The statewide population is stratified by DCF Region. Cases are assigned a random ID number and randomly selected until the correct percentage for a region is achieved. Case read instruments are standardized for use across the agency and a consistent data entry process is employed using a Case Read Application.

The QA system has standards to evaluate the quality of services (including standards to ensure children in foster care are provided quality services that protect their health and safety).

DCF standards used to ensure children in foster care are provided quality services which protect their safety and health were developed based on requirements from statute, regulations, policies, and best practices. Standards, outcomes, and success indicators are used to monitor performance and ensure quality service delivery to all children and families who have contact with the family and child well-being system. While conducting quarterly case reviews, the regional DCF performance improvement teams review cases with the standards and guidance put forth in the OSRI as well as DCF guidance based on policy, statute, etc. Once quarterly case reviews are completed, each regional performance improvement team has a review meeting with the respective provider(s) in their region. Regions complete cover sheets as part of this process as a quick reference for provider staff to see those strengths and areas needing improvement in lieu of further discussion and opportunities for learning and development. As the regional DCF performance improvement teams build relationships with provider staff these items become a regular part of discussion and follow up in quarterly reconciliation meetings as well as leadership meetings. Both performance improvement in administration and at the regional level are able to identify trends from quarter to quarter with conversations/reviews occurring both at the regional level and the administrative level.

The QA system identifies strengths and needs of the service delivery system.

Strengths and needs are used in the CPI cycle to understand root causes and inform improvement activities. DCF utilizes the performance standards and seven child and family outcomes to identify strengths and areas needing improvement within the service delivery system.

Data from state information systems is analyzed in a variety of ways. Outcome information is calculated monthly for the Child Welfare Outcomes. Reports for each outcome include statewide analysis and regional analysis. Outcome data is available in a variety of formats including a one-page snapshot with quarterly outcome performance by region for each outcome, and reports by outcome and region with performance by month.

Volume indicators, including reports received, reports assigned, removals into foster care, referrals to Family Preservation, out of home on last day of the month, and discharges from foster care are analyzed to identify trends over time. These reports provide linear trending including projections. DCF uses US Census information to calculate various rates including the rate of children removed into care per 1,000, the rate of children in care per 1,000, maltreatment rates, rates based on demographic characteristics and a disproportionality metric. Additional analysis is conducted related to removal, discharge and the out of home population to include the rate of children discharged from care per every 100 children in care, and a ratio of removals to discharges. DCF primarily utilizes descriptive and exploratory data analysis

techniques, but also conducts other statistical analyses including correlational analysis, linear regression, etc. when appropriate.

DCF conducts several data quality monitoring activities which lends to confidence in the quality of data. Established processes are in place to identify and address data quality issues including a PPS error and reporting correction process, case read questions measuring the accuracy of AFCARS elements in FACTS, and tools used by local offices to correct potential data entry errors. DCF conducts monthly reconciliation of data between FACTS and the provider MIS. This process helps ensure accuracy of data in FACTS.

To enable comparison of case read data across regions and on a statewide basis over time, DCF employs a standardized approach to data gathering and reporting. Case read instruments are standardized for use across the agency and a consistent data entry process is employed using a case read application. Data gathered from case reads where the sample size provides a reliable confidence interval, may be generalized to the entire population. Case reads where sample size is too small for a reliable confidence interval, are conducted to identify examples of areas which may warrant further investigation.

DCF utilizes multiple techniques to validate case read data, including monitoring reader consistency. Reader consistency concerns may be identified during reconciliation meetings with CWCMPs or through the quality assurance process during measurement reviews. Reconciliation meetings are held after each case review period. Reader consistency concerns may also be identified during quarterly CPI meetings. Reader consistency reports are generated and reviewed for each outcome/question in each instrument as part of the case reader training process. Beginning in April 2021, Kansas DCF began a new training format for reader reliability and consistency. Prior to the training, the case readers complete a mock case review, reviewing the same cases. The case read results are then compiled, identifying any differences or inconsistencies. The focus of the training is based on the identified differences or inconsistencies and resolving those differences by providing additional guidance and instructions which can be utilized for future reads.

The QA system provides relevant reports.

DCF produces many reports which are updated on a regular schedule. Most of these reports are made available on the agency's public website. Internal data is available to DCF and provider staff on a secure site.

In October 2021, a new, highly anticipated case read application became available statewide. The application, known as PILS, can capture case read information as well as compile data and create a variety of reports. Previously, case read and data harvesting activities were carried out using two separate systems. The time between completing case reads and harvesting data was often prolonged, causing delays in getting timely reports to internal and external stakeholders. PILS enables those with access to create data reports on-demand, immediately after case reads are completed. PILS can create a wide range of valuable reports, including those from the current quarter under review, trends over time, and those associated with specific regions, providers, or caseworkers.

DCF provides data to internal and external stakeholders in a variety of ways including the public website, an internal SharePoint site, Quarterly CPI Review meetings and CRPs.

The DCF public website provides reports with case read data, volume indicators and outcome data. Reports are generally updated monthly. Reports are formatted for accessibility by visually impaired stakeholders. Historical data reports are also available on the site.

The PPS SharePoint site is a secure website where case read data, volume indicators and outcome data are available to internal stakeholders. Administrative office and regional staff have access to SharePoint, as do representatives from each of the CWCMPs. Reports are generally updated monthly. Also available on SharePoint is a list of all reports routinely produced by the agency along with a description of the report, the frequency of the report, and the location of the report. The SharePoint site has been in use since 2013. A different internal site was used prior to 2013.

The QA system evaluates identified program improvement measures.

Monitoring and assessing improvement solutions is an important part of the CPI cycle. Once solutions have been implemented, ongoing monitoring and assessment is necessary to ensure the solution is effective. If the identified solution results in expected improvement, the CPI cycle may repeat with another identified solution. See page 101-102 for the QA process.

Because DCF operates the QA system continuously, it is often possible to evaluate identified program improvement measures within routine data collection and case review activities. However, DCF is also capable of producing ad hoc reports and conducting targeted case reads as needed.

DCF administration and regional staff meet quarterly with CWCMP to review outcome data from the State's information system, case reads, and stakeholder input. Current data and trend-over-time reports are reviewed. Statewide and regional performance improvement activities, celebrating areas of success and prioritizing areas of opportunity for future improvement activities are topics of focus during these meetings and discussions.

Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure initial training is provided to all staff who deliver services pursuant to the CFSP includes the basic skills and knowledge required for their positions?

During CFSR Round 3, Kansas received an overall rating of Strength for Item 26: Initial Staff Training. Kansas has maintained a comprehensive program for planning and delivering high-quality training for new staff. The training plan describes established curriculum and timeframes for initial staff training. The training plan also includes an established process and functional Learning Management System (LMS) to track all trainings. DCF monitors individual training plans to ensure initial training is provided to staff. Quantitative and qualitative data confirm requirements of Item 26 are functioning well and DCF practitioners and providers receive training which includes basic skills and knowledge required for their positions. This is supported by the percentage of new staff recorded who completed pre-service training and by staff responses to survey questions targeting content-retention and post-training. Supervisors and new hires are provided the list of Required and Recommended Courses. The Learning and Development team enrolls and monitors the completion of the PPS Academy group workshops, which are required to be completed prior to being assigned intakes. New staff and their supervisor are responsible for monitoring the completion of the online courses and on the job observation of the practice through shadowing opportunities.

The goal is for every newly hired PPS CPS, Child Protection Investigator (CPI), or CWCMP case managers be ready to take a case load at the end of their pre-service training. The Pre-Service training teaches the skills and knowledge necessary to effectively address safety, permanency, and well-being. Pre-service training. The pre-service training teaches skills and knowledge necessary to effectively

address safety, permanency, and well-being. Pre-service training for PPS Safety and Thriving Families staff is primarily focused on engagement, assessing safety, and helping families build safety networks. Topics include those related to trauma of removal, importance of connections and permanency and child and family well-being. The number of pre-service classes scheduled each year continues to depend on hiring patterns and turnover. PPS provides pre-service and initial training (within 90 days or within 6 months) for PPS CPS, CPI practitioners, and PPS Child Protection Supervisors who are new to the agency.

PPS provides required online pre-service training for CWCMP staff with case management responsibilities, including (1) Case Management Pre-Service, (2) Documentation 101 and (3) current Policy Venues (updated every six months). These courses are accessible on demand through the Kansas Learning and Performance Management system (KLPM) for case management staff from the major grantee agencies who have access to the KLPM, with copies of these courses for use by smaller case management agencies available through the agency public content server. Since the transition to the KLPM there have been some problems with the Case Management Pre-Service series interfering with grantee staff being able to complete or have their completions recorded correctly. In SFY2022, a revision to the course was completed, tested, finalized, and re-published to the KLPM. However, the CWCMP agencies continue to report problems with the course. Plans have been made to make corrections to the Lectora file to alleviate the reported issues, then retest the course and re-publish to the KLPM. Lectora is software used to create online courses. This work began in spring 2023. Meanwhile, CWCMPs are monitoring completion of this series with new case management staff and continue to notify DCF if problems are encountered with the online series.

Each CWCMP has their own internal requirements for Pre-Service beyond these minimum courses required by DCF. They document attendance/completion of their own Pre-Service courses in their agency learning management systems.

The Kansas Practice Model Overview (KPMO), initially delivered as “Signs of Safety: Agency Awareness” was delivered as a standalone two-day class in person or virtually until January 2021. Then the content was fully incorporated into Building Well-Being and Safety With Families: Part 1 and Part 2.

PPS Academy Pre-Service Requirements

PPS Academy includes the completion of required online training, shadowing experience, pre-training assignments, and three classroom courses. All new hires or current staff who transition to unlicensed CPS Specialist positions are required to complete the Academy prior to being assigned cases.

Course	Duration
Building Well-Being and Safety with Families Part 1	3-Days
Building Well-Being and Safety with Families Part 2	3-Days
Child Welfare Basics	3-Days
Facilitated Discussion (Single Topic)	5 1-hour Session
Online Courses	
Individual Activities	

Training Communication: CPS and CIP

Pre-Service Training Requirements and Expectations are Communicated to CPS Supervisors and newly hired staff through:

- DCF.PPSTraining@ks.gov and/or the assigned Learning & Development Specialist (LDS) is

notified by regions as new hires and start dates are identified.

- The training requirements document is emailed to the supervisor before a new hire comes on board by the assigned LDS. Included is information about PPS Academy class dates they are scheduled to attend, handouts for review, and prerequisite courses/activities to be completed prior to the first class. Supervisors share this information at the time a new hire enters the position.
- After Child Welfare Basics, a second email is sent to participants and supervisors with a review of material covered in class and recommended activities/online courses to complete as a prerequisite the week before the next class.
- After Building Well-being and Safety With Families, Part 1, a third email is sent to participants and supervisors with a review of material covered in the class and recommended activities/online courses to complete as a prerequisite the week before the next class.
- After Building Well-Being and Safety With Families, Part 2, an email is sent to participants and supervisors with a review of material covered in the class and recommended activities remaining to complete Pre-Service.

Evaluation and Transfer of Learning for Pre-Service PPS Academy Courses:

DCF PPS upheld Kirkpatrick Level 1 (Reaction) evaluations for all courses throughout the pandemic. A new Curriculum Specialist was hired on the Learning and Development team and their work has been centered on analyzing Level 1 (Reaction) evaluations for pre-service core courses.

The training team took the next step in the level of evaluation by including a learning check-in approximately three months after a CPS practitioner completes the required courses of the PPS Academy. The Kirkpatrick Level 2 surveys were first sent to practitioners in February 2023. The surveys are followed by a request for separate interviews with the practitioner and their supervisor. The first interviews were held in April 2023.

Feedback responses from DCF PPS Academy:

Child Welfare basics, Building Well-Being and Safety Parts 1 & 2 survey captured 652 responses between March 2021 and February 2023. 65 narrative responses were collected randomly from each short answer question in the survey.

Students reflected (10-point scaling questions with 1=-, 10 =+):

Survey Question	Rating
Topics covered were useful	8.97
Information was at a level I could comfortably use	9.10
Depth of topics covered was appropriate	8.70

5-point scaling questions with 1= -, 5 = +:

Survey Question	Rating
There was group participation	4.83
Handouts, resources, visuals, and activities assisted in understanding the material	4.63

Students reflected:

- Appreciation for the level of participation from the group, the learning opportunities provided, and the workshop activities, demonstrations, facilitators, and structure.
- Participants suggested adding more time to practice the learning and skills in the workshop. In addition, increasing the type of and number of activities available.
- Commitment to practicing documentation, interviewing skills, personal development, and learning the job.
- Commitment to work with peers for consultation, shadowing opportunities, and questions and information related to processes and practices.
- Participants shared they would feel supported by receiving feedback, guidance, regular communication, and resources.
- Worries included selfishness, staff turnover, miscommunication, poor work, and burnout.
- Additional requests for more training on ‘the job,’ systems, behaviors, interviewing, documentation, court, resources, and assessments.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

All DCF CPS Specialists, CPS Investigators and CWCMP case managers are required to complete a minimum of 40 hours of continuing education, including 3 hours of ethics bi-annually. The training plan details established continuing education requirements for staff and the generous number of ongoing training opportunities available. Ongoing training is tracked within the LMS. Quantitative and qualitative data indicates Item 27 is functioning well and ongoing training is provided for staff and addresses skills and knowledge needed to carry out their duties. This is supported by ongoing projects, those in development, and projected needs assessment survey responses following multiple classes to inform future course development. Improving the tracking of training requirements will be addressed the CFSR PIP. The transition to the Kansas Learning and Performance Management System for all state agencies in Kansas has presented significant challenges to gathering training data. The reporting capabilities of our LMS has improved over the past few months with the ability to pull reports from the system.

All DCF CPS, CPS Investigators and CWCMP case managers are required to complete a minimum of 40 hours of continuing education, including 3 hours of ethics bi-annually. All licensed child welfare staff must continue to meet the Kansas Behavioral Science Regulatory Board (BSRB) standards for licensure within their profession. Additionally, CWCMPs are to be accredited through a national child welfare organization. Maintaining accreditation helps ensure rigorous training standards are met. DCF shares information about upcoming learning opportunities open to any child welfare professional with the CWCMP agency staff and Tribal Partners.

Power of Partnership LLC, dba SafeGenerations continues to provide expertise and TA in the development of tools, training, and consulting related to KPM. A goal of the KPM is to work toward becoming a learning organization. Learning organizations foster the best in practitioners by providing a safe place to learn, practice, and reflect together as an embedded part of everyday business. Prior to

implementation of the KPM, PPS training was led by four regional trainers who focused on delivery of pre-service courses. Since December 2019, the on-going learning and development of PPS practitioners has been expanded to include advanced practice courses led by consultations; group learning and consultation sessions led by trained PPS learning leaders; multi-session course, such as:

- Questions That Make a Difference (QTMAD), led by experienced PPS small group facilitators
- Half-day workshops to enhance skills related to specific KPM topics
- Family Seeing workshops facilitated by PPS Family Finding Leads

DCF has developed certified trainers, who are current front-line practitioners, to assist with delivery of KPM content during PPS Academy workshops. Currently, DCF has more than 100 PPS practitioners who play a role in the learning and development of PPS practitioners in Kansas.

Each CWCMP Grantee agency has their own internal requirements for Ongoing Training:

- Evident Change: TA, training, and consultation for Initial TDM and Placement Stability TDM
- KCSDV: regular workshops, webinars, and case consultation related to Domestic Violence
- Child Abuse Pediatricians in Kansas: multiple workshops each year in different locations to increase knowledge about recognizing child abuse and neglect.
- KIDS: community education, professional training, and supporting associated research to reduce the number of sleep related deaths in Kansas children under the age of one. DCF currently has approximately 40 Safe Sleep instructors located across the state who are actively providing training to child welfare professionals, expectant parents, their family members, and other families with children under the age of one.
- Kevin Campbell, Model Author of Family Finding and Family Seeing and his partner Elizabeth Wendel, both now co-founders at Pale Blue: brought Family Finding Bootcamps to Kansas for DCF, CWCMPs, and other community partners. Sessions were held in-person and virtually during SYF 2020 and 2021; mentorship, and support for Family Finding Leads through SFY 2021 as CWCMPs and DCF prepared to deliver Family Finding/Family Seeing in Kansas. DCF's course, "Family Seeing: Family Finding from the Start" was piloted in December 2022 and deliver will continue quarterly around the state.
- Butler Institute for Families: to adapt an interviewing skills course for use in Kansas in collaboration with Finding Words (now Child First) co-founder Kelly Robbins and Helen Swan to support alignment with their Finding Words interview protocol. DCF has been providing Interviewing Skills for Child Welfare for PPS staff since 2008 and continue with eight classes during a calendar year.
- NCMEC: Eight online courses and recorded webinars available through LearnSoft. These courses and webinars include evaluation/survey links. NCMEC collects usage data using Kirkpatrick Level 1 – Reaction and Level 2 – Learning. Data will be shared with DCF. For a list of courses available, please see section C.1.1 Human Trafficking.
- Academy for Professional Excellence, San Diego State University: Adapt three courses to Kansas. These courses include:
 - From No One to Network

- Engagement Strategies: A KPM Skill-Building Activity
- Introduction to Supporting LGBTQIA+ youth
- National Child Welfare Workforce Institute (NCWWI): Leadership Academy series available for supervisors and managers in support of ongoing skill-building and learning. Launch of the first class is expected in SFY 2024.

Child Welfare basics, Building Well-Being and Safety Parts 1 & 2 survey captured 652 responses between March 2021 and February 2023. 65 narrative responses were collected randomly from each short answer question in the survey.

Evaluation and Transfer of Learning for On-Going Training:

Feedback responses from “Family Seeing: Family Finding from the Start”:

Surveys captured 21 responses from December 2022 through March 2023 from the two classes held. Themes were selected from all narrative responses to account for the small sample size.

Students reflected (10-point scaling questions with 1=-, 10=+)

Survey Enquiry	Rating
Increase in confidence (Prior to training)	5.57
Increase in confidence (Post training)	8.10

Students reflected (10-point scaling questions with 1=-, 10=+)

Survey Enquiry	Rating
Length of workshop was appropriate	4.71
Content was presented effectively and efficiently	4.81

91% of students stated that they would recommend this workshop to their colleagues; 9% of students answered ‘maybe’.

Students reflected:

- Favored explanation, mix of lecture, and activities, review, structure of training, group learning
- Would have favored more examples, more impact, amount of review.

In addition to Level 1 evaluations completed for each class, a Level 2 – Learning Pre- and Post-Assessment and Learning Transfer of Learning Activity has resumed for Interviewing Skills for child Welfare. The activity is completed by the participant with their supervisor including adding to an individual development plan to continue skill development. During the class, each practice interview is reviewed by a Learning and Development team member. Feedback forms were adapted to incorporate mapping information (worries, Working Well, and next Steps) in their practice interview feedback. The completed feedback forms are provided to the participants, supervisor, and access to recorded practice interviews. Part of the activity involves participant and supervisor reviewing two practice interviews completed during class. The participant explains to their supervisor the steps and tools used during each interview. Opportunities for improvement are discussed. This activity provides an opportunity for the supervisor to observe the practitioner using skills and tools taught in the workshop, add to their individual development plan, and provides an opportunity to support continuous learning.

Level 1 Feedback from “Interviewing Skills for Child Welfare” received 68 responses between April 2022 and March 2023. Six responses were randomly selected per narrative question in the sample.

Students reflected (5-point scaling questions with 1= -, 5 = +):

Survey Statement	Rating
Information provided was useful	4.57
Information was at a level students could comfortably use	4.62
Learning objectives of the program were clear	4.53
The instructor made ideas clear	4.66
The instructor invited participation from the group	4.94
The handouts and visuals assisted with understanding the material	4.68

97% of students stated that they would recommend this workshop to their colleagues; 3% of students answered ‘no’.

Students reported they learned permission instructions, to slow down, how to ask open-ended questions and developmental assessments. They mentioned being reminded of the safety scale, the importance of open-ended questions and building rapport and using the smiley worksheet. Students reported they would like to have more information about Child First, 3 houses/word and pictures, interviewing skills, services, and resources.

Evaluation Results for KCSDV’s courses: Evaluation results include full audience, including DCF and case management provider grantee participants, as well as other parties.

Strategies and Skills to Address Domestic Violence in Child Welfare, Part 1: Getting to know the family (Core Training)

February 15, 2022	26 attendees
March 17, 2022	25 attendees

Evaluation questions based on the following Likert scale:

1 – Strongly Disagree, 2 – Disagree, 3 – Neutral, 4 – Agree, 5 – Strongly Agree

Mean Score (N-32)

Survey Statement	Rating
I have increased knowledge on the topics covered	4.44
I have at least one new skill to implement in my work	4.44
My responses to or advocacy for victims will improve	4.47

Strategies and Skills to Address Domestic Violence in Child Welfare Part 2: Documenting Domestic Violence (Advanced Training)

March 1, 2022	19 attendees
March 31, 2022	25 attendees

Evaluation questions are based on the same Likert Scale.

Mean Score (N-23)

Survey Statement	Rating
I have increased knowledge on the topics covered	4.43
I have at least one new skill to implement in my work	4.39

My responses to or advocacy for victims will improve	4.35
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Additional Evaluation Feedback included:

- The trainer was very knowledgeable and open to questions. She went very in-depth with questions, and I appreciated that. A huge takeaway I had is abusers cannot be good parents. At first it sounded a little harsh to me, but it's the hard truth you cannot be considered a good parent while actively choosing to abuse your spouse.
- The information presented was easy to understand and enlightening. The presenter was knowledgeable and engaging. Anger management and couples counseling is not recommended in Domestic Violence (DV) cases.
- Good information, enjoyed the video examples/interviews. I had never thought about rehabilitating an abuser, but I was happy to learn that there are groups that help abusers improve and become healthier individuals.
- Very informative and I felt like I learned a lot of things that relate to my work and view on specific topics. Control strategies of perpetrators, sexual violence is a common element to DV, and how to engage with the perpetrators in case management.

Teen Dating Violence Awareness and Prevention

May 12, 2022	44 attendees
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Evaluations are questions based on the same Likert scale.

Mean Score (N-19)

Survey Statement	Rating
I have increased knowledge on the topics covered	4.58
I have at least one new skill to implement in my work	4.50
My responses to or advocacy for victims will improve	4.53

Additional Feedback included:

- I will use the information with my own advocacy with families/teens.
- I will incorporate more teen dating violence safety planning in my work.
- Great resources! It was more interactive than a lot of virtual trainings.
- A lot of resources to use with teens and adults.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) addresses the skills and knowledge needed to carry out their duties regarding foster and adopted children?

During CFSR Round 3, Kansas received an overall rating of Strength for Item 28: Foster and Adoptive Parent Training. Kansas has ensured training is occurring statewide pursuant to established requirements

for initial and ongoing training. Kansas utilizes a nationally recognized pre-service curriculum and requires ongoing training that addresses the knowledge and skills needed to foster and adopt children.

Quantitative and qualitative data indicate Item 28, Foster and Adoptive Parent Training, is a strength and is functioning well to ensure training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) and addresses skills and knowledge needed to carry out their duties with regard to foster and adopted children.

Children's Alliance Resource Network (CARN) is contracted to provide training to prospective foster and adoptive parents. All foster and adoptive parents are required to complete TIPS-MAPP or TIPS-DT prior to accepting a child in custody into their home. Foster parents are also required to complete additional training each year to maintain their license. Children's Alliance Resource Network (CARN) is responsible for training and certifying group leaders to deliver and implement TIPS-MAPP and TIPS-DT to prospective foster, adoptive and kinship parents. CARN assures that all necessary training is conducted by certified leaders and upholds the fidelity of the program. Additionally, CARN is responsible for assessing the statewide training needs of foster and adoptive parents, and staff of group residential facilities; develop an ongoing training network; to ensure training is provided statewide and is based on the identified needs of foster and adoptive parents. Quarterly reports, Attachment 122-125 and Attachment 128 Quarterly Report Narrative, indicate how many foster parents/prospective foster parents/adoptive parents completed the required training. CAK doesn't track each individual foster parent compliance with ongoing training requirements as it is handled by CPA licensing compliance. CPA handles training differently, and it is their responsibility to ensure current foster parents complete the required ongoing training.

St. Francis Ministries

It is a Foster Home Regulation (K.A.R. 28-4-806) that all licensed foster homes must complete pre-service training. A license is not issued without providing evidence of the completion of trainings for each licensee. Likewise, each licensed foster home must complete at least 8 hours of training annually for renewal of their license. A renewal is not completed without providing evidence of the completion of training achieved in the year. At SFM, staff assist families in enrolling in the pre-service training, and monitor families through the completion of the course. Certificates are obtained, submitted with the application for foster home license, kept in the family's file, and recorded in SFM's database.

For ongoing training, during the in-home monthly visit, staff visit with the foster parent about trainings completed, needed, or recommended. Certificates are obtained from the family, and kept in the family's file, in addition to being entered in our database.

Kansas Foster Home Regulations:

K.A.R. 28-4-806. Training. (a) Prelicensure training. Before a license is issued, each applicant shall participate in and successfully complete the following: (1) A face-to-face, instructor-led family foster home preparatory program approved by the department; (2) a face-to-face, instructor-led first aid training course that lasts at least three clockhours; (3) training in universal precautions; and (4) medication administration training. (b) In-service training. Each licensee shall obtain at least eight clock-hours of training in each licensing year, including at least two clock-hours obtained through participation in group training, including workshops, conferences, and academic coursework. The training topics shall provide the opportunity to develop competency in two or more of the following areas:

Rainbows United Kids' Point

Rainbows currently has four families. Families are required to turn in their certificates/proof of training to the foster care social worker. Additionally, at regular visits, she asks about trainings and sends them information on training throughout the year. Rainbows requires more than the DCF requirements due to the population served having significant needs.

Eckerd

Eckerd tracks the initial training requirements through their on-line database system and ongoing requirements are tracked by the assigned Foster Home Specialist during monthly visits with the foster home. Eckerd offers homes monthly trainings and have that information available on file. It is Eckerd's plan in the next year to move the paper files to electronic and move all the tracking of training requirements through our electronic system.

DCCCA

DCCCA has an electronic records system that keeps track of each foster parents' eight training hours that they are required to annual by DCF, and additional level of care specific training requirement required by our agency. The hours needed for each home above the DCF requirements depends on the needs of the children in the home. Additionally, during each monthly meeting with the family, they are reminded about trainings and offered trainings that might help them with specific needs they are currently having in their homes. We also discuss the importance of training on social media and during support groups, as well as the easiest ways for families to access training opportunities.

The Villages and LakeMary

Not currently working with foster homes or foster parents.

Restoration Family Services- Track through our agency system (extended reach) as well as our family advocates are checking during monthly home visits for completed hours and monitoring homes as they get closer to their renewal dates.

Cornerstones of Care- require either a certificate / or foster parent to fill out the FCL 410 for each training course. At the annual renewal we audit these to ensure the hours add up to the required training.

TFI- All training is entered into our C.W.I.S. (Webfaces) and automatically tracked from there.

Foster Care Workers send in all training records/certificates (pre-service and annual) to a specific in box, assigned staff will upload the certificates (within 3 days) as well as enter them in the "training module" which tracks the hours of training and type of training for each individual foster/adoptive parent. Foster care staff are then able to see what training hours have been completed and how many hours are needed. If a family does not complete the required hours of training by their renewal date, they are placed on-hold and unable to take additional placements until their training hours are completed.

CALM- It is a licensing requirement per regulation for each foster parent to have 8 hours of training per year per parent - CALM requires 20 hours per household as an agency standard. We have a basic CALM form the home completes annually prior to licensing and the CALM licensed social worker supporting the home reviews the training hours and supported documentation.

KVC- All training documentation for initial foster homes as well as for renewals of our foster homes are provided to DCF during the licensing or renewal processes. The MAPP/DT, medication administration,

and universal precautions must be submitted with the packet for initial licensure. For renewals, there is a form where we write or type in all the trainings the families completed during the year for their renewal and the certificates are also provided along with this form to DCF licensing. To ensure families initially licensing are working through the process as quickly as possible, we track all the requirements on a spreadsheet and send frequent reminders about what is required. That entails the other requirements outside of just training as well such as the pet vaccinations, for example. We enter all the initial trainings into our CARE database after completion.

O'Connell- We would not send the initial licensing packet to DCF until we have documentation of the required initial training hours. If the family is adoption only and is not licensing, we would not submit a completed adoptive home study to DCF until we have documentation of initial training.

For ongoing training requirements, we check in with the family monthly during home visits to assess progress and remind them of the hours needed for licensing renewal each year. We provide resources for getting training both in person and online that fit with their needs and schedules. If a family has a particular training need, we will set up an action plan that addresses that specific need.

DCF has had a contract with CAK for training since 2010 to design, deliver, and administer foster parent pre-service and ongoing training across the state. The Model Approach to Partnerships in Parenting (MAPP) model recommends a social worker and a foster or adoptive parent conduct the training together. CAK provides the curriculum and leader development training to staff from private child welfare providers. Those respective agencies are then permitted to lead parent groups while maintaining fidelity to the MAPP model.

All potential foster and adoptive families must complete pre-service training prior to providing care to a child or youth in the custody of the Kansas DCF Secretary. As described in PPM 5235 and PPM 5363.

MAPP is a nationally recognized pre-service program for prospective foster and adoptive parents that assures a consistent curriculum and the fidelity to the model which includes:

- Family and individual assessments
- 10 three-hour meetings designed to mutually prepare, assess, and make selection decisions
- Strong focus on skill building that assures preparation/selection workers can observe the skills in action to document the skills in a home study
- MAPP Family Consultations that offer private time for the prospective adoptive/foster family and MAPP leader to discuss family strengths and needs and plan ways to meet identified needs
- Professional Development Plan (PDP) for growth while becoming an adoptive/foster family or child welfare advocate
- Summary and Recommendation document that creates a summary of the family's behavioral struggles and needs at the completion of the program and to clearly identify next steps for professional development.

In a two-parent household both parents must complete the MAPP program to be listed on the license. Should an adult in the household choose not to be a licensed foster parent, a background check is still required, and their role in the family would be included in the assessment.

CAK owns, administers and is responsible for updating the only state approved pre-service programs to meet the needs of foster, adoptive, and relative placements. CAK does continuous evaluation on training needs and outcomes through partnering agencies. Throughout 2022, CAK updated MAPP to better prepare prospective foster and adoptive families for the needs of children entering care. This program

update included an added focus on cultural awareness and race equity throughout and an increased attention on neurobiology of the brain and responsiveness to childhood trauma.

Components to the MAPP program that allow participants to evaluate the effectiveness are:

- strengths/needs worksheets done every other week for the family to assess their strengths and needs in relation to the 12 criteria
- an opportunity to do a written evaluation about the leaders after the second meeting
- a discussion about the leader evaluations during the family consultations
- a final evaluation that is filled out during the tenth and final session
- the right to revise the family portfolio after the ten meetings
- and the final family consultation when leaders are to review the summary and recommendations during the final consultation

Once the program is complete, participants are encouraged to submit evaluative surveys to CAK measuring perceived outcomes and fidelity to the trained model. Kansas recognizes an area of opportunity in collecting and analyzing this data to determine the effectiveness of MAPP training and has made concerted efforts to utilize this data in curriculum updates and MAPP leader development.

	SFY10	SFY11	SFY12	SFY13	SFY14	SFY15	SFY16	SFY17	SFY18	SFY19	SFY20	SFY21	SFY22
TIPS-MAPP	1,348	1,227	1,003	1,327	1,012	1145	1133	900	1292	1522	0	411	513
Deciding Together	691	720	723	773	744	410	737	631	535	530	2260	1115	555

*It is important to note that in person training ended entirely in 2020 due to the pandemic. For pre- service training to occur, Children’s Alliance required agencies to offer only Deciding Together (DT) during FY20.

DT is the same curriculum as ‘MAPP’, however it is formatted and instructed differently so it can be delivered to a small audience as small as one family. The curriculum consists of six workbooks the family independently works on and then discusses with a leader during consultations. The same skills as MAPP are introduced, and the same intended learning outcomes as MAPP are delivered. There are no significant learning differences between MAPP Foundations and MAPP DT because DT was designed from the original content. Some things, like activities, have variances, but the same learning goals are achieved.

In 2020, DCF approved CAK to begin administering pre-service training, using the National Training Development Curriculum (NTDC) as part of an eight-state pilot project. NTDC curriculum was developed through a 5-year grant from the CB. The curriculum was tested and evaluated in Kansas through September 2022. Comparative evaluation began after completion of the post-outcome survey data became available in March 2023. There were seven counties in Kansas (Johnson, Wyandotte, Miami, Franklin, Douglas, Shawnee, and Osage) who used NTDC pre-service foster parent training solely during the pilot. Outcomes from those counties will be compared to the counties of Sedgwick, Reno, Kingman, Butler, Sumner, and Harvey who solely used MAPP during the same time. CAK has begun using preliminary data to help inform their MAPP update process and will continue to do so as the NTDC data summary is final.

Note: NTDC pre-service numbers are not included in data table above, as that work is still being done by the pilot evaluators.

All residential and group home facilities are required to be licensed through DCF Foster Care and Residential Facility Licensing (FCRFL). If the residential or group home facility provides placement for children in foster care, the facility must also meet PPS placement standards established in the Child

Welfare Handbook of Client Purchases. Initial and ongoing training requirements for facility staff are established in Kansas statute and agency placement standards. Training requirements are monitored by DCF FCRFL.

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method #1:	Pre-Service (TIPS MAPP, NTDC or DT) caregiver evaluations, randomized sample from each month	Children's Alliance of Kansas—parent group surveys collected post completion of TIPS MAPP, NTDC or DT *Kansas completed the NTDC pilot in September 2022.	SFY 22; Q1 and Q2 of SFY23	18 classes sampled 298 evals sampled	490 classes held 2078 total participants trained	Required outcome according to the contract: 90% Randomly selected attendees will report that the pre-service course they took addressed training content identified as well as the relevance of the training to the attendee's and behavior/attitudinal changes as identified in the training materials. During the rating period of July 2021 through December 2022, 100% of the randomly selected TIPS or NTDC caregiver evaluations met the standard of 90% satisfaction or above. During that same 18-month time period, 88.8% of the MAPP DT evaluations sampled demonstrated satisfaction. 97% of the randomly selected participants indicated they waited four weeks or fewer to enter a pre-service class.	Strength
Method #2:	Ongoing training evaluations, randomized sample from each month	Children's Alliance of Kansas—caregiver and staff surveys	Calendar year 2022 through February 2023	44 classes sampled 320 evals sampled	597 total classes held 8856 total individuals trained	Of those in the sample responding to the evaluation: 95% participants agreed or strongly agreed that they felt the information presented in the course was relevant to their needs and improved knowledge and skills. Nearly 100% of respondents indicated they would use the skills obtained in the course.	
						Nearly 97% of respondents agreed or strongly agreed that they felt the information presented in the course was interesting and engaging. A majority of participants (94%) agreed or strongly agreed that they felt the information presented in the course was easy to understand and well organized. Of the 320 respondents sampled, all but 5 (98%) indicated they agree or strongly agree that they will be able to use the skills obtained in the course. Participants indicated more practical solutions and interactive scenarios would be beneficial to their learning. Additional content on caregiver self-care was also noted.	
Method #3:	Legislative Post Audit Random case samplings/review and surveys (Conducted with generally accepted government auditing standards)	Legislative Post Audit Report, Published March 2022 https://www.kslpa.org/audit-report-library/reviewing-foster-care-services-for-the-health-and-safety-of-children/	October 2019- November 2021	Case sample = 86 cases All foster care case management staff were sent surveys = 600 Foster parent survey responses received = 959	Foster care case management response rate = Nearly 40% response rate Foster parent survey sent to most of the 2,600 licensed homes in 100 counties	The Legislative Post Audit Report found the foster parent training to be SUFFICIENT. A majority (75%) of the foster parents who responded to questions about training said they had been provided with appropriate training to meet the needs of children in their care. The other 25% said they had not been provided appropriate training. Most survey respondents were also satisfied with training in the areas of childhood trauma, behaviors, emotional needs, mental health needs, development needs, cultural needs, gender identity or sexual orientation needs, and other unique needs. Foster parents stated that barriers they experience to receiving training included that training wasn't at a convenient time or location, training wasn't available on the topics they needed, training wasn't offered, and that other obligations took priority.	

Additional Information

In February 2021, the state of Kansas contracted with CAK to develop a pre-service licensing curriculum uniquely designed for relative and non-relative kinship (NRKIN) caregivers. This kinship series, foundationally designed on MAPP principles, was launched in late 2021 and piloted throughout 2022. Kinship Origins is a state of the art on-demand, right-time training (RTT) designed to address the immediate questions and needs of relative caregivers as they take placement of children in foster care. After completing Kinship Origins, caregivers are encouraged to take Kinship Path, a 20-hour caregiver support-based program. This instructor-led class leads caregivers through key skills needed for those caring for relative and/or non-related kin children in foster care. The kinship series also includes four

RTTs which include topics kin caregivers indicate needing added support: Navigating the Family Well-being System, Navigating Physical Health, Navigating Mental Health, Sexuality and Gender Support.

The state contract with CAK also includes hosting in-service, or ongoing, foster parent training. Foster parents are required to participate in at least eight hours of ongoing training annually as part of their licensure renewal. A multitude of courses on various topics are available through this training network. CAK offers a learning management system housing self-lead training required for foster parent licensing such as Medication Administration and Universal Precautions. The site also includes numerous instructor-led training topics to include: Mental health, Substance use, Loss and attachment, Child development, Cultural awareness and inclusion, Human Trafficking, Impacts of childhood trauma and ACEs, Teen development, Caring for LGBTQ youth, Emotional development, Crisis Intervention, Community resources/education and foster parent support, first aid and CPR, Ethical Relationships in Child Welfare, TBRI, National Training Institute (NTI), Birth parent and family connections

CARN randomly selected participants of the TIPS-MAPP training between July 2021 and June 2022 to participate in a survey to determine relevance of the training to the attendees and behavior/attitudinal changes. The table below summarizes the results. Note: the survey methodology changed in October 2021.

Initial Training Data from Jan 2022-June 2022 (CARN Q4 report)

- 145 classes were held in MAPP/NTDC and DT
- 443 participants and 270 families completed MAPP/NTDC.
- 216 participants and 125 families completed DT.

Ongoing training

The Approval Committee reviews all ongoing training applications to determine they meet the standards set in the contract with CARN. Proposals which do not meet the content, locations, dates, and times convenient for the training population do not get accepted for reimbursement. The Approval Committee meets every other month. Training guidelines are developed by the Training and Foster Care Committees and reviewed annually. This guidance is used when determining reimbursements for all trainings.

Outcome B: 90% of randomly selected attendees will report that the MAPP they took addressed training content identified as well as the relevance of the training to the attendee’s and behavior/attitudinal changes as identified in the training materials.

Participant Survey Responses 2021 – 2022

90% Report MAPP Standards Met		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
TIPS-MAPP	Compliance	100	100	100	Transition to new survey methodology began in October. See note below. Data in the table below contains October – June results.								
	# Sent Out	37	40	22									
	# Received	10	0	1									
	% Received	27	0	4									
DT	Compliance	100	100	100									
	# Sent Out	44	36	76									
	# Received	2	2	4									
	% Received	4	5	5									

90% Report MAPP Standards Met		Jul	Aug	Sep	Oct <small>See Note</small>	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
TIPS-MAPP	Compliance	Data for July- September is reported above			94%	100%	92%	96%	92%	93%	93%	92%	92%			
	# reviewed				18	12	12	25	14	15	14	14	24			
	# met standard				17	12	11	24	13	14	13	13	22			
DT	Compliance				Data for July- September is reported above			93%	100%	100%	100%	100%	90%	100%	100%	100%
	# reviewed							14	12	10	1	12	10	10	6	14
	# met standard							13	12	10	0	0	9	10	6	14

*Please note: Limited data reported in January due to system migration.

CAK’s LMS has taken some time for learners to navigate. This barrier was noted. CAK continues to work with trainers and participants on ways to make the most of the new system.

CARN is responsible for assessing the statewide training needs of foster and adoptive parents, and staff of group residential facilities; develop an ongoing training network; to ensure training is provided statewide and is based on the identified needs of foster and adoptive parents according to the CAK MAPP Training Contract Quarterly Narrative Report: July – September 2022.

CPAs monitor foster parent compliance with training requirements. Kansas recognizes an area of opportunity in gathering, aggregating, and analyzing this data. The following data is collected from the learning management system at CAK.

Number of Training Participants by Type by State Fiscal Year

	SFY 2019	SFY 2020	SFY 2021	SFY 2022
Instructor-Lead	3,316	1,817	550	599
Self-Led, Virtual Instructor Led	6,952	9,846	11,742	9,074

**Instructor Led training has remained consistent over time, however the pandemic created a shift to virtual instructor led training which is counted in the self-led/virtual instructor led data.*

CAK conducted a focus group of participants who had completed foster parent pre-service training. Eight individuals attended the discussion, all of whom had completed TIPS-MAPP as their foster parent pre-service training requirement. The target population included individuals or families who had completed pre-service training (either MAPP or DT) during the period of April 2022 through April 17th, 2023. Only one family who attended the focus group currently had a foster child placed in their home. That family had taken placement of a non-related kinship child approximately seven months prior and began their foster parent training and licensing process shortly after. The six other participants reported being in different stages of their licensing process, with one family having their final home “walk through” as soon as the following week.

When asked to rate “on a scale of 1 to 5, the training I took prepared me to accept placement and provide care for children and youth in foster care” participants varied in their responses with most of the rating either a 3, 4, or 5.



***It is important to note that only one family had taken placement at the time of the focus group.

When asked what about the training could have brought their score up at least one number, participants overall indicated the training helped prepare them. They indicated more sharing on the entire process

from training to placement would have been useful and helped them better plan their lives around what was to come.

For TIPS/MAPP: All trainers are required to disseminate and collect evaluations for the training to be reimbursed. CAK provides a standard evaluation to the agencies and trainers used for the ongoing trainings. For pre-service trainings, the parent surveys are now administered through the learning management system at CAK. Surveys and evaluations for all trainings are required to be submitted through the LMS at the end of the MAPP/DT class. The evaluations were developed according to standards set by the National Staff Development and Training Association. Evaluations are reviewed by CAK training staff monthly. (Children's Alliance Report June 2022)

Instructors for both pre-service and ongoing training share surveys with attendees, complete attendance, generate certificates, and use the LMS for class communication. (Children's Alliance Report June 2022)

Children's Alliance partners with Foster Adopt Connect and KFAN continually to explore possibilities for intentional and collaborative work. Representatives from these organizations are invited to attend Foster Care Collaborative. Children's Alliance training staff serve on the statewide Kinship Navigators workgroup hosted by KFAN. (Children's Alliance Report June 2022)

Information gathered from focus groups, surveys, and the legislative audit report are used to inform CQI efforts for initial training. Training guidelines are developed by the Training and Foster Care Committees and reviewed annually.

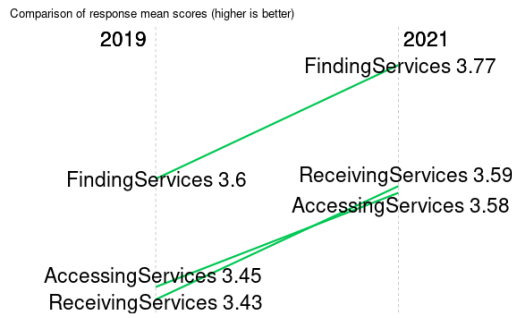
Service Array and Resource Development

Item 29: Array of Services. How well is the service array and resource development system functioning to ensure the following array of services is accessible in all political jurisdictions covered by the CFSP?

In CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 29 Array of Services. DCF indicated family services, family preservation, foster care, adoption, and independent living services were available in all 105 counties. Community mental health, substance abuse services, and intellectual developmental disability services were also available. However, information received from stakeholders during interviews indicated this systemic factor item was not routinely functioning statewide. Stakeholders noted a lack of mental health services, specialized foster homes, substance abuse treatment, and contracted case managers. Stakeholders reported although there are mental health centers across the state, these centers are short-staffed with waiting lists ranging from two weeks to 30 days. A main concern of some stakeholders was the lack of admissions to PRTFs for children with severe behavioral and mental health needs. Stakeholders also reported a notable difference in the array, availability, and accessibility of mental health services in the urban versus rural areas of the state.

Geographically, Kansas is a large and diverse state. DCF divides the 105 counties into six regions and eight catchment areas for foster care services. DCF services are available in all 105 counties. Sister state agencies ensure a network of CMHC and CDDO are also serving every corner of the state.

With support from the KFAN the Kansas Strong parent survey was administered in July and August 2019. KFAN staff administered the survey to 309 parents/caregivers who had some involvement with the foster care system. The survey gathered parent/caregiver responses to three main topics: service array, caseworker/agency practices and court/legal practices. Common questions in both years were related to confidence levels of availability of service array. In 2021 more specific questions were asked of the respondents regarding actual need for services and their accessibility to those services as well as confidence levels. Confidence levels increased from 2019 to 2021 for Finding Services, Accessing Services and Receiving services.



In 2019 and 2021, the KU-CPPR partnered with KFAN to deliver the Kansas Parent Survey, in all DCF regions, to families in a variety of settings from offices, schools, grocery stores, churches, etc. Over three hundred surveys were completed by parents and caregivers who were involved with the child welfare system in 2019. In 2021, more than six hundred surveys were completed by parents and caregivers who may or may not have been involved in the child welfare system. Survey results were compiled and synthesized by KU-CPPR. In the Childhood & Parenting section of the survey, Confidence in Service Array, both years data revealed the following:

Survey Sample Characteristic: Caregiver Relationship to Child(ren)	N (2021)	%	N (2019)	%
Mother	332	51%	147	48%
Father	130	20%	71	23%
Relative	124	20%	66	21%
Non-Relative	61	9%	19	8%
Not Specified	0	0%	6	

Data Source: Kansas Strong Summary Results on Service Access and Caseworker and Agency Practices

Survey Sample Characteristic: DCF Region	N (2021)	%	N (2019)	%
East	166	26%	81	26%
Kansas City	69	11%	61	20%
West	184	28%	100	33%
Wichita	207	32%	27	9%
Unknown	21	3%	36	12%

Data Source: Kansas Strong Summary Results on Service Access and Caseworker and Agency Practices

Service Access Survey Item (1=lowest, 5=highest)	Average (2021)	N (2021)	Average (2019)	N (2019)	Std. Deviation
I can usually find services in my community that can help me with things my family and/or I need.	3.8	106	3.6	309	1.1
It is easy to access services in my community when my family and/or I need them.	3.6	106	3.5	309	1.1
Once I find the service my family and/or I need, I can usually receive the service quickly.	3.6	106	3.4	309	1.1

Data Source: Kansas Strong Summary Results on Service Access and Caseworker and Agency Practices

The survey results were also examined by the caregiver’s relationship and DCF Region. Interestingly, respondents in the West Region reported some of the highest scores for service access. Results from Mothers and Fathers were nearly the same.

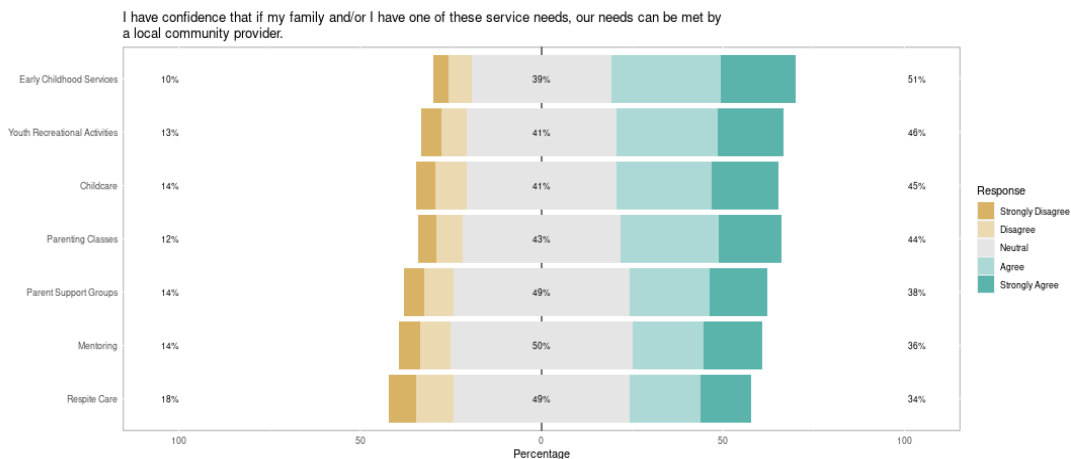
Service Access Survey Item (1=lowest, 5=highest)	State 2021/2019	East 2021/2019	KC 2021/2019	West 2021/2019	Wichita 2021/2019	Unk 2021/2019
I can usually find services in my community that can help me with things my family and/or I need.	3.8/3.6	3.9/3.7	3.5/3.4	4/3.7	3.9/3.3	2.0/3.7
It is easy to access services in my community when my family and/or I need them.	3.6/3.5	3.7/3.7	3.2/3.2	4/3.6	3.7/3.0	2.3/3.5
Once I find the service my family and/or I need, I can usually receive the service quickly.	3.6/3.4	3.7/3.6	3.1/3.0	4.1/3.7	3.7/3.1	2.3/3.5

Data Source: Kansas Strong Summary Results on Service Access and Caseworker and Agency Practices

Service Access Survey Item (1=lowest, 5=highest)	State 2021/2019	Mother 2021/2019	Father 2021/2019	Relative 2021/2019	Non-Relative 2021/2019
I can usually find services in my community that can help me with things my family and/or I need.	3.8/3.6	4.0/3.7	3.3/3.7	3.3/3.5	4.0/3.1
It is easy to access services in my community when my family and/or I need them.	3.6/3.5	3.7/3.5	3.0/3.4	3.3/3.4	3.8/3.2
Once I find the service my family and/or I need, I can usually receive the service quickly.	3.6/3.4	3.7/3.5	3.0/3.5	3.3/3.4	3.9/2.9

Data Source: Kansas Strong Summary Results on Service Access and Caseworker and Agency Practices

Kansas added to the array of accessible services in SFY 2020 by implementing Family First Prevention Services, utilization of QRTP Programs and community mental health services in locally with the addition of mental health in schools. Survey results indicated a need for additional kinship supports, such as healthcare, educational assistance, finances, transportation, social and community supports. In SFY22, DCF formed a partnership with FAC in Johnson and Wyandotte counties to strengthen services available to kinship families.



Results reflect families had confidence community-based services were available to meet their family’s needs in the categories of early childhood service, youth recreational activities, childcare, parenting classes, parent support groups, mentoring, and respite care. DCF is educating communities about 1800children.ks.org, a resource website, and parent helpline, 1-800-CHILDREN.

In SFY 2021, Kansas strengthened resource development through regional and state-level interagency advisory boards. Creation of an ICAB is a strategy identified by Kansas Strong to improve statewide service array. This strategy establishes a cross-system interagency advisory board of leaders to identify and address service needs and gaps. A local ICAB was created within each DCF Region. The local advisory boards communicate and share information with a statewide ICAB. State ICAB meets at least quarterly and regional meet three times a year.

Family First Prevention Services began in Kansas in October 2019 with an array of services to provide needed supports by families involved with DCF who have a candidate for foster care in the home. These services include parent skill building, mental health of youth, substance use disorder and kinship navigation. Results from the parent survey data table below show the participants needs for services, that Family First programs are designed to address and have been implemented since inception.

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method 1:	Kansas Parent Survey with 647 respondents who have either experienced the foster care system (106) or were randomly selected from a variety of settings from offices, schools, grocery stores, churches, etc. (541)	University of Kansas Parent Survey	SFY 21	Total of respondents who had a need for a service that experienced a barrier (including only Early Childhood, Parenting Classes, Child Mental Health & Parent Substance abuse)	Out of 647 total surveys completed only respondents who had a need for a certain service type were asked about barriers are included (including only Early Childhood, Parenting Classes, Child Mental Health & Parent Substance abuse)	Of all respondents the following % indicated a need for a service and experienced a barrier receiving the service: (116/579) 20%	Strength
Method 1 (continued):	Kansas Parent Survey with 647 respondents who have either experienced the foster care system (106) or were randomly selected from a variety of	University of Kansas Parent Survey	SFY 21	Respondents who answered Agree/Strongly agree	647 total surveys completed, all respondents	Of all respondents the following % strongly agreed or agreed that if they ever had a service need in the future that need could be met by a local community	

	settings from offices, schools, grocery stores, churches, etc. (541)					y provider: Early Childhood Services: 51% Parenting Classes: 44% Mental Health Services (child): 51% Substance use Services (caregiver): 44%	
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Community referral programs

DCF has put intentional effort to answer the request of stakeholders in designing a strong service array of prevention programs allowing for shared community referrals and less DCF involvement.

In SFY 20, DCF granted the Wichita Police Department with funding for a Community Support Specialist. The specialist makes referrals to community-based services for parent skill building, home visiting, mental health and substance use and connects the family with education for safe sleep, parent peer support, service navigation, public health, or school district programs. Early data from the program suggests a greater than 80% success rate of family engagement and no future reports of child abuse or neglect.

During SFY23, the Communities in Schools project launched in Emporia, allowing families access to services without making a report to DCF if there are no safety concerns. Services are community based. Families are referred by a school liaison partially funded by DCF.

Implemented at the beginning of SFY 22, DCF amended the Family Preservation contract with DCCCA in the Kansas City Region. This was to support a community referral model. The basis for this was to provide community members of the KC region with Family Preservation Services without the process of entering the DCF system.

DCCCA receives these community referrals from various organizations in the community. DCCCA provides the same Family Preservation Services Tiered services as they would if the referral came from within DCF, with Tier 1 being the more intensive service over Tier 2.

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method 1	Comparing intake reports assigned before the implementation of the Wichita Police Department Community Support Specialist program to the reports assigned after implementation	DCF CPS intake reports assigned to Sedgwick county	SF Years: 17, 18, 19 to SF Years: 20, 21, 22	SFY 20: 8,051 SFY 21: 8,553 SFY 22: 8,742 Combined Years: 25,346	SFY 17: 7,624 SFY18: 8,627 SFY 19: 9,879 Combined Years: 26,130	Results showed over a three-year time period of utilizing the Community Support Specialist program, reports assigned to DCF in Sedgwick County went down 3%	Strength
Method 2	Comparing assigned intake reports between years with and without the Communities in School project in Lyon County	DCF CPS intake reports for Lyon County	July – October* FY 22 July – October FY 23* *We are unable to run a full year due to project launch time and data available	163 reports assigned for months CSS project active in FY 23	299 reports assigned for months there was no CSS project in FY 22	Intake reports assigned for the time frame that the Communities in School project was active in Lyon County went down 46% in SFY 23	Strength
Method 3	Comparing percentage of referrals sent from DCF vs. community organizations to DCCCA	DCF Family Preservation Administrative Data (Tier 1)	SFY 22 – March 31, 2023	School Districts- 6 Medical Facilities- 1 Self- 4 Social Services - 4 State- 15	30 total referrals	Results show that Tier 1 referrals sent for families to the Family Preservation program are equally shared by DCF and community providers: The State is sending 50% of the total referrals to provider. School	Strength

						districts are closely following with 20% of referrals Social Services and self-referrals tied with 13% Medical sent 3% referrals.	Strength
Method 4	Comparing percentage of referrals sent from DCF vs. community organizations to DCCCA	DCF Family Preservation Administrative Data (Tier 2)	SFY 22 – March 31, 2023	School Districts- 14 Medical Facilities- 4 Court services- 2 Self- 8 Social Services - 8 Other- 1 State- 37	74 total referrals	Results are consistent; referrals are equally shared by DCF and community providers: State is sending 50% of the total School districts, 19% Social services and self-referrals tied at 11% Medical facilities at 5% Court services 2% Other 1%	

Kansas has since improved customization of services through implementation of new assessment tools through the KPM and KAPP. Using trauma-informed, evidence-based assessments help guide interventions for children and families, promotes social-emotional well-being, family functioning, safety, and permanency. Comprehensive assessments help to uncover and unravel individualized needs and create a deeper understanding of impacts from trauma, adverse childhood experiences and parental stress.

Notably, in the Kansas Strong survey described earlier, parents rated caseworker/agency practices regarding individualizing services, higher than most of the other survey items. Parents indicated the services and resources provided were helpful and their cultural and racial backgrounds were respected.

In SFY 2021, Kansas continued to improve individualizing services through implementation of KanCoach. One of three priority topics for the coaching program includes family-centered assessment and case planning. KanCoach builds capacity and advances skill sets in supervisors which translates to guidance to practitioners toward completing comprehensive assessments and ensuring service decisions are made with the family and individualized to meet their unique needs.

The McIntyre vs. Howard Settlement Agreement is officially monitored by a neutral party, Center for Study of Social Policy who provides additional oversight regarding assessments, mental health provisions and services to children and families experiencing foster care.

Case read results suggest an opportunity for Kansas to grow in measuring the family’s access to services. Kansas recognizes the opportunity to strengthen collaboration with state agency partners to facilitate service access for families. Mental Health in Schools, a collaborative initiative between KDADS and KSDE, was implemented which brought mental health services into the school setting. This program has improved availability to access mental health services. By being available in school, families are not pressured to schedule and make appointments outside of school. A pilot began in the school year 2018, was deemed successful and has since expanded to include 67 school districts.

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method	Reviewing progress indicators for students served by the Mental Health in Schools Data	Mental Health in Schools Administrative Data	July 2021- August 8/1/22	Number of Students with Improved Attendance - 2066 Number of Students Showing Improved Externalizing Behavior – 2732 Number of Students with Improved Academic Performance- 2291 Number of Students Showing Improved Internalizing Behavior- 2859	Total number of students served: 5799	Results showed improvement in all progress indicators measured: Number of Students with Improved Attendance- 72.85% Number of Students Showing Improved Externalizing Behavior – 71.93% Number of Students with Improved Academic Performance- 69.07% Number of Students Showing Improved Internalizing Behavior- 73.46%	Strength

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 30: Individualizing Services. Kansas did not provide quantitative or substantive qualitative information for this systemic factor item demonstrating function. Stakeholders were inconsistent in their opinions regarding whether services were individualized to meet the needs of children and families. Several stakeholders described a “cookie cutter” approach to service identification and provision, while other stakeholders reported case plans do identify the individual needs of children and families. However, these stakeholders indicated although individual needs were identified, the services to address those needs were either not available statewide or obtaining them was difficult.

Services are individualized through the development of a case plan for each child or family to address safety, permanency, and well-being. Case plans are expected to draw on the child’s/family’s unique strengths and tailored to meet the individual needs of each child/family.

Kansas recognizes an area of opportunity related to gathering data to assess the functioning of Item 30, Individualizing Services.

A survey was sent to the two CRPS-Intake to Custody and Custody to Transition with 23 responses received. Rating system was: Usually Effective, Sometimes Effective, Rarely Effective and Not Effective. Measurement Question	Usually Effective	Sometimes Effective	Rarely Effective	Not Effective
How effective is the statewide information/data system at identifying demographics for children in foster care?	7	12	4	
How effective is the state in addressing matters related to safety, permanency and well-being with children and families?	4	16	1	2
How effective is the array of services to meet the needs of children and families including those receiving services through in-home and foster care?	2	17	4	
How effective is the state in individualizing and/or tailoring services to meet the unique needs of children and families?	2	10	8	3
How effectively does the state coordinate services or benefits with the services or benefits of other Federal and federally assisted programs serving the same population?	3	14	3	3
How effectively does the state collaborate with stakeholders?	1	14	4	4
How effective is the state in safely maintaining children in their homes whenever possible and appropriate?	2	16	5	
How effective is the state in providing a stable placement for children in foster care?	2	13	5	3

Five of the questions on the survey received a response rated as “usually or sometimes effective” from 75% of the respondents.

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method:	Survey sent to Intake to	Citizen Review	Delivered January 5,	23 respondents	Sent to 43 CRP	Respondents gave positive feedback	

	Petition and Custody to Transition Citizen Review Panel members	Panel Survey	2023 – January 12, 2023		members	for more than 50% for each measurement question, DCF has made positive progress on offering more individualized service array	Strength
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Children’s Mercy Hospital was awarded a CJA grant in FY21. They developed a pilot program, CARE (Child Abuse Review and Care), to help ensure young children who may be victims of child abuse or neglect received an expert assessment to aid in the determination of whether injury was a result of abuse and/or safety risks that necessitated intervention. When DCF was assigned an intake in Johnson or Wyandotte County for a child under the age of 4 with allegations of physical abuse and/or physical neglect, the practitioner would complete a medical referral form with basic information about the allegations. A child abuse pediatrician reviewed the forms daily and provided recommendations regarding the need for medical evaluation or detailed case review. In FY22, the parameters of the grant were expanded to include the counties in the Kansas City region and children under the age of 6. Children’s Mercy Hospital, DCF and KDHE partnered to expand the CARE Program statewide. House Bill 2034 allowed for DCF to continue making referrals. The Legislature passed funding for KDHE dedicated to training pediatricians for certification in child abuse examinations. A new referral system was developed by KDHE. This new system was implemented on April 3, 2023. See Attachment 30 Supplemental Note on House Bill No. 2034



Agency Response to the Community

Item 31: State Engagement in Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSR, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

During CFSP Round 3, Kansas received an overall rating of Strength on Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR. Kansas described consultation and coordination with a wide variety of stakeholders. Information collected from stakeholders during interviews confirmed the state agency collaborates with a variety of entities and their input is integrated into the agency’s CFSP and yearly APSR updates.

DCF engages in ongoing consultation with a wide variety of stakeholders: children, youth, families, kin, Tribal representatives, CWCMP, other state agencies, courts, community-based service providers, and foster and adoptive families. DCF collects input from stakeholders through two CRPs.

The federal CAPTA requires states to establish CRP comprised of volunteer members who broadly represent the state. Kansas has three CRPs, each tasked with reviewing specific program areas: The Intake to Petition panel focuses on areas of child abuse/neglect investigations and family preservation; the Custody to Transition panel focuses on the processes from petition through permanency; and the Child Death Review Board analyzes child deaths in Kansas.

Each panel or board is responsible for reviewing policies, procedures and practices of the state's child welfare system and circumstance related to child deaths. Each panel prepares an annual report summarizing panel activities and makes recommendations to improve child welfare services in the state. Panel membership consists of a broad array of representatives including law enforcement, judges, District Attorney, defense/prosecuting attorneys, GAL, foster parent, social service supervisors, CASA, health care professional, child protective services personnel, foster care provider staff, family advocates, youth formerly in care, state foster care and adoption personnel, KDOC-JS, KDHE, Office of Judicial Administration, KBI, coroners, school nursing staff, and tribal representatives.

Collaboration with OJA occurs through the CRP. DCF collaborates with OJA on the Court Improvement Project. Regional offices also collaborate locally with court personnel including judges and county attorneys regarding jurisdiction specific concerns.

DCF participates in statewide meetings with the four federally recognized tribes headquartered in Kansas. The meetings occur quarterly as per the signed Notice of Grant Award (NOGA). The statewide meetings include representatives from the tribes, foster care providers, OJA, KDHE, Region VII for the ACF, and DCF.

This last year there has been a noticeable increase of tribal leadership participation in the meetings. The statewide quarterly meetings provided opportunity to hear their questions and concerns. There were a few monthly meetings that tribal leadership were able to attend, and they asked questions accordingly to the topics. Having tribal leadership show up at the meetings was encouraging and forward moving.

DCF was not able to conduct site visits to each of the Kansas headquartered tribes Social Services Department for the last few years due to pandemic. The DCF regional representative, and the Office of the Governor's Native American Affairs Tribal Liaison/Executive Director attend the meetings when available. The purpose of site visits is to further facilitate on-going tribal and state partnerships for the provision of tribal family and child well-being programs and to offer TA. The site visits also provide context and opportunity for tribal state discussion, collaboration, review of the state plan, and related programs and projects.

See Section C.1.k to learn about collaboration between DCF and the Judicial Branch: Kansas Court Improvement Program.

The KYAC and RYAC (Regional Youth Advisory Council) also play an active role as stakeholders in the child well-being system in Kansas. RYAC members can provide input on a regular basis through regional events and meetings and then KYAC holds a Strategic Planning Conference (SPC) every year where members identify key issues concerning older youth in foster care as well as youth who have aged out of custody.

In addition to utilizing already established workgroups and venues outlined in Section C.1, Collaboration, Kansas conducted semi-annual meetings with internal DCF division staff, external stakeholders, and the community in the past to discuss CFSR results, PIP development, PIP progress, and new improvement initiatives. In 2019, Kansas held seven community convenings across the state to gather feedback from the powerful community voices. Additionally, DCF Secretary Laura Howard held two DCF Spring Stakeholder Meetings. As DCF moved into CFSR Round 4 (SFY2023) and new RFP for foster care case management services, Kansas held several listening sessions across the state, which provided an opportunity for community partners and stakeholders to provide input in the development of the upcoming RFPs.

Item 32: Coordination of the CFSP services with other federal programs

How well is the agency responsiveness to the community system functioning statewide to ensure the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

During CFSR Round 3, Kansas received an overall rating of Strength for Item 32: Coordination of CFSP Services with Other Federal Programs. Kansas provided descriptive information about stakeholder consultation and engagement in developing its CFSP and how these efforts have resulted in opportunities to coordinate services and benefits of other federally assisted programs serving the same population. Specifically, collaborative efforts have resulted in youth receiving educational enrichment and financial support through post-secondary scholarships, agency and Child Welfare Case Management Provider staff accessing training and networking opportunities, and Memoranda of Understanding with the Kansas Department of Education and military installations for the purpose of investigations and assessments. The Kansas DCF also coordinates with Family Advocacy Programs administered by the military.

DCF has regular communication with agencies responsible for implementing other federal programs and services. System collaboration meetings include representatives from KDADS, KDOC-JS, KSDE, Children's Cabinet, and KDHE. DCF collaborates internally within the agency with Economic Employment Support Services (EES), Rehabilitation Services (RS), and Child Support Services (CSS) on a regular basis.

DCF works closely with Kansas Kids @ GEAR UP (KKGU) to ensure youth receive education enrichment and financial support through post-secondary scholarships. DCF and CWCMP staff attend KKGU training and networking opportunities. KKGU participates in IL meetings for DCF and CWCMP IL staff. KKGU staff in some DCF regions co-locate in DCF offices.

DCF works to collaborate with and assist U.S. military installations and entered into MOUs regarding investigations and assessments of reports of alleged abuse and/or neglect. DCF then coordinates with family advocacy programs administered by the military to provide needed services.

DCF established a MOU with KSDE. This MOU permits DCF to share the names of children receiving Foster Care services with KSDE who then disseminates this information to individual school districts where children receiving foster care services are in attendance. The reports developed under this MOU are provided to the specific school district daily.

Detailed information regarding consultation with stakeholders is provided in Section 2.1 Collaboration.

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

During CFSR Round 3, Kansas received an overall rating of Strength for Item 33: Standards Applied Equally. Results from the 2011, 2014 and 2017 federal title IV-E foster care eligibility reviews contained no significant findings regarding meeting licensing standards. Similarly, stakeholders reported standards are applied equally to all licensed foster homes and childcare institutions are monitored by trained staff using standardized survey tools designed for each facility type. Citations are issued and corrective action plan (CAP) is developed for infractions.

DCF completes a redetermination for IV-E maintenance eligibility for all placement changes for IV-E eligible children in foster care. A review is done for all placements for licensing compliance to accurately claim IV-E funds each time a new placement is entered in Kansas Eligibility Enforcement System (KEES). A review is done a minimum of once every twelve months. Reviewing all placements annually ensures standards are applied equally.

Only fully licensed foster homes and childcare institutions are claimed by the State for federal funds reimbursement. Standards are applied equally to all licensed homes and facilities. Placements in approved relative homes are allowed in Kansas, but IV-E and IV-B funding are not claimed for these homes unless all licensing requirements are met. Relative homes who are not licensed are still required to pass safety requirements including a walk through and background checks including KBI, Child Abuse Central Registry, and fingerprints. A home assessment is also completed within 20 days of placement with a non-licensed relative.

The last three IV-E Federal Reviews for Kansas were conducted in 2011, 2014, and 2017. There was one finding in the 2011 review which indicated a child was placed in a home that had not received a full license due to a change in residence. The 2014 and 2017 review findings found DCF compliance with licensing standards.

Kansas DCF licenses 24-hour childcare facilities including: Attendant Care Centers, Group Boarding Home/Residential Centers, CPAs, and Family Foster Homes. Each program type has a corresponding set of regulatory requirements. In February 2021, Kansas implemented a Relative Waiver for Relatives, allowing a relative to request a waiver to non-safety regulations. In March 2019, Kansas completed a review of existing Family Foster Home Regulations for comparison with the FFPSA Model Licensing Standards. Kansas submitted a plan to add regulatory requirements that complies with FFPSA Model Licensing Standards. Family Foster Home Regulations and CPA Regulations completed the promulgation process and have been updated. Due to Covid Health Pandemic the regulatory revision process was delayed.

For a child in the custody of DCF and residing in out-of-home care, DCF will place the child in one of four placement options: 1) a licensed foster home, 2) a family foster home-relative approval 3) an unlicensed relative home, or in 4) a residential childcare institution. Unlicensed relative homes are exempt from licensing statutes and regulations. State statutes, regulations, and the onsite inspection policy and procedures provide essential information about the rules, licensing standards, and procedures to ensure licensing practices are applied equally across the state. Kansas DCF utilizes as licensing survey tool/template which includes all requirements based on program type. This survey tool is electronically applied within the Childcare Licensing and Regulation Information System (CLARIS). The DCF surveyor completes on sites visit for all initial licensing surveys to verify compliance with regulations. A full license is not granted until a facility is in full compliance. If a facility is found to be in non-compliance with a regulatory requirement, the facility is required to submit a compliance action plan

within 5 days as required by K.S.A. 65-513. The CAP, FCL 001, was implemented in February 2021 to aid in consistency and submitting corrections statewide. The CAP is reviewed and is returned to the facility with either an acceptance or needs corrections. Upon accepting a CAP, the licensing surveyor enters the CAP in the electronic licensing system and a compliance survey is completed to verify the CAP was successfully implemented and the facility complies.

Child safety is monitored during regulatory complaint investigations and annual review surveys. The DCF regional foster care licensing units receive complaints alleging violation(s) of licensing the statute or regulations, which may include reports of abuse or neglect within a licensed foster home. The regional licensing supervisors will screen the licensing complaint as “screen in” or “screened out”. The “screened out” decision means the complaint allegations do not violate regulations. A screened in complaint is assigned to a DCF Foster Care Licensing Surveyor (DCF FCL) as a licensing investigation. Each licensed facility is surveyed on an annual basis by a DCF FCL Surveyor. The facility receives a notice of survey findings (NOSF) citing noncompliance during a complaint investigation or annual review and the facility is required to submit a CAP within 5 days. The DCF FCL Surveyor completes a compliance survey to verify all corrections were completed and the facility complies.

A relative who desires to be licensed may request a waiver to non-safety regulations. Relative waiver means the exemption of compliance with a specific non-safety family foster home regulation or any portion of a specific non-safety family foster home regulation for the relative of a child without an alternative provision to meet the regulation, that is granted by the Secretary to an applicant or a licensee. A waiver may be requested for Regulations related to the home: K.A.R. 28-4-820; K.A.R. 28-4-821 Physical dimensions of home, room size requirements, size, and location of bedrooms: shall ensure privacy home environment requirements: shall ensure ability to egress from home Household matters including well testing: shall ensure a source of potable water.

Regulations related to the caregiver: K.A.R. 28-4-802; K.A.R. 28-4-806(a)(1); K.A.R. 28-4-819 Financial conditions/income standards of the kinship caregiver: shall have a verified source of income Age of the caregiver: shall be a minimum of 18 years of age Pre-Service Preparatory Training: shall be completed at time of annual renewal Health Assessment/TB test: shall be addressed in the family assessment for all caregivers and residents.

Regulations related to children in the home: K.A.R. 28-4-804; K.A.R. 28-4-821 Number of children placed in the relative home Ages of children placed in the relative home Sleeping arrangements of children: Bed/crib requirements; allow use of portable playpen, temporary beds.

The FCL 659 Relative Waiver is submitted with the application for licensure. The DCF FCL Deputy Director or Regulatory Compliance Manager reviews the waivers requested, determines if the waivers will be granted, returns a signed copy to the relative and sponsoring child placement agency, and enters a copy in CLARIS. A licensed relative approval must meet all non-waived regulations to obtain a full license.

Exceptions: Licensed foster homes and applicants can apply for an exception. Exception means an alternative manner of compliance with a specific family foster home regulation or any portion of a specific family foster home regulation that is granted by the secretary to an applicant or a licensee. DCF may grant an exception when the exception identifies alternative methods for meeting the general licensing requirements, and upon demonstration that the requirement can be met through an acceptable alternative. For example, window size not meeting licensing standards, water temperature, or increasing the capacity on the license. Exception requests are reviewed by the DCF Deputy Director, Regulatory Compliance Manager, or designees. In most scenarios an exception is granted based on the child being placed in the home. An exception may be granted for the family foster home, and may include a

trampoline, swimming pool, or other environmental structure of the home. Windows that are in a bedroom being occupied by a child in foster care, are reviewed based on the occupant of the room and the ability to egress in case of emergency.

DCF implemented an Emergency Afterhours Exception Policy and Procedure in February 2021 to aid in assuring Family Foster Homes were not exceeding capacity without prior approval. A Residential Child Care Facilities exception may be for admitting a child when the facility is at capacity, or a youth turns 18 while in treatment and needs to finish treatment. A residential facility may request exceptions for staff qualifications to aid in hiring staffing to meet ratio requirements. DCF does not claim IV-Funds prior to a facility being licensed.

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method #1: Review of FCL 659	All FCL 659 Request for relative waivers were reviewed	Childcare Licensing and Regulation Information System	02/01/2021-03/29/2023	17	24	70.833% of relatives licensed were granted a waiver	Strength
Method #2: Review of survey completion status	Claris report surveys completed by type: initial, annual, complaint and compliance	Childcare Licensing and Regulation Information System	07/01/2020 to 06/30/2022	6,446	7,862	81.98% of onsite visits were completed in compliance.	
Method #3:							

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment and retention system functioning statewide to ensure the state complies with federal requirements for criminal background clearances as related to licensing or approving placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

During CFSR Round 3, Kansas received an overall rating of Strength for Item 34: Requirements for Criminal Background Checks. Kansas provided information from the 2011 and 2014 federal IV-E reviews, which contained no significant findings regarding criminal background clearances. The state noted a full license is issued only after prospective foster parents clear the criminal background, fingerprint, and child abuse registry checks.

Foster Care and Residential Facility Licensing became a division within DCF, effective July 1, 2015. Within Foster Care and Residential Facility Licensing, the Office of Background Investigations manages all background related services for the agency. This includes Child Abuse/Neglect Central Registry, Adult Abuse/Neglect/Exploitation Central Registry, Adam Walsh Act requests, and fingerprinting requirements.

DCF will only issue a full license after the applicants, any residents of the family foster home age 14 and above (excluding children in foster care), and any listed alternative caregivers for the home have completed and cleared; 1) a federal fingerprint-based background check, 2) a Child Abuse/Neglect Central Registry check, and 3) A national Sex Offender Registry check. This also includes a child Abuse/Neglect check from each state of residence within 5 previous years of application are completed on adult applicants, residents, and alternative caregivers ages 18 and above. Non-custodial residents of the

potential family foster home between the ages of 10-13 must be completed and clear; 1) a name-based criminal history check through the KBI, 2) a Child Abuse/Neglect Central Registry check, and 3) a national Sex Offender Registry check. A DCF Licensing Surveyor completes a full walk-thru survey of the home to assure compliance with Kansas Family Foster Home statutes and regulations. A NOSF is completed at that time. Any correction must be made prior to issuance of license. Non-related kin placements must pass safety requirements including a walk through, and background checks through KBI, Child Abuse Central Registry, and fingerprints. Within two weeks of placement, non-related kin begin the licensing process including MAPP training and are issued a temporary permit within 30 days of placement. The temporary permit remains in effect for 90 days. Non-related kin comply with all licensing requirements prior to a full license being issued.

When an individual has a prohibiting offense, DCF Foster Care Licensing Division completes a Notice of Noncompliance (NNC). The issuance of the NNC notifies the applicant/licensee that the identified individual is not eligible to work, reside or volunteer in a licensed childcare facility. The application/licensee must respond to the NNC within five days in accordance with KSA 65-513. Responses to the Notice of Noncompliance may include verification the individual does not work, reside, or volunteer in the home or a withdrawal of the application for licensure, or verification that the prohibiting offense has been expunged from the record. There is no waiver or exception to a prohibiting offense granted for individuals working, residing, or volunteering in a licensed facility.

DCF FCL completes an annual licensing survey for each licensed facility. During that annual licensing survey, a review of persons working, residing, and volunteering is completed to ensure that background check request was submitted, and results returned. A citation of noncompliance is made if any required person did not have the applicable background checks completed. For any citation of noncompliance, a Compliance Action Plan is required to be submitted within five days, in accordance with KSA 65-513.

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method #1: Title IV-E Background Checks	All Family Foster Homes: We reviewed annual background checks as well as required background check forms.	Claris identifies when the background checks were completed for each affiliated resident over the age of 10	May 2019 to April 2022	273 licensed facilities	1391 individuals	100%	Strength
Method #2: Backgrounds Audit	Project Code X: We reviewed Family Foster Homes and/or affiliates whose FBI Fingerprints may have been postponed due to COVID-19 as well as required background check forms.	Review of, fingerprint records, and documentation in Claris	May 2019 to April 2022	48 Family Foster Homes	143 individuals	94% completed	
Method #3:							

Item 35: Diligent Recruitment of Foster and Adoptive Homes

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 35: Diligent Recruitment of Foster and Adoptive Homes. While the child placing agencies developed plans

for general, targeted and child-specific recruitment, no such statewide recruitment plan existed at the time.

In SFY 2014, Kansas recognized an opportunity for growth related to functioning of Item 35, Diligent Recruitment (DR) of Foster and Adoptive homes. This initiated a CPI project intended to ensure efforts were being made statewide to recruit potential foster and adoptive families who reflect the ethnic and racial diversity of children in the Kansas foster care system. This CPI project included TA from the National Resource Center for Diligent Recruitment (NRCDR). A DR Plan was developed and initiated. AKK tracks the demographics of youth being served through the Adoption Exchange in KS. FAC can monitor DR activities for BIPOC kids as well as monitor for disproportionality within FAC's own program. – hard to measure beyond the program as CMP's would house that data.

The first DR plan identified three goals which have remained a constant in subsequent DR plans. These goals are to: Recruit families for children who are age 13 and older and who have significant behavioral and mental health needs; Recruit African American foster and adoptive families; and Recruit adoptive families for the children/youth registered on the adoption exchange. These three goals remain in place – there is room for growth in regards to intentional recruitment – DCF and FAC will work together to implement a consistent plan, and leverage demographic info that DCF licensing should have or the CPA's would have regarding their own FFH's. See Attachment 130 Recruitment for Youth Over 13 for information from FAC for recruitment of adoptive families.

DCF and its community and contracted partners have since worked together to develop a new cohesive DR Plan. The first publication of this plan occurred in 2016 and was developed in partnership with CBC for guidance and support. It was led by the Program Area Manager for Adoption and the State/Territory Liaison. In SFY 22-23, it has since undergone some clerical updates by FAC who now oversees the DR Plan and updates.

Participants in their targeted recruitment activities include a wide variety of audiences such as individuals familiar in working with special populations, people in the helping professions, teachers, NAACP, African/American fraternities and sororities, and churches which have memberships with a significant number of minorities in their congregation. Targeted recruitment occurs in communities specified as needing more foster homes based on referral and placement data.

It is the goal of the DCF foster and adoptive parent licensing, recruitment, and retention system functioning statewide to make sure the process for ensuring the DR of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide. DCF tracks the number of children OOH by County and Race. This can be found on the DCF website.

Images from the DR Plan:

DILIGENT RECRUITMENT 2020-2022

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1. *Characteristics of Children in Foster Care, Licensed Foster Families and Successful Adoptive Families.....*
2. *Specific Strategies to reach all parts of the community.....*
3. *Diverse methods of disseminating both general and child-specific information.....*
4. *Strategies for ensuring all prospective foster and adoptive parents have access to a home assessment process.....*
5. *Strategies for training staff to work with diverse cultural, racial and economic communities.....*
6. *Strategies for dealing with linguistic barriers.....*
7. *Non-discriminatory fees structures.....*
8. *Procedures for ensuring a timely search for prospective parents for a waiting child, including the use of exchanges and other interagency efforts.....*

DILIGENT RECRUITMENT

UNDERSTANDING DILIGENT RECRUITMENT

Diligent recruitment brings together community partners along with DCF and Child Welfare Case Management Providers (CWCMPs) to review the data on Kansas children in out of home placement and discuss needs and options. This plan includes continuous analysis of data allowing the agency to effectively communicate with our partners and stakeholders and adjust the plan accordingly.

Diligent recruitment is a systematic approach to preparing and retaining families who can meet the needs of children and youth in foster care.

This effort focuses on a one-system approach to child welfare by connecting programs, agencies and community stakeholders to the fullest extent possible, allowing for maximization of services to children and families. The comprehensive, data-driven Diligent Recruitment Plan outlined here is the vision and unified framework for all stakeholders to utilize in their work with foster and adoptive families.

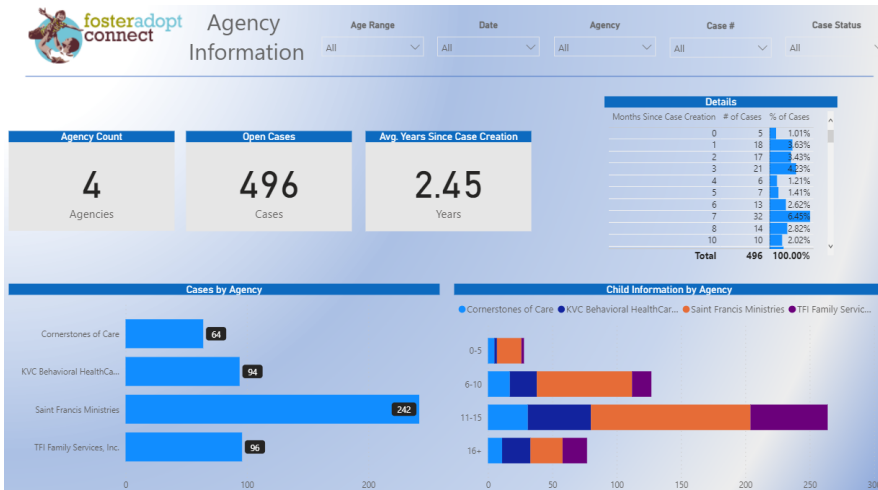
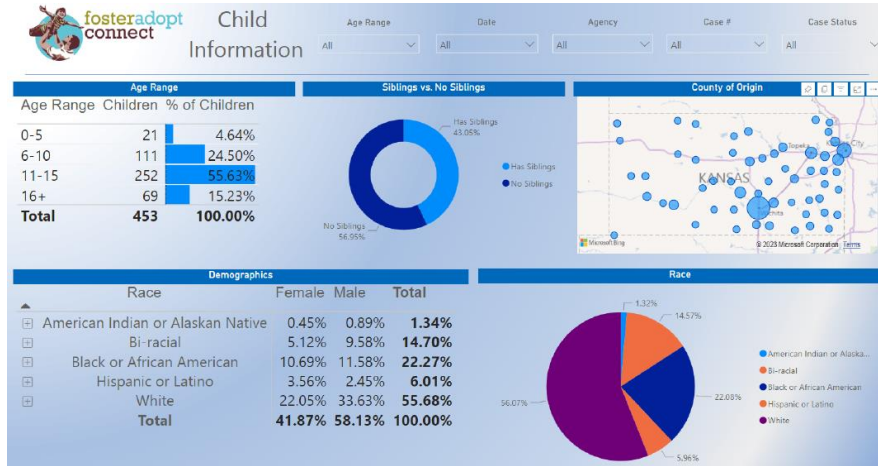
DILIGENT RECRUITMENT GOALS

Intentionally recruit, prepare and retain foster/adoptive parents who:

- Are best able to meet the needs of children in care;
- Will actively support reintegration and/or understand the importance of connection with birth families;
- Demonstrate the understanding and commitment to serve children affected by trauma;
- Are willing to meet the immediate and long-term needs of the child.

Administrative Data

Adoption Exchange Demographics, data source: FosterAdopt Connect Adopt KS Kids February 2023 Monthly Report



Number of Inquiries to Adoption Exchange

SFY 2019	6304
SFY 2020	7057
SFY 2021	5231
SFY 2022	4184

Data Source: FosterAdopt, Connect, Adopt Kansas Kid

The racial makeup of KS foster families (total n=4609) is approximately 85% Caucasian, 12.5% African American, 1% unknown, 1% Indian and under 1% for the rest, Asian and other non-white. This juxtaposed to the current foster care population of children (total n=6126) which is approximately 76% Caucasian, 21% African American, 2% American Indian and the others (Asian, Native Hawaiian/Pacific Islander and unable to determine) being less than %1. Looking further, when looking at recent KS census data, the state population for Caucasians is approximately 86%, African American are 6%, Asian 3% , 2 or more races is 3%, American Indian is 1% and Native Hawaiian/Pacific Islander under 1%. It is

important to note while Caucasian foster parents make up the majority of providers (85%) and are over-represented in comparison to the number of Caucasian foster children, (76%) the African American population of foster parents at 12.5%, while lower than the population of African American children in care at 21%, their foster home provider numbers are more than double the entire state population of African Americans (6%) in the KS. See Attachments 118-120 Foster Parent Race Report, Race by County, and KS Census data for more information. Source: U.S. Census Bureau QuickFacts: Kansas

While there is no specific data related to the exact number of follow-ups to the inquiries on the Adoption Exchange, the staff prioritizes inquiries, as well as customer service and education through specific practices outlined. Upon registration to the Adopt Kansas Kids website, families are provided an initial packet of information which include educational resources regarding the impact of adoption, as well as information pertaining to the adoption process itself, and what families can expect when inquiring on children through Adopt Kansas Kids (AKK).

	Methodology	Data Source	Data Timeframe	Numerator	Denominator	Result	State Rating
Method #1:	Children in Out of Home Placement by Race and County SFY2023	Data Source: FACTS 3/17/2023	July 1, 2022, thru January 31, 2023	1,248 African American Youth in Care	6,147 Total Number of Youth in Care	20.3% of the total population of youth in care report as African American	
Method #2:	SFY2023 Children in Out of Home Placement by Ethnicity	Data Source: FACTS 3/17/2023	July 1, 2022, thru January 31, 2023	913 Youth in care, Central or South American, Mexican, Other Spanish Cultural Origin, Puerto Rican and Unknown	6,147 Total Number of Youth in Care	14.8 % of the total population of youth in care report as, Central or South American, Mexican, Other Spanish Cultural Origin, Puerto Rican and Unknown	

Method #3:	Adoptions Finalized by DCF Regions SFY 2023	Source: FACTS	July 2022 - December 2022	475 total number of youth adopted	Youth in Care Dec. 2022,6146	There were 475 adoptions finalized during this time frame. Of those 475, there are 540 races identified, as a child/youth may report as more than one race. The majority 78% (n=422) report as Caucasian race, with 26% (n=88) report as black race, and 5% (n=28) as American Indian/native Alaskan. 83% (n=393) report as non-Hispanic ethnicity and 15% (n=73) as Mexican ethnicity, with 2% (n=8) unable to determine.
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Agency system data is produced monthly for all children in out of home placement by race and ethnicity, and by county. Finalized adoption data by race and ethnicity are also available monthly. These data reports are used for targeted recruitment activities and analyze to further develop and implement DR plans. Reports are found on the DCF/PPS public site.



**Children in Out of Home Placement by Race and County SFY2023
July 1, 2022 thru January 31, 2023**

County	American Indian		Asian		African American		Caucasian		NativeHawaiian/ PacificIslander		Unable to Determine		Totals	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Allen	0	0.0%	0	0.0%	6	11.8%	45	88.2%	0	0.0%	0	0.0%	51	100.0%
Anderson	0	0.0%	0	0.0%	0	0.0%	10	100.0%	0	0.0%	0	0.0%	10	100.0%
Atchison	3	5.8%	0	0.0%	9	17.3%	40	76.9%	0	0.0%	0	0.0%	52	100.0%
Barber	0	0.0%	0	0.0%	0	0.0%	22	100.0%	0	0.0%	0	0.0%	22	100.0%
Barton	0	0.0%	0	0.0%	3	4.5%	64	95.5%	0	0.0%	0	0.0%	67	100.0%
Bourbon	2	5.0%	0	0.0%	3	7.5%	35	87.5%	0	0.0%	0	0.0%	40	100.0%
Brown	5	7.8%	0	0.0%	0	0.0%	59	92.2%	0	0.0%	0	0.0%	64	100.0%
Butler	3	1.4%	0	0.0%	3	1.4%	211	97.2%	0	0.0%	0	0.0%	217	100.0%
Chase	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	2	100.0%
Chautauqua	1	7.1%	0	0.0%	3	21.4%	10	71.4%	0	0.0%	0	0.0%	14	100.0%
Cherokee	0	0.0%	0	0.0%	1	3.0%	32	97.0%	0	0.0%	0	0.0%	33	100.0%
Cheyenne	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%	7	100.0%



SFY2023 Children in Out of Home Placement by Ethnicity and County
July 1, 2022 thru January 31, 2023

County	Central or South American		Mexican		Other Spanish Cultural Origin		Puerto Rican		Unknown		Non Hispanic		Totals	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Allen	0	0.0%	3	5.9%	0	0.0%	0	0.0%	0	0.0%	48	94.1%	51	100.0%
Anderson	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	10.0%	9	90.0%	10	100.0%
Atchison	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	3.8%	50	96.2%	52	100.0%
Barber	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	22	100.0%	22	100.0%
Barton	0	0.0%	6	9.0%	0	0.0%	0	0.0%	0	0.0%	61	91.0%	67	100.0%
Bourbon	0	0.0%	6	15.0%	0	0.0%	0	0.0%	1	2.5%	33	82.5%	40	100.0%
Brown	1	1.6%	5	7.8%	0	0.0%	0	0.0%	0	0.0%	58	90.6%	64	100.0%
Butler	0	0.0%	9	4.1%	9	4.1%	0	0.0%	0	0.0%	199	91.7%	217	100.0%
Chase	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	2	100.0%
Chautauqua	0	0.0%	2	14.3%	2	14.3%	0	0.0%	1	7.1%	9	64.3%	14	100.0%
Cherokee	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33	100.0%	33	100.0%
Cheyenne	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	100.0%	7	100.0%

SFY2023 Children in Out of Home Placement by Ethnicity and Race

July 1, 2022, through June 30, 2023

	Central or South American	Mexican	Other Spanish Cultural Origin	Puerto Rican	Unknown	Non Hispanic	Totals
Statewide	14 .2%	700 11.4%	91 1.5%	13 .2%	84 1.4%	5222 85.3%	6124 100%
	American Indian	Asian	African American	Caucasian	Native Hawaiian/Pacific Islander	Unable to Determine	Totals
Statewide	126 2.1%	41 .7%	1298 21.2%	4649 75.9%	9 .1%	1 0.0%	6124 100%

*This report captures the primary race declared.

Data Source: FACTS

FAC administers the adoption exchange. As of April 2022, 496 children were on the exchange. These children are legally free for adoption and are without an identified adoptive resource.

During SFY 2022, Kansas plans to reinvest efforts and resources in Foster Kansas Kids. Foster Kansas Kids is a single point of entry for inquiries about foster parenting.

DCF along with CWCMP and community partners are active in the recruitment of potential foster and adoptive families with consideration of ethnic and racial diversity. Right now AKK has pulled demographic info on all kids referred to the exchange between Jan 2022 – April 2023. FAC is looking at services rendered for BIPOC in comparison to Caucasian youth. So far what DCF’s found is that BIPOC kids are on hold longer than Caucasian. DCF is now digging in to see if we can understand more about why they are on hold, and if there are things DCF can do to reduce the time kids are on hold and not active on the website/recruitment.

Item 36: State use of Cross-Jurisdictional Resources for Permanency Placements

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements. In CFSR Round 4, Kansas recognizes item 31 as a strength. Findings were determined based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Kansas described the process for identifying adoptive resources for children using the Kansas Adoption Exchange and AdoptUSKids. During interviews, stakeholders generally reported the use of cross-jurisdiction placements was not

consistent statewide. They cited difficulties in working with other states and the effort required for practitioners with full caseloads as reasons.

DCF seeks relatives as possible placement resources at the beginning of each child’s out of home placement and throughout the life of the case. Priority consideration is given to relatives, regardless of where they reside.

DCF meets requirements of the Safe and Timely Interstate Placement of Foster Children Act of 2006 for foster care and adoptive placement requests. Requests for home studies are completed and reported back to the sending state within sixty calendar days from the date the request is received in the Kansas ICPC office. If the family is not interested in placement or cannot meet background check requirements, a report must be submitted to the ICPC office.

Kansas initiated new contracts for foster care services during SFY 2020, and responsibilities for ICPC home studies and monitoring placements in Kansas transitioned to the foster care case management providers in October 2019. The providers now have staff dedicated to ICPC cases. Together, the Kansas ICPC office and CWCMP ICPC staff form the ICPC Workgroup. Efforts from this workgroup focus on resolving issues with other states, streamlining Kansas ICPC processes, and promoting statewide consistency. During SFY 2022 this workgroup collaborated to revise and improve the Kansas Home Study Outline and the FACTS reporting form.

Kansas implemented the National Electronic Interstate Compact Enterprise (NEICE) in October 2018. The NEICE is a national electronic system for quickly and securely exchanging the data and documents required by the ICPC to place children across state lines. As of March 2023, a total of 42 states are utilizing the NEICE. The NEICE reduces the time children spend awaiting placement. Kansas joined the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Interstate NEICE data workgroup to improve reports available in the NEICE. The NEICE launched NEICE 2.0 in July 2021.

Analysis of the data available in the NEICE since Kansas joined in October 2018 indicates Kansas sends more home studies out than we receive requests for placements in Kansas (Incoming). Data, shown below, provides some preliminary information Kansas can begin to use to improve timeliness of home studies. Results for incoming home studies for SFY 2022, are showing an increase in timeliness from the previous fiscal year at 87.6%. The ICPC Workgroup has had continued discussions on barriers and opportunities for improving the timeliness of home studies. The workgroup identified the need to ensure the licensing process begins at the onset of the home study process and ensure the licensing worker and home study writer are collaborating throughout the process. In addition, the submission of the preliminary home assessment form will help in increasing timeliness.

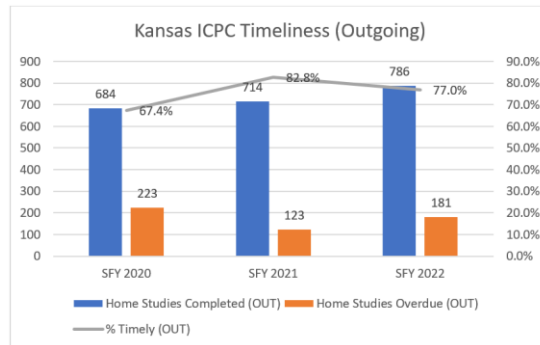
Kansas NEICE Administrative Data

	*SFY 2019	SFY 2020	**SFY 2021	SFY 2022
Home Study Requests IN	349	438	474	403
Home Study Requests OUT	666	684	714	786
Placements IN	72	114	104	274
Placements OUT	106	130	137	330

Private Adoptions IN	50	65	18	46
Private Adoptions OUT	84	105	73	38
Residential Requests IN	31	60	31	56
Residential Requests OUT	40	54	29	33

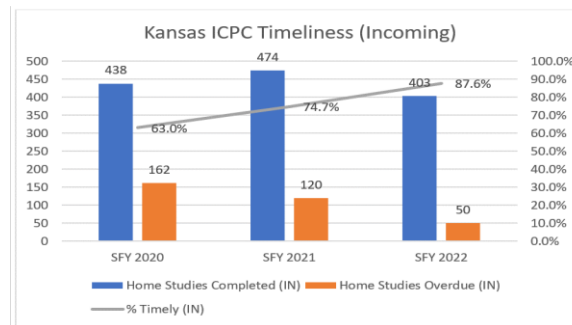
Resource: National Electronic Interstate Compact Enterprise (NEICE)

*Since Kansas joined the NEICE October 1, 2018, the data for SFY 19 is from October 1, 2018 to June 30, 2019



Resource: National Electronic Interstate Compact Enterprise (NEICE)

*Since Kansas joined the NEICE October 1, 2018, the data for SFY 19 is from October 1, 2018 to June 30, 2019



Resource: National Electronic Interstate Compact Enterprise (NEICE)

*Since Kansas joined the NEICE October 1, 2018, the data for SFY 19 is from October 1, 2018 to June 30, 2019

** Data for SFY is from July 1, 2020 to March 31, 2021

Kansas was awarded a discretionary grant from the CB in the amount of \$400,000 to enhance the state’s ICPC data and reporting. The project timeframe was 9/30/2019 to 9/29/2022. This project allowed Kansas to develop customized reports on ICPC cases by worker, supervisor, office, county, and region providing the ability for Kansas to dive deeper into outcomes for CPI. With these NEICE enhancements, Kansas will streamlined ICPC administrative processes to avoid unnecessary administrative delays for children who would benefit from an interstate placement across ICPC jurisdictions and ensure timely monitoring and supervision of children placed in Kansas through ICPC.

The AAICPC provided weekly updates regarding COVID-19 practices from each state. Kansas ICPC state office staff had already started to tele-work prior to the onset of COVID-19, so ICPC staff has been able to continue to process cases while working from home. The NEICE allows for cases to be processed electronically which has benefitted ICPC during COVID.

C.3 Update to the Plan for Enacting the Vision of Kansas and Progress Made to Improve Outcomes

DCF believes “a Strong Workforce with a Strong Organization leads to Strong Outcomes.” DCF began rebuilding the workforce in SFY19. DCF has continued to analyze and build on strategies aimed at modernizing and enhancing an employee’s experience with the agency. DCF’s goal is to empower employees to lead from where they are. Employees who feel supported and knowledgeable of the agency mission recognize the positive impact they can have when serving children and families.

In SFY2023, the Modernize and Enhance Employee Experience strategic implementation team concluded. One of this team’s final initiatives was to create the Employee Advisory Committee (EAC). See A.2 for more information on EAC.

Agency Mission: To protect children, strengthen families and promote adult self-sufficiency. Over the past fiscal year, DCF continued to support staff with implementation of the KPM. DCF staff utilize the tools, strategies, and practice approach in their work alongside families.

In SFY2023, DCF celebrated a 4.7% decrease in the number of children in out of home placement. Efforts toward decreasing the number of children in foster care have included supporting primary prevention community service initiatives, TDM, expansion of preventative programs, an increase in accessing prevention services available throughout the state, KPM and efforts to support children in reaching permanency. DCF has continued to access and implement prevention practices and programs available across divisions and agencies when safety planning alongside families. In addition, more children are exiting the system and prevention strategies are readily available to ensure preservation of families at permanency.

Vision Item: Strong Workforce

DCF sees recruitment and retention as a long-standing approach to creating a strong workforce. The agency makes it a priority for staff to receive messages affirming their value in the agency and in the lives of the families being served.

Goal 1: Implement Prevention Practice Approach

Improving the prevention practice skills of current, new, and future practitioners. Practitioners are trained with tools to develop, support, or enhance their skillset. Providing our family and child well-being workforce with a fulfilling career is believed to ultimately shift practice culture.

Objectives/Stages – SFY2023 Progress:

Measuring success in SFY2023 using the strategies outlined in this goal.

1. decrease in agency vacancy rates
 - a. Thus far in SFY23 Kansas has seen a decrease in vacancy rates in PPS staff statewide on average. Data reflects the highest vacancy rate to be in the Kansas City Region. Sometimes as high as 26.7% in SFY 22 and 25.9% in SFY23 as of March 17th.

Date	Vacancy Rate
April SFY2022	18.53%
March SFY 2023	13.9%

2. decrease in Child Protective Staff case load sizes (PIP roll over activity 1.3.2)
 - a. SFY2023: February 2023, Child Protective Specialist had an average caseload of 16.2. Please see Caseload Limits.
3. decrease in staff to supervisor ratio
 - a. SFY2023: Thus far in SFY 2023, May 2023, the CPS staff to supervisor ratio is 3.3. This is less than SFY2022 which was 4.4.
4. increase in timely initial assessments

SFY 2023: As of December 2022, 94.6% of reports assigned for Same Day and 72 Hours contact with Victim/Family were made timely; As of February 2023, 90% of all reports received by KPRC have initial assessment decisions completed timely. See Current and Planned Activities: KPRC for information related to Timely Initial Assessments.
5. decrease in number of children removed from their homes
 - a. There has been a 1% decrease in the number of children removed from their homes in SFY23.

Date	# of children removed
July 2021 – February 2022	2038
July 2022 – February 2023	2011

In SFY2023 DCF continued to promote recruitment by advertising position vacancies on job websites, social media, and through professional recruiters. DCF held hiring events titled “Come Thrive With Us”. These events began the summer of 2022 starting with an event in Overland Park and have been held throughout the state. These hiring events allow interested and qualified candidates an interview during the event. A conditional job offer is made to qualified candidates the same day. Since launching, DCF has held 11 events statewide and have had multiple offers extended at each event. These events are growing in popularity as DCF staff are seeing anywhere from 10 to 50 applicants participating in interviews. Anywhere from five to 15 candidates are hired from a single event. A large-scale social media campaign across multiple platforms was launched to promote these events. See Attachment 31 Join Our Team.

In SFY23, The Legislature approved a budget which includes pay increases for most State of Kansas employees based on a market study.

Efforts to retain staff have included providing CEU and licensure reimbursement for practitioners. The budget for SFY2023 designated \$150,000 towards continuing to support this effort.

DCF and providers continue to recruit professionals from domains outside of social work but within the human services profession. DCF delivers a family and child well-being specific training to support them as part of their initial training plan.

DCF continued to focus on obtaining and retaining practicum students. The Student Trainee Practicum program has continued and is led by a dedicated Administrator. DCF now has seven positions dedicated to recruiting new hires and practicum students. There are several intern positions created to train and possibly hire graduates in related fields. The Administrator manages six Student Services Supervisors. One supervisor position in each of the six regions. The supervisor(s) role includes reaching out to universities and sharing information, presenting to classes at universities/colleges, education to potential practitioners and educators of human services programs. In addition, the supervisor facilitates placement

for practicum students and provides weekly supervision and support. DCF is dedicated to ensuring practicum students experience a diverse cross-program/division opportunity throughout their placement. This allows them to build a portfolio of experience within the Safety and Thriving Families department and other departments and programs within the agency. DCF is experiencing an increase in applications for practicum positions and full-time Safety and Thriving Families positions.

Practicum Students across the state*	65
Students Hired as CPS or APS Service workers**	14

*data as of May 2023 **data as of May 15, 2023

DCF began piloting telework in SFY20 as a strategy for recruitment and retention. Having this telework policy and staff participating in it already in place, positioned DCF to naturally ensure the safety of staff when the Covid-19 pandemic came to Kansas. DCF has continued to support telework as a strategy and benefit for staff throughout SFY 2023.

In SFY2020 Kansas DCF implemented the KPM statewide. Learn more about KPM in Item 2: Services to Families to Protect Children in the Home and Prevent Removal and Re-Entry into Foster Care – KPM.

Throughout SFY2022 and SFY2023, policies and procedures for KPRC and child protection have been reviewed for efficiencies. For example, if a policy or procedure required duplicative efforts on the part of the practitioner, it is reviewed to eliminate unnecessary steps. Information and changes have been informed through feedback from staff and independent reviews.

In SFY2023, DCF began The Connections Podcast. This tool is designed to promote connections between staff through a podcast venue facilitated by the Organizational Health and Development director. Each podcast pairs colleagues at or near the front lines with those at or near the top of the organization. Dyads meet face to face to learn about and experience each other’s roles within the organization. The podcast is sent via email to employees and is also available on the intranet. The Connections podcast has moved from the pilot phase and now airs monthly.

Vision Item: Strong Organization

DCF continued to work with local communities to understand and make positive changes in perception and operations of family and child well-being services in Kansas. These changes have included remaining fiscally responsible by ensuring DCF is meeting deadlines allowing for federal match and claiming. DCF has also utilized federal partners to help broaden the perspective to family and child well-being in other states. DCF has focused throughout the year to bring voices from communities to the forefront of the agency and policy and practice decisions. The work in family and child well-being has placed emphasis on building stronger relationships with families served.

Goal 2: Strengthen Healthcare Coordination and Create Strong Safety, Resiliency and Prevention Networks

DCF’s sustaining philosophy is strengthening the safety net and early childhood programs. DCF can positively affect the likelihood of decreasing the need for a child to be placed in a PRTF when they are older. Taking a concurrent approach to addressing the barriers and disproportionality within the youth population who qualify for placement in a PRTF while building a strong safety net and early childhood programs, DCF can make an impact on future needs for psychiatric services.

Objectives/Stages – SFY2023 Progress:

Measuring success in SFY2023 using the strategies outlined in this goal.

1. Decrease in PRTF waitlists
 - a. This is a 21% decrease in the number of children in foster care on the PRTF waitlist.

Date	Average # of children in foster care on the PRTF waitlist
March 2023	33
SFY2022	42

2. Decrease number of children placed in out of home
 - a. There has been a 1% decrease in the number of children removed from their homes in SFY23.

Date	# of children removed
July 2021 – February 2022	2038
July 2022 – February 2023	2011

3. Increased placement stability
 - a. SFY2023: Kansas continues to experience challenges related to meeting the federal performance standard of 4.4 moves per 1,000 days in foster care, with performance at 7.3 November 2022. Visit www.dcf.ks.gov/services/ppls for percentage of children meeting this standard statewide. *(Data Source: FACTS – reflects data from July 2022 to February 2023 - This measure calculates the rate of moves per 1,000 days for children entering foster care.)*
4. Increased service array measured through general stakeholder interviews or surveys
 - a. During SFY23, DCF participated in a variety of stakeholder meetings and made an intentional effort to partner with lived expertise voices while designing and planning DCF prevention services. One of these stakeholder groups with lived expertise is the Family First Family Council. See section C.1.a Kansas DCF, Family First Family Council. Some of the ideas shared during meetings include following:

“How are we preventing (families) from getting an open case if we don’t allow services without an open case.”

“Data collection may be a deterring factor for families (accessing services). They don’t want to be on lists, they don’t want to be tracked, and they are scared their kids are going to be taken away.”

“Allowing people in the community, whether it’s a doctor’s office, a court, or a school, refer a family to prevention services long before a report is made on a family.”

“...a mentorship, someone that has been through some of the same things a family has. It seems like parents open up and feel more comfortable talking with people that have done (the type of program) they are (delivering)”

“There’s not a lot of options for non-verbal or autistic children to find a foster home or care centers or to help families cope with this situation. There’s a lack of training for foster homes (around working with) developmentally disabled children.”

DCF is committed to honoring these sentiments.

Family Resource Centers (FRCs)

See Current and Planned Activities – FRCs.

Family Preservation Community Referral Model

In SFY22 DCF amended the Family Preservation contract with DCCCA in the Kansas City Region to support a community referral model. This provides a pathway for community members of the Kansas City

region to access Family Preservation Services without the process of entering the DCF system. DCCCA provides the same tiered services as they would if the referral came from within DCF.

Family First Parent Advocates and Peer Mentors

Selected during the SFY23 RFP for Family First Prevention Services, both the KLS Parent Advocate Program and SFM Seeking Safety (SS) substance use disorder program deliberately employ staff with lived expertise. Peer Mentors/Parent Advocates provide compassionate support to families, are well-versed in community resources, and are knowledgeable in overcoming obstacles families experience.

KLS High-Quality Legal Representation and Parent Advocate Program

This program ran as a pilot in SFY 22 and was selected during the Family First RFP during SFY 23. This dyad approach to serving families involves a parent advocate who develop a client centered plan with the family to identify goals and service needs and connects them to a KLS attorney. Although families are referred to the program by DCF after a report has been made, the program is designed to support families without DCF involvement following the referral.

Collaboration with schools

Learn about DCF's Communities Supporting Schools in Section A.

Collaboration with law enforcement

DCF is collaborating with local law enforcement to develop strategies to provide earlier intervention toward the outcome of reducing reoccurrence of child maltreatment and child deaths in Kansas. In SFY23 during the Family First Prevention Services RFP, the review team selected the Community Support Specialists (CSS) program by the Sedgwick County Sheriff's Office. DCF also renewed the current grant with the Wichita Police Department for their CSS program. Both programs operated in SFY 22. The CSS program provides early intervention to break the cycle of repeat law enforcement contact and DCF reports by providing wrap around services for families. A CSS, employed by the Sheriff's Office or Wichita Police Department connects families to local resources or DCF services. A CSS collaborates with law enforcement, schools, DCF, and other community programs to help support and strengthen families and build resiliency.

Kansas Center for Autism Research and Training (KCART) OASIS training for foster families

Late in SFY 23, DCF entered into an Interagency Agreement with KDADS to provide Online and Applied System of Intervention Skills (OASIS) with KCART. The agreement builds on existing work through KCART Autism Resource Center and University of Kansas Medical Center Department of Behavioral Pediatrics at The University of Kansas Health System (TUKHS). The program serves foster parents, professionals, and stakeholders to increase positive outcomes for youth with autism spectrum disorder (ASD) and/or intellectual and developmental disabilities (IDD). This virtual, centralized hub and network provides training and education while removing barriers to those needing access to evidence-based training to minimize adverse outcomes for foster children.

Continued Kinship Support

During SFY 22 and through SFY 23, FAC provided a Kinship Navigation service in Johnson and Wyandotte counties. This program was a product of feedback from families who participated in the Family First Kids 2 Kin program, presented to DCF by KUSSW evaluation team. Families voiced a need for further kinship supports such as advocacy, healthcare, educational assistance, finances, social

supports, transportation, and community supports. The FAC Kinship Navigation program responds to those needs. This program also accepts community referrals.

Strategy Update:

Strategy#1:

DCF has sustainable working groups charged with addressing ongoing issues related to PRTF waitlists. These groups constantly evaluate the process.

The decrease in the number of children in foster care on the PRTF waitlist could be attributed to the increase in mental health prevention services available in the home for children with behaviors meeting criteria for placement in a PRTF.

The amount of time a child in foster care remains on the PRTF waitlist is closely monitored during bi-weekly case reviews with each MCO. KDAD facilitates these bi-weekly meetings which are attended by KDHE, DCF and all three MCOs.

Kansas, like other states is experiencing a decrease in the number of beds available for children needing placement in a PRTF. Since SFY22, there has been an 8% decrease in the number of available beds. The biggest challenge has been staffing to utilize the number of beds available in the facility.

Youth with acute behavioral needs are the most challenging for health care coordination. Strategies related to increasing the timeliness of services to these youth and their families is constantly in the forefront of service provision consideration and decisions.

Kansas collaborated with Missouri to expand the border agreement to expedite acute behavioral services to support placement stability and meet need of youth without requiring an Interstate Compact on the Placement of Children agreement. Youth can now stay in either state in facilities for up to 90 days. In October 2021 the border agreement was expanded to include placements with relatives or non-relatives who have a close relationship with the child or the child's family. Placements can be made prior to initiating the interstate compact; however, the compact is required if the placement is going to be utilized for over 30 days. Both Kansas and Missouri are actively utilizing the border agreement. The interstate compact office in both states require notification of placements made in each other's state and continue to work with the providers to complete within the required 48 hours of placement.

For SFY2024, Kansas has 151 beds in QRTPs. There has been challenges since the beginning of the pandemic for facilities to maintain staff. As a result, one facility with 16 beds chose to put their facility on hold due to staffing challenges and plan to reopen in the summer of 2023. Several other QRTP facilities have operated with a lower number of youth than their licensed capacity to ensure they are able to maintain appropriate staffing ratios. As of March 22, 2023, 96 of the 151 QRTP beds were filled. The independent assessor contract is in the process of being renewed.

Strategy #2:

Kansas implemented Family First in October 2019. As part of this implementation, DCF awarded grants increasing parent skills building, kinship services, substance use disorder, and mental health services throughout the state. During this process Kansas used the voice of citizens to target geographic areas where gaps were prevalent. Prevention partners have made their way into communities formerly lacking services. Providers have built sustainable relationships enabling them to meet the needs of the families they serve. Prevention providers have been active in identifying where gaps in service remain for future planning. All providers have helped DCF connect local communities and build a prevention network.

DCF increased their Family First budget of \$13,000,000 in FY2020 to nearly \$20,000,000 in FY2024 allowing for expansion of successful services in underserved areas of the state.

DCF and law enforcement partnered to implement a process which allows law enforcement to access information in KPRC Systems. Law enforcement has access to information needed to assist in completing an assessment of a family in crisis. The system provides information regarding previous intakes, reason for assessment, and identifies all family members. DCF implemented sharing of information in Sedgwick County. DCF continues to evaluate the process for statewide implementation.

Learn about Communities Supporting Families in Section A.

In SFY2023, Iowa judges presented in the November Kansas Practice Model Legal and Social Connections series, “How Iowa Judges and four Questions are Keeping Families Safe and Together.” DCF learned Iowa implemented a pilot project around asking these four questions and experienced a 50% reduction in the number of children coming into care and an increase in the initial placement with family and relatives. Iowa was able to pass legislation that requires a judge to seek the least restrictive care for the child with a preference for placement with a child’s family or fictive kin.

DCF regional staff have initiated and continue conversations locally about four important questions to ask families and providers before a child has a need to enter foster care. DCF believes asking these four questions can help preserve the safety and relationship of children with their families. DCF is titling these conversations “Families create Opportunities which are supported by Unique Relationships” (FOUR) tied to four questions:

- What can we do to remove the danger instead of the child?
- Can someone the child or family knows move into the home to remove the danger?
- Can the caregiver and the child go live with a relative or family friend?
- Could the child move temporarily to live with a relative or family friend

As a result of this work, DCF will modeling the four questions in the following ways:

- When engaging with families, court, grantees, and community partners
- Incorporated into DCF’s practices during TDM and making court recommendations
- Immersing into training and development

In SFY2023 DCF awarded new FFPSA grants with 12 providers implementing 15 programs beginning July 1, 2023. These grants include the expansion of an intensive mental health program, MST statewide, and new substance use services. In SFY2023, 88% of families who have reached 12 months from the time-of-service referral to a FFPSA service, remained together.

Strategy #3:

In SFY2023 Sedgwick County in DCF’s Wichita region was able to decrease the average number of youth in foster care who are experiencing a run episode. This may be attributed to the additional support and integral role of Special Response staff and teams dedicated to these efforts, see Reintegration, foster care, and adoption services: Special Response Team for more information. In the past, there may have been over 25 youth on the run daily in Sedgwick County. In recent months the has been steady near or under 15 youth. Since December 2022, Statewide the average number of youth absent from placement daily is 59.

In SFY2023, DCF implemented Therapeutic Family Foster Homes (TFFH). This new level of care was created to enhance the CoC for children and youth in foster care who have high acuity, physical, and mental health needs. The goal is to meet their needs in a family setting within their community. TFFH was developed for children and youth at risk for placement in congregate or treatment in a PRTF. Since the implementation of TFFH, DCF has approved 12 homes.

In SFY23, DCF has continued to strategize and implement ways to decrease and eliminate youth experiencing a FTP. See Current and Planned Activities: FTP.

In SFY 2023, a data-informed report on placement stability in Kansas was delivered highlighting key points as cause for instability. The report was presented by the CBC for States, consultant, and senior researcher at Chapin Hall. Key points, according to the CAK March 24, 2023, email include, but are not limited to:

13-18 year olds	61%
Disability	71%
History of running away	22%

- There's an increase in teenagers entering foster care, including a group coming in for behavior problems. This could be an indication of service needs, or an unmet need, the teens have.
- "The problem of placement instability in Kansas is a complex problem that starts further upstream than the child welfare continuum. To really address it, solutions must involve cross systems and community-level stakeholders in addition to child welfare. This is a wonderful opportunity to leverage prevention."

In SFY2020 FAC received a grant from the Adoption Exchange Association to serve children within the KVC grants in the Kansas City and Northeast DCF regions as a pilot project. The pilot was deemed successful as 7/10 of participants were matched with a permanency resource as of May 2021. The last case was closed on 6/15/21 and the pilot ended on 6/30/21. After the pilot ended 6/30/22, Extreme Family Finding (EFF) has continued through the Kansas Adoption Exchange (AKK) exclusively serving children referred to them. Under the AKK contract, EFF has served 10 children and has closed the cases of five children. Of those five children, four (80%) were matched with an adoptive resource. The child who was not matched was closed when their case plan goal was changed to APPLA. This youth was reconnected with a relative via EFF.

In SFY2021, Kansas expanded TDM to include Placement Stability (PS) TDM practices statewide with the CWCMPs. Evident Change, the four CWCMPs, and the DCF Initial TDM Teams celebrated one year of statewide practice of PS TDMs in March 2023 and will celebrate three years of statewide practice of Initial TDMs in October 2023. See Attachment 22 DCF Training Plan 2024 for additional information.

Strategy #4:

N/A

Strategy #5:

Kansas continues to collaborate with existing partners and forge new partnerships across the state. Ongoing communication with stakeholders continues, see section C.1. Collaboration.

DCF awarded a grant to KU to evaluate Family First programs per the Kansas approved evaluation plan. KU also facilitates regional and statewide ICAB. See section C.1.a.

Kansas has continued to support Healthy Families America (HFA) through Family First and KCSL funded by the Children’s Cabinet. DCF continues to work with community partners to make services accessible to families with children under the age of five. See Section C.5. Services for Children Under the Age of Five.

In early 2021 DCF was chosen as one of 12 jurisdictions nationwide to participate in “Thriving Families, Safer Children: A National Commitment to Well-Being – Round Two.” DCF partners with two other state agencies: KCCTF and KCSL. Additional expertise from those with lived experience are integral to the design, operation, and improvement of this project. The state team analyzed data to uncover systemic barriers related to racial disparities in the child welfare system. The team is identifying policies and practices which may inadvertently lead to disproportionate or unnecessary removal of children from their families. The Thriving Families Safer Children (TFSC) Kansas team is committed to change toward creating safe and nurturing environments for children in the state. Their work focuses on redesigning systems, practices, and mindset to sharpen the state’s focus on equitable and holistic family and child well-being in Kansas.

Universal Prevention for Strong and Thriving Families, known as the Family Strong project, began in the Fall of 2022. The Family Strong project goal is for all families to have access and receive the help they need to thrive within their communities. Family Strong seeks to normalize asking for and receiving help within a family-centered and connected community service system. The initiative is a collaboration with the KUSSW, CPPR, DCF, KLS, KCSL and the FRC (The Center) in Pittsburgh, Kansas. This initiative is funded by a five-year grant from the U.S. Department of Health and Human Services’ ACF. Kansas is one of six sites across the U.S. to have been awarded this grant to establish Family Support through Primary Prevention. The project hopes to create a model of a community support system dedicated to address and alleviate family stressors before it results in contact with the child welfare system. If the outcome of this work is successful in the eight counties in the SE Kansas region, next steps would include duplicating the model in other communities.

In SFY2022 DCF contracted with KCSL to expand current and support new FRCs in certification from the National Family Support Network. See Current and Planned Activities: FRC.

Kansas Strong is initiating the Parent-Youth mediation pilot in Wyandotte and Saline counties within Kansas. See C.1.k for more information on Kansas Strong.

In SFY2023, Family Preservation providers began exploring the integration of Children’s Behavioral Interventionist (BI) into their existing programs. DCF has worked with KDHE to establish BI as a Medicaid covered service for in-home support to parents and caregivers caring for children with high and emotional crisis needs.

The Family Preservation Services (FPS) RFP will be released in June 2023 with an award to be effective in July 2024. FPS is available to all counties in Kansas. Proposals may include one or more designated regional service coverage areas. DCF will be seeking proposals describing evidence-based approaches to maintain children in their home preventing the need for foster care.

Vision Item: Strong Outcomes

A strong workforce with strong organization leads to strong outcomes. Kansas is dedicated to building a qualified and skilled workforce, building partnerships with families and communities, and providing

quality services. Through this work, Kansas is confident children and families will have improved outcomes related to safety, permanency, and well-being.

Goal 3: Reduce child trauma by strengthening services to families, placement stability and timely permanency

Kansas is determined to reduce childhood trauma by making decisions based on safety and providing services to address risks. If there is a need for foster care, practitioners understand the impact removal has on a child. DCF practitioners actively advocate for a child to remain in their homes whenever safely possible. If there is a need for foster care, timely permanency is the goal. Each objective below has a strong impact on decreasing trauma in children who experience placement outside of their homes.

Objectives/Stages – SFY2022 Progress

Measuring success in SFY2022 using the strategies outlined in this goal. Goal 3 is monitored utilizing reports measuring timely permanency and placement stability.

1. Increase placement stability
 - a. SFY2023: Kansas has experienced some setbacks on the journey to meeting the federal performance standard of 4.4 moves per 1,000 days in foster care, with performance at 7.3 as of December 2022. Visit www.dcf.ks.gov/services/PPS, for percentage of children meeting this standard statewide. (*Data Source: FACTS – reflects data from July 2022 to February 2023 - This measure calculates the rate of moves per 1,000 days for children entering foster care.*)
2. decrease in the number of children in out of home care
 - a. SFY2023: Kansas continues to reduce the need for foster care, with a 4.7% decrease in the number of children in out of home placement comparing February 2022 (6490) to February 2023 (6186).
3. decrease in number of months a child is in out of home care
 - a. In SFY2023 all children/youth who ended out of home placement for reason of reunification spent an average of 12 months in care. This outcome remained consistent with SFY2021 which was 12 months as well.
 - b. Children discharged from foster care for reason of custodianship/guardianship months in care in SFY2023 decreased in SFY2023 from 31 months to 24 months.
 - c. In SFY2023, all children/youth who ended out of home placement for reason of Emancipation spent an average of 44 months in care, which is the same as SFY 2022 at 44 months in care.
 - d. In SFY2023, all children/youth who ended out of home placement for reason of Adoption spent an average of 41 months in care which is the same from 41 in SFY2022.
Data Source: FACTS – reflects data from July 2022 to February 2023)
4. increase in number of children placed with a relative
 - a. In SFY2023 the number of children in foster care in Kansas placed with a relative increased to 45.1% compared to 44% in SFY2022.
Data Source: FACTS – reflects data from July 2022 to February 2023)

Strengthening the connections between birth parents and foster parents through services provides continuity of relationships and better serves the child’s needs while in care.

Originally developed by the Annie E. Casey Foundation, Icebreakers is a model DCF has implemented to improve the connection between birth and foster parents. See Current and Planned Activities: Icebreakers for more information.

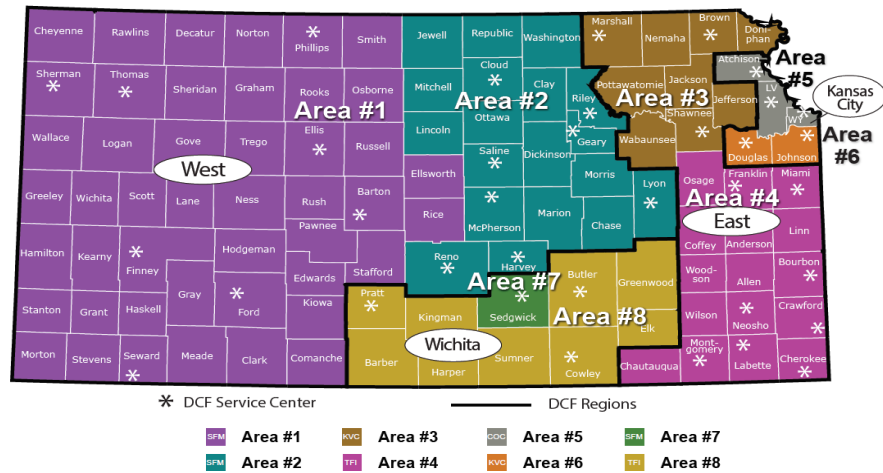
October 1, 2019, DCF launched CareMatch a Placement Matching System. See Current and Planned Activities: CareMatch.

DCF continues to explore and implement family-centered practice models to directly impact placement stability, decrease the need for foster care, and promote timely permanency. CWCMPs have been asked to commit to a goal of 50% of children placed out of home to be placed with relatives. As of December 2022, statewide placement of children in homes with non-strangers (relatives and NRKIN) is 45%. DCF anticipates more catchment areas will soon meet the 50% goal. Children Live with Relatives (ks.gov). This is reviewed in quarterly Grantee Conversation meetings, the Confabulation meetings, and when reviewing case read results with the CWCMP/DCF. This is discussed individually with them when meeting in smaller regional groups.

In the Fall of 2019, Kansas DCF partnered with Aetna Better Health for Kansas to bring Kevin Campbell with Family Finding to Kansas. See Current and Planned Activities: Family Finding.

As of July 1, 2020, Kansas was divided into six DCF regions, but catchment areas did not change. Changes involved dividing the West region into two creating Southwest and Northwest regions. The East region was also divided north to south as well creating the Northeast and Southeast regions. See Section A for an updated state map with new regional structure. Below you will see the state, catchment areas and regions.

DCF Regions and Catchment Areas



Kansas developed and launched a standardized rate structure for agencies and homes providing placement for children in foster care. This structure has been updated once since the initial release. See Attachment 29 Foster Care Rate Structure.

July 1, 2021, FAC was awarded three grants to include AKK, KPARC, and the Caregiver’s Association. AKK and KPARC grants run until 6/30/2025. The Caregiver’s Association grants runs until 6/30/2023 and are in the process of being renewed for an additional year. FAC has had the privilege of keeping an established staff in place for each of their programs. They continue to help families through the adoption process via the AKK program. They recruit families for children awaiting adoption who have been identified as having no adoptive resources. FAC continues to support new and experienced adoptive

families through post adoption support services via KPARC. Through the Caregivers Association they have strived to provide advocacy, support groups, educational opportunities, and resources to caregivers.

As a result of joint work and collaboration between KU, OJA, DCF and DCF Grantees, there was statewide implementation of ATT on July 1, 2021. See Attachment 20 Adoption Tracking Tool. See C.1.k Collaboration with the Judicial Branch – CIP for more information on ATT.

C.4 Quality Assurance System

For assessment of the Kansas QA/CPI system as a systemic factor in the CFSR, see Item 25. Kansas believes work with vulnerable children and families demands a family and child well-being system which realizes the highest standards of performance. To reach these goals and achieve positive outcomes for children and families in safety, permanency, and well-being, DCF established a system of CPI. The DCF CPI cycle includes identifying and understanding the root cause of problems, researching, developing theories of change, developing, or adapting solutions, implementation of strategies and monitoring and assessing strategies. CPI is foundational to understanding how the family and child well-being system is currently functioning and facilitating systemic change and improvement.

Functional Components

The Kansas CPI system essentially shares the same functional components outlined in Information Memorandum ACYF-CB-IM-12-07.

Foundational Administrative Structure

DCF has established a culture and structure which promotes CQI. The agency has developed capacity, infrastructure, and processes to support improvement efforts and system change. Dedicated CPI teams are located within every region of the state and locally within each CWCMP. Overall improvement efforts are coordinated by a CPI team within DCF Administration. Although dedicated CPI staff are largely responsible for providing support and accountability for the structure and administration, staff at all levels within the family and child well-being systems are truly responsible for continuous performance improvement. The CPI process depends on a commitment to quality services from the caseworker meeting with families all the way up to the agency director. Learn about systems utilized in Item 19.

Case Record Review Data and Process

Kansas conducts quarterly case record reviews. The case read sample for each program is derived from a sample of active cases meeting each program's case review criteria. A random sampling formula is utilized to establish the sample size using the statewide population then stratified by DCF Region. Sample size for each region is proportionate to the total population for each region. Cases are assigned a random ID number and randomly selected until the correct percentage sample size for that region is achieved.

Case read instruments are standardized for use across the agency and a consistent data entry process is employed using a Case Read Application. The in-home services and foster care case read instruments essentially replicate the CFSR OSRI. Other instruments include questions/outcomes concerning procedures and practices with a focus on safety, permanency, and well-being.

DCF implemented a web-based case review system built by Rushmore, which has been named PILS in the fall of 2021. The case review system includes improvements such as: timely results, "real time" reports, ad hoc reports, and secondary reviews. In addition, CWCMP staff are able to utilize the system for case reviews.

Analysis and Dissemination of Quality Data

DCF routinely analyzes and publishes quality data reports. Reports include both regional and statewide analysis. Most data reports are updated monthly and are available on the agency's public website. Internal data is posted to a secure SharePoint site and is available to agency and provider staff. SharePoint houses a list of all reports routinely produced by the agency, a description of the report, the frequency of the report, and the location of the report.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

Case read data and outcome data from the State's information system is reviewed during regional meetings and quarterly CPI meetings with internal stakeholders. Attendees at quarterly CPI meetings include DCF Administration and Regional CPI staff, program managers and administrators, supervisors and CWCMPs.

Data is reviewed with external stakeholders including Citizen Review Panels, policy, program, and interagency workgroups.

When areas of opportunity are identified, CPI staff facilitate the CPI process with stakeholders, decision makers, and subject matter experts. After a root cause analysis defines the issue, the theory of change is described, and a solution is developed and implemented. Once the solution has been implemented, it is monitored and assessed to determine effectiveness. The CPI process, itself, is a cycle. There is no beginning and no end because the process is designed to constantly improve the system.

Enhancements

DCF began pursuing CCWIS in 2018, and the 2018 and 2019 legislatures appropriated funding for the first of three phases of the project, the planning phase. DCF worked with Public Consulting Group, LLC (PCG) to complete the planning project by June 2022. DCF has explored how a CCWIS can benefit frontline workers and create business process efficiencies while transforming how quality data is collected and shared. These substantial changes will ultimately lead to improved outcomes for children and families within the state. Throughout this process, PCG has provided ongoing support including Organizational Change Management and Business Process Reengineering, Data Governance and Data Quality Plan activities. At the time of this APSR submission, the Kansas Department of Administration has issued three requests for proposals for the CCWIS project, which are currently posted for potential bidders.

As DCF approached CFSR Round 4, DCF completed a Traditional (CB-led) review. PPS Administrative Leadership consulted with performance improvement staff and other states regarding the benefits and challenges of each type of review and decided a state led review would exceed the capacity of current resources. Many program improvement staff and supervisors shared they found it difficult to maintain excellence in their day-to-day job responsibilities in addition to competently and accurately fulfilling the duties of a state led review. DCF values the shared learning that occurs by partnering with regional and federal colleagues for a traditional review.

CFSR Round 4 took place the week of April 17, 2023, in Brown County, Crawford County, and Sedgwick County (metro site). The core team worked closely with federal partners and the CBC for States to prepare for the review. The CBC for States provided TA through identifying and engaging CFSR stakeholders, holding stakeholder meetings, gathering, and synthesizing data to incorporate into the Statewide Assessment. The CBC for States may be available for assistance in the development of a performance improvement plan following the on-site review.

C.5 Update on the Service Descriptions

C.5.a Stephanie Tubbs Jones Child Welfare Services Program, Title IV-B, subpart 1

Programs funded under the Stephanie Tubbs Jones and MaryLee Allen Child Welfare Services Programs will only have descriptions included in Title IV-B, subpart 1 along with an update towards the use of CARES Act award. Additionally, some programs not funded by subparts 1 and 2 are included in the descriptions below to illustrate the full family and child well-being service array.

Kansas Protection Report Center

Estimated Number of Individuals and Families to be Served	72,340 Intake Reports Received *As of 4/13/23
Population to be Served	Reporters calling with concerns for Kansas families. When the reporter does not speak English, we have a designated Spanish line and other translation services available.
Geographic Areas where the Services are Available	KPRC functions statewide. Reports are assigned for all counties in Kansas

The foundation of the DCF child protection system is the KPRC. KPRC receives reports regarding allegations of abuse and/or neglect statewide, 24 hours per day, and seven days per week, including holidays. KPRC is fully remote with a few staff working from Topeka and Wichita offices. In April 2020 KPRC transitioned to a web-based phone service, Amazon Connect. Amazon Connect allows practitioners to receive and answer calls through the computer. KPRC practitioners may receive a report by mail, phone (single toll-free number), fax, or online. A report to DCF begins the initial assessment steps of the report to inform an assignment decision. During regular business hours, a report can be made in English or Spanish. The next available practitioner responds to the report regardless of their work-place location. KPRC utilizes a web-based information system to document reports and decisions for further assessment. Reports are accessible to all locations throughout the process. KPRC practitioners conduct an initial assessment to determine if the report meets the policy definitions of abuse and neglect under the Revised Kansas Code for Care of Children. Reports meeting criteria for further assessment are assigned with one of the following response types: Abuse/Neglect, Family In Need of Assessment (FINA), and Pregnant Woman using Substances (PWS).

The Quality Assurance Review Team consists of designated KPRC practitioners responsible for reviewing all reports not meeting criteria for further assessment. If the Quality Assurance Review Team member identifies the report was not appropriately screened, a KPRC supervisor will review to make the final screening decision. KPRC staff complete the Initial Assessment Decision within the next half working day as described in PPS PPM 1330. If a report is assigned for investigation and/or assessment, the report is available immediately to the regions in the KPRC web-based information system.

	Reporting Month	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Average YTD
Statewide	# of Events Assessed Timely	4,651	6,289	6,363	5,451	5,460	5,094	5,591	6,158	6,932				5,777
	Total # of Events	4,769	6,460	6,878	6,704	6,206	5,463	6,919	6,667	7,253				6,369
	% of Timely Initial Assessments for reporting month	97.5%	97.4%	92.5%	81.3%	88.0%	93.2%	80.8%	92.4%	95.6%				90.7%

*Note: This report contains both child and adult events taken by the Kansas Protection Report Center.

The KPRC follows a structured training plan for all new staff. The KPRC staff go through a 12-week training program which includes classroom training to review systems, policy, and critical thinking. They

receive on-the-job training through shadowing employees, technical training, and review of the new employees work by supervisors. An onboarding form was developed to ensure all employees receive training and supervision during their initial employment. KPRC practitioners are required to complete 40 hours of continuing education every two years. KPRC Supervisors participate in the KanCoach program through the KUSSW. The KPRC administrators will also be attending this training in 2023 to learn matching coaching techniques.

From March 2022 to October 2022, Evident Change staff provided ongoing coaching support updates to the PPS PPM made in September 2021. A total of 27 coaching sessions were administered among 11 screening staff. At least six staff members participated in at least three coaching sessions and received a certificate recognizing their commitment to enhance their screening practices. Each involved shared agreements, updates, assistance using the SDM assessment, introduction of practice skills, and feedback.

In 2021, KPRC incorporated KPM into their practices. KPM has best practice approaches to walk alongside families, their natural supports, and community toward improved safety and family well-being. The purpose of adding KPM to KPRC was to learn how to ask questions differently using questions designed to gain an understanding of the family to include their natural supports. This model was started with Assessment and Prevention (AP) staff in 2019.

In 2021, KPRC ran a pilot group of 12 staff who used KPM engagement tools. In January 2022, KPRC training staff developed a program for new staff. Later in the year, existing staff learned KPRC practices. KPRC started including QTMAD into their practices, see Item 27.

In March 1, 2022 DCF contracted with KCSL to provide CPS mandated reporter training. DCF is involved with developing and approving the content. KCSL provides many options for mandated reporter training. There are in-person and virtual training options across Kansas available the community and agencies. At the annual Governor's Conference for Prevention of Child Abuse and Neglect, KCSL had presenters from the Institute to Transform Child Protection present on Mandated Reporting Through a Trauma Lens.

KCSL, DCF, and KDHE collaborated on a project with CPPR-KU surrounding perinatal health. A mandated reporter training called Perinatal Substance Use: Best Practices for Mandated Reporting and Supporting was created. This training was provided to the Kansas Perinatal Quality Collaborative (KPQC) on February 28, 2023, and to other mandated reporters interested on March 3, 2023.

In May 2022, Safe Generations started providing Risk Intelligence Courses. This assists with conducting balanced assessments through questions, engagement, and building on strengths. DCF staff will continue attending these classes.

In September 2022, Safe Generations facilitated a Practice Alignment Intensive with 25 participants across PPS programs. This was used to find ways to include KPM into the KPRC workflow, increase equity, and provide tools for staff. Goals following the intensive included aligning KPM with initial screening decisions, updating reporting language, and updating community partners.

KPRC worked with Safe Generations to develop a learning culture through a Group Learning and Consultation process (GLC). KPRC implemented GLCs during December 2022 and March 2023. This provides an opportunity to learn from previous class and how to grow in the future.

In October 2022, KPRC implemented a consultation process for practitioners who receive a report of a child death. These reports are considered Critical Incidents (CI). The Support Consultation process involves support and coaching from KPRC leadership to the team while the information is being

processed for an initial assessment and prior to assignment. This is one step toward promoting organizational health and addressing secondary trauma and wellbeing within KRPC practitioners.

In December 2022, KRPC added a text feature to the KRPC hotline. This feature sends a one-time informational text of access options for 1-800-Children and The Kansas Aging and Disability Resource Center following a mobile call. This text is offered in English and Spanish.

Amazon Connect Wisdom is an Artificial Intelligence (AI) platform delivering information to KRPC practitioners when receiving reports via phone. In January 2023, KRPC added a “KRPC Intake Guide” to Amazon Connect Wisdom to obtain information needed to make an initial screening decision. Key words are flagged in conversation which prompt practitioners to ask specific questions, define acronyms, and supports new employees. The KRPC Intake Guide includes, but is not limited to the following reported topics:

- Domestic Violence
- Pregnant Woman Using Substances
- Substance Affected Infant
- Alleging Methamphetamine
- Child Not Attending School
- Court
- Requesting Services for Families

KCSL has also developed two additional courses to enhance the learning of mandated reporters. The two courses are:

LGBTQIA+ Cultural Competency: Best Practices for Working with LGBTQIA+ Youth and Families

Being culturally competent means learning new patterns of behaviors, research trends, and social cues of a specific community and then effectively applying them into our personal and professional lives. This training covers the experiences, values, and belief systems specific to LGBTQIA+ youth and their families. Participants gain a heightened sense of personal awareness to encourage a safe and positive environment for sexual and gender minorities. Participants will identify achievable strategies and adaptations for increasing confidence when working with LGBTQIA+ youth and families.

Making the Connection: Strong Families, Strong Businesses and Strong Communities

This training explores strategies for creating safe, stable, and nurturing environments in which families grow and thrive. Engaging communities to support family-friendly policies, practices, and workplaces in support of well-being is a strategy based on the latest research for preventing child abuse and neglect. This training raises awareness and understanding about connections between preventing and mitigating adverse childhood experiences, leading to stronger families and stronger businesses. Examples of specific actions which can be taken are provided to participants.

KRPC Leadership continues to participate in the Hotline/Intake/Screening Managers (HISM) quarterly calls through the CB to stay up to date on trends, resources, and tools used across the states.

Family Services

The Community Service Family Service Grants concluded June 30th, 2021. Family Services will continue by DCF through direct PPS case management or CPAs.

Family Preservation

Estimated Number of Individuals and Families to be Served:	1500 Families
Populations to be Served	Families with at least one child at risk for foster care
Geographic Areas where the Services are Available	Statewide (All 105 Kansas counties)

Family Preservation Services provide voluntary services alongside families to build their strengths and reduce the risk of children being placed in foster care. Families must meet the following eligibility requirements to participate in Family Preservation:

- Reside in Kansas,
- be at risk for having children placed in foster care,
- have a parent/caregiver available to protect the children, and
- be willing and able to participate in Family Preservation services.

Family Preservation may also be offered to pregnant women using substances, to help connect the family with substance use treatment and prenatal medical services.

Fiscal Year 2022 was the second full year of services under the most recent contract. Family Preservation contracts were awarded in September and became effective January 1, 2020. The contracts are in place through June 30, 2024, with the option to renew for one additional two-year period.

Agency	DCF Region Awarded
DCCCA	Kansas City
DCCCA	Wichita
TFI	Northwest
TFI	Southwest
Cornerstones of Care	Northeast
Cornerstones of Care	Northwest

The Family Preservation contracts offer families and PPS practitioners a choice between two tiers of services. Tier 1 is intensive in-home Family Preservation, provided by a master’s level therapist for four to six weeks. Tier 2 is short-term Family Preservation case management, provided by a worker dyad consisting of an assigned case manager and a family support worker. PPS practitioners were provided education about the tiers and the evidence-based model each FPS providers is using within each tier. The assigned practitioner assesses the family for existing risk and emergent safety issues then initiates services to stabilize and support the family. Families are referred to Family Preservation by DCF. DCF may make a referral at any point during the assessment and investigation. The PPS practitioner, the Family Preservation case manager, and the family work together using ongoing assessments throughout the service period. This ensures the family is receiving the best services to meet their needs. A referral to Family Preservation and a different tier can be made if a family requires a different level of service than initial assessments indicated. Please see Attachment 32 Family Preservation Tiers for additional information.

Each contract agency selected Evidence Based Models for Family Preservation. These practices are designed to strengthen families, prevent unnecessary family disruption, reduce family and child trauma, interrupt intergenerational cycles of maltreatment, and build a well-functioning family and child well-being system. The following chart illustrates which Evidence Based Model has been implemented by each provider:

Family Preservation Contractor	Evidence-Based Model	California Evidence-Based Clearinghouse	IV-E Prevention Clearinghouse Rating ²
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		for Child Welfare Rating ¹	
TFI Family Services Tier 1	Trauma Focused	Well-Supported	Promising
	Cognitive Behavioral Therapy, (TRBI)Trust Based Relational Intervention	Promising	Promising
TFI Family Services Tier 2	Alternatives for Families, (TRBI)Trust Based	Promising	Not rated
	Relational Intervention	Promising	Promising
Cornerstones of Care	Solution-Based Casework	Promising	Does not currently meet criteria
DCCCA Tier 1 and Tier 2	Motivational Interviewing	Well-Supported	Well-Supported
DCCCA Tier 2 with Substance Use Concerns	Sobriety Treatment and Recovery Teams	Promising	Promising

Family Preservation focuses on prevention by strengthening families and preventing the unnecessary removal of children from their homes and communities. Starting January 1, 2020, Family Preservation contractors began being measured on the following four outcomes indicative of prevention success. The data below can be found on the DCF public website.

Outcome	Tier 1	Tier 2
Children are safe from future maltreatment as defined by affirmed or substantiated abuse and/or neglect. Standard: 95%	99.5%	98.7%
Children are maintained safely at home, in Tier 1 and Tier 2 services. Standard: 90%	96%	86.9%
Babies are born substance free to pregnant women using no-opioid substances. Standard: 90%	*NA	*NA
Women using opioids during pregnancy will be referred for medication assisted treatment. Standard: 90%	0%	*N/A

*No cases meeting criteria/No data to report

Data represents July 2022 – January 2023

Family and Child Well-Being Practice that Supports the Well-Being of Children and Families, and Communities

Kansas understands ACES from trauma have been linked to adult onset of chronic disease, mental illness, violence, and being a victim of violence. Well-being of families and communities is central to the work of Family Preservation practitioners. In the West Region, TFI Family focuses on providing in-home Trauma-Focused Cognitive Behavioral Therapy. Statewide, Family Preservation Tier 1 and Tier 2 have averaged a 91% success rate (July 2022-January 2023) at maintaining children at home and preventing trauma caused by removal into foster care. July 2022-March 24, 2023, there have been a total of 1,132 referrals to the Family Preservation program. Tier 1 has received 319 referrals and Tier 2 has had a total of 813 referrals.

Community-Based, Collaborative Programs Supporting Families

Family Preservation is available in all 105 counties in Kansas and services are primarily provided in the family home. If the assigned Family Preservation practitioner does not speak the language the family is most comfortable speaking, interpreting services are accessed. DCF collaborates with tribal-practitioners to refer tribal families to FPS. Kansas understands the link between poverty and child abuse and neglect. Through Family Preservation, each family may access \$500 in assistance for concrete goods and services. If the family’s need is greater, the FPS practitioner and DCF collaborate to find resources to meet the family’s additional needs.

Family Preservation providers work closely with Family First grantees in Kansas in partnership to serving families. Practitioners are familiar with the Family First services available within the regions they serve.

If a child in the family remains at risk for removal when they have completed their referral service period, the family may consider a Family First service to further meet their needs. For example, if a family with young children participate in Family Centered Treatment (FCT) through Family Preservation and complete the program, they could then be considered for a Healthy Families or Kansas Parents as Teachers referral for long term services. Kansans now have more options for services meeting their needs and preventing the need for foster care, with the expansion of prevention services through Family First.

A Strong, Healthy Family and Child Well-Being Workforce to Achieve Better Outcomes

See Current and Planned Activities: Caseload Limits.

Family First Prevention Services Act

Estimated Number of Individuals and Families to be Served in SFY2023	1,297 families
Population to be Served	Families with children at risk of being removed from their homes
Geographic Areas where the Services are Available	Variety of services available statewide, services vary by county

In October 2019, Kansas implemented the Family First Prevention Services Act to help children and families stay together, whenever safely possible, without the need for out-of-home foster care. Family First Prevention Services Grants awarded offer evidence-based, trauma-informed programs. These services aim to strengthen families with a focus on mental health, substance use disorder treatment services, parent-skill building programs, and kinship navigation. The grants awarded at implementation remain active through SFY 23 and officially end on 6/30/23. For a list of grantees active through SFY 23, see attachment 33.

When a report is made to the KPRC and meets the criteria for an assignment, a PPS practitioner in the region will visit and assess safety with the family. Assessing the family includes determining if there is a child(ren) in the family who is a candidate for foster care. If a candidate is identified, the PPS practitioner works alongside the family to identify prevention services available in their community. The PPS practitioner can contact their region’s DCF Family First case manager (FFPSA CM) to consult with the family about the program or assist in identifying appropriate or eligible programs for families. DCF believes all services are based on family-centered practice and referrals to ongoing services are based on the PPS practitioner’s family assessment and family choice.

Within PPS, there are many options for a practitioner and family to consider when selecting prevention services. When children are at risk of entering foster care, two program pathways include Family First Prevention Services and Family Preservation Services. View Attachment 34 Prevention Service Track for an illustrated representation of the process and description. In addition to these state prevention programs, community-based service providers are essential considerations for strengthening families, increasing protective factors, promoting social connection, and preventing foster care. Community-based services can be defined as services available in each community and open to community referrals or self-referral by the family. In SFY 23, DCF PPS and EES have partnered to build awareness and educate DCF staff and providers about TANF grants accepting community referrals for Kansas families. Community-based services provide support to a family free from involvement with DCF. Community-based services also play an important role in continuity of services when a family has completed FPS or a Family First prevention.

DCF FFPSA CMs support regions with their prevention service expertise. Regional FFPSA CMs are the front line for questions about Family First and act as a liaison between DCF and the grantee. They assist grantees with obtaining DCF resources, assist PPS practitioners with making a referral, communication, case management with families, FACTS entry and reconciliation, improving program process, and educating their communities about Family First Below are quotes from two FFPSA CMs:

“I love this job because the focus is on what we can do to partner with and empower families to have the most success. Getting to see a family’s resilience and how they overcome their current situation is incredible and inspiring. My favorite part of my job is when we see a family successfully complete services and get to hear the hope that they have moving forward. Seeing the change that the family unit has made in their lives is the most rewarding part.”

“It has been an honor working alongside (family first provider) to serve DCF families. They genuinely care. In my experience, they’ve communicated effectively and in a timely manner about any concerns they may have for a child or family so that we can address them expeditiously. Then when we show up the family expects us because they’ve been transparent about their worries.”

KUSSW and KUCPPR evaluates all Kansas Family First Prevention Service providers and service interventions. The evaluation plan is guided by a utilization-focused approach which includes two major components: (1) a process evaluation, and (2) an outcomes evaluation. The evaluation team facilitates the regional and statewide ICAB (see section C.1.a. Kansas Department for Children and Families for more information) meetings, which bring community partners, prevention provider grantees and contractors to the table to discuss all aspects of the FFPSA program. See Attachment 35 for the ICAB charter.

In August of SFY 2023, DCF posted a RFP for Family First services and in January new grant awards were announced. The Family First RFP review team considered feedback from stakeholder groups such as the ICAB, the Family First Family Council, data collected from Parent Surveys, administrative data, and Family First evaluation data outcomes. Collectively this information led to the final selection of the Family First Grants to begin in SFY 24. For a list of Family First grantees beginning in SFY 24, see attachment 36. Below are some notable changes to the upcoming Family First Service Array:

- The SFY24 Family First budget increase by 5.4 million in state general funds since SFY20. This enabled Kansas to expand from 11 service grantees to 14. Contingent on approval, there is potential for an increase in the federal match for authorized programs.
- Statewide expansion of intensive mental health services for youth ages 12-17 through Community Solutions, Inc. MST expanding statewide.
- Each DCF region will have at least one Substance Use Disorder (SUD) service through DCCCA’s Substance Treatment and Recovery Teams (START) program or KVC Strengthening Families.
- Expansion of current parent skill-building partner grants through FAC Fostering Prevention, and KCSL HFA.
- Continued focus on early childhood parent skill-building programs; Kansas PAT Association Bright Futures Program offered statewide, and Healthy Families America provided by two different agencies: KVC (formerly Great Circle) and KCSL.
- Inclusion of primary prevention services in some counties, including the high-quality legal representation/pre-petition parent advocate program by KLS and funding for a Community Support Specialist position in Sedgwick County Sheriff’s Department.

Advancing Equity, Equality, & Supporting Underserved Communities

Early childhood prevention services are a supported mechanism for addressing deeply rooted disparities and disproportionality among children of color in the child welfare system. Family First does not provide universal program access. However, it expands early childhood services and children are diverted from entering foster care. The prevention-based response engages families and provides another access point for services and supports. DCF is committed to equity and social justice as evidenced by expanding evidence-based services through Family First and funding other primary prevention services and efforts to reduce formal contact with the agency.

In SFY2022, counties with high race disproportionality metrics were selected to participate in a petition pilot offering high-quality legal resources to parents to prevent unnecessary family separation and advance racial equity. Partnering with KLS, the Parent Advocate Program serves Cowley, Douglas, Kingman, Leavenworth, Reno, and Sumner counties. See Vision Item: Strong Organization to learn more.

FAC provided a kinship navigation service to families in Johnson and Wyandotte counties during SFY23. See Vision Item: Strong Organization to learn more.

In the past the Prevention Team created and distributed a collaborative newsletter, Prevention in Kansas. The newsletter paused as other agency newsletter began distribution. The idea was to look for opportunities to collaborate to develop one newsletter and share distribution lists of stakeholders. This work continues. In the interim, past Prevention in Kansas newsletters can be found on the DCF public website: <http://www.dcf.ks.gov/>.

In SFY 2023, the Prevention Team presented the Family First program in a variety of venues and participated in work groups and learning collaboratives. For a full list of presentations and workgroups, refer to Attachment 37 FFPSA presentations and workshops.

Qualified Residential Treatment Programs

Improving services within congregate care placements when children cannot remain safely with their parents is one of the goals of the Family First program. The introduction of QRTP in 2019 was one way the Act intended to do this. See Attachment 38 for QRTP beds available. For a child to be placed in a QRTP, there must be an independent assessment completed to determine a need for this level of services. The independent assessment is completed by an individual who is not employed by the state, CWCMPs or by QRTP staff. HealthSource Integrated Solutions was granted the independent assessor role for Kansas. The Topeka based not-for-profit LLC was formed in 2007. Over 90% of the Kansas CMHC have a trusted relationship with HealthSource. They specialize in crisis intervention screening and assessments, information technology managed services, clinical call center, and after-hours services. The company has worked with KDADS since 2015 on projects. As the independent assessor, Healthsource continues to conduct the federally required assessment of children placed in the accredited QRTP facilities. They use the CAFAS to assess a youth's day-to-day functioning and for tracking changes in functioning over time. Their assessment informs decisions about type and intensity of treatment, placement, and need for referral to services. Assessments are completed within 30 days of placement. HealthSource provides documentation supporting their recommendations on whether the child qualifies for placement in a QRTP.

QRTP Placements as of March 22, 2023 (SFY2023)		
Placement Locations/#of Youth/Percentages of QRTP Population		
Placement	#	%

AAHN'S Place	16	10.6%
Agape Center of Hope	3	2%
Emberhope, Inc	12	7.9%
KVC	14	9.2%
Lif, Inc	8	5.3%
O'Connell Youth Ranch	8	5.3%
Pathways	0	0%
Questville Services	8	5.3%
Saint Francis Ministries	12	7.9%
Successful Dreams	4	2.6%
Successful Dreams Support Services	5	3.3%
Youngblood Youth Development Homes, LLC	6	4%
Total	96	64%

Adoption Promotion and Support

Estimated Number of Individuals and Families to be Served	Goal is 9.31% of total state adoptions be for children referred to the KS Adoption Exchange. (SFY 2023, July 1, 2022-June 30 2023)
Population to be Served	Children in state's custody birth to age 18.
Geographic Areas where the Services are Available	Statewide adoption services & ICPC Adoptions.

Percentage of total state adoptions for children referred to the KS Adoption Exchange.				
QTR 1 (July - Sept. 2022)	QTR 2 (Oct. - Dec 2022)	QTR 3 (Jan - March 2023)	QTR 4 (April - June 2023)	YTD22
9.91% (24/242)	8.15% (19/233)	TBD	TBD	9.05% (43/475)

In SFY2023 (July 2022-January 2023) approximately 98.5% of the adoptions finalized were children placed with and adopted by relatives or their foster parent(s.)

Adoptive Parent Relationship

	Kansas City Region		Northeast Region		Northwest Region		Southeast Region		Southwest Region		Wichita Region		Statewide	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Foster Parent	56	48.3%	31	56.4%	26	59.1%	28	59.6%	26	31.7%	55	42.0%	222	46.7%
Other	0	0.0%	0	0.0%	2	4.5%	0	0.0%	1	1.2%	4	3.1%	7	1.5%
Relative	60	51.7%	24	43.6%	16	36.4%	19	40.4%	55	67.1%	72	55.0%	246	51.8%
Step Parent	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	116	100.0%	55	100.0%	44	100.0%	47	100.0%	82	100.0%	131	100.0%	475	100.0%

*This report only includes finalized adoptions of children while in State custody.

https://www.dcf.ks.gov/services/PPS/Documents/FY2023DataReports/FCAD_Summary/adoptions_finalizedFY2023.pdf

When parental rights are terminated (PRT) or relinquished and the child's case plan goal is adoption, the CWCMP prepares the child and prospective adoptive family for adoption. They provide needed services to assist the child in achieving permanency. The CWCMP is responsible for a full range of adoption services for adoptive families from the time of recruitment/identification to completion of aftercare up to 6 months after the adoption is finalized. The CWCMP works with the adoptive family and child to provide supportive pre- and post-placement services. Pre-placement services may include training regarding a specific condition or need, counseling to address concerns, etc. Services provided to families

after the adoption is finalized depend on the child and family needs. For DCF staff responsibilities related to adoption, see Section F. Reintegration/Foster Care/Adoption Services.

If a disruption (child leaves the home before the adoption is finalized) or re-entry (child leaves the home after the adoption is finalized) occurs, the CWCMP is responsible for placement and other services the child may need including the identification of another adoptive family. Few adoptions in Kansas dissolve. DCF has tracked finalized adoptions from SFY 2003 through SFY 2021. Of the 14,109 finalized adoptions, 8.3% percent (n=2081) have experienced subsequent re-entry into foster care. Of those families with a re-entry, the majority (80.9 percent) occurred two years or more after the finalized adoption.

When a child in foster care with a case plan goal of adoption and PRT does not have an identified resource (family), the CWCMP makes a referral by completing the PPS 5310 form to the Kansas Adoption Exchange for general and targeted recruitment services through the AKK program. An Individualized Recruitment Plan (IRP) is also completed via a PPS 5305 form and if the child agrees, attempts are made to find a match for the child through the Adoption Exchange. The goal of the IRP is to widen the circle of adults who may be a potential adoptive resource. The focus is on finding the right family for the child, one that can best parent, serve the needs of the child, and will be there for them “no matter what.” The Adoption Exchange Contractor partners with the National Adoption Exchange, AdoptUSKids (AUK) to photo-list children awaiting adoption. This is available at <https://www.adoptuskids.org/>. Referral to these exchanges, AKK and AdoptUSKids can be done through the PPS 5310 form, the Adoption Exchange Information Form.

At the end of Feb. 2023, there were 453 total children listed on the AKK website. This number has decreased from 492 total children from March 2022. The average age of the child listed on AKK is 12 years old. Of the 453 children listed on the AKK, 40 children are also listed on the AdoptUSKids Exchange.

Racial Demographics	
Caucasian	252 (55.68%)
African American	101 (22.27%)
Bi-racial (AA/Caucasian)	67 (14.70)
Hispanic	27 (6.01%)
Indian/Alaskan	6 (1.34%)

In SFY 2023 and beyond, AKK continues to be innovative in leveraging technology and community relationships to raise awareness about the need for families to adopt from foster care in Kansas. DCF and AKK are partnering together to coordinate the development of a new database platform which will allow more fluid communication with families and adoption professionals in the matching process. The improved technology will also expand the state’s dataset to allow for more intentional recruitment for children with unique needs. Satisfaction Surveys are distributed to professionals and families interacting with the Adoption Exchange to provide feedback and how we can better serve families.

The AKK team now includes Child Specialists, Family Specialists, a professional videographer/photographer, and EFF experts, all trained in Darla Henry’s Adoption 357 Model. Staff are meeting with youth in their placements to participate in their own specialized recruitment. Those working with youth and families for adoption preparation are leveraging Darla Henry’s Adoption 357 Model. The state’s first Virtual Matching event was held in May 2023, please see Attachments 39 Child Matching Event Flyer – Family and Attachment 40 Child Matching Event Flyer - Professionals for more information.

The KS Adoption Exchange, in partnership with the K-PARC serves as the statewide expert in adoption competency. In the next 24 months, the K-PARC team will become trained in the Center for Adoption Support and Education's TAC® model and will be training 100 mental health clinicians from across the state in Adoption Competency. To continue to expand basic knowledge and understanding of the trauma and loss that can be associated with adoption from foster care, the Adoption Exchange and K-PARC teams have developed the following tools to share with others supporting children and families impacted by adoption. See attachment 41 AKK Resource Page for examples.

- Guidelines for Photographers, caregivers of youth participating in session
- Ongoing Website Maintenance and Case Updates
- EFF Flyer
- Writing your family narrative – guidelines and questions
- File Read Tool – what you need to know about reading your child's file
- Information Sharing Continuum
- Conducting a matching call
- Preparation for a recruitment event
- Website Matching Services
- Youth Centered Profiles
- In and out of State Recruitment Guide/Process for families
- CPA Flyers – how to get started
- FAQ's about adoption from foster care in KS
- Guide to Foster or Adopt in KS
- I Submitted my inquiry – what's next?
- Level of Care – definitions

For examples of items, visit the following:

- Information About Adoption – Adopt Kansas Kids (adoptkskids.org)
- For Professionals – Adopt Kansas Kids (adoptkskids.org)
- Helpful Links – Adopt Kansas Kids (adoptkskids.org)

Children's Alliance of Kansas

The CWCMPs and CPAs are responsible for recruiting, training, and retention, of adoptive and foster families. CAK provides initial and ongoing training for foster and adoptive homes. They provide ongoing support and resources to foster/adoptive families which supplements the services provided by the CWCMPs and CPAs. New foster families and adoption resources must complete a TIPS-MAPP training course or equivalent. The TIPS-MAPP course is designed to ensure individuals and families make an informed decision about becoming a licensed foster home and/or adoptive family. In its traditional format, the pre-service training is offered as a 10-week program providing 30 hours of training. DT is offered if a family is not able to attend an in-class session. The DT curriculum is equivalent to TIPS-MAPP. Where DT differs is in the length of the training cycle and one-on-one instruction from a leader. The leader meets with the family individually for a period of 8-weeks. This alternative class allows CWCMPs and CPAs additional flexibility in training and preparing foster and adoptive families.

CAK has adopted the TIPS-MAPP program as it offers alternative class structures. This includes a condensed class span to five weeks or two weekends. Condensed classes include the same information as

full-length classes. CAK continues to adapt the curriculum and research other methods of delivery. Currently, CAK is researching systems of online delivery. In January 2019 CAK began implementation of an updated version of TIPS-MAPP with content on ACEs. Researchers have linked ACEs to abuse, neglect, family dysfunction, and negative determinants in health outcomes later in life.

Adoption Home Studies

Families committed to adopting a child rely on professionals to guide them through the process. Each adoptive family (licensed or not) is assigned an in-home practitioner through their CPA program. This practitioner collaborates with the CWCMP case manager assigned to the child. The CPA practitioner knows the family well through regular visits to the home, ongoing assessments and information shared by the CWCMP. The CPA practitioner writes the home study on the family using the holistic understanding of the family they gained throughout their connections and support. CPAs are reimbursed by DCF for completing the home study and providing additional support services to the home during the adoption process. CWCMPs and CPAs work together to serve the adoptive family and complete requirements. An adoptive family experiences continuity of services in their home regardless of if they are adopting through their current CPA or outside their CPA network.

Adoption Accelerators

In June 2019, DCF utilized adoption incentive funds to create a position designed to augment/sustain the CMP’s work regarding adoption. See Current and Planned Activities: Adoption Accelerators.

Adoption Policies

Important policies implemented in the past year are highlighted below:

Policy Form Number/Title	Rationale/Summary
PPS-3004: Foster Care Court Report (see attachment 42)	Previous form was not being utilized by grantees as it lacked collection of important information and required updates
PPS-6135: Adoption Assistance Review (see attachment 43)	Revised Parent section to include multiple addresses in cases where the parents are divorced/separated/deployed; updated school options; clarified language; requirement to submit medical/mental information from licensed professional annually at review
PPS-5305 Individual Recruitment Plan for Child in Need of Adoptive Resource (see attachment 44)	Revised to reflect current referral practice and identifies additional forms required supporting recruitment.
PPS-5310: Child Adoption Exchange Information (see attachment 45)	Revised to reflect current referral practice and identifies additional forms required supporting recruitment.
PPS-5320: Family Adoption Exchange Information (see attachment 46)	Revised to reflect current referral practice and identifies additional forms required supporting recruitment.

Adoptions from foster care in Kansas from SFY 2014 – SFY 2023 (July 2022-Dec 2022)

	SFY 2014 Jul. 13- Jun. 14	SFY 2015 Jul. 14-Jun. 15	SFY 2016 Jul. 15-Jun. 16	SFY 2017 Jul. 16-Jun. 17	SFY 2018 Jul. 17-Jun. 18	SFY 2019 Jul. 18- Jun. 19	SFY 2020 Jul. 19-June 20	SFY 2021 July 20-June 21	SFY 2022 July 21- June 22	SFY 2023 July 22- Dec 22
Statewide										
Finalized Adoptions	666	765	755	758	766	1210	998	846	948	475

The court system experienced challenges during the pandemic. Court services were not able to process the typical quantity of adoption finalizations. Termination appeals were also impacted due to an increase in the time it took to schedule and hold the hearings

The adoptive family receives post finalization support through K-PARC. K-PARC supports families who have adopted children from foster care or who are providing permanent care through kinship placement. Feedback from adoptive/kinship families identified the need for ongoing support beyond the initial months after finalization. The impact of early childhood trauma can destabilize good placements, challenge solid marriages, and put children at risk even in the healthiest of families. K-PARC provides parent/youth/child education, peer and community support/activities, and resource advocacy and referral.

Permanent Custodianship

Estimated Number of Individuals and Families to be Served	107 children are receiving Permanent Custodianship Subsidy (PCS) as of Feb 2023.
Population to be Served	Children over the age of 14, or part of a sibling group where at least one sibling is 14 years of age or older, or children who have received an exception to receive Permanent Custodianship.
Geographic Areas where the Services are Available	Entire state of KS or whatever state /country the child resides with the Permanent Custodian.

In 1999, the Kansas Legislature established state funding for permanent guardianship subsidy (PGS). PGS provides financial support to families who assume responsibility for care and placement of a youth to adulthood. Additional funding was designated for guardianships established pursuant to K.S.A. Chapter 38, Article 15 (permanent guardians). On January 1, 2007, the CINC Code changed the title Permanent Guardian to Permanent Custodian. The change from PGS to Permanent Custodianship Subsidy (PCS) quickly followed.

Legislation established permanent custodianship in the Kansas Code for Care of Children to distinguish it from guardianship established in the probate court. The permanent custodianship process ensures the CINC case remains in the same court.

PGS, PCS was established to provide financial support to families care for children in DCF custody and have the permanency goals of permanency reunification and adoption have been ruled no longer viable. DCF central administrative staff approve and processes payments for PCS. Eligibility staff in the regions manage the medical card and annual eligibility reviews. PCS does not require an annual eligibility re-determination. An annual review is made to determine if any changes in the circumstances of the child exist.

There are 107 children receiving PCS (February SFY23). PCS is not an entitlement program, and the child must meet all criteria listed in PPM PPS 6111 Eligibility Requirement for Children.

Some children may be released from custody into a permanent custodianship without receiving the subsidy. For example, the child may have other unearned income sources. The maximum monthly PCS payment cannot exceed \$300 and children per PPM PPS 6112 Type of Support and Amount of Subsidy.

Additionally, some children may only receive the subsidy for a short period. For example, if the permanent custodianship was established when the child was near age 18, the child may only receive the subsidy for a few months.

SFY	Number of Children Exiting to PC
As of January 2023	53
2022	162
2021	159

The CWCMP prepares the family and child for permanent custodianship through education and assessment. The CWCMP explains responsibilities of custodianship and completes a readiness assessment with the family. The assessment encompasses a home study process and background checks. The home study assessment and case planning information are considered in determining if permanent custodianship will be pursued. The process for permanency custodianship and adoption are similar. The CWCMPs provide six months of aftercare services to the family. If services are needed, the CWCMP has a full array available to families to assist in maintain placement stability. Aftercare services could include, but are not limited to respite care, transportation, mental health, mediation, etc.

Relative and Kinship Care

Estimated Number of Individuals and Families to be Served	2,770 children in care
Population to be Served	Relative and families providing care to children in custody
Geographic Areas where the Services are Available	Statewide

Consistent with federal and state law, DCF considers relatives and kin first when placement is needed for a child. Relative and kinship placements are more likely to take sibling groups and the children are more likely to experience greater placement stability. Placement in a relative or kin setting may also be less traumatic for children. DCF and CWCMP staff are required to make concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives as potential placements at initial placement and throughout the time the child is placed in foster care. As of December 2022, 45% of children in foster care in Kansas are placed with a relative. the CWCMPs are held accountable to reach 50% of the children they serve are placed with relatives. See definition of Relative Home/Placement in DCF’s PPS PPM 5234.

In Kansas statute “kinship care” is defined as the placement of a child in the home of the child’s relative or in the home of another adult with whom the child or the child’s parent already has a close emotional tie (K.S.A. 38-2202). DCF has utilized this definition for policy as well, and notes “DCF strongly advocates care for children by their kin as the first choice for placement when the child’s family/relative cannot provide adequate care.” (PPM 5235 Licensed/Approved Home for Non-Relative Placements).

Relatives may, but are not required to, obtain a foster home license. Unlicensed relatives are paid based on the need established by the level of care tools each CWCMP utilizes. The range for this type of placement ranges from \$11.55 per day to \$64.05 per day, for each child based on their needs. CWCMP employ staff dedicated to supporting relatives providing placement. This includes resources and services

which support placement stability. If relatives-choose to become licensed, they are held to the same regulatory safety standards and requirements as licensed family foster homes. Some non-safety concerns in the home may be waived, for example if the windows are not the correct regulated size.

In February 2021, the state of Kansas contracted with CAK to develop a pre-service licensing curriculum uniquely designed for relative and NRKIN caregivers, see Item 28 for more information.

NRKIN must obtain licensure. However, agency policy allows children to be placed with NRKIN prior to the completion of pre-service foster parent training. NRKIN are issued a temporary license within 30 days of placement. NRKIN are provided a monthly subsidy equal to the rate a licensed foster home would receive for the same level of care once a temporary license is obtained. A standard license is issued once all training and other requirements have been completed.

Independent Living (IL) Services

Estimated Number of Individuals and Families to be Served	805 individuals
Population to be Served	Adults aged 18-21, or until age 26 if enrolled in post-secondary education who have been released from DCF custody
Geographic Areas where the Services are Available	Statewide

Independent Living (IL) Services are available to adults aged 18 who have been released from the DCF Secretary’s custody until age 21, or until age 26 if enrolled in post-secondary education or training programs and participating in the Education and Training Voucher (ETV) Program. The IL Program is voluntary, and adults may receive services in all 105 counties in Kansas. Adults ages 18-26 complete the Kansas IL Self-Sufficiency Matrix and develop a formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is adult-driven and identifies the individual’s goals and steps to achieve those goals. Adults involved in the IL Program are eligible to receive assistance with the following: room/board, medical care, completion of high school/General Equivalency Diploma (GED), post-secondary education or training, mentors, career planning, assistance with checking and correcting credit reports, life skills, and other services as identified by the adult.

The Kansas Foster Child Education Assistance Act, which began July 1, 2006, requires tuition and fees be waived by Kansas post-secondary educational institutions for DCF youth who meet the eligibility criteria until the semester the youth turns 23 years old. Youth may receive additional funds through the ETV Program to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid Option as Aged Out Medical coverage to young adults who leave the custody of DCF, KDOC-JS, and Tribes at age 18, until the month of their 26th birthday. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card. Young adults who turn(ed) 18 on or after 1/1/23 and move to a new state are provided information on how to access Aged Out Medical Card in their new state. Kansas is compliant with the Support Act.

Another Planned Permanent Living Arrangements (APPLA)

Estimated Number of Individuals and Families to be Served	569
Population to be Served	Youth aged 16 or older with a compelling reason to believe no other permanency options are available
Geographic Areas where the Services are Available	Statewide

Kansas changed policy in January 2017 to use the term APPLA to match federal language. The permanency goal of APPLA is appropriate only for youth aged 16 or older when documentation has been provided to the court stating compelling reasons exist making all other permanency options not viable. DCF PPS is compliant with the Preventing Sex Trafficking and Strengthening Families Act regulations requiring with a case plan goal of APPLA be 16 or older. As of June 30, 2022, 8.70 percent (n=569) of youth in DCF custody had a case plan goal of APPLA.

Choosing this option is appropriate only when there is a plan for a specific, long-term placement for the youth. Long-term, out-of-home placement is not an acceptable permanency option and is not to be chosen as a planned permanent living arrangement. When the youth is in APPLA, the plan for the youth to remain in the placement resource until achieving permanency is documented. The youth and the placement resource sign a commitment agreement, PPS Appendix 5K, indicating their understanding of the plan.

A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the youth continue to be explored throughout the time they are placed out of the home. The permanency option of APPLA does not rule out other more permanent options.

The PPS regional IL Coordinator or designee attends scheduled case plans for all youth in out-of-home placement with a case plan goal of APPLA, beginning at age 16. The IL Coordinators attend case planning conferences for all other youth in out of home care age 17 and older to begin discussion and preparation for self-sufficiency services in the event permanency is not achieved. The PPS regional IL Coordinator or designee continues to attend the youth's permanency case plans until attainment of permanency or transitioning from foster care into adulthood. Continued assistance involves support with engaging the youth and ongoing rapport building.

A transition plan is initiated beginning at age 14, for all youth in out of home care, regardless of case plan goal. The youth is assisted in considering options on the transition plan for housing, health care, insurance, education, continued support services, employment, financial support, transportation, and other services needed to maintain self-sufficiency for the youth and serve any minor child of the youth as well. Information on available resources from internal and external programs is provided. Referrals to supportive services are made, when applicable. The transition plan identifies Connections for Success, which are adults and other resources to whom the youth would reach out to for assistance as they travel their path to independence.

Kansas began exploring SOUL (Support, Opportunity, Unity, Legal Relationship) through meetings with Annie E. Casey Foundation staff during SFY 2022. SOUL is a proposed permanency option that allows young people aged 16 and older to establish a legal relationship with one or more primary adults who will be responsible for their care while still maintaining family connections. Historically, youth in foster care had limited legal options for permanency, including adoption, guardianship, reunification, or APPLA. The addition of SOUL would expand options for young people by establishing a legal connection between at least one adult, providing young people exiting foster care with a support system as they transition to adulthood. This permanency option was developed by young people with lived experience and is being championed by Annie E. Casey Foundation.

Currently, Kansas is the only selected state to begin designing and implementing this option. DCF is working with the Annie E. Casey Foundation and young persons with lived experience, to bring this option to youth currently in care. The kickoff meeting was held in May 2022 and included representation from Annie E. Casey, DCF, CWCMPs, young adults and families with lived experience. Regular meetings, balanced between in-person and virtual, are held to keep everyone engaged in the work and

apprised of progress. A significant amount of time was spent on getting to know one another and developing trusting and open relationships between workgroup members. This was vital in working toward shared power for those with lived experience and those in the professional realm of Kansas Child Welfare.

Workgroups were identified and commenced in August 2022. The workgroups, chaired or co-chaired by those with lived experience, include Legal and Policy, Data and Research, Practice and Implementation, and Communication. Workgroups meet independent of the larger group and focus on laying the foundation and furthering the work in the areas while consulting with other groups. Identified community partners were onboarded in October 2022 and have been integrated into the groups.

Annie E. Casey Foundation engaged the services of FAC to help develop, prepare, and support young people with lived experience to participate as equal partners on the statewide co-design team. FAC was introduced to young people as a support prior and started in this role related to SOUL in February 2023. Staff at FAC will also be assisting with coordination, design, preparation, and hosting of the following: listening sessions, focus groups, community meetings about SOUL Family, and trainings or workshops for young people.

Multiple workgroups have plans to survey young people, families, and stakeholders and/or hold focus groups to help inform design and implementation. Those efforts will be coordinated to avoid duplication of work and ensure that a wide net is cast for participants. Work is underway to draft legislation with a plan to introduce it during the 2024 Kansas Legislative session. The group is excited to see this idea transform into law, policy, and practice aimed at improving the options available to young people in foster care. Please see attachments 47-53 for SOUL Family Handout, SOUL Family Backgrounder, SOUL Family Talking Points Guidance, SOUL Family FAC, SOUL Authentic Youth Engagement, SOUL Workgroups, and Kansas SOUL Family Demonstration Team – Meeting Attendance for more information about SOUL.

Adoption Assistance

Estimated Number of Individuals and Families to be Served	8942 open cases for Adoption Assistance as Feb. 2023.
Population to be Served	Average age 11.92 years old as of Feb 2023.
Geographic Areas where the Services are Available	Adoption Subsidies can follow the child to any state and country.

Adoption Assistance is designed to remove barriers to the adoption of children with special needs who otherwise may not be adopted. The intent of the program is to assist the adoptive family in meeting the special needs of the child. This program is authorized by state and federal statutes and regulations. Kansas implemented a state adoption assistance program in 1972.

DCF’s policy is to uniformly operate the state and federal programs. Adoption subsidy and medical assistance are provided for eligible children regardless of the funding source. Eligibility for adoption assistance is based on the special needs of the child and not the income/resources of the family. In determining the type and amount of assistance, DCF assesses the community and family’s resources available to meet the child’s ordinary and special needs. Children in the Custody of the Secretary of the DCF or a licensed nonprofit CPA, may be eligible for one or more of the following types of adoption assistance: Title XIX Medicaid, monthly subsidy payment, special service payment, and non-recurring expenses. At the end of February 2023, the average subsidy amount was \$464.32, which is up from the

average of \$455.22 from March 2022. The average in March 2021 was \$448.62 a month This represents an increase of \$9.10 or approximately 1.999% from March 2022 and an approximate 3.5% increase from March 2021 or \$15.70 in additional subsidy.

At the end of February 2023, there were 8942 open adoption assistance cases. This represents an increase of 221 cases or 2.534% from March 2022 (8,721.)

The CWCMP provides services and supports for six months following finalization of an adoption or permanent custodianship. These services, referred to as aftercare, are provided to ensure safety and stability of the placement for the child and to assist all family members in obtaining needed resources. The Aftercare Contact Agreement is developed with family to outline the services and supports needed to maintain the placement and meet the needs of the child. Once completed, it is signed at the same meeting as the APA, which is a written agreement signed by the family, the child's case manager, and DCF to place the child in an adoptive home. This is the step prior to finalization. The child remains in the State's legal custody until finalization.

Historically, policy work regarding aftercare was strengthened in January 2017 on the APA, to include the parent(s) agreement to work collaboratively with the CWCMP to develop and implement/participate in an aftercare plan. Also, the PPS Adoption Specialists will approve the submitted aftercare plan. Once the aftercare plan is developed, the CWCMP engages with the child and family to provide services and supports, as outlined in the plan, and submits a completed monthly report to DCF. This includes providing services to families in crisis. If a family is not involved in aftercare services, the PPS Adoption Assistance Specialist assists families with connecting to community services to meet crisis needs. If further assessment is needed, a report may be made to the KPRC to initiate an assessment for services. The PPS practitioner would then complete an assessment and works with the family to determine services needed to maintain the child in the home and de-escalate the crisis.

Services for Children Adopted from Other Countries

Kansas Post Adoption Resource Center (K-PARC) Families who adopt children from other countries may access K-PARC for services and supports.

K-PARC serves families by:

- Offering parent, youth, and child education,
- Peer and community support and activities, and
- Resource development and referrals. For additional information about K-PARC, see Section H.

In Kansas, if an adoption of a child from another country disrupts and the adoption has not been finalized, DCF contacts the original adoption agency to assume responsibility for the child. If there is no agency involvement or the child is not here for adoption, the consulate for the child's country is contacted and DCF coordinates a plan for the child accordingly. In the interim, DCF provides the same care and services for this child as it would for any child in DCF custody. If a finalized adoption dissolves, the child is placed in DCF custody and enters foster or relative/kinship care. These children receive services to reintegrate with their adoptive families or help them achieve permanency with a different family. The statewide FACTS includes information about whether a child in State custody has had previous DCF involvement, a previous adoption, and whether the parents have relinquished their parental rights, or the court has terminated their rights.

Individualized Post Adoption Support Services

Families who adopt children from other countries may also access the Individualized Post Adoption Support Services offered by grantees DCCCA and TFI. The grant period runs January 1, 2023, through June 30, 2024. The focus is on preventing children and youth, internally adopted, who are living with their adopted family from entering or re-entering foster care. See DCCCA’s website, www.dccca.org, to learn more about services.

TFI offers a case management model by establishing visits and phone calls to the home based on the level of acuity and prevention of entry or re-entry to foster care. See TFI’s website, tfifamily.org, to learn more about services.

As of April 2023, DCF has approximately 10 children in custody who were previously adopted internationally. Numbers reported by grantees: SFM 2, KVC 6, Cornerstones of Care 2, and TFI 0.

The following is additional information on the 10 children:

SFM

Date of Entry	Child’s Origin Country	Adoption Origin Agency	Permanency Plan	Disruption/Dissolution Information
March 2016 (child one)	Peru	Villa Hope	APPLA (previously adoption)	Physical abuse by the adoptive parents.
December 2020 (child two)	Ukraine	Unknown	Adoption	Parents refused to pick up the child due to mental health issues.

KVC

Date of Entry	Child’s Origin Country	Adoption Origin Agency	Permanency Plan	Disruption/Dissolution Information
July 2020 (child one)	Nigeria	Unknown	Reintegration	Behaviors/Mental Health of Child
October 2021 (child two)	Nigeria	Unknown	Reintegration	Behaviors/Mental Health of Child
September 2018 (child three)	Russia	Catholic Charities Asheville, NC	APPLA: Potential release of custody soon	Refused pick up from acute discharge; emotional abuse; youth homicidal threats/statements; parents don’t feel safe.
September 2019 (child four)	Vietnam	Florida Home Studies and Adoption/ Adoption and Beyond	Reintegration	Refused pick up from PRTF discharge after one year in placement; significant mental health concerns; dangerous behaviors beyond parental control.
November 2018 (child five)	Guatemala	Special Additions, Inc	Adoption	Behaviors/Mental Health of Child
July 2021 (child six)	Bulgaria	Adoption & Beyond HS Writer/Unknown International Agency	New Adoption Finalized 05/20/2022	Sexual assault of a 5-year-old child in previous adoptive home.

Cornerstones of Care

Date of Entry	Origin Country	Origin Agency	Permanency	Disruption/Dissolution Information
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2020 (child one)	Haiti	Unknown	Reintegration (change expected soon)	Parents career military; dropped child in Atchison; took twin sister to France; stationed in Naples
8/19/2021 (child two)	China	Unknown	Reintegration (parents wished to relinquished, not accepted-no adoptive resources)	Adoptive parents took child to San Antonio where they still reside. Parents unable to control child's behaviors; lived with parents for approximately 7 years; refused pick up from hospital due to behaviors.

Services for Children Under the Age of Five

DCF and CWCMPs are working collaboratively to develop procedures to reduce the length of time in foster care for children under the age of five without a permanent family.

Activities to address the developmental needs of children under the age of five placed in foster care, start with assessment tools to screen for developmental disabilities and mental health issues. If the tool identifies the child has a developmental or emotional/behavioral need, the CWCMP will refer the child to an appropriate age level early childhood service. An Infant-Toddler or Tiny-K program referral is made for children birth to age two. Children three years and above are referred to their local school district's IDEA Preschool Program. Head Start/Early Head Start programs have policies which place children in foster care at the top of the list for admission.

Screening tools used by CWCMPs to assess a child's emotional, behavioral and well-being needs include North Carolina Family Assessment Scale + Reintegration (NCFAS+R) or the Parenting Stress Index, Child Stress Disorder Checklist (CSDC) and the Ages and Stages Questionnaire Social Emotional (ASQ-SE), Preschool and Early Childhood Functional Assessment Scale (PECFAS).

Statewide	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
	Jul. 14 -Jun. 15	Jul. 15-Jun. 16	Jul. 16-Jun 17	Jul. 17-Jun 18	Jul. 18-Jun 19	Jul.19-Mar 20	Jul. 20-April 21	Jul. 21 - June 22	Jul. 22 - Jan 23
Percentage of children in out of home placement under the age of 5	32%	30%	30%	30%	29%	28%	33%	26.00%	25.92%
Of those the percentage placed with relatives	40%	38%	39%	38%	38%	40%	44%	12.22%	12.17%
Of those the percentage with 2 or fewer moves while in care	97%	96%	95%	94%	76%	78%	98%	85.63%	89.70%
Percentage of children awaiting adoption under the age of 5	26%	23%	23%	23%	20%	17%	19%	23.15%	21.71%
Percentage of children on the AdoptKSKids website under the age of 5	2%	0%	4%	4%	5%	2%	4.5%	4.60%	4.76%

CAK, through a contract with DCF, provides and supports ongoing training for foster parents that change monthly. Some of the training topics available for foster parents geared toward children aged 5 and younger include, but are not limited to:

- American Red Cross First Aid/CPR

- Neurodiversity & Autism Spectrum Disorder
- Normalcy and Child Development
- Understanding Children's Temperament

In fiscal year 2023, five employees from DCF attended The KIDS Safe Sleep Certification Training to become certified Safe Sleep Instructors (SSI). This brings the total number of SSIs at DCF to 39.

Certified DCF SSIs facilitate Wrestling with Safe Sleep (WWSS) classes to new and veteran staff within DCF, CWCMP, and community partners. This class allows participants to engage families on Safe Sleep practices, including the ABCs of Safe Sleep. During FY23, 110 professionals across the state completed the WWSS two-hour course, with an approximate total of 40 additional staff expected to complete the training by the end of the FY.

Through combined efforts of DCF SSIs, 11 virtual WWSS training classes have been hosted to date, with a minimum of four additional classes slated to be hosted through June 30, 2023.

The agency goal is to train all DCF staff in Safe Sleep practices and partner with other community agencies to host Community Baby Showers for expectant mothers and their family members. The baby showers and simple visual assessments allow staff in various positions to engage and equip families with informative resources regarding Safe Sleep practices. Families receiving DCF services in need of additional resources may be eligible to receive free cribettes, sleep sacks, and/or other supplies to provide Safe Sleep environments for their infants.

DCF offers a variety of services for children under the age of five through Family First Prevention Service grants (attachment 33 table of Family First services), such as the HFA program and the PAT program. Kansas continues to expand and work with community partners to make services available and accessible to families with children under the age of five. Additional programs within the EES division of DCF provide a wide range of services and supports to families with children under the age of five. Those include:

TANF Cash Assistance

The purpose of this program is to provide temporary cash assistance to low-income families with at least one child in the home. A qualifying child may be unborn or under the age of 18, or age 19 if still enrolled in school and making progress toward earning a high school diploma or GED. A qualifying child may also be temporarily absent from the home for up to 180 days if the intent is for the child to return to the home. Cash assistance payments are made through the Electronic Benefit Transfer (EBT). Eligibility for TANF is limited to those families whose income is less than 30 percent of the Federal Poverty Level

International Rescue Committee (IRC)

An evidence-based, manualized prevention intervention which addresses trauma, helps families achieve and maintain stability, and reduces risk factors. Intervention services target 90 at-risk families and include programming aimed at improving caregiver functioning, positive parenting practices and connections to social supports and community services. In SFY23, 284 families have been served.

Healthy Families America Program (Childhood Home Visitation) - KCSL

This program provides early childhood home visitation programs, beginning at birth and continuing to age three or five. The purpose of this grant is to promote child well-being by strengthening families. Intensive home visitations are part of this program. Services are limited to families who are at-risk and low income. In SFY2023, through the end of February, 262 families have been served.

KVC – Project Rise

Project Rise serves eight counties in Northeast Kansas. Services focus on engaging at-risk families and improving social and health outcomes associated with poverty including social determinants of health, financial literacy, and social support networks. Case management and crisis stabilization services are offered to participating families to increase opportunities for families to experience positive outcomes. In SFY2023 38 families and 56 children have been served.

Kansas Alliance Boys and Girls Clubs

The Kansas Alliance of Boys & Girls Clubs provides evidence-based and informed prevention programming in three primary categories: Health & Wellness, Good Character & Citizenship, and Academic Success for the purpose of reducing pre-identified risky behaviors. Expected outcomes of programming are the reduction of unplanned pregnancies, increased academic achievement, and a reduction in the need for future public assistance. Through the end of February, 6,471 unduplicated youth have been served in SFY2023.

Urban Scholastic Center

Urban Scholastic (USC) serves urban youth in grades K-12 and their families by offering a wide array of programs including financial literacy, after school and evening educational programs, and psychoeducational services and programming. USC is involved in several schools and local communities in the Kansas City, KS area and facilitates neighborhood outreach and special reading programs at its facility. USC aims to help increase a child's chances of academic success and to prepare participating students for post-secondary education and career paths.

In addition, USC staff recruit community leaders to work with students within their own community to make a positive impact and instill a system of values that promotes honorable living, improves student academic performance, enhances student leadership skills, and empowers students to make a positive contribution to the community. USC focuses on providing services for low-income families and youth primarily residing in the inner city of Wyandotte County, KS. TANF funding supports strengthening and preserving families, removes disincentives to the formation and maintenance of two-parent families, and encourages collaboration with community and faith-based organizations.

Kansas Preschool Pilot (KPP)

The overarching focus of the Kansas Pre-K Pilot program is to use research-based and intentional practices to improve the quality of the early learning experiences provided to children participating in the Early Learning Kansas program. This results in increased readiness for success as they enter kindergarten and the elementary school years. The model has four components, each of which is based upon research and evidence, and has been shown to support quality in early learning and promote later success in school: Community Collaboration, Family Engagement, High Quality Early Learning Experiences, and Successful Children. In the first half of SFY2023, 75 school districts have been served.

Two-Parent Family Initiatives

Connections to Success, The Mirror, and the Mental Health Association of South-Central Kansas, provide programming and services to at risk youth and families across Kansas. This programming includes personal and professional development education and training. This also includes one on one case management services or referrals to resources for participants that need additional supports for healthy relationships, self-sufficiency, and overall family stability.

As the lead agency in Kansas for the Child Care and Development Fund (CCDF), DCF provides the following services directly or through grants, contracts, or agreements with other agencies:

Child Care Subsidy is a program which provides financial assistance to families with the goal to promote family economic self-sufficiency and to help children succeed in school and in life through affordable, high-quality early care and education and after school programs. To initially qualify for childcare assistance, a family must include at least one child under the age of 13, or age 13 to 18 and incapable of caring for themselves. The family must have countable income below 250% of the Federal Poverty Level (FPL) at initial eligibility. They must have an allowable need for childcare and choose a childcare provider who has an agreement with DCF.

Market Rate Surveys are completed by a contractor to analyze the local market rates of regulated childcare throughout the state of Kansas. DCF can use the information to determine if DCF rates and county groupings are adequate to allow subsidized families the purchasing power equal to private pay families.

Kansas Child Care Training Opportunities-Infant Toddler Specialist Network (KCCTO-ITSN): CCDF are used to provide services to strengthen the quality of infant and toddler care through TA, including the coordination of resources to assist infant-toddler childcare providers.

Kansas Early Head Start-Child Care Partnership (KEHS-CCP): KEHS-CCP provides services to Kansas children through the KEHS program delivered by KEHS grantees. KEHS provides comprehensive services to childcare partner programs which exhibit need, desire to participate, and have willingness to follow enhanced program regulations and requirements related to quality KEHS. These include services related to child development, continuity of care, parent involvement, and professional development. KEHS offers parents opportunities for individual and parental growth, support in identifying and meeting goals, including a goal of self-sufficiency. KEHS programs offer family strengthening, father engagement activities, and education. KEHS programs also provide financial literacy and health literacy education.

CCDF are provided to KDHE childcare licensing to share in the cost of implementing requirements and standards to promote health and safety in childcare settings. Funds covers costs associated with development of the standards, monitoring and enforcement of policies and practices.

Resource and Referral Consumer Education services include providing customized referrals to families for childcare, consumer education on what to look for in quality childcare, resources to providers to encourage quality improvement, meet family's needs, and outreach and partnership with businesses and community organizations to build capacity for high-quality childcare programs.

Links to Quality is an initiative which strives to increase access to quality childcare for all Kansas families. The purpose is to design and implement a statewide system which defines and recognizes quality childcare. Childcare professional development activities include instruction and educational opportunities to strengthen the workforce, quality improvement efforts and collaboration among partners. This work is funded through the Workforce Development.

Efforts to Track and Prevent Child Maltreatment Deaths

The FFPSA amended requirements relating to information about child maltreatment deaths. Below is a description of the steps Kansas is taking to compile, complete, and accurately report information on child maltreatment deaths reported to NCANDS.

DCF Critical Incident Protocol is a process for reporting, reviewing, and documenting the Division's response to immediate critical events involving a child. The process takes a closer look into circumstances surrounding critical incidents. This includes the Division's initial response to the critical incident and prior Division involvement with the impacted family. The goal is to identify systemic issues, agency practices, or areas of need, which, if addressed through policy or practice, may improve the Division's effectiveness moving forward.

In July 2019, a revised policy of Critical Incident Response Protocol and information triage team was implemented. When a child death occurs in Kansas and DCF either becomes actively involved in the event or had contact with the family within the last three years, the Critical Incident review process is initiated.

The DCF Administration Critical Incident team receives initial notice of child fatalities through the KPRC or regional practitioners who become aware of a fatality. The Critical Incident team receiving initial notice are comprised of Program Administrators and Deputy Directors with significant child welfare experience. The team reviews the initial notification of the child death event and the agency's critical event administrator initiates a triage request.

Within one half workday of the initial notice, a triage approach is activated, and preliminary assessment report completed by a designated staff and provided to the Secretary, Director of Communications, and General Counsel. The preliminary assessment triage provides information on family history known to the agency to aid in determining if further review is warranted or would be helpful for continuous improvement. Factors influencing a decision for further review set forth in policy include but are not limited to manner of death, agency history, and request of the Secretary.

If circumstances indicate further review is warranted, the critical event administrator contacts the assigned front-line practitioner and supervisor for their experience. This step of review informs systemic change by supporting and obtaining the perspective of child protection staff who have worked with and have knowledge of the family. The practitioner is asked to share their experience with the trauma of a child death, how agency practices impacted their work, and offer feedback in the process to assist with future policy review and development. This information is then combined with the interviewer's observations and developed into recommendations for improvements in policy, practice, or partner engagement if indicated.

The information gathered during review is shared with Secretary Howard and other members of DCF Administration. These conversations have led to implementation of program assistance and regional support to help child protection staff and their supervisors serve alongside families. One example of continuous improvement gained from these reviews was the need to support awareness of safe sleep and reduce sleep related infant deaths. At the end of fiscal year 2023, DCF had a total of 32 active Safe Sleep Instructors. See Section Services for Children Under the Age of Five.

DCF uses data from FACTS to report fatalities in NCANDS. Maltreatment findings recorded in FACTS regarding child fatalities are made from joint investigations with law enforcement and are reported to NCANDS as child deaths as a result of maltreatment. The investigation from law enforcement and any report from a medical examiner's office is used to determine if the child's fatality was caused by maltreatment. CAPTA requires each state establish a CRP responsible for reviewing child deaths in the state. CAPTA funding supports this panel. The SCDRB serves in the capacity as one of three CRP in the State. The SCDRB works with Kansas Department of Vital Statistics for notifications of child deaths. Death and birth certificates and coroner reports are additional sources of information. Reports from the coroner, autopsy, law enforcement, and media are resources used in review of the child death. Scene photographs, obituaries, and medical, school and DCF records are also reviewed. Other documentation determined relevant to the review is collected in addition.

The SCDRB completes a review after all information related to the death is made available. The review by this board does not take place at the time of death or during the investigation of death. The SCDRB meets monthly. Board members include professionals representing the Attorney General's Office, KBI,

DCF, KDHE, Commissioner of Education, State Board of Healing Arts, Attorney General advocacy groups, and Kansas County District Attorney Association.

Since 1994, the SCDRB has reviewed 12,393 child deaths in Kansas. In 2020, Kansas experienced 365 child fatalities. The SCDRB completes an annual report with recommendations related to preventing child deaths. SCDRB report includes recommendations toward preventing deaths due to child abuse and neglect youth suicide, motor vehicle sleep-related, unintentional injury, improvement in the quality of investigations, prosecution of child deaths and near fatalities, and standardizing county-level reviews of child fatalities. In its most recent report, the SCRDB recommended CMHCs increase outreach to raise awareness of mental health resources for children in communities across the state. It was recommended outreach include education to parents, caregivers, and educators about the resources within their community. See Attachment 18 for the SCRDB Annual Report and Attachment 19 for the PPS Director's Response to the Annual Report.

The SCDRB has developed the following three goals to direct its work:

- describe trends and patterns in child deaths and identify risk factors in the population.
- improve inter-agency communication so recommendations can be made regarding recording of actual cause of death, investigation of suspicious deaths, and system responses to child deaths.
- develop prevention strategies including community education and mobilization, professional training, and changes in legislation, public policy and/or agency practices.

In SFY23 state agencies and mental health providers collaborated to increase the availability of community crisis responses for individuals experiencing mental health distress. The Legislature held hearings on the topic of mental health modernization and passed a bill establishing the certified community behavioral health clinic (CCBHC) as the model for providing behavioral health services in Kansas (HB 2208). Six Kansas CMHC are in the process of implementing the CCBHC model, and it is anticipated all 26 licensed CMHCs will transition to CCBHCs over the next three years. It was also recommended schools, communities, and state agencies promote a youth suicide prevention application titled "Kansas-A Friend Asks" and the 988 national suicide prevention lifeline.

In 2022, the Kansas Child Death Review Board entered into an agreement with the National Center for Fatality Review and Prevention to become one of the seven pilot states participating in the Drowning Case Registry Project. This project seeks to standardize drowning death scene investigations by creating an easy-to-use tool Drowning Death Scene Investigation form.

See Services for Children Under the Age of Five for information related to safe sleep.

DCF PPS practitioners complete a history search when an abuse/neglect report is assigned. The search includes a review of DCF, criminal, and sexual offense histories of record for each caregiver and alleged perpetrator included in the report. Search efforts are documented and clearly state the name(s) of the person(s), date conducted, source, and include a statement as such if no information is found. Before meeting with the family, the practitioner reviews history to identify potential safety and/or risks to the child and determine relevancy to the current situation. The practitioner will consider ongoing risk/safety worries if they include a pattern throughout the family's history. Examples could include developmental disabilities, domestic violence, and substance use. Patterns identified through history indicate the need for further assessment when meeting with the family. The practitioner will incorporate knowledge of relevant history when interviewing and observing family members as part of the assessment of current function

and ability to mitigate safety/risk worries. Exceptions to this process are when a report is assigned as Non-Family/Unregulated Caregiver and Facility.

To learn more about DCF’s agreement with Wichita Police Department, see Item 29: Array of Services – Referral Programs.

Wichita Coalition for Child Abuse Prevention

The Wichita Child Abuse Fatalities Community Response Team, now known as the Wichita Coalition for Child Abuse

Prevention (WCCAP), was formed to create and carry out prevention initiatives as a community response to the cluster of eight child abuse fatalities in Wichita identified by the Wichita Eagle newspaper in 2008. Their mission is to empower organizations in Wichita to create an effective system to prevent child abuse and neglect. Work groups were formed to develop strategies to address issues identified in data related to the fatalities which was compiled by the Wichita Police Department.

CAPTA funds are utilized in this collective impact group. There are 130 representatives from 60 organizations representing a broad array of sectors. Members include government and social service agencies, law enforcement, universities, school districts, neighborhood associations, faith-based agencies, businesses, funding partners, hospitals, and community and family representatives involved in the child abuse prevention network. In SFY20, DCF increased funding for WCCAP to form new workgroup focused on Child Care Availability. This group was formed to address the need for affordable, high-quality childcare in response to incidents of child abuse and child deaths when children are left in the care of persons who are unprepared or unable to care for them.

C.5.b. MaryLee Allen Promoting Safe and Stable Families, Title IV-B, subpart 2

Service Decision-Making process for Family Support Services

PSSF is used to fund agency wide prevention efforts, family support, time-limited family reunification and adoption support programs. Service delivery is funded through the Title IV-B, Subpart 2. When selecting community-based services, stakeholder applications are requested, and review teams consider options based on proposals for statewide access and availability. DCF invites applications from nonprofit, not-for-profit, and/or for-profit family and child well-being agencies when choosing service providers. When selecting an agency to provide family support services, the review team includes regional and administrative staff input into the decision. The proposals are evaluated for: cost, adequacy, completeness of proposal, bidder’s understanding of the project, compliance with the terms, conditions of the RFP, experience in providing like services, qualified staff, methodology to accomplish task, and the response format per the RFP. Each category receives, at a minimum, 21% of the Subpart 2 funding. In Kansas, with focus shifting towards prevention, the Family Preservation program expends 33% of these funds and the Family Services program 26%. Please refer to the Attachment 54 CFS101 IVB subpart 2 for estimated expenditures.

The PSSF-funded services delivered by the CWCMPs aim to:

- Protect and promote the welfare and safety of all children;
- Prevent or assist in the solution of problems that may result in the neglect; abuse, exploitation or delinquency of children;
- Prevent unnecessary separation of children from their families;

- Restore children to their families who may be safely returned by the provision of services to the child and family;
- Ensure adequate care of children away from their homes; and
- Place children in suitable adoptive homes when reintegration with the biological family is not possible or appropriate.

Reintegration, Foster Care, and Adoption Services

See Current and Planned Activities: Rapid Permanency Review.

Special Response Team

The Special Response Team (SRT) created in late 2019 within PPS is a part of the Youth Programs unit which includes the Chafee Foster Care Program for Successful Transition to Adulthood and the ETV Program, Crossover Youth, and Human Trafficking Prevention and Initiatives. This newer subdivision has assisted the agency in creating a stronger youth services array. The SRT assists with the recovery of youth who have run away from foster care or are absent from their placement without permission, the prevention of runaways, and system engagement and improvement. The Response Team Specialists, hereafter referred to as Specialists, are comprised of DCF and foster care provider staff. These dedicated positions are non-case carrying and are located across the state. DCF Administration and each foster care provider have assigned Specialists that comprise a team of



twelve. Two additional members were added for enhanced coverage in Wichita and Western portions of the state during SFY21.

Recovery Process

The risks of running away and missing from placement are extremely high for youth placed in foster care. The agency recognizes that every effort must be taken to ensure the youth is recovered as swiftly as possible to mitigate the dangers of being on the run. At the backbone of operations is a firmly held value, one youth on the run is one too many.

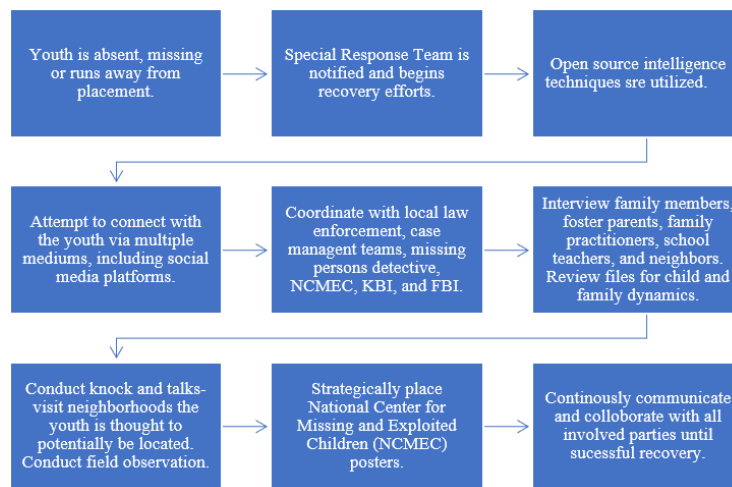
When a child in the custody of the Secretary is missing from an out of home placement due to running away, being abducted, or missing for an unknown reason, the foster care provider reports the missing child to the SRT by sending an email to DCF.SpecialResponseTeam@ks.gov within two hours of being missing or absent. These notifications are received by the entire team, triggering recovery efforts. Recovery efforts occur as a collaborative and collective statewide team, with foster care providers taking the lead for youth from their catchment areas.

At the core of the team's work is the provision of relational support and development of a youth's lifetime network of supportive connections. Upon notification of a run/absence, the Specialist immediately reaches out to the youth via text or phone call, if applicable. A search for the youth's social media profiles is completed on Snapchat, Facebook, Twitter, Instagram, and other lesser used platforms. Attempts are made to establish a line of communication with the youth. If one team member struggles to establish this connection, other team members are pulled in to intensify efforts. When communication is established, Specialists approach connection in a supportive and empathic manner, attempting to garner details of

what prompted the running episode while utilizing strategies of Motivational Interviewing (MI) and Cognitive Interaction Skills (CIS). Many youth are running to something or someone and/or running away from situations. Staff authentically engage youth on their level by listening and offering support. After trust has been established, Specialists work with the youth to explore past relationships or connections in which youth felt loved and safe and brainstorm possible placements which better meet their needs while supporting their well-being. Specialists have been trained to evaluate potential placements, conduct walkthroughs, complete necessary paperwork for background checks, and make recommendations to essential parties for placement.

Coordinated Efforts

Weekly statewide staffing occurs involving the entire SRT, DCF Regional and Provider leadership, DCF Regional Foster Care Administrators, Foster Care Liaisons, Case Management teams, Child Protection Specialists, and the Anti-Human Trafficking Program Manager. These staffings assist in ensuring multiple service delivery lines are communicating ongoing efforts and sharing vital information. This allows for a free flow of ideas and brainstorming of new efforts and suggestions.



External Collaboration

The Specialists collaborate with vital community partners such as local law enforcement, the KBI, FBI, Kansas Sheriffs’ Association, Kansas Association of Chiefs of Police, Kansas Peace Officers Association, Wichita Children’s Home Street Outreach Services (SOS), National Safe Streets Network, and NCMEC. Recovery of Kansas children has focused on utilizing multiple social media strategies, open-source intelligence, effective partnerships with the law enforcement community, and strong fact-finding skills.

During SFY 2023, DCF Youth Programs continued to partner with NCMEC’s newly formed Child Sex Trafficking RST. The RST is created to assist child welfare professionals, law enforcement, and other multidisciplinary team members in developing intentional, victim-centered, and trauma-informed recovery plans for children missing from care who are suspected or confirmed to be victims of child sex trafficking (CST). The team consists of four Resource Specialists who are assigned to a multi-state area of responsibility and become experts in all CST-related laws, policies, and resources in their states. A CST Resource Specialist has been assigned to Kansas and began active collaboration efforts in March 2021 and continues to present day. The partnership has resulted in the NCMEC RST joining efforts with Kansas to further develop Kansas’ Recovery Plan for youth with recurring running behaviors and assist with improving services for children at risk of or involved in HT.

The DCF Deputy Director of Youth Programs and the Anti-Human Trafficking Program Manager are members of the Kansas Attorney General’s HTAB. The HTAB was established in January 2010 to explore the issues of HT in the state of Kansas. In 2013, the Kansas Legislature recognized the Board as the state's official HTAB. This team of advisors is composed of law enforcement personnel, prosecutors, court personnel, advocates, victims of human trafficking and other pertinent parties who have expertise in this field. The HTAB meets monthly in a virtual capacity.

The DCF Youth Programs unit has been invited to join the Adult and Youth Services Workgroups, both sub-committees of the Kansas Attorney General’s HTAB. The committee met frequently to discuss improvement of services in Kansas for adult and child survivors of HT. The sub-committees met bi-weekly to develop recommendations addressing areas of opportunity for improvement in Kansas.



Vital Lifetime Networks of Connection

Prevention of youth running behaviors has concentrated on building supportive relationships with youth and assisting with development of a lifetime network of connections. Team members focus on authentic youth engagement and forming supportive partnerships with the youth. The SRT has focused on continued connection with recovered youth and consistently being available to them while filling system and relational gaps.

After recovery, Specialists help advocate for youth in becoming connected to their families, schools, communities, and to experience the normalcy of daily living while placed in care. A youth’s activities, sports, hobbies, communities of faith, volunteering, and creative outlets further develop their network of connections while enhancing their resiliency. Specialists have utilized calendaring, mobility mapping, connectedness maps, life trajectory techniques, and eco mapping as tools for network development.

Prevention

Specialists continue to provide relational support and advocacy for youth after recovery. This includes celebrating small successes and maintaining regular contact until additional connections are established. Specialists model appropriate behavior for youth and refer youth to community resources.

The team has been implementing the Let’s Talk: Runaway Prevention Curriculum. The curriculum is evidence-based with 14 modules intended to educate youth about alternatives to running away and build

life skills so youth can resolve problems without resorting to running away or unsafe behavior. The materials are intended for use with youth ages 10 to 20. The Specialists have focused on initial implementation of Module 6: Runaway Reality, Module 7: National Safe Connections, and Module 12: Sexuality and Sexual Orientation.

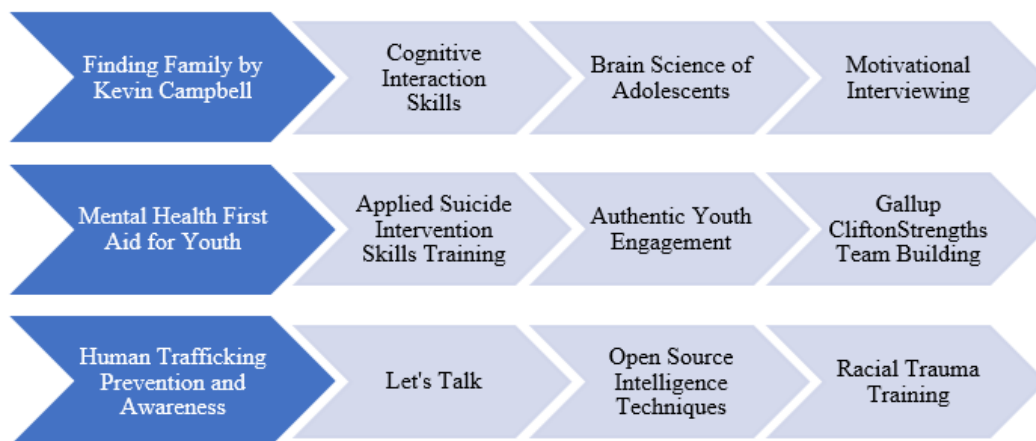
The DCF Administration Specialists collect demographic information, various identified risk factors, and additional data components that feed into the DCF Youth Recovery Report SFY 2023, Attachment 55. These data components are utilized to analyze trends related to youth on the run or absent from placement. Identified trends help the agency build a methodical, data-driven prevention effort, develop future runaway risk assessments, and develop new program services. This data will also be used to identify areas of opportunity for system improvement.

Training

The program is utilizing strategies from Family Finding, Motivational Interviewing, Let’s Talk, Mental Health First Aid for Youth, Cognitive Interaction Skills, Human Trafficking Prevention and Awareness, KBI Open Source Intelligence (OSINT), Clifton Strength’s Team building, and Brain Science of Adolescents trainings to improve outcomes for Kansas youth.

During SFY23 the training “What Are They Running From?” was held on May 22nd and 24th, 2023. The training covered why juveniles runaway and dangers which apply to youth during this timeframe. Strategies for interrupting chronic runaway behavior are explored, while providing a tool to help assess and document runaway reasons, behaviors, and intervention options. trauma which can occur during runaway events and responding to youth during traumatic events are considered. During this training, staff learned how to develop an action plan and implement proven tools to provide protective factors to this at-risk population. Staff learned how to utilize the Runaway Risk Screening Tool to identify children who have runaway due to their exposure to ACEs. Staff learned how to identify young people who are most vulnerable to human trafficking recruitment. Establishing a local “Youth Huddle” is essential in preparing an individual youth action plan to help children exposed to violence and other adverse experiences.

The program’s training plan continues to be developed during the upcoming year. Currently, the team meets for ongoing statewide meetings and utilizes seminars, webinars, and guest trainers for further program and professional development.



Immediate Response Team and Human Trafficking

See C.1.1 Human Trafficking for more information.

Populations at Greatest Risk of Maltreatment

DCF has used the following information to identify populations at the greatest risk of maltreatment.

- In Kansas, 85% of counties are rural communities with scarce resources for families per the Institute for Policy & Social Research. Population Density Classifications in Kansas, by County, 2020.
- In fiscal year 2022, Kansas had 70,057 reports of child abuse and neglect, an increase of 25,7% from prior years of 2010 to 2017, Kansas DCF.
- In Kansas, 59 child fatalities occurred between 2017 and 2021 per the U.S. Department of Health & Human Services CB, Child Maltreatment 2021 report.
- Children under the age of one are at the highest risk of dying as a result of abuse or neglect and make up 45.6% of child fatalities. U.S. Department of Health & Human Services CB. Child Maltreatment 2021.

Kansas has a universal approach to prevention, incorporating a Strengthening Families and Protective Factors framework to support all families in the state. Providing primary prevention services to children birth to five and targeted to at-risk and underserved populations is a focus in the state. Services are targeted to at-risk communities, which are identified through the presence of multiple risk factors, including low-income, unemployment, low educational attainment, substance abuse, births to teen mothers, single parent homes, child welfare involvement, homelessness, crime, and limited-service resources.

DCF is focused on improving engagement with families by using techniques borrowed from Motivational Interviewing. Policy and procedures are implemented with a focus on safety, protection and serving children under one. Referring a family to available early childhood services and providing resources promoting safe sleep are a couple of tools practitioners use when working alongside families with a child under one.

Sedgwick County has experienced six child deaths due to child abuse from 2020-2022. To amplify collective impact and achieve no child abuse fatalities, DCF created an opportunity for law enforcement agencies to directly provide case management services to support safe, stable, and nurturing relationships and environments, see Item 29: Service Array – Community Referral Program to learn more.

Kinship Navigator Funding

According to the Annie E. Casey 2018 Kids Count Data, there were 2,677,000 children living in some form of kinship care in America. When DCF began the process to become a Kin-First state, KFAN committed collaborating to make it happen. Supporting kinship caregivers is the focus of KFAN's mission to serve families across Kansas.

In the last three years, the Executive Director and Kinship Program Manager at KFAN have been developing a statewide evidence-based Kinship Navigator Program. KFAN leadership received technical assistance from CBC and incorporated feedback from DCF during different times throughout the process. The project is now in its final phase of development. DCF continues to support this program and understand the important role it plays for families in the state.

The Kansas Kinship Navigator Program through KFAN is family friendly and centered. The program is designed to improve family well-being and principles based on Maslow's Hierarchy of Needs, Family

Needs Assessment, the Five Protective Factors, Family Support Systems, and the Kinship Support Plan. KFAN continues to collaborate with Ohio and their kinship program leaders.

The Kansas Kinship Caregivers Council provides KFAN with support and lived experience feedback toward the program. The caregivers on the council are invested in helping and supporting KFAN and their mission to serve kinship caregivers by creating or improving access to resources needed to care for a relative or NRKIN in their home. Community stakeholders across the state share interest and insight with KFAN who incorporates their feedback into improving the program.

KFAN developed the Client Journey form which allows kinship caregivers to determine:

- The services and supports they need,
- The length of time they would like to work with KFAN,
- And when aid is no longer needed.

This design was made possible with the assistance and voice of KFAN's Kinship Caregivers Council. The voices of these caregivers were important to the design of the program as kinship caregivers voiced the desire to decide the length and scope of assistance they needed.

The Kansas Kinship Navigator Advisory Council is a statewide network of members who connect, advocate and support kinship navigators and agencies associated with kinship care. The work of this group includes advocacy at a national level.

The Kansas Kinship Caregivers Council and the Kansas Kinship Navigator Advisory County were both formed by KFAN with the goal of hearing, learning from, and collaborating with Kansans who have experienced kinship caregiving.

The Kansas Kinship Advisory Board is led by DCF and KFAN and includes membership of over 20 Kansas agencies and community partners, shares information monthly which benefit kinship caregivers and their families. KFAN also has bilingual staff who help with language barriers. Individuals with former child welfare lived experiences are on staff and provide advocacy and support. KFAN facilitates parenting education classes for parents and caregivers to help them strengthen their parenting skills.

KFAN currently has four offices in Kansas who assist with outreach to the underserved populations of formal and informal kinship caregivers. Each office serves communities within a two-hour circumference to promote equitable access to kinship caregivers who need resources or services. KFAN maintains a statewide Resource Guide. This and resources like the United Way 211, Findhelp, IRIS, Unite Us, and the Care Portal are ways to help families find services they need.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Worker/Child visits are required per DCF policy and are a part of the grants with the CWCMPs. Worker/Child visits are required for in-home family service and family preservation cases in addition to out-of-home foster care cases. The CWCMP grant requires workers have a quality visit with children and youth assigned to their caseload a minimum of once a month, with no less than 50% of visits occurring in the child's or youth's residence. It is policy the CWCMP Case Manager meet alone with the child and do a walk-through of their home, when it occurs in the residence, to assess the child or youth for safety and assess whether needs are met. Worker/Child visits start the month the child is referred. For example, if a child is referred in May there will be a worker/child visit documented in May. The initial Worker/Child visit may occur at the Temporary Custody Hearing or the initial meeting.

The relationship between the CWCMP and child is critical and supports the child’s continued safety at home or in out-of-home placement, assessment of whether developmental needs are met, and if the child is maintaining optimal connections with birth family, relatives/NRKin, foster family, and the community. The CWCMP case manager works alongside the child, birth, and foster family when scheduling visits and interactions. The CWCMP case manager gives the child, on a developmental and age-appropriate level, information as it affects the child’s life. Visits are noted on CWCMP forms which document the quality of the visit, including time spent alone with the child.

At every visit, the CWCMP case manager provides the child his/her contact information and listens to the child’s perspective of how well visits and interactions are going and the child’s assessment of how the goals of the case plan are being met. The CWCMP case manager observes the child’s reactions to information presented and assesses safety the child’s developmental progress. From these visits, the CWCMP case manager determines when modifications to the case plan are warranted.

To measure frequency, the CWCMPs report each out-of-home monthly case manager visit(s) through encounter codes. Two codes are available: one to indicate the visit took place in the child’s residence and one to indicate the visit took place elsewhere. No distinction is made between in state and out-of-state visits. They have the same requirement for at least monthly visits. The encounter codes are entered by the CWCMP responsible for management of the case, and each month the results are reviewed for trends and improvements.

DCF monitors MCV and work with CWCMPs to identify strategies to increase performance outcomes. To support monthly caseworker data reaching the 95% threshold each month, the Foster Care Program Manager reviews the data monthly and shares with each corresponding CWCMP and regional DCF staff.

As indicated on the chart below, currently Kansas’ rate of MCV is 96%. Support is provided to catchment area 7, Wichita (SFM), who has not met the 95% goal to identify barriers and create strategies to meet or exceed the goal of 95%. There has been some fluctuation in this data as agencies continue to experience staff turnover. Some errors are identified during monthly reconciliation efforts, which at times resulted in increased outcomes by 1-2% each month. DCF monitors this monthly and is continually following up with each CWCMP to either congratulate or problem solve the issue depending on the data that month.

FY-2023		Federal Measurement of Visits made on Monthly Basis - YTD								96%			Goal 95%	
Catchment Area	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
West 1 (SFM)	98%	98%	96%	98%										
West 2 (SFM)	96%	98%	96%	97%										
East 3 (KVC)	98%	96%	96%	96%										
East 4 (TFI)	96%	97%	98%	98%										
KC 5 (COC)	95%	95%	97%	90%										
KC 6 (KVC)	100%	99%	99%	99%										
Wichita 7 (SFM)	96%	94%	93%	93%										
Wichita 8 (TFI)	95%	95%	97%	97%										

C.5.c. Additional Service Information

Adoption and Legal Guardianship Incentive Payments

DCF received an Adoption and Legal Guardianship Incentive Payment Award in FFY2016. This was the first since 2013. The award amount received was \$442,500. Kansas has since received additional awards of Adoption Incentive funding and it is tracked through the DCF budget division.

Adoption Incentive Awards	Amount Received
FFY2017	\$365,000
FFY2018	\$4,000
FFY2019	\$1,710,000
FFY2020	\$2,533,500
FFY2021	\$50,000
FFY2022	\$232,500

Funds have been used to send child welfare staff to the National Adoption Conference, paid for promotions, advertising for Fostering KS Kids, and speaker costs for the Adoptive Family Conference.

Adoption Incentive funds were also used to train staff in the Family Finding model. See Current and Planned Activities: Family Finding.

DCF used Adoption Incentive funds to purchase the Family Finding manual, which is intended as a collection of tools, strategies, and other materials to support professionals in their efforts to strengthen youth, family and community engagement and participation in situations that involve Child Welfare, Juvenile Justice and Children’s Mental Health Systems.

In June 2019, DCF utilized adoption incentive funds to create a position to augment/sustain the CWCMPs’ work regarding adoption. These positions are called AA. See Current and Planned Activities: Adoption Accelerators.

Adoption Incentive funds were used to explore ways to specialize adoption from foster care practice and build capacity of agencies and mental health providers who work with adoptive families. This included increasing the reimbursement rate for agencies working with ‘adopt only’ families. In SFY 2015, DCF established the Adoption Consortium through the expansion of the adoption exchange contract. The Adoption Consortium was a group of CPAs who assessed, developed, and supported adopt-only families. During SFY 2017, eight CPAs sub-contracted with the adoption exchange provider, KCSL, to receive referrals of these families who were interested in adopting a child from foster care, but not interested in becoming a licensed foster family. A total of 56 families were served through consortium agencies: 27 families were added to the AKK website, and six others either were matched, had a placement, or finalized their adoption. In SFY 2018-2019, the number of CPAs participating in the Consortium decreased significantly because of changes in the home study process, reimbursement rate, and workforce shortages. Kansas will be reconsidering the Consortium’s role as it relates to the Kansas Adoption Network (KAN). KAN meets quarterly to review adoption best practice and policy. KVC initiated an Adopt Only program like SFM. KCSL serves adopt only families as well.

In FFY 23 DCF plans to use Adoption Incentive funds for the following:

- Partially fund the KCSDV grant which provides trainings to child welfare professionals on issues related to domestic violence and child maltreatment.
- Limited time grant with the CAK to develop a curriculum for training and supporting relative as caregivers. This will preserve family connections and prepare relatives to provide placements for children in foster care reducing instability in placements.
- Two Family Advocate positions in a new program with Wichita Unified School Districts.
- Media marketing to bring attention to the Family Crisis Hotline and Mobile Response Team for youth experiencing a crisis event.
- Expansion of the Care Portal in the Dodge City area and into Leavenworth County. Care Portal is a technology platform used to connect communities with the needs of vulnerable children and

families. Caseworkers enter items families need into the portal and donors respond providing those items.

- Placement Stability Innovation Grants. These providers support foster families in a myriad of ways to increase placement stability, reduce placement disruption, as well as reduce the need for short-term hospitalizations and long-term residential admittance for children in foster care.
- FRC Establishment Grants

Adoption Incentive funds are somewhat challenging to spend as the award amount fluctuates dramatically from year to year for Kansas. This creates challenges as any initiatives must be short in duration in case funding is not available in future years due to a decrease in award amounts, yet in some years funding amounts are large and difficult to spend in the two years allotted.

Adoption Savings

Adoption savings are financial savings that state and tribal title IV-E agencies achieve with respect to their own funds due to the expansion of eligibility under the federal title IV-E Adoption Assistance program. These funds represent a significant source of resources to be spent on child welfare activities. Kansas chooses to utilize the same Adoption Savings calculation method and procedures for the current FFY as used in its lasted FFY reporting period submission.

The following are the services Kansas DCF PPS department expects to provide to children and families using the Adoption Savings over the next five years, 2020-2024.

Individualized Post Adoption Support Services

See Item 2: Adoption Support Services to learn more.

DCCCA, TFI and KPARC will coordinate referrals going to the appropriate agency.

The Kansas Post Adoption Resource Center (K-PARC)

See Adoption Promotion and Support for more information on K-PARC.

Safe Families Program

Safe Families for Children (SFFC) is a non-profit program which provides support for parents in crisis, giving them time to get back on their feet while their children are cared for in a safe and loving environment. Parents in need voluntarily approach through a self-referral or other referral sources. They can opt to reunify with their children at any time and never lose custody of their children.

Volunteers host children and support parents and are known as Host Families. They are recruited from a large network of faith communities. More information about Host Families can be found online: <https://safe-families.org/involvement/host-family>. Families in crisis, the family in need, and the Host Family participate voluntarily with no compensation or expectation of adoption.

Building trust between the family in need and Host Family is central to the Safe Families program. It is at the heart of creating a safe haven for children and a support network for the Family in need. After the hosting arrangement ends, Safe Families' goal is for the two families to remain in contact, further reducing social isolation and providing ongoing support.

Key Components of Safe Families Program:

- Host children of at-risk families in approved volunteer homes for an average of 6 weeks.
- Provide families in crisis with a support network. Volunteers provide resources and services (e.g. mentoring and help securing employment).

- Engages faith communities to recruit and support volunteers and reach out to families in need.

Family Preservation Services

See C.5: Family Preservation

State Funded Family First Prevention Grants

Family First provides evidence-based, trauma-informed programs in the required categories of mental health, substance use disorder services, parent-skill building programs, and kinship navigation. These programs seek to strengthen families and prevent children at risk from being removed from their home and entering foster care. Seventeen grants were awarded to nonprofit, not-for-profit, and/or for-profit child welfare agencies. Evidence-based programs not rated or not meeting criteria on the Title-IV-E Clearinghouse are listed in the table below and are funded by the State.

Evidence Based Program	Target Age	Title IV-E Clearinghouse Rating (X = not rated in IV-E Clearinghouse)	Funding Source
Substance Use Disorder Services			
Parent Child Assistance Program (PCAP)	Prenatal to 1 year	X	State
Seeking Safety (SS)	0 to 3 years.; teens	Does not meet criteria	State
Kinship Navigation			
Kids 2 Kin (formerly known as Kintech)	0 to 18 years	X	State
Parent Skill Building			
Attachment and Biobehavioral Catch-Up (ABC)	6 months to 4 years	Does not meet criteria	State
Family Mentoring Program (NPP)	0-17 years	Does not meet criteria	State
Fostering Prevention (NPP)	6-16 years	Does not meet criteria	State
Healthy Families America (HFA) - Child Welfare Adaptation	Prenatal to 5	X	State

Estimated Timetable for spending unused savings calculated for previous years.

The table below indicates that DCF is behind in spending but will spend more than saved beginning in FY23. Once this occurs the overage will be used to offset prior year savings, the agency was unable to expend fully.

STATE FUNDS

Description	FFY 15	FFY 16	FFY 17	FFY 18	FFY 19
Adoption Support Savings	\$649,090	\$1,031,256	\$1,711,669	\$2,088,959	\$2,716,146
MOE Expenditures by Year *	0	278,750	374,459	1,586,744	1,165,838
Unexpended Adoption Savings	649,090	752,506	1,337,210	502,215	1,550,308
Cumulative MOE Deficit	649,090	1,401,596	2,738,806	3,241,022	4,791,330

STATE FUNDS

Description	FFY 20	FFY 21	FFY 22	FFY 23	FFY 24
Adoption Support Savings	\$3,981,048	\$5,036,453	\$6,019,099	\$6,181,615	\$6,336,155
MOE Expenditures by Year *	3,600,972	2,456,319	1,412,749	9,485,866	9,723,013
Unexpended Adoption Savings	380,076	2,580,134	4,606,350	(3,304,252)	(3,386,858)
Cumulative MOE Deficit	5,171,406	7,751,540	12,357,890	9,053,639	5,666,781

Challenges in accessing and spending the funds.

The identification and development of applicable programs and projects took time to implement in Kansas. Kansas intends to spend above the Adoption Support Savings amount for FFY 23 forward helping to reduce the deficit in spending. The new challenge in Kansas is meeting the 20% post adoption

support requirement, as the inclusion of state funds from the Families First program have increased overall spending, causing the percentage spent on post adoptive population to decrease.

Family First Prevention Services Act Transition Grants

DCF Kansas received Family First Transition Act Funds in the amount of \$4,837,702. As of December 2022, \$1,777,785 of this award has been spent. The table below lists the initiatives spent and plan to spend these funds on SFY2021 through SFY2025 when the award ends.

Initiatives	FY21	FY22	FY23 Est	FY24 Est	FY25 Est
Mobile Response team	\$0	\$771,490	\$0	\$0	\$0
TDM with Evident Change	\$63,140	\$540,040	\$538,670	\$0	\$0
KU DAISEY system for Family First	\$100,000	\$209,290	\$315,972	\$315,972	\$0
FRC Development	\$0	\$0	\$0	\$750,000	\$708,706
FRC Grants overage	\$0	\$0	\$262,211	\$262,211	\$0
Total	\$163,140	\$1,520,820	\$1,116,853	\$1,328,183	\$708,706

A portion of the Family First Transition Act Funds went to two areas for the Family First evaluation team to improve data and enhance the intentions of the Family First Prevention Services Act by including the voice of lived experience.

Data Application and Integration Solutions for the Early Years (DAISEY), is a shared measurement system designed to help communities see the difference they are making in the lives of at-risk children, youth and families. It is utilized as a ‘front-end’ system for providers to enter identified data elements required by the rigorous evaluation of Family First Programs.

In recognition of the importance of including essential family and youth voice as a central component of Family First implementation and evaluation, the Family First evaluation team formed a FFFC. Family Council representatives and co-chairs are compensated accordingly from the Family First Evaluation budget, which is streamed from the Family First Transition Act monies.

The overarching purpose of the proposed Family Council is to structurally integrate family and youth voice into the Family First initiative to ensure authentic engagement across the spectrum of decision making, including: service planning, delivery, and evaluation. The primary goal of this initiative is to ensure programs and services are designed with children, youth, and families in Kansas, thus accounting for their needs, priorities, and goals. To achieve the intended purpose of the Family Council, this body must be integrated into Family First and family and child well-being program planning and improvement efforts.

Family Council co-chairs serve as liaisons to the KDHE Family Advisory Council (FAC) Family Leadership Team. This team is comprised of work group chairs, state agency designees, and other key stakeholders whose goal is to assure the needs of families and consumers are central to programming. Family Council co-chairs represent the Family Council as part of the FAC Leadership Team, providing a line of reporting to the Kansas Children’s Cabinet intended to elevate barriers, concerns, and weigh in on decisions related to child and family services.

Family First Transition Act funds also support the Kansas Family Crisis Response Services. As described in Item 18, the contract for this program was awarded to Beacon Health Options Inc. to provide management of a centralized behavioral health crisis hotline, screening, and mobile response stabilization services to promote coordination and access of community-based services as a deterrent from

hospitalization or other out-of-home placements. See Attachment 23 Kansas Family Crisis Response Services Infographic.

TDM was able to expand to include PS TDM statewide due to the financial support received from Family First Transition Act funds. Kansas partners with Evident Change to grow and cultivate the practice of TDM. See Attachment 22 DCF Training Plan 2023 for more information about the phased approach to expand PS TDM to all CWCMP's statewide. See Attachment 108 for additional details related to building capacity with the KPM. See Attachment 109-113 for additional details related to courses provided by each of the CWCMPs.

John H Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act)

DCF is responsible for administering the state's child welfare programs including the John H. Chafee Foster Care Program for Successful Transition to Adulthood according to federal statutes and requirements. The Kansas Chafee Program for Successful Transition to Adulthood (KCPSTA) seeks to provide youth transitioning from custody to independence with support and guidance while successfully navigating the path to self-sufficiency. CWCMPs serve youth ages 14 and older in the custody of DCF and the DCF IL Program serves young adults ages 18 to 26 who were in the custody of DCF, KDOC-JS, or Tribal Authority as they transition to adulthood.

Services of the KCPSTA are available to youth beginning at age 14. All youth in out-of-home placement must have a case plan and receive services to assist them in developing life skills. The KCPSTA ensures life skills are provided to all youth in out-of-home placement. The need for formal and informal skills and training opportunities related to developing life skills is assessed beginning at age 14 using the Casey Life Skills Assessment (CLSA). This includes all youth in out-of-home care, regardless of the youth's permanency goal. Upon completion of the CLSA, the youth, their case worker, and other supportive adults in the youth's life participate in identifying tasks for development of their learning, which is included in the overall case plan. CWCMPs, resource families, and/or placement staff are responsible for teaching or arranging information for youth regarding all aspects of life skills.

Effective October 1, 2018, the KCPSTA applied the changes to the John H. Chafee Foster Care Program for Successful Transition to Adulthood as prescribed by the Family First Prevention Services Act. DCF continues to review and update eligibility guidelines and program services to ensure consistency with the amended Chafee and ETV programs, including the use of Chafee and ETV funding to serve eligible youth ages 14 to 26.

All youth ages 14 and older in out-of-home placement participate in transition planning, regardless of case plan goal. Transition planning occurs prior to each case plan every 170 days until the youth is released from custody. The DCF IL Coordinator or designee attends case plans for all youth 16 and above in out of home care with APPLA as a case plan goal and for all youth aged 17 and above in out of home care. The DCF IL Coordinator is available to assist in transition planning and attends the final exit interview to complete the transition plan, review DCF IL services and benefits, and try to engage young people to request DCF IL services upon release from care as it is a voluntary program. Transition planning helps build a relationship between IL and the youth while preparing for the transition from foster care to self-sufficiency and works to ensure no gaps in services occur between the time a youth leaves the care of the CWCMP and receives services from the DCF IL Program. A transition plan, titled My Plan for Successful Adulthood, is developed with youth addressing the areas they will receive assistance:

- Obtaining identifying documents, such as birth certificate, Social Security card, education and medical records, Tribal membership documentation, citizenship/immigration documents, voter registration, State photo ID or driver's license, selective service registration, and letter verifying that the youth experienced foster care custody;
- Education, including plans for secondary and post-secondary education completion, including ACT/SAT preparation, tutoring, Free Application for Federal Student Aid and financial aid, completing admissions applications, placement testing, education credit recovery program, Pre-Employment Transition Services (Pre-ETS) and/or Vocational Rehabilitation referrals, Individualized Education Program, 504 plan, and award of high school diploma upon meeting State minimum graduation requirements;
- Employment/personal finances, including assistance in preparing a resume/cover letter, completing job applications, interviewing, establishing checking and savings accounts, learning how to check credit reports and address credit issues, filing income taxes, accessing workforce programs, applying for Social Security Income Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI), and referral to Vocational Rehabilitation services;
- Health, including continuing Medicaid coverage, providers and locations of where the youth will receive medical care, mental health and other related services, learning how to schedule appointments and fill prescriptions, learning about medications and the importance of continuing to take medications, and information on medical power of attorney and living will;
- Transportation, including current available and needed transportation options, obtaining a driver's license, obtaining a bus pass, and owning and maintaining a vehicle;
- Housing, including current living situation, plans for where the youth will live when released from custody, assistance in locating housing and completing rental applications, understanding and signing rental contracts, developing a budget for housing costs, referral to income-based housing or the Foster Youth to Independence housing program, planning for roommates, and contacting utilities and paying deposits;
- Connections for Success, including identifying adults or other resources the youth can reach out to as a connection for success in each area of their transition plan, and obtaining a mentor; and
- Assessing the youth's interest in participating in RYAC and/or the KYAC

The PPS 3059 My Plan for Successful Adulthood, also provides youth an opportunity to share information about themselves, including their interests and hobbies; cultural preferences, identities, and activities; strengths, abilities, and talents; current needs, concerns, and ideas for how those concerns could be alleviated; and the youth's goals and dreams for the future. The development of the transition plan is youth-led, with input from the youth's case worker and other supportive adults in the youth's life.

Youth who leave custody at age 18 and above participate in an exit interview completed within 90 days prior to the release of custody. The exit interview is used as a method to verify that the following information has been provided to youth:

- The process to request services, including the DCF IL Program, after their release from foster care custody, along with appropriate referral forms;
- The updated record of dental, eye care, immunizations, medical services, genetic information, and health and mental health providers;
- Essential identity and other documents noted above;
- Information and application for the Aged Out Medical Card Program;
- Information which provides youth with the opportunity to execute a healthcare power of attorney, healthcare proxy, or other similar document recognized by Kansas law;
- Education records;

- Copies of any existing credit reports and verification of corrective action to dispute inaccuracies or identity theft;
- How to continue to obtain credit reports and address inaccuracies or identity theft;
- Custody verification letter; and
- Information about the NYTD and the importance of providing feedback through the NYTD surveys.

CWCMPs provide youth with information about resources for housing, employment, healthcare, education, etc. upon leaving the custody of the Secretary of DCF. Resources include information on services provided through the PPS IL Program. All eligible youth are assisted with completing the application for the Aged Out Medical Card. Youth are provided with the PPS Administration number and website, and the Regional IL email addresses, which youth can contact for IL services anytime until their 21st birthday, or until their 26th birthday for the ETV Program, or for help in finding other resources if they are not eligible to participate in the IL Program.

CWCMPs run annual credit checks for youth ages 14 and older in foster care using the Equifax, Experian, and TransUnion online portals. The DCF IL Program provides credit check training to designated CWCMP staff and assists with resolving credit discrepancies, as needed.

Beginning October 2020, each CWCMP provides up to six months of aftercare services for young adults who transition from foster care custody at age 18 or older. Service provisions vary by provider but may include referrals to the DCF IL Program and other community agencies, access to 24/7 crisis services, and limited access to hard goods. See Attachment 56 CWCMP IL Activities SFY 2023 for information on specific initiatives, including aftercare services for aged out youth. There were plans to have CWCMPs complete a standardized quarterly report with aggregate data on aftercare services that would be shared with the DCF Foster Care Program Manager and the DCF IL Program Manager. Involved professionals met a few times to develop a template but did not complete the template and implement reporting due to program constraints during the pandemic. The DCF IL program intends to consider implementation during SFY 2024 but will need to reengage partners and determine if the template still meets the need for which it was intended or if changes need to be made given the amount of time passed.

Service to youth under Tribal custody are ensured through consultations with the Tribes, Tribal youth involvement in KCPSTA activities, and reporting of the NYTD served population. Youth in KDOC-JS custody are served through KDOC community supervision officers and residential providers who are informed of IL services from KDOC-JS. Outreach is conducted with KDOC-JS offices via PPS IL Administration and PPS Regional IL staff. Youth in DCF, KDOC-JS, or Tribal custody may contact any DCF IL Supervisor or Coordinator to request services upon their release from custody.

DCF, CWCMPs, KDOC-JS, and the Tribes within each Region collaborate to support youth in their transition to adulthood and self-sufficiency. Staff work to create and maintain a network of community partnerships which can provide an array of services for youth served by the KCPSTA. These partnerships vary by region, but generally include the courts, secondary and post-secondary educational institutions, mentoring programs, community mental health organizations, housing agencies, workforce centers, disability support services, and other community agencies. Regional DCF, CWCMP, KDOC-JS, and Tribal staff work with staff from other regions on statewide initiatives and to ensure a seamless transition of services for youth who transfer from one region to another. The DCF IL Program planned to continue focusing on developing resources for youth living in rural areas of Kansas, including housing and mentoring opportunities for SFY 2022 to 2024. While some movement has occurred in these areas, there

is still much progress to be made. Efforts will continue for SFY 2024, particularly regarding housing for rural youth.

The IL Program serves youth and young adults who were in an eligible out of home placement in the custody of DCF, KDOC-JS or Tribal Authority for any length of time on or after their 14th birthday. Eligible youth may receive services from age 18 until age 21, or until age 26 if participating in the ETV Program. Independent Living is a voluntary program and young adults may receive services anywhere in the State of Kansas. Young adults ages 18 to 26 complete the PPS 7030 Kansas Independent Living Self-Sufficiency Matrix (PPS7030) and develop a PPS 7000 Self-Sufficiency Services Case Plan with the Regional IL Coordinator. This plan is driven by the young person and identifies their goals and the steps to achieve those goals. Young adults involved in the IL Program are eligible to receive assistance with the following: room/board, medical, completion of high school/GED, post-secondary education or training, mentors, career planning, transportation, assistance with checking and correcting credit reports, life skills, supports for pregnancy and/or parenting, and other services as identified by the youth. There are no statutory or administrative barriers that impede the State's ability to serve the range of youth who are eligible for the KCPSTA. Chafee services are available to all young people, regardless of marital status, citizenship, and to a large extent, income status.

The Deputy Director of Youth Programs and the IL Program Manager met with the DCF Family First Prevention Services team in March 2021 to discuss how to increase accessibility of Family First parenting supports for young adults participating in the DCF IL Program. Approximately 20% of the almost 700 young adults served by the IL Program are pregnant and/or parenting. Family First intakes are currently processed through the KPRC. This process can deter young adults with lived experience in the foster care system from engaging in supports that are associated with foster care. The group discussed the possibility of DCF IL staff making direct referrals to the Family First case managers as a trauma-informed way to explain the process to young adults and connect them with supportive parenting resources. Recommendations to simplify the candidacy of care process and streamline referrals to Families First Prevention Services were not approved for policy changes. DCF IL staff continue to discuss Families First Prevention Services with pregnant and parenting young adults in the IL program and make referrals as agreed upon by the young adults. DCF IL staff continue to make many referrals to community programs to assist pregnant and parenting youth.

Youth who exit care from other states and move their permanent residence to Kansas may be referred or self-refer for services in Kansas. For a youth in foster care, the state with placement and care responsibility is responsible for providing Chafee services to the youth, including ETV. The state in which a youth who has exited custody resides is responsible for providing such an eligible youth with Chafee and ETV services. There have been occasions where the state of residency will not serve young people who are eligible for the services in Kansas and often, Kansas DCF IL staff will serve those young people after obtaining additional clarification the other state will not provide Chafee and/ or ETV services. For youth no longer in foster care who are already receiving ETV, if the youth move to another state for the sole purpose of attending post-secondary education or training, the youth's original state of residence will continue to provide ETV services to the youth for as long as the youth remains eligible for the program.

Youth without identified Connections for Success who participate in the PPS IL Program are encouraged by IL staff to search within their existing networks to identify potential mentors and positive connections. They're provided guidance in forming and maintaining healthy interpersonal relationships. IL staff also work to connect youth to mentors through local mentoring programs, such as Youthrive, and academic success centers provided by post-secondary education institutions. IL staff speak with youth about their

former foster families, birth families, and other existing relationships and encourage them to reconnect when appropriate. Youthrive is a mentoring and financial literacy program available to youth and young adults ages 16 to 21 in Johnson, Wyandotte, Douglas, and Shawnee Counties.

The Kansas Foster Child Educational Assistance Act, also known as the Tuition Waiver, began in July 2006 and requires tuition and fees to be waived by Kansas Board of Regents (KBOR) educational institutions for DCF youth who meet the eligibility criteria, up to the semester the youth turn 23. Youth may be eligible to receive additional funds through the ETV Program to help offset other costs of post-secondary education.

For young adults who leave the State's custody at age 18 or above, Kansas offers the Chafee Medicaid option which extends Medicaid coverage to young adults until the month of their 26th birthday. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card.

IL Administration and the PPS Medicaid Liaison have maintained communication regarding implementation of the CARES Act requirement to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023. The PPS Medicaid liaison arranged for DCF IL Administration involvement in meetings with KDHE regarding communication and eligibility determinations for young adults affected by the implementation. Information about the Kansas benefit determination process was distributed to regional staff so they may assist young people who move to Kansas from other states and are engaging in DCF IL services to apply for Aged Out Medical in Kansas. DCF IL staff were already adept at assisting young adults receiving IL services who plan to move to another state to explore if that state reciprocates Aged Out Medical based on exiting care at age 18 or above in Kansas or if there are other Medicaid or medical insurance options available to that young adult. With implementation of this phase of the CARES act, DCF IL staff have information to assist young adults moving to or from another state to access Aged Out Medical. Additionally, CWCMP's were made aware of these changes so they may assist young people planning to move out of state immediately upon exiting foster care at age 18 or above.

The Mobile Crisis Response Helpline mentioned in Section A is available to all Kansans 20 years old or younger to include youth and young adults in foster care or formerly in foster care. This service, a partnership between DCF and Beacon Health Options, offers phone support, problem solving, referral to community resources, and in-person support via mobile crisis response as necessary. Further, the mobile crisis response unit is available along with EMS and law enforcement for emergency situations. Many IL Coordinators have this information in their email signature and readily provide the information to young adults who may be experiencing emotional difficulties or mental health crises. The 988 Suicide & Crisis Lifeline launched in the past year. Many tip sheets for suicide prevention with information for 988 Suicide & Crisis Lifeline, Mobile Crisis Response Helpline, and other resources for suicide prevention, safety, and mental health are included on the sheets that have been distributed throughout the state.

All youth who participate in the DCF IL Program are required to develop a Self-Sufficiency Plan; maintain, at a minimum, monthly contact with their IL Coordinator and participate in case plan reviews held at least every six months. Program services include Basic Chafee to assist with youth's daily living needs, start-up funds to assist with housing deposits and procurement of household goods, IL Subsidy to support youth's ongoing room and board expenses, vehicle repair and maintenance, and ETV to support youth's post-secondary education goals. Young adults ages 18 to 21 who are participating in DCF IL services may be referred to KLS, under the DCF contract, for determination of SSI benefits.

IL subsidy was increased to \$700 effective January 1, 2021. All youth eligible for subsidy received the \$700 maximum amount through September 30, 2021, at which time the program returned to the practice prescribed by policy to base subsidy on the individual needs and budget of the young person. The IL Leadership group is discussing consistency in practices across the state, particularly as that relates to completing budgets with youth and how much subsidy is awarded. A budget work group consisting of the DCF IL Administration team, an IL Supervisor, and three IL Coordinators was created to examine current policy and practices. This group will make recommendations for changes to policy and/or practice for consistency and ensuring that young adults eligible for subsidy are receiving a fair and equitable payment to meet their needs. There is currently a request for a budget enhancement to increase the subsidy amount once again in front of the legislature. If approved, the program would likely raise the maximum subsidy amount to \$1000 per month.

See Attachment 57, DCF Independent Living Regional Activities SFY 2023, for information on regional partnerships and service delivery.

To strengthen awareness and understanding of the IL Program, the State continues to inform community agencies, schools, faith-based organizations, juvenile justice programs, and businesses of the services, and resources available to youth formerly in foster care. Materials such as brochures, posters, banners, and handouts continue to be developed and are distributed to inform the public about the DCF IL Program. IL Administration staff had twelve forms and brochures translated into Spanish to include policy forms, program brochures, and Consolidated Appropriations Act (CAA) flyers. The translated forms will be published in the DCF PPM for the July 1, 2023 policy round.

IL Administration and CWCMP staff have developed multiple communication tools, including desk guides, program brochures, postcard mailers, PowerPoint presentations, resource lists for youth in care, and transition packets for youth exiting care. These tools are reviewed and updated as necessary.

During SFY 2021, the DCF IL Program began working with Microsoft to develop a Teams mobile app to enhance communication between DCF IL Program participants and their IL Coordinators. Preliminary design elements included virtual meeting and text messaging functions, a “help” button for young adults to access crisis health and mental health supports, the ability for IL staff to post messages and share information with their caseloads, administration of NYTD surveys, and collaboration with KYAC and RYAC. Development of the app continued during SFY 2022. While the DCF IL program staff were hopeful that an app with all the features desired would be finalized and piloted, it became apparent that the app was not going to be something the program wanted to move forward with. The program is currently not pursuing this option but is open to exploring other options which may present in the future with more features to engage the young adult population served.

All reports published by DCF with data about the State’s KCPSTA are detailed by region.

The SFY 2023 IL/Self-Sufficiency Services Annual Report provides data by region, age, and gender about the number of youth served in each program: Basic Chafee, IL Subsidy, ETV, and the Kansas Foster Child Educational Assistance Act (Tuition Waiver). The report indicates the Wichita Region continues to serve the largest percentage of young adults receiving Chafee funds while the Kansas City Region now serves the largest percentage of young adults receiving ETV assistance for SFY 2022 and thus far in SFY 2023. See Attachment 58 SSIS Annual Report SFY 2023 through February for this report. The Kansas City Region served the largest percentage of young adults receiving IL Subsidy in SFY 2021 and Kansas City and Wichita were nearly equal in this category in SFY 2022. Further, females continue to make up a large majority of service recipients in the Independent Living program in all aspects—Basic Chafee, ETV, and IL subsidy. While there is variance in the number of young people receiving payments

across the components of the IL program, females are the recipients of 67 -70% of program payments of any type.

The IL Demographic Report is published each month and provides the monthly and year-to-date numbers of cases opened and closed and cases by gender, race and ethnicity, age, and highest grade level completed. See attachment 59 IL Monthly Demographic Report for the SFY 2023 report.

Data concerning KCPSTA services and the State's IL Program is provided to stakeholders such as: CRP groups, Children's Alliance, legislative committees, Vocational Rehabilitation/Pre-Employment Transition Services, TA teams and community forums. Data is also provided to DCF, CWCMP, KDOC-JS, and Tribal staff and management.

The data is sourced from the FACTS and the Self-Sufficiency Information System (SSIS) which collects payments and benefits to youth in the IL Program. Reports are published monthly and annually which include demographic, service, and program participation information. The data is available to DCF and CWCMP staff through the PPS SharePoint site. The reports are reviewed with young people through the KYAC and serve to inform KYAC's development of their work plan and annual youth conference agenda.

The KYAC and RYAC are designed to empower youth by having an organized structure for them to share their experiences and provide recommendations concerning the child welfare system in Kansas and on a national level. Chafee-eligible youth ages 14 to 20 (eligibility ends when a young adult turns 21) are offered the opportunity and encouraged to participate in RYAC and KYAC events. The councils are supported by federal Chafee funds. KYAC and RYACs are facilitated by Pathway Family Services through a contract with DCF.

DCF IL Administration and regional staff work to collaborate with CWCMP and contractor staff to oversee and facilitate the activities of the youth councils. Kansas' youth councils are organized by two levels of participation. Each DCF Region hosts a RYAC and each RYAC selects up to five peers from their RYAC to serve on the KYAC. In addition, up to four youth representing the Tribes may serve in the East Region. Twenty-four total youth may serve on the KYAC. Youth and young adults ages 14 to 20 may participate on the RYACs, and youth and young adults ages 14 to 25 may participate on the KYAC.

During SFY 2023, KYAC and RYACs have been mostly in-person. RYAC topics included back to school events, identity and personal documentation, college preparation, self-care and health, holiday fun, career preparation, money management, educational options and planning, home management, and food management. KYAC meets at least once per month to make space for self-care, have an opportunity for council members to check-in with one another, discuss goals, work on testimony, plan events, and discuss policy. KYAC reaches racially diverse families and young people by holding RYAC's in urban, rural, and suburban parts of Kansas to ensure young people of all different races and socioeconomic status have access to classes and activities through RYAC. See the Attachment 60 KYAC and RYAC Activities and Attachment 61, KYAC RYAC Attendance for more information.

The KYAC held their strategic planning on September 23rd and 24th in Emporia, Kansas. Discussion during the meeting centered on restructuring of KYAC, 5-year plan, recruitment, and financial compensation for youth. DCF IL Administration team and KYAC decided to change stipends amount to an hourly rate and set expectations on attendance efforts. Youth came up with specific recruitment strategies and determined goals for moving forward.

KYAC's current work plan includes the council's goals and tasks for SFY 2023-2028. See Attachment 62 KYAC Five-Year Work Plan. DCF determines how the agency can support KYAC in addressing the work plan objectives throughout the year. This work plan is an integral part of the State's KCPSTA, as it is a basis for coordinating work on specific projects. Past work plan objectives have resulted in the passing of legislation, court improvement initiatives, and changes in policy and practice. During SFY23, KYAC focused on updating their Five-Year Work Plan, The Foster Youth Bill of Rights, and the KYAC handbook with an emphasis on reaching or welcoming underserved and marginalized communities by ensuring documents have more inclusive language.

The council has also focused on participating in statewide and small workgroups for the design and implementation of a new permanency option (SOUL), KYAC and RYAC recruitment opportunities, Band Together Day, and Summer Conference. DCF continues to collaborate with KYAC in efforts to implement these recommendations. KYAC members also served on various panels, provided testimony for DCF legislative initiatives, collaborated with other state's youth councils, and participated in youth engagement opportunities and agency trainings.

KYAC presented at the 46th annual Governor's Conference for the Prevention of Child Abuse and Neglect in October 2022. In this presentation, KYAC members highlighted their experiences in the foster care system. They also presented data on how youth transition to adulthood in Kansas with recommendations for how professionals can better support young people as they transition out of foster care. See Attachment 63, KYAC Governor's Conference 2022—Transitioning out of Foster Care, for more information.

KYAC hosted their annual Summer Conference on June 22, 2022. The theme of the conference was "Now is your Time, Clue In!" with a focus on having fun, but also to empower youth to recognize their time is now. Conference attendees included youth and young adults ages 14 to 20 who have experienced out of home placement in the custody of DCF, KDOC-JS, or Tribal Authority at age 14 or older. The conference included a keynote speaker, Amber Jewell, and breakout sessions on life skills topics including cooking skills, DCF IL benefits, expressions through vision boards, college planning, yoga and stretching, healthcare options, and several others. All youth and young adult attendees received a goodie bag at the conference with a t-shirt and other conference items. After the conference, youth and young adult attendees received their choice of self-sufficiency items including hygiene items, car repair kit, toolkit, weighted blanket, and other items.

KYAC was invited to assist in reviewing the new LGBTQIA+ training for DCF employees based on trauma-informed responses when working with youth who are members of the LGBTQIA+ community. Board members reviewed the training and discussed it with the other members at a KYAC meeting. There have also been discussions about community partners KYAC could work with in the future such as True Colors Flint Hills. KYAC plans to reach out to this organization and host an event to spread the awareness about its existence and the advocacy work they do such as providing gender-affirming clothing, chest wraps for youth/young adults that identify as transgender and providing a supportive environment. The training prompted KYAC to include protections for LGBTQIA+ youth in care in the five-year work plan.

In May 2023 the KYAC held their annual Band Together Day at the DCF Administration Building to celebrate the lived experience of youth and young adults in Kansas who are currently in foster care, as well as those who have aged out of care in Kansas. They were also celebrating the 23rd birthday of KYAC. Each KYAC member was assigned a station to obtain feedback from attendees to push forward the council's work such as resources in the areas that are lacking, challenges and successes in each area,

how KYAC can help with their work, SOUL Family permanency option, and KYAC's 5-year work plan. KYAC recruited Deputy Director, IL Program Manager, and IL Assistant Program Manager to assist with the implementation. Notable attendees include DCF Secretary Howard, Senator Gossage (District 9), Representative Pickert (District 88), and others from DCF, CAK, TFI, Pathways, and other child welfare organizations. Band Together Day was a success and KYAC received a lot of feedback and questions from the different stakeholders that attended.

KYAC will host the annual Summer 2023 conference on June 20, 2023 at the Double Tree in Lawrence, Kansas. The theme of this conference is, "Ready. Set. Go. Everything you need to know to be prepared!" KYAC shared they want to ensure that youth are aging out of care with appropriate life skills for life outside of foster care. There will be a keynote speaker, several life skills sessions, inspirational speakers, a DJ, and fun games. Prizes and self-sufficiency items will be given out at the conference.

In August 2021 DCF contracted with DCCCA in to develop and administer the We Kan Drive program being piloted in DCF's East Region which consists of 24 counties. We Kan Drive is designed to support older youth and young adults receiving foster care or DCF IL services in obtaining their lawful driver's license in the state of Kansas. This includes, but is not limited to, assisting, educating, and paying for anything related to successfully obtaining a driver's permit or license, completing driver's education, and obtaining auto insurance. This also includes educating older youth and young adults on maintaining vehicles and the financial options available for purchasing a vehicle. The We Kan Drive Program Coordinator started accepting referrals and providing services in November 2021. The program has received a total of 205 referrals as of 3/31/23. 188 youth were qualified and interested in participating in the program. 122 youth have been enrolled in a Driver's education course and 77 of those youth have provided documentation verifying completion of a Driver's education course. Vehicle insurance has been obtained and paid for 25 youth. See the Attachment 64 We Kan Drive Dashboard for more information. DCF IL Coordinators reported information on youth and young adults 17-26 participating in DCF IL services regarding completion of driver's education, licensing, access to a vehicle and insurance coverage, please see Attachment 65 DCF IL Driving and Transportation. CWCMP staff reported the same information on youth ages 14 and above in out of home placement, see Attachment 66 CWCMP Driving and Transportation. The DCF IL Administration team plans to collect this information to inform We Kan Drive efforts, expansion, and assess needs for young adults participating in DCF IL services.

DCF IL Administration staff participate in quarterly Driving Program for Youth in Foster Care conference calls with representatives from Florida's Keys 2 Independence Program and other states that have established or are working to establish a driver's education program for the Chafee-eligible population. This group served as an invaluable resource as DCF planned and implemented the We Kan Drive initiative. Kansas was awarded TA through the federal contract partnership with the CB, ICF, Embrace Families, and Treehouse in January 2022. The DCF Deputy Director of Youth Programs, IL Program Manager, IL Assistant Program Manager, the DCCCA, Inc. We Kan Drive Program Coordinator, and Director of Placements attended the TA meetings and received a final report with recommendations at the end. The DCF IL program and DCCCA., Inc hope to implement the program statewide in the future and continue to request budget enhancements from the state legislature to support such an expansion.

The KCPSTA supports youth involvement in internships with organizations such as FosterClub, the National Foster Youth Institute, Youth Leadership Institute (YLI), and the Congressional Coalition on Adoption Institute. DCF sponsored one FosterClub All-Star in Summer 2019, one in Summer 2020, and one in Summer 2021 after the second All-Star was unable to continue in the program. The current DCF IL Program Consultant and the two persons in those roles previously were FosterClub All-Stars. Kansas

sponsored three FosterClub All-Stars for Summer 2022, but DCF IL Administration staff have elected not to sponsor any FosterClub All-Stars for 2023. Each year, the Annie E. Casey Foundation hosts the YLI for participants with lived experience, between the ages of 18-25, in foster care to increase their knowledge and practice skills related to personal leadership, communication, and advocacy. Upon completing YLI, if a participant wants to become a Jim Casey Fellow, they complete and submit a Fellowship Letter of Interest, which is reviewed by the Youth Engagement Team. For the first time, Kansas was invited to nominate a youth to join the YLI. This opportunity arose due to the work that Kansas is doing with Annie E. Casey Foundation on the SOUL permanency option. The young leader selected to represent Kansas earned her Bachelor of General Studies in Social Work during the Spring of 2022, completed the FosterClub 2022 All Star Internship, and is a former IL Program participant. This young adult took the next step to apply for and was accepted as a Jim Casey Fellow. The fellow is working with the DCF IL Administration team and the KYAC on a project to increase youth participation and engagement with youth councils at the regional and state level.

A former Kansas foster care alum, was selected for the Congressional Coalition on Adoption Institutes Foster Youth Internship Program. This individual spent time over summer 2022 with six peers in a congressional internship program in Washington DC. The interns use their legislative knowledge combined with their personal experience to educate federal policymakers on opportunities to improve the US foster care system. The intern took this opportunity to complete his policy report on the intersect between corrections and foster care. The intern completed a degree in criminal justice in 2019 and plans to attend law school in 2023.

The IL Program manager participates in the Casey Youth Engagement Community of Practice Meetings. Casey invited the Youth Services Deputy Director and IL Program manager to be part of this ongoing group as Kansas is hosting a Casey fellow. The Community of Practice is made up of youth engagement professionals in Jim Casey sites and Thriving Families Safer Children jurisdictions across the county. The purpose of the meetings is to provide opportunities to share best practices, support one another's work, and have community in the youth engagement work being done across the country.

In October 2022, Kansas joined in celebrating Foster Youth Voice Month for the first time. One Voice Impact (OVI) based out of Florida started the campaign and asked Kansas to join. Kansas was excited to be a part of an initiative that highlights and honors older youth perspectives in a movement to shift the culture of viewing youth directly impacted by foster care as service recipients to viewing them as assets to service design and delivery. An IL participant from the West region was nominated to attend workshops to help her strategically share her story and write a blog post which was shared on a national level, along with other young people's stories.

The IL Administration team participated in the inaugural OVI National Network call in February. OVI National Network is a powerful union of youth advocacy councils from across the country, coming together to improve outcomes for youth transitioning out of the foster care system. OVI is the Florida group who organized 38 states to join in Foster Youth Voice Month (FYVM) last year. The meeting focused on feedback about FYVM, providing results of the survey of participants, information on Think Tank opportunity in 2023, and breakout session where participants could discuss common challenges and practices regarding youth engagement and other relevant IL topics. The IL Administration team is looking forward to continued meetings with peers across the country.

The IL Program Manager has been attending meetings for an interagency suicide prevention group coordinated by the Attorney General's office. Other agencies in the group include KDHE, KDADS, Kansas Department of Wildlife & Parks, KDOC, Kansas Suicide Prevention HQ, and Kansas State

University. Work efforts include a Suicide Prevention Needs Assessment which is being cross walked with the Kansas Suicide Prevention Plan. A Suicide Prevention Coalition is being launched to bring together state partners, community-based organizations, persons with lived experience and stakeholders to work on action items. Efforts have been made to reach out to PRTF's and share what is happening, including the Youth Suicide Prevention art contest. The group wants to identify needs and move toward addressing those needs for DCF.

The DCF Administration team coordinated a collaborative staffing for a young adult IL participant being served by one of the regions. The young adult experienced significant medical issues with long lasting ramifications not long after being released from custody. The MCO was already involved and actively working with the young adult, but multiple barriers made it difficult for the IL team to help this young person move forward with housing and rehabilitation. The DCF IL Administration team brought together the IL Coordinator and IL supervisor along with representatives from APS, Vocational Rehabilitation Services (VR), KDADS, Kansas Housing Corporation, and Kansas Statewide Homeless Coalition to help provide information and resources as situation was outside the expertise of IL. The staffing was informative and generated many ideas and suggestions. The team reconvened six weeks later to check in and determine if any further collaboration was needed.

Throughout the COVID-19 pandemic, DCF and CWCMP staff maintained frequent contact with youth and young adults participating in foster care and DCF IL services to gather feedback on their needs, struggles, and successes. Feedback shared by youth and young adults has informed the array of services developed and administered since the onset of the pandemic. The youth and young adults who provided the feedback have been direct recipients of these supports. Additionally, young adults requesting Pandemic Relief Payments were requested to respond to survey questions regarding the impact of the pandemic, their needs, and planned use of pandemic relief funds. Please see the Consolidated Appropriations Act sections of the Chafee portion of the APSR for additional information.

KCPSTA will continue to work toward increasing youth participation in child welfare workgroups and meetings to ensure the youth voice is represented in the development of agency policies, procedures, and initiatives. Due to focus on implementation of the Consolidated Appropriations Act and staff changes, KCPSTA did not make as much progress as hoped in this area. The IL Leadership Team will consider how best to use an equity lens to engage a diverse representation of young people with lived experience to serve in these roles for remainder of SFY 2023 through SFY 2024.

Staff from DCF IL and the CWCMPs collaborate with other government agencies, non-profit community organizations, private businesses, and individuals to provide opportunities and resources for current and former foster youth to achieve independence. Events are held by community partners to provide youth with items and information needed to start a household. Business owners, housing resource organizations, educational institutions, and health providers participate in the annual youth conference. Efforts continue to secure support from private sources of funding for providing youth with the resources needed to secure housing, start college, find employment, transportation, or other items needed to achieve independence.

The KCPSTA partners with the KDADS to assist youth with applying for and coordinating Home and Community Based Services waiver programs. DCF IL and CWCMP staff have regular contact with the Social Security Administration to assist youth in applying for Social Security Benefits and receiving and utilizing to their WARDS accounts to support their daily living needs, employment and/or educational goals, and efforts towards self-sufficiency. The KCPSTA has also partnered with the Kansas Department of Revenue and the Office of Vital Statistics to assist with obtaining identification cards and birth

certificates for current and former foster youth. DCF IL and CWCMP staff support youth in applying for and accessing medical coverage through the State's KanCare Medicaid Program.

DCF and CWCMP staff partner with Kansas Kids @ Gear Up (KKGU). KKGU is a U.S. Department of Education-funded program with Wichita State University serving as the program administrator. The mission of KKGU is to increase the number of students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling youth to reach their full potential and improving educational and social outcomes. KKGU serves up to 2,500 youth per year who have experienced foster care. Program components include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career exploration, college scholarships, and cultural activities. KKGU provides support at KCPSTA events, including RYACs, and the annual KYAC youth conference.

The DCF IL Program partners with Youthrive, a non-profit organization, to enhance services for older foster youth and IL Program participants. Youthrive serves Chafee-eligible youth in Johnson, Wyandotte, Douglas and Shawnee Counties. During SFY 2021, Youthrive shifted funding sources from a DCF Chafee grant to a DCF TANF Youth and Family Stability grant. Due to limited program growth from SFY 2018 to SFY 2020, Youthrive ended services in Sedgwick and Reno Counties in June 2021. Thanks to private donations from the community, services have continued in Reno County but are administered separately from the Youthrive Corporation. Additionally, the program had limited growth during the pandemic which can be attributed to challenges recruiting support families to engage with young adults during a pandemic. The Youthrive Board of Directors wanted to ensure sustainability of the program and explored options of how best to do that for some time. Shortly after the Youthrive grant was renewed for SFY 2023, the board announced its decision to merge with another agency to take over the program. The executive director left the role, and the entirety of the program is now managed by FAC. The grant with Youthrive was ended and a new grant was signed to reflect FAC as administering the program effective September 1, 2022. Participation has decreased slightly, down to 27 young people in February 2023, with this change. That decrease is likely attributable to staffing issues and taking over a new program. FAC now has the program fully staffed and is focused on updating background checks to make support families active again as well as recruiting new support families.

Key Youthrive Program components:

- Recruit, train, and support adult and family volunteers who commit to coaching and supporting youth in foster care through the end of their first year out of foster care, or for a minimum of one year, if the youth has already aged out of foster care.
- Financial literacy education and a matched savings account (IDA- Individual Development Account) for purchasing productive assets and other critical needs of the youth.
- Driver's education, driver's license attainment, and car purchases.
- Leadership and advocacy skills.
- Short-term rewards for program participation and completion.
- Community service projects.
- Partner with service providers in the community to assist youth with education, housing, and employment opportunities.

The DCF IL Program works with the KDOC-JS to offer KCPSTA services to youth in their custody and in transitional living programs. Outreach is done to inform youth and staff about the Aged Out Medical Card and other IL Program benefits, engage youth in completing NYTD surveys, and participation in KCPSTA events, including RYACs, KYAC, and youth conferences. DCF IL informed KDOC-JS of the

availability of the We Kan Drive program so that youth and young adults with KDOC-JS history can benefit from assistance to lawfully obtain a driver's license and other assistance offered by the program.

The DCF IL Program partners with Pre-Employment Transition Services (Pre-ETS), a VR Program. Eligibility for Pre-ETS services is available to students ages 16 to 21 years of age who are participating in secondary, post-secondary, or other recognized education programs and are eligible for and are receiving services under an Individualized Education Program (IEP) based on disability or the student is an individual with a disability for purposes of Section 504. Services provided by Pre-ETS include job exploration counseling, self-advocacy, workplace readiness training, counseling on comprehensive transition or post-secondary education, and work-based learning experiences. The Pre-ETS program has provided information at the annual KYAC youth conference, presented at statewide IL Quarterly Meetings, and participated in workgroups with IL staff to improve collaboration efforts and increase the number of youth who access each program. KCPSTA staff also refer young adults to VR services, as needed, to support young adults with a diagnosed disability with their education and employment goals.

KCPSTA staff regularly refer youth to programs and support services through local KansasWorks workforce centers. Programs and support services include resume building, interview skills, completing job applications, and on the job training.

The CarePortal is an online faith-based engagement tool who connect child welfare professionals to their local faith-based communities. When a child welfare professional identifies a need, they can access the CarePortal online and submit a request for assistance. The local faith-based community is informed of the need and is given the opportunity to answer the call. The CarePortal provides ownership to the community regarding local social problems needing support and creates awareness of needs. Since the beginning of DCF's relationship with the CarePortal, the IL Program has submitted several requests to assist youth with car repairs and obtaining needed items, such as cribs and household appliances. The KCPSTA also refers youth to DreamMakers and One Simple Wish to help meet youth's needs and goals, including orthodontic services, car repair, and specialized computers and software for post-secondary education programs. These resources have not been utilized as much since receiving CAA funding, but that will likely increase as CAA funding has subsided. Additionally, resources such as these are invaluable to help young people meet needs that are not within the parameters of the IL program or the young person's individual eligibility.

During SFY 2021, the DCF IL Program and Cornerstones of Care partnered with Emerging Builders to offer paid, on-the-job training for construction sites in Wyandotte County. This partnership focuses on trainees with lived experience in State custody who are interested in exploring careers in the construction sector. Emerging Builders is a ten-week pre-apprenticeship program which includes a combination of experiential training, intensive classroom learning and person-centered services which support the individual development of the trainee outside of the construction skills. A key component of the Emerging Builder's experience is provided through their program support including ensuring young people have access to staff members for guidance and problem solving during their program participation. A cohort of five youth and young adults were selected for participation in the Emerging Builders program in Spring 2021, but unfortunately only one young adult successfully completed the program. The Emerging Builders partnership is funded by a contract with DCF IL with intent to support a second cohort of five youth and young adults during SFY 2022. The pandemic and staff time spent on implementation and service delivery associated with the CAA made it difficult to recruit youth and young adults for a second cohort. The contract with Emerging Builders was renewed for SFY 2023, but efforts were not successful to launch a second cohort. The contract ends June 30, 2023.

The DCF IL Program has partnered with Kansas Coc and local housing agencies to access the U.S. Department of Housing and Urban Development's FYI Initiative. See FYI section to learn more. During SFY 2023 to 2024, DCF will continue focusing on collaborating with local housing programs, organizations, and other resources to develop housing options for youth.

The IL Administration team and IL Supervisors participate in monthly IL Coordinator calls/virtual meetings with Region 7 ACF representatives and other Region 7 States. Resources and training opportunities are shared at the meetings. Various topics such as NYTD and FYI are regularly discussed, and states have opportunities to highlight best practices or programs. The IL team appreciates the opportunity to collaborate with and learn from peers in the region.

See Attachment 67 DCF Independent Living Regional Activities SFY 2022, for information on regional partnerships and involvement with other federal/state agencies and public/private organizations.

Statewide IL meetings are held every quarter. Participation at these meetings by DCF IL, CWCMP IL, KDOC-JS, Tribal, Kansas Kids @ GEAR UP, and JAG-K Transition Services Staff is encouraged. Many community partners attend these meetings to share program information and facilitate ongoing collaboration. Community Partners include but are not limited to: KYAC/RyAC and Pathway Family Services. Presenters over the last year included:

- Jonathan Pendergrass, SOAR and Housing First Project Coordinator, SOAR program.
- Program Administrator and Deputy Director of APS, adult guardianship process through APS.
- Jennifer Townsend, Vice President of Children and Youth Programs with FAC, Youthrive through FAC.
- Kathleen Irish, Kansas City Immigration Attorney at Law, information and resources related to serving young people with immigration issues.
- Corinne Nilson, Kansas Kids at Gear Up, KK @ GearUp grant.
- Aakanksha Sinha, Ph.D., MSW, Casey Family Programs, changes with the CLSA.
- Pre-Employment Transition Services Supervisor from DCF shared information on program
- Ellen Bertels, KLS, and Mick Smith, Wichita area attorney, supporting LGBTQIA2S+ youth in Kansas, including information on the Name Change project through KLS.

The on-going group facilitation increases community recourses awareness for youth currently and formerly in foster care and continues to encourage an increased level of collaboration between private and public agencies.

The IL Program Manager developed a Microsoft Forms survey to collect information about IL participants. DCF IL Coordinators in the region collect and submit survey information. Information requested is intended to help the program plan for effective services and to quickly respond to requests from leadership and legislators. The intent is to have aggregate data at the regional and state level in the following areas: eligibility; types of services received; child welfare and other community services involvement; pregnant and parenting; secondary and post-secondary education; employment; housing; health and wellness; driving and vehicle access; and demographics. The information collected was based on a snapshot in time as of 3/1/2023. The IL Program plans to repeat this survey every six months to keep current information and identify trends over time. The IL Program Manager has been discussing the possibility of integrating these questions in another program information system. See Attachment 68 IL Biannual Snapshot for a copy of the survey questions. A similar, but much shorter, Microsoft Forms survey was sent to CWCMP staff for completion for all youth ages 14 and above in out of home care. See

Attachment 69 CWCMP Biannual Snapshot for a copy of those survey questions. Plans for the immediate future include a request to the communications department to develop a document which can be shared with leadership and others as needed, presenting information in an engaging and useful way.

Foster Youth to Independence (FYI) Housing Vouchers

During SFY 2023, the DCF IL Program has continued to reach out to and collaborate with CoC, Public Housing Authorities (PHAs), and community partners to implement the U.S. Department of Housing and Urban Development's (HUD) FYI Voucher Program. DCF IL staff participate in regular calls with Region 7 HUD and ACF representatives to discuss States' progress in implementing the FYI Program.

There are four Coc in the State of Kansas and 126 PHA. Efforts to implement the FYI Program in Kansas have focused on developing partnerships between Regional DCF IL teams and the CoCs, PHAs, and community partners located within each Region. Additionally, DCF IL, KDHE, and KDAD are recipients of TA through the National Academy for State Health Policy's (NASHP) Health and Housing Institute (HHI). Detailed information on DCF IL involvement with the HHI TA is provided below followed by regional updates regarding progress on FYI voucher implementation.

HHI TA

Kansas applied for and was awarded TA through HHI, led by NASHP, to provide support in the development and implementation of sustainable financing of health and housing programs. Kansas is one of six states participating in the HHI and the project started in June 2021. Initially, a multi-agency steering committee was formed with representation from DCF, KDADS and KDHE. Other entities, including Kansas Housing Resources Corporation, Kansas Statewide Homeless Coalition, and the Kansas Balance of State (Balance of State) CoC were included in the work to break down agency silos and identify ways to strengthen services and supports to vulnerable populations affected by homelessness, housing instability, and other social circumstances contributing poor health outcomes and diminished quality of life. The group identified two vulnerable populations to be the target of assistance, one being youth exiting foster care at age 18 or above.

The federal CMS have provided guidance defining Health-Related Social Needs (HRSN) and Social Determinants of Health (SDOH). HRSN is an individual factor related to unmet needs and adverse social conditions contributing to poor health while SDOH are community factors related to the conditions where people live, work, and play which affect health risks and outcomes. With increasing evidence supporting, investment in SDOH can decrease health care utilization and costs, Medicaid services related to SDOH may be provided based on the recipients assessed need and medical necessity. One of the key SDOH is housing stability, which is a challenge for many young people exiting foster care into adulthood. The rate of homelessness for youth exiting foster care, particularly early on after release from custody. This is supported by NYTD data.

The Steering committee and TA team have been developing a white paper with recommendations for braiding Medicaid funding for the two target populations. As the paper was being developed, the DCF IL team received related assistance including connection with other states further along with FYI implementation for young people exiting foster care to glean ideas which could be implemented in Kansas. A small number of locations for FYI work are prioritized and additional TA through Housing and Services Resource Center (HSRC).

In 2022, members of the HHI Steering Committee met with representatives from Newport News, Virginia. Information was presented by professionals involved with FYI implementation in Newport News. Key takeaways included the importance of a housing specialist who could act as a broker or help young people navigate the myriad of requirements to acquire an FYI voucher, having a housing contact

person, and fostering a good relationship with housing partners. Many young people required additional assistance in leasing up through an FYI voucher. Newport News managed this as part of their caseloads.

In 2022, the DCF IL team analyzed data capturing where young people were exiting care and where those young people were landing and requesting DCF IL services in the state. Using this analysis, the DCF IL Regional Supervisors were asked to prioritize two counties in each region to work on partnerships with PHAs and CoCs to implement FYI vouchers. An asset map was created with the identified counties and the other resources available in those communities. The eight counties identified for prioritization include Shawnee and Labette Counties in East Region, Johnson and Wyandotte Counties in Kansas City Region, Sedgwick and Butler Counties in Wichita Region, and Reno and Finney Counties in West Region. See attachment 70, Asset Map.

The DCF IL team participated in TA through HSRC with a desired outcome of increased collaboration with other organizations and systems to help overcome barriers experienced in engaging housing partners in the pursuit of FYI vouchers. The DCF IL team provided information in advance, highlighting questions and assistance needs, to help prepare the group for the meeting. See Attachment 71 Kansas State TA Request HSRC, Attachment 72 KS Federal HSRC TA Prep Sheet Part 1, and Attachment 73 KS Federal HSRC TA Request Population Data Part 1. The group convened on 11/15/2022 and again on 2/21/2023 and included DCF IL, NASHP, a multitude of federal agencies, and two young people from Kansas with lived experience. Each session is summarized below.

Discussion points for Part 1 included persuading Public Housing Agencies to apply for the FYI vouchers, the need, and how to address housing for rural youth who are part of the FYI eligible population. Included in the discussion was an identified service gap for FYI voucher recipients as ongoing supportive services are required for voucher utilization. Kansas Chafee services end at 21 and FYI vouchers can be utilized up to their 25th birthday. A plan was made to reconvene for further discussion on topics not yet discussed due to time constraints or to allow for follow up tasks to be completed. Other questions part of the TA, but not yet addressed include streamlining the voucher process, procedures for leasing in place as related to FYI vouchers, and strategies for addressing clients without credit or rental histories. It was clear through discussions Kansas is not the only state where child welfare staff are encountering difficulties partnering with public housing agency staff and/ or accessing FYI vouchers. See Attachment 74 KS Office Hours Participant List and Attachment 75 KS Office Hours Summary.

Part 1 did not fully address the questions and desired outcomes. A second session was scheduled to continue dialogue on outstanding issues. Information was provided in advance for the second session, See Attachment 76 Kansas TA Prep Sheet – Part 2. Discussion points included flexibilities of PHAs to streamline voucher processes, example streamlined voucher processes in other areas, leasing in place, example MOU's with language describing collaboration in the voucher process, service delivery and accountability for all parties, and examples of successful collaborations reflecting an understanding of lack of stability in this population and regular inclusion of the case manager/Independent Living Coordinator (ILC) role in communication. Some initial suggestions were made, with further recommendations forthcoming. See attachments 77 KS Office Hours Participant List Part 2, and Attachment 78 KS Office Hours Part 2 Summary Report FINAL.

The TA with HHI is winding down after nearly two years. The DCF IL team participated consistently in the steering committee meetings, the housing work group and the services work group. A white paper has been fully developed and is in the process of being finalized and presented to leadership at state agencies. The white paper discusses innovative strategies to utilize Medicaid services to address the health-related social needs for targeted groups of high-risk clients, including youth transitioning out of foster care into adulthood. One proposal would assist in bridging gaps in services for young people no longer eligible for

Chafee services, but still eligible for FYI vouchers. Next steps for possible implementation will be explored once approval from leadership is obtained. The TA team has proven to be a valuable resource as DCF IL has navigated routes to widespread FYI implementation.

East Region

The East Region has worked to make connections with the Topeka/Shawnee County CoC and PHAs in the region to implement the FYI initiative. The DCF IL Supervisor has contacted every PHA in the region and, so far, the CoC and four of the six PHAs are willing to partner with DCF for this program. The four interested PHAs include the Topeka Housing Authority, Southeast Kansas- Community Action Program, Chanute Housing Authority, and Pittsburg Housing Authority. During this process, the regional DCF IL team has improved their relations with local PHAs and improve IL Coordinators' knowledge of public housing programs provided by HUD. This has also been a benefit to youth still in custody. IL Coordinators recommend youth apply for public housing if they are of appropriate age and need housing resources post-release from foster care custody. The two PHAs currently not interested in implementing the FYI Program, have stated they would be willing to reconsider once the program is implemented with other PHAs. They are interested in continued partnership with the DCF IL Program.

East Region completed a MOU between DCF, the Balance of State CoC, Southeast Kansas- Community Action Program, and the Pittsburg Housing Authority. Since completion, workers are making referrals to the FYI voucher program in SEK. The process and length of application have been barriers to young adults following through with the process to obtain a voucher. East Region referred six young adults to the FYI voucher program in SFY22 and were working with youth to obtain a lease. An additional three young adults were referred this fiscal year. The IL Supervisor is developing a relationship with the Coc and PHA staff and will be reporting updated numbers of referrals, vouchers issued and utilized, and other information in the future.

DCF East Region IL has reconnected with the Topeka Housing Authority as a next step to further FYI voucher access. DCF and the PHA plan to complete an MOU to make FYI vouchers available for eligible young adults with housing needs. Efforts had paused during the pandemic. DCF IL staff were administering CAA funding, supporting young adults during the pandemic, and had a change in regional IL leadership.

DCF participates on the BoS CoC Steering Committee. The CoC Steering Committee is the decision-making and planning body for the Coc and hold the CoC accountable for efforts to end homelessness for all families and individuals throughout the 101 counties of the Kansas BoS CoC.

Kansas City Region

Kansas City Region IL has made efforts to engage PHA partners in their area for implementation of FYI. The PHAs in Johnson County were not able or willing to pursue FYI vouchers. In Wyandotte County the PHA in Kansas City, Kansas expressed concerns where DCF IL services may not be available in all situations for a young person for the required time frame, creating a service gap for a portion of the population eligible for the voucher. Wyandotte County DCF IL staff brought community agencies serving the same population to the table. The agencies were committed to addressing identified service gaps. Advocating for FYI vouchers has fostered partnerships between DCF and community agencies to address concerns of homelessness. These efforts have resulted in completion of an MOU in Kansas City, Kansas, currently awaiting signatures by participating agencies.

DCF IL staff plan to approach other local PHAs in Wyandotte County regarding FYI vouchers. With completion of an MOU in Kansas City, Kansas, and progress in other areas of the state, there may be some leverage to further engage Johnson County in the process. Many young people leaving foster care

decide to reside in the Johnson County area. Housing prices are expensive in this area which create lack of safe and stable housing options for young people who would benefit from FYI vouchers.

West Region/Balance of State Continuum of Care

The BoS CoC serves 101 counties in Kansas and partners with PHAs in each DCF Region, including the entire West Region of DCF. Encouraged by the success in completing an MOU in the Southeast Region, DCF IL staff in the West Region began conversations with PHAs local to their area of the state. DCF IL staff met with the Newton Housing director in 2020. The IL Program Manager and West Region IL Supervisor met with the Newton Housing Authority Director in 2020. The director expressed interest in implementation and was the next planned agency for implementation. There were some delays in planning, and further exploration efforts began again in SFY23. In discussions with the BoS and CoC coordinator a plan was made to arrange a virtual meeting with the PHA in Finney County within in SFY23. Additional follow-up with Reno County is planned.

Wichita Region

The Wichita/Sedgwick County area has been partnering with the local PHA and CoC organization since 2020 to facilitate the FYI HUD Housing Choice Voucher Program. As of 3/31/2023, a total of 44 young adults were referred to the FYI Housing Choice Voucher program. The status of these referrals is as follows:

Valid Voucher-Confirmed Lease	Approved Voucher (identifying housing)	Waitlist (in referral process)	Housed (found elsewhere / working with a CM through the CoC)
10	4	11	19

If a youth is awaiting processing of their referral/voucher and becomes homeless (per HUD definition), Wichita DCF IL has coordinated with the local CoC to implement a Rapid Rehousing (RR) option for these youth. The goal is for RR provided housing to become the voucher approved home.

The DCF Wichita Region IL Team has identified barriers with the PHA. For example, limited staff, inconsistent required documentation, and inconsistent communication and follow up from the PHA. DCF Wichita IL has met with the CoC and PHA to identify barriers, solutions, and follow up needs. Agreements have resulted from those meetings and include: an updated spreadsheet will be provided to the IL team with status of all referred young adults; and commitment to continued coordination and communication efforts by all team members.

DCF Wichita IL staff participate in the local IMPACT-ICT CoC organization and have a team member who participate on its Youth subcommittee. These groups focus on meeting housing needs of young adults in the community.

In Wichita, the CoC hosts monthly check-in meetings where IL team members provide updates and information regarding voucher eligible youth. Included in the meeting is an update from DCF IL regarding eligible young adults whose IL case is closing and will need a case manager assigned to monitor services are provided per HUD guidelines.

When a young adult’s IL case is nearing closure, a transfer staffing is scheduled between them and the CoC coordinator and IL staff. During this staffing the young adult is provided updates on their vouchers and transfer planning to the CoC case manager occurs. The transfer staffing supports continued care coordination around meeting basic needs of the young adult and fulfilling the case management voucher requirement.

See attachment 79 FYI by Region for a summary of statewide progress on FYI voucher implementation and utilization.

National Youth in Transition Database

IL Program Consultants facilitate collection of surveys from youth at ages 17, and again at ages 19 and 21. They collaborate with the DCF IL program staff, CWCMPs, Tribes and KDOC-JS to locate and connect with youth. The connection attempts include phone calls, text messaging, email, mail, and social media. Other innovative ways to connect are being explored to connect with youth for surveys and to link them to services as requested. In SFY21, DCF developed online surveys accessible for youth on the web or through a mobile device.

DCF Youth Services and IL staff met with representatives from CB, Region 7 ACF and the Division X Young Adult Consultant (YAC). This was the second meeting between this group with the first being held in April of 2021. Due to some delays, the ideas from the first meeting were revisited. It was decided assistance with analyzing NYTD data and engagement with youth and young adults with lived experience were areas the YAC and DCF IL staff could collaborate. Collaboration would focus on improvements and innovation.

At the March 20, 2023, Region 7 IL Coordinator meeting, DCF was presented with the opportunity to learn from other states. DCF learned how Indiana shares data with youth, state leaders and stakeholders.

On March 30, 2023, DCF attended another peer group hosted by the CB and CBC for states and facilitated by JB International, Inc. Iowa shared challenges and best practices related to youth engagement in NYTD surveys. They send care packages to youth, personalized birthday cards and add the youth to their social media accounts to support connection in future surveys. In addition, Iowa provides incentive cards when a youth completes the survey if they have the contact information for the youth. They increase incentive amounts with young adults aged 19 and 21. As a takeaway, DCF IL plans to send youth and young adults with self-sufficiency items when/if they engage in NYTD. Items will be provided as a random give-away to followers of the NYTD/IL Facebook page initially. Implementation scheduled to begin SFY24. In SFY24 DCF IL will revisit engagement strategies and strengthen data sharing with stakeholders.

DCF developed an automated system for collecting NYTD survey results. Data from this system is the source for meeting the NYTD requirement of reporting to ACF. Training related to data collection was provided to staff. Ongoing training to support survey model fidelity is provided to staff as needed. Data includes collection efforts by DCF IL, Tribes and CWCMPs. Data is entered into FACTS.

Since the beginning of the NYTD initiative, DCF has met or surpassed required participation rates and data compliance requirements. Please see Attachment 80 KS FY21 Full Follow-up and Attachment 81 KS FY21 Served for the most recent Kansas NYTD data.

In the NYTD outcome data there are six areas which help program understand what services and resource young people would most benefit receiving. Some examples include financial self-sufficiency, educational attainment, and positive connections with adults. See outcome data from FFY14 attachment, (82 KS FY-18 Data Snapshot). The FFY14 and FFY21 data demonstrate an increase in the percentage of 21-year-old young adults who report current part or full-time employment. We also see an increase in the percentage of those who have completed high school or received their GED. An increase in available jobs in the 2021 job market could have contributed to young adults reporting a higher percentage of employment. In this same population there was an increase in young adults enrolled in Medicaid or other health insurance. The extension of Medicaid during the pandemic could contribute to the increase.

Data identified there was a slight decrease in youth reporting a current positive connection to an adult. Data identified an increase in young adults who experience homelessness and those who had children. This time frame during the pandemic had an impact on individuals across the country who struggled with isolation and loneliness. The same was true for young adults. It was forecasted positive adult connections would increase as professionals continued to serve this population. Continued effects of the pandemic, including isolation and loneliness could have impacted positive connections with an adult. These same reasons may have attributed to the increase in homelessness if a youth did not have an adult to connect with to assist them in obtaining stable housing.

Data identified a decrease in the reported percentage of youth incarcerated, referred for substance use, or receiving public assistance. Decreases could be attributed to the increase in employment and available pandemic funding.

NYTD Data Snapshots are shared with DCF, CWCMPs, Tribes, and KDOC-JS. Youth, courts, and community partners also receive this information. The NYTD Coordinator uses email addresses provided by youth who have completed the survey and shares data related to their cohort. In SFY23-24, KCPSTA plans to focus on sharing data with an expanded group of stakeholders. For example, foster parents, placement providers and publicly. KCPSTA continually seeks ways to close the feedback loop and engage youth in program improvement.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

The DCF IL Program administers the State's ETV Program. The ETV Program serves youth and young adults by extending eligibility to the following for attendance at certified training programs and post-secondary educational institutions:

- Youth who were in the custody of the Kansas DCF, KDOC-JS, or Tribal Authority and in an eligible out-of-home foster care placement on the date the youth attained 18 years of age; or
- Youth who left an eligible out-of-home foster care placement subject to a permanent custodianship or guardianship on or after the youth's 16th birthday; or
- Youth who were adopted from an eligible out-of-home foster care placement on or after the youth's 16th birthday; or
- Youth who were in an eligible out-of-home placement for any length of time on or after their 14th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to the youth's 16th birthday.

Youth who continue in services of the CWCMP, KDOC-JS, or Tribal Authority and meet the above criteria may receive ETV supports prior to their release from custody. Tribal, KDOC-JS, and CWCMP case managers coordinate services for youth eligible for ETV and still in their care and custody through communication with Regional DCF IL Coordinators.

Youth who continue to be under the responsibility of the CWCMP, KDOC-JS, or Tribal Authority and meet the above criteria may receive ETV supports prior to their release from custody. Tribal case managers, KDOC-JS case managers, and CWCMP case managers shall coordinate services for youth eligible for ETV and still in their care and custody through communication with the Regional DCF IL Coordinator.

ETVs are available to eligible youth for assistance with post-secondary education and certified training programs based on need and availability. ETV funds may be used for costs associated with post-secondary education and/or training only. Total expenditures per youth cannot exceed \$5000 or the total cost of attendance per youth per plan year, whichever is less. The ETV plan year begins on July 1 and

ends on June 30 of the following year. ETV amounts changed in DCF policy to a maximum ETV amount of \$5000 per youth or young adult for SFY 2023; after the end of the increased amount allowed per CAA ended September 30, 2022. Policy changed due to guidance from ACF indicating the maximum ETV award, including state match, cannot exceed \$5000 per student. The DCF IL program had been allowing a maximum of \$6250 utilizing a state match of \$1250 in addition to the \$5000.

DCF IL staff in the field are trained on eligibility and payment information for ETV. They manage the ETV program for youth their region. DCF IL staff sit alongside the youth in completing the PPS 7001 ETV Program Plan, see Attachment 83. Youth participating in post-secondary education or training plans must be actively involved in all stages of the plan.

Documentation to support all identified costs associated with the plan must be attached to the PPS 7001 ETV Program Plan. To avoid duplication of benefits, documentation of all Federal or State financial awards associated with the ETV plan must also be attached (i.e. Pell Grant and scholarships). All youth applying for ETV funds must complete a minimum of three scholarship applications with proof of documentation provided at the time of completing the PPS 7001 ETV Program Plan. Youth must complete the Free Application for Federal Student Aid (FAFSA) prior to applying for ETV funds. Youth who are eligible for the Kansas Foster Child Educational Assistance Act, also known as the Tuition Waiver, may be eligible to receive ETV funds, based on need. The PPS 7001 ETV Program Plan is signed by the youth, the IL Coordinator, and the CWCMP case manager, if applicable.

The IL Coordinators track all expenses, so the total does not exceed the maximum allowable funds per year or the total cost of attendance per youth. Expenses are entered into DCF’s Self-Sufficiency Information System (SSIS) through the State’s accounting system and are tracked by each region and DCF Administration.

The chart below includes ETV expenditure data from SFY 2018 to SFY 2023 (See attachment 58 SSIS Annual Report SFY 2023 through February 2023).

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY2022	SFY2023 (through February)
# Young Adults Served	330	281	264	276	226	202
Payment Totals	\$520,596	\$437,620	\$437,620	\$1,046,850	\$916,407	\$738,354
Annual Average per Young Adult	\$1,577.56	\$1,557.37	\$1,657.65	\$3,792.93	\$4,054.90	\$3,655.22

The data shows a decrease in the number of youth and young adults receiving ETV funds in SFY 2019 and SFY 2020 compared to SFY 2018. However, the annual average per young adult remained the same or increased each year. This increase could have been an indication less youth attended a post-secondary program during SFY 2020 but the need for financial support was higher. The decrease in youth and young adults receiving ETV funds could have also been correlated with secondary education graduation rates upon exiting foster care custody. There was a very slight increase in the number of youth and young adults receiving ETV funds in SFY 2021. As data was updated the increase in SFY 2021 was not

continued and there was a steep decrease to the lowest numbers in the program since at least SFY2008. The decrease may attribute to some students who discontinued their education during the pandemic. Some did not adapt positively to online learning environments and did not re-engage as the public health emergency subsided. The average amount spent for youth in the ETV program has continued to increase until the current fiscal year, SFY 2023. A decrease in the average amount spent per student would be expected after September 30, 2023, when the provisions of CAA end ETV.

Beginning January 2021, the DCF IL Program implemented the ETV Program provisions of the Supporting Foster Youth and Families through the Pandemic Act, Division X of the CAA of 2021 (Division X). The maximum ETV limit was raised to \$12,000 (100% Federal funds) per academic year through September 30, 2022. Other flexibilities in the ETV program were phased out the previous year. Many ETV Program participants struggled to maintain academic progress during the pandemic as mentioned above. Students faced challenges with online learning environments and there was a lack of available campus academic and social supports. This all impacted their health and well-being. This impacted the student's ability to attend classes and complete assignments. IL Coordinators have been steadfast advocates for youth by working with schools to find supportive resources and assisting youth with withdrawing from classes when necessary. Many ETV participants have stayed enrolled or have re-enrolled in academic programs. The increased funding provided through the CAA until the end of September 2022 was a significant factor for some young people to continue their education.

In July 2020, DCF IL experts provided virtual ETV training to IL teams statewide to connect with new IL coordinators and promote consistency in implementation. This IL training team has provided instruction on eligibility, processes, and payments ongoing as IL teams have expanded. Regional staff have taken the lead in providing ongoing training making it important to continue regular IL Leadership meetings and statewide trainings to support consistent practice. Planning for future training is happening in the remaining months of SFY23 and will continue throughout SFY24. The DCF IL Leadership team reviews policy, comes to a shared understanding and considers ideas for implementation through training or sharing at the peer level through the IL Coordinators.

DCF IL staff will continue to present ETV program information to stakeholders in the remaining months of SFY23 and into SFY24. Feedback from the stakeholders will be incorporated when establishing goals for the ETV program and Tuition Waiver. The stakeholder voice will assist in developing measures for accountability.

See Attachment 84 Kansas APSR Attachment C ETV Chart.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

The comprehensive social service grants with each of the four Tribes for IL services are funded through the KCPSTA. The agreements are for each Tribe to administer their Chafee services. Regular contact with Tribal staff is conducted through Resident Tribes of Kansas meetings scheduled by DCF staff promoting coordination of child welfare services. DCF and each Tribe share information about ongoing and scheduled Chafee activities. Tribal social services staff are invited to participate in the quarterly Statewide IL Meetings facilitated by the DCF IL Program.

DCF met with Tribal social service staff and ACF Region 7 two times in September and October of 2020. From these meetings the attendees produced a list of ideas and options of how DCF IL could support each Tribe in their work alongside youth and young adults who have experienced Tribal custody and/or foster care. Their ideas were shared at the Resident Tribes meeting in August 2022. Please see Attachment 85- DCF Independent Living-Tribal Coordination Ideas. At the August 2022 meeting DCF IL presented about IL and shared a cheat sheet explaining what services are available to Tribal youth. The cheat sheet was

provided to help simplify referrals to DCF IL. Available services are dependent on Tribal custody and DCF IL status. Please see Attachment 86 DCF IL Services for Tribal Youth Cheat Sheet for more information.

The DCF IL administrative staff share regular updates and resources with Tribal social services staff through email. Updates and resources include:

- training opportunities,
- FAFSA and post-secondary education information
- invitations to participate in the Child Welfare Virtual Expo and webinars
- aged out Medicaid information
- youth leadership conferences
- national youth internship and employment opportunities
- DCF Tribal Cheat Sheet
- resources for youth and families with disabilities
- information related to supporting tribal youth.

Please see Attachment 87 DCF IL Communication with Tribes SFY 2023, for more information.

Tribal youth are invited to be a part of the annual youth conferences, learning opportunities, and the KYAC. Each Tribe has also been allotted a certain number of laptops they are able to order for Chafee-eligible youth ages 16 and older, funded by the DCF IL Program. Each Tribe submits a quarterly program report reflecting the number of Tribal families and children served. Each program report is reviewed by the DCF Administration Program Manager. The Tribal Specialist and Regional Tribal Liaison are available for consultation regarding case-specific IL services.

Tribes support youth ages 14 to 21 who are in custody pursuant to an order of the Tribal court. The services provided in this program work to promote youth's independence, including subsidy, adult education classes, IL classes, and assistance with developing job skills. Life skills services provided by Tribal staff mirror those provided by the CWCMPs.

IL services are delivered to Tribal youth under custody of the Tribal Authority by social workers or other support staff as designated by each Tribe. These services are included in the quarterly program reports. All youth under Tribal jurisdiction are eligible for services and supports through Chafee on the same basis as other youth.

Services and transition planning for youth who have been released from Tribal custody are provided in coordination with the DCF IL Program and Tribal staff.

Consolidated Appropriations Act (DIVISION X) Funds

The Supporting Foster Youth and Families through the Pandemic Act, Division X of the Consolidated Appropriations Act (Division X), was passed into law on December 27, 2020. The State of Kansas received additional Chafee and ETV Program funds to support youth and young adults during the pandemic. Youth ages 14-27 who experienced out of home placement at age 14 or older in the custody of DCF, KDOC-JS or a Tribal Authority were eligible for the benefits. Division X allowed for programmatic flexibility to provide funds to youth and young adults directly until the end of September. Additional post-secondary education support were available through September 2022.

The DCF IL administrative team began planning for implementation and provisions of Division X in January 2021. Weekly team meetings were held and regularly with inner agency departments:

- Executive Branch Information Technology (EBIT)
- DCF Operations
- The Office of Financial Management
- Public and Governmental Affairs

DCF IL staff participated in many learning venues related to Division X. Child welfare professionals, youth currently in foster care, and youth and young adults with lived foster care experience were invited to participate in many of these conversations:

- FosterClub Older Youth Pandemic Relief webinars
- Division X Peer to Peer calls hosted by the Children’s Bureau
- IL meetings facilitated by Region 7 ACF

In February 2021, DCF held a listening session with KYAC to hear their recommendations for implementing Division X. In March 2021, DCF met with representatives from FosterClub’s policy team to share the plans for Division X in Kansas. They assisted DCF by sharing information about the services and support available in Kansas. Also in March, DCF IL presented the plans during a Peer to Peer call. DCF IL shared information and gained feedback from stakeholder throughout the planning and process.

In March 2021, DCF IL met with Think of Us to review data collected from over 300 youth and young adults from Kansas who applied for micro cash grant in the Fall of 2020. DCF used the information to prioritize some provisions of Division X implementation focused on the youth’s immediate needs. This included housing support, education, mental health, pregnant and/or parenting, employment. Then in April 2021, Think of Us contacted DCF IL to offer contact information for youth who completed grant application if they have youth consent. Think of Us continued to support DCF in connecting with youth and young adults in Kansas who were potentially eligible for Division X supports.

The DCF IL Program provides a room and board subsidy for eligible youth ages 18 to 20 who have aged out of foster care. Strategies were explored to raise the previous subsidy limit from \$350 to an amount better supporting youth housing needs. An analysis of 66 adults statewide was completed by the Office of Financial Management prior to Division X using characteristics of income and resources, monthly expenses, and startup expenses to determine assistance options. The IL Program raised the subsidy limit to \$700 beginning January 2021. This impacted over 300 IL participants who receive subsidy each year. From January through September 2021, all eligible youth ages 18 to 26 participating in the IL Program were approved to receive the \$700 in subsidy support per month, regardless of demonstrated need. Beginning October 1, 2021, the \$700 limit remained, but the amount of subsidy a youth received was based on their budget and need.

In January 2021, the DCF IL program removed the 30% Chafee budget cap for room and board expenses. The Education Training Voucher (ETV) limit was increased to \$12,000 per youth per year through the end of September 2022. Chafee and ETV funds were used to pay up to one year in rent, utilities, and/or childcare in advance. In April 2021, the IL program expanded to open or re-open IL for young adults ages 22-26 for time-limited Chafee and/or ETV services available through the end of September 2021 or until a young adult turned 27.

On April 23, 2021, DCF launched the IL Re-entry Program. Young adults who aged out of foster care from October 1, 2019, through September 30, 2021, had the legal right to “re-enter” and receive foster care services. Kansas does not have statutory/legal framework for young adults to re-enter foster care through the court system process. Young adults were eligible to enter into an agreement with DCF IL to

receive foster care supports. This was a voluntary and short-term program ending on September 30, 2021. The supports allowed young adults to work with an ILC to meet their basic needs and progress toward their goals while transitioning to self-sufficiency. Young adults were expected to actively work toward achieving their education and/or employment goals. Their ILC assisted with finding stable housing. Participants were not involved in a CINC court case in the legal system. Young adults participating in the IL Re-entry Program worked with their IL Coordinator to complete the PPS 7003 Voluntary Agreement for Re-entry Program Services (See Attachment 88 PPS 7003).

Youth who aged out of foster care between April 23, 2021, and September 30, 2021, were required to review and sign the Re-Entry Acknowledgement Memo (see attachment 89) during the exit interview. Youth were provided a copy of the signed memo. DCF IL contact information was included. The signed memo, the PPS 3059, aged out medical application, and identifying documents for each youth were sent to regional DCF IL and the DCF Foster Care Liaison.

The DCF Public and Governmental Affairs team developed materials to promote Kansas' Division X services. Please see Attachment 90 CAA IL & ETV Expansion Flyer and Attachment 91 CAA Re-entry Flyer. The statewide IL team continued sharing these materials with youth and young adults eligible to participate, CWCMP staff, residential facilities, resource families, CPAs, legal professionals, CASA organizations, and other groups across the state who could help inform youth and young adults of the time-limited supports available. The Public and Governmental Affairs team also developed social media posts for DCF's Facebook and Twitter accounts and shared through September 2021.

DCF ILC made efforts to share information about Division X services with all young adults on their caseloads. Efforts were also made to reach all eligible young adults DCF had contact information for who were no longer engaged in the IL Program. DCF IL spread the word to youth and young adults through NYTD surveys and by sending letters to the youth's last known address. DCF IL program took advantage of opportunities to share information with news media outlets. In June 2021, KCUR Radio interviewed a Kansas foster alumnus who was also named a FosterClub All-Star and the DCF Deputy Director of Youth Programs. Services and supports available to youth and young adults through the DCF IL Program, Supporting Foster Youth and Families through the Pandemic Act, and Division X of the Consolidated Appropriations Act were shared during the interview. On September 1, 2021, a KSNT Capital Bureau reporter interviewed the DCF Deputy Director of Youth Programs to share information about the time limited IL Pandemic Relief Payment available to eligible young people. The prerecorded clips aired over several days on multiple stations.

DCF IL Program assisted youth and young adults with purchasing vehicles. Prior to September 20, 2021, there was a \$4000 cap. The cap was removed beginning in October 2021. The IL Administration partnered with DCF Operations to adapt a process for purchasing vehicles for Division X purposes. A series of checklists and instructions were developed to assist IL Coordinators and young adults meet required procedures and make sure the young adult was purchasing a safe, reliable vehicle, see Attachment 92 Vehicle Purchase Checklists and Attachment 93 Vehicle Purchase Instructions.

In January 2021, DCF IL Administration partnered with DCF Operations and EBIT and developed a plan for issuing a one-time Pandemic Relief Payment (Round 1) for young adults. Eligible young adults were ages 18 to 26 and not currently in foster care or participating in DCF's IL Re-entry or IL Programs. EBIT created a secure online application for young adults to complete. The data from the application was then sent to IL staff for review. A printable application in English and Spanish was also available. The same payment amount of \$1600 was provided to each young adult. This amount was determined by the total funds available or allocated to this Division X benefit and the number of young adults whose applications

were approved. The DCF IL Administration team decided funds provided to young adults who did not benefit from Round 1 would be beneficial and implemented in a Round 2 Pandemic Relief Payment. October 1, 2021, young adults who did not receive a Round 1 payment, were no longer in care, and ages 18-20 could apply for a Round 2 payment. This opportunity was available through August 2022. Applications were reviewed regularly, and payments issued once approved. The Round 2 payment amount was \$1000 to help provide additional stability for young adults exiting care into an ongoing pandemic and uncertain economy. In the application process for Pandemic Relief Payments, Round 1 and Round 2, applicants were to respond to questions about how they have been impacted by COVID and in what areas of their life assistance was needed (See Attachment 94 DCF Pandemic Relief Round 1 and Round 2).

DCF Operations assisted with developing a RFP for a pre-paid debit card program to issue stimulus payments. In July 2021, the DCF Deputy Director of Youth Programs, IL Program Manager, and Facilities Manager met with Money Network to kick off the prepaid debit card program. Money Network was awarded a contract with DCF to provide prepaid debit cards for various uses by the DCF IL Program, to include payments for the Pandemic Relief Program, incentives for the National Youth in Transition Database, and other financial support for IL Program participants.

In August 2021, the DCF Youth Programs team assembled care packages for young people placed in congregate care. Over 12,000 items were unboxed and distributed into approximately 450 backpacks and 60 suitcases. Items included hygiene products, self-care items such as journals, markers, sketch pads, and school items. The Youth Programs team worked with the KYAC to develop a survey for all youth placed in congregate care. Survey questions were intended to gauge young people's experience in congregate care and ultimately improve how congregate care is experienced. Surveys were optional for young people while the Youth Programs team and KYAC members were onsite delivering care packages.

There were 82 voluntary survey respondents and declined numbers were not tracked. The time frame for the surveys was approximately January through April 2022. See Attachment 95 Families Over Facilities Survey to review survey questions. KYAC members planned to look at the survey responses in more detail.

Of the 82 respondents they reported:

- 42 youth (51.22%) experience with one-night placements
- 42 youth (51.22%) only having lived in one group home.
- The other 39 youth (47/56%) experienced two or more placements- shared feeling anxious, scared, nervous, and hope the people were nice.
- 17 youth (20.73%) their group home experience would be better if they felt listened to more often
- Over 50% would like to receive information on ways to advocate and have their voices heard.

In September 2021 an IL subsidy balloon payment of up to \$4200 (representing 6 months of support) was issued for young people exiting IL program services. The balloon payment was for young adults eligible to receive a subsidy payment during September and to provide extended stability for young people who would no longer be eligible to receive services and supports through the IL program. Young adults whose eligibility ended September 30, 2021, were eligible for the full amount. Those ending eligibility October through December 2021 received a smaller amount based on their end date.

The DCF IL Program hired eight additional ILC across the state to support Division X efforts. Caseloads increased during the height of the flexibilities of Division X as Kansas identified youth who were eligible for services. In addition, the agency hired temporary positions, as needed, to assist with additional

documentation demands for payments. The additional positions were instrumental to the success in delivering services efficiently and effectively in the regions.

Service Provision	Date of Implementation
Increased Subsidy to \$700 per month through 9/30/2021. -see eligibility above	January 2021
Removed the 30% room and board budget cap for Chafee funds through 9/30/2021.	January 2021
Increased ETV limit to \$12,000 per youth through 9/30/2022.	January 2021
Pre-paid up to one year of rent, childcare and utility expenses for IL participants using Chafee or ETV.	February 2021
"Soft opening" to open or re-open IL cases for young adults age 21 or over who had urgent needs the IL Program could assist with. Eligibility ended 9/30/2021	March 17, 2021
Ability to open or re-open cases IL cases for young adults ages 21 or over who would benefit from a focused, time-limited Self-Sufficiency Plan.	April 1, 2021
Youth who had aged out of foster care during the pandemic were eligible to participate in the Independent Living Re-entry Program.	April 23, 2021
Assisted youth with purchasing vehicles, utilizing up to \$4,000 in Chafee funds per youth through 9/30/2021.	May 2021
Pandemic Relief Payment, Round 1, \$1600 for young adults who were not participating in foster care, Independent Living Re-entry Program, or IL Program.	Applications opened in July and August 2021. Payments issued in September 2021.
Care packages for young people in congregate care	August 2021 and ongoing
IL Subsidy Balloon Payment of up to \$4200 (representing 6 months of support) – see eligibility above	September 2021
Assisting youth with purchasing vehicles, no cap, through Chafee funds through 9/30/2022.	October 1, 2021
Pandemic Relief Payment, Round 2, \$1000 to eligible young people who did not receive the Pandemic Relief Payment, are no longer in care, and are ages 18-20.	October 2021 through August 2022 (unless determined to close application period earlier based on availability of funds)

The DCF IL program approached the provision to assist with transportation needs and ability to purchase vehicles through Division X with caution and flexibility. IL Coordinators were encouraged to work with young adults to serve them in a way that was helpful and efficient. When young adults had receipts and the ability to be reimbursed for loan payments, it was the most streamlined way to assist them. Utilizing such efficiencies made it possible for IL Coordinators to spend time with the established process to assist those who needed direct payments to a car dealer or themselves to purchase a vehicle. On February 11, 2022, IL Coordinators across the state reported the following assistance with transportation related to car purchase, reimbursement, or repairs:

	Vehicles Purchased	Loan/ Car Payment Reimbursements	Car Repairs
West	0	8	29
East	2	15	Approx. 40
Kansas City	1	8	36
Wichita	5	50	46

Total	8	41	158
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At least six more vehicles were purchased by or for young adults with assistance through Division X funding from when this information was collected (April 2022).

FY22 through February 22, 2022, data indicates \$552,118 in expenditures related to transportation:

- 66 unduplicated young adults received vehicle purchase or loan payment reimbursement totaling \$183,000.
- 131 unduplicated young adults received vehicle repairs totaling \$140,702.
- 10 unduplicated youth received vehicle repairs through ETV totaling \$5660.
- Another \$222,756 is reported for transportation assistance, excluding car repairs. Much of this category can be attributed to assistance with vehicle insurance.

A snapshot on March 1, 2023 indicated in the previous 12 months IL participants received the following assistance related to vehicles:

Type of Assistance	Number of IL Participants Receiving Assistance
Vehicle Purchase	18
Vehicle Loan Payoff	7
Vehicle Insurance	54
Vehicle Repair/ Maintenance	100
Vehicle Insurance	54
Vehicle Registration / Taxes	27

*Vehicle purchase, loan payoff and insurance were all completed with Division X CAA funding. Other types of assistance may have occurred with Division X CAA funding or with regular Chafee funding after pandemic funds were exhausted. Please note there may be slight overlap in the reporting periods.

Many young adults in the IL program benefited greatly from programs implemented with Division X funding. Such assistance was varied and personalized to the unique circumstances of young adults being served. Aside from assistance with vehicle repairs and purchases, many young adults received assistance for multiple months, up to one year, of rent (prepaid when possible), childcare, rent, groceries, utilities, etc. The regional teams worked hard to ensure young people had not only needed financial supports, but also relational support during the pandemic. The statewide IL team was creative and generous supporting young people, allowing Kansas to expend the CAA funds in a way directly impacting young people. The regional IL teams completed reports to the IL Admin team describing services and supports delivered through Division X during the first year of CAA, and those were shared in the previous APSR.

The IL Administration Team met with Think of Us representatives in November 2022 for a Check for Us follow up conversation. The Think of Us staff wanted to collect feedback after the end of Division X funding to learn more about how the Check for Us campaign was utilized and to understand how they can better support partners in serving young people in the future. The IL team shared data provided by Check for Us was extremely helpful in planning how to carry out the provisions of Division X.

Regional Observations associated to COVID and Division X

See Attachment 96 CAA Success Stories SFY 2023, for success stories shared by the regions related to young people and how CAA funding helped them find stability in various ways.

East

IL Coordinators were able to help many young people during the CAA funding period. They found creative way to provide financial and emotional support to young adults in the program. The assistance

and gestures of support greatly impacted young adults and were life changing for some. Many young people with housing barriers, low income, and lack of stability struggled to stay motivated and on a positive path. CAA funding helped many young people bridge gaps and maintain some stability allowing for personal growth and increased self-sufficiency.

Kansas City

IL Coordinators expressed concerns regarding lack of engagement with youth in care. Pre-pandemic, most case plans and exit interviews happened in person with the youth present. In person contacts allowed youth to begin developing a relationship with them through conversations before, during, and after in-person meetings. Many of those meetings are still happening by phone or virtually. When pandemic restrictions ended, IL Coordinators made themselves available to meet in person.

At the beginning of the pandemic many young adults, especially those working in the service industry, lost their jobs. Some young adults diagnosed with COVID lost a significant income and were already living paycheck to paycheck. This caused a domino effect with being able to maintain bills, which also affected mental health. Most college classes transitioned to online at the beginning of the pandemic. Some students thrived in the online environment while many found it very difficult. This caused ongoing problems with young adults having to retake classes or improve their GPA due to failing or performing poorly in online classes.

The region had multiple young adults participate in the Foster Care Re-Entry Program through September 30, 2022. This allowed for many young adults to maintain a level of stability which may not have been available previously. Many young adults received lump sum IL Pandemic Assistance Payments. When used wisely, these funds allowed young adults to pay bills ahead of time and put money away for future needs. Young adults whose subsidy eligibility ended in September were also eligible to receive a subsidy Balloon Payment. Many young adults reported being able to pay rent, utilities, or make car payments using this money.

In SFY23, the rapid rise of inflation related to housing, utilities, transportation, and food have greatly impacted young adult income and ability to maintain self-sufficiency. While there are jobs available, young adults are finding they either do not meet the qualifications for employment or they are not being offered enough in pay to afford necessities.

IL Coordinators have shown amazing empathy and flexibility during these last few years. IL Coordinators experienced varying stressors related to the pandemic themselves, yet they continued dedicated to working with young adults to promote self-sufficiency.

IL Coordinators have reported in many ways CAA funding and their ability to apply it to young adult needs was positive. IL Coordinators were able to work with young adults and landlords to pay large portions of rent ahead of time and even help some young adults become current on their rent payments to maintain housing. Expanded CAA funding allowed IL Coordinators to provide more assistance towards car repairs, car insurance, car purchases, and reimbursement of car loan payments. The region assisted in the purchase or payment assistance of seven cars for young adults between 7/1/22- 9/30/22. This helped relieve the transportation barrier many youth face. Additional funding helped improve youth's ability to transport themselves to work and education. Safety concerns for youth in the cars they had purchased was greatly improved with the additional ability to assist with car repairs.

The maximum subsidy amount raised to \$700 gave IL Coordinators more flexibility in assisting young adults eligible for subsidy. The maximum allowable ETV amount being raised to \$12,000 for a period

allowed many young adults to focus on their studies and recover from a year in transition between online and in person classes.

IL Coordinators expressed concerns when subsidy, ETV, and Chafee policies reverted to pre-pandemic status how difficult it would be for many young adults. IL Coordinators worked with young adults to communicate CAA funding is short-term and to plan for budget reductions. IL Coordinators found creative ways to support youth self-sufficiency using Chafee funding as restrictions on the budget were not needed to the degree anticipated.

West

IL noted lasting effects from the pandemic on a young adults' mental health. There was a drop in college attendance. Some young adults went from straight A's to F's and W's had increased. Young adults appear to have lost their passion for school and learning as a result. Many college courses moved to virtual and young adults struggled to connect with their teachers and complete their coursework. Young adults reported feeling isolated and alone, particularly those in very rural areas. Many young adults are stressed with the inflation felt nationwide. They don't have extra money for gas and groceries at current prices. Young adults were primarily working front line jobs where they were particularly vulnerable to contracting COVID-19, leaving many out of work and often without any paid time off to use. Mothers struggled to find reliable childcare while working. Supply was problematic for mothers to find diapers and formula.

CAA was helpful in the financial freedom it gave IL Coordinators to assist young adults with everything from housing, gas, utilities, clothing, baby items, car repairs and payments. Removing the housing and vehicle repair cap and increasing subsidy to \$700 per month were the most beneficial services to young adults. This allowed debt pay off and increased savings.

Wichita

The pandemic negatively impacted young adults enrolled in secondary schools as they were forced to attend school online or hybrid remote learning environments which proved challenging. Social distancing negatively impacted young adults' willingness to work in traditional settings. More youth and young adults are preferring to maintain remote work settings yet young adults in the IL population lack education and experience for more professional forms of employment which allow remote work opportunities. Young adults struggle to find employment which meets their needs, as work changed since the pandemic. The job-seeker pool is quite large, and many employers are selecting candidates who are older, have experience, and have advanced education young people have not obtained.

Young adults who already struggled with mental health concerns experienced increased isolation and loneliness, distance in personal relationships, and depression/anxiety. Mental health needs intensified.

Pandemic supports and flexibilities made financial opportunities available for many young adults who may never had experienced otherwise. Paying off debts, fines, and court fees to allow for reinstatement of driver's licenses, educational/job training programs, rent and housing payments, and transportation were far-reaching benefits for many.

Young adults often experienced housing instability or difficulty to maintain housing. The CAA funds supported many young adults to "get ahead" with rent, and focus on other areas, such as education. The funding made it possible for youth to purchase or repair a vehicle and provided for maintenance of vehicles (car insurance, tags, gas reimbursement, etc.). Prior to these funds, assistance for purchasing vehicles or reimbursement for payments made was not available. This supported young adults to having stability in commuting to school or work. IL Coordinators were able to provide support for employment,

education, and assistance with basic living needs. IL Coordinators used this as an opportunity to provide education and information to youth around budgeting and making prudent financial decisions.

C.6. Consultation and Coordination Between States and Tribes

There are four federally recognized tribes headquartered in Kansas. Those tribes along with their contacts include:

- Iowa Tribe of Kansas & Nebraska; Jolene Walters jwalters@iowas.org or Sarah Simmons ssimmons@iowas.org
- Kickapoo Tribe in Kansas; Jacob Castillo Jacob.Castillo@ktik-nsn.gov
- Prairie Band Potawatomi Nation (PBPN); Sara Rust-Martin sararustmarting@pbpnation.org
- Sac and Fox of Missouri in Kansas and Nebraska; Pam Burden pam.burden@sacandfoxks.com

DCF and the four tribes convene quarterly for statewide meetings. Meetings were held virtually due to COVID-19 restrictions. Tribal staff shared they prefer virtual meetings as it eliminates travel time. Statewide meetings include representatives from the tribes, CWCMP, OJA, DCF FCL, FCL, ACF, Office of the Governor’s Native American Affairs Tribal Liaison/Interim Executive Director and DCF PPS. Meetings were initially created and implemented during CFSP 2015-2019 and have proven to be helpful to all participants. Discussion topics have included TA for the tribes, information related to grants, ICWA policies, DCF policy updates, tribal updates, general DCF updates, invites to participate in DCF workgroups, training opportunities, APSR/CFSP and CFSR updates.

Standing invitations to tribes for representation and participation:

Intake to Petition Citizen Review Panel (CRP)	Custody to Transition Citizen Review Panel (CRP)	Permanency Advisory Committee (PAC)
Diligent Recruitment (DR)	KanCare High Needs Workgroup	Psychotropic Medication Workgroup
CCWIS Development Team	Crossover Youth	ETV
Team Decision Making (TDM)	Children and Family Services Review (CFSR)	Quarterly Supervisor Meetings
Foster Care in KanCare	Icebreakers Implementation Group	Independent Living Program (ILP)

There are no current icebreaker group but if ICWA applies and the child meets the criteria for an icebreaker meeting to be held then “Standing” invite occurs when an ICWA case has an icebreaker meeting. ICWA regulations require the Tribe to receive communication/notification on ICWA cases.

Invitations/information to these and other groups continue to be shared with each tribe at quarterly meetings and/or at annual site visits. All four tribes had planned to participate in the CFSR Round 4 kickoff meetings and statewide assessment focus groups. Additionally, they made efforts to recruit tribal members with lived expertise to participate. One tribal member with lived expertise joined the statewide assessment focus group. The Kickapoo tribe meets with RYAC, Family First, CPS, APS, Bureau of Indian Affairs (BIA), National Congress of National Indians, Behavioral Health meetings and Office Victims Crimes.

Each year DCF conducts individual site visits with each tribe, excluding the pandemic years. This is to conduct face to face tribal and state collaboration related to tribal child welfare programs and offer TA. The site visit includes meeting new tribal staff, reviewing the MOU between DCF and each Tribe, answering questions and exchanging information between programs. See MOUs in attachments 97- 100.

The MOUs are updated as often/frequently as the Tribe(s) submit revisions agreed upon by both legal parties. The grant and renewal processes and requirements are shared with the tribes. DCF and the tribes share information related to program areas with each other. The ACF Region 7 tribal liaison participates in site visits as requested and availability allows. Monthly collaborations in SFY22 did not include an agenda at the request and preference of the tribes. In SFY 23, structured agendas were implemented.

Site visits provided an opportunity to share and exchange information between DCF and the tribes. Tribal social service concerns were heard, and any needed follow-up provided. DCF was open to answering program specific questions. Monthly virtual meetings replaced the annual site visit. A virtual meeting was set aside with each tribe specifically as a site visit to exchange program information, note policy changes, identify challenges, hear the from the tribes, and celebrate success.

The DCF tribal specialist maintains ongoing communication with the tribes through email, telephone, monthly scheduled meetings, meetings requested by the tribe(s) in addition to quarterly statewide meetings and annual site visits. Prior to the pandemic, the Tribal Specialist position did not exist. Supporting the Tribes were merged into daily duties of a DCF staff member.

Kansas tribes are provided a hyperlink and a copy of the Tribal CFSP/APSR for the appropriate FFY. DCF has requested copies of the Tribe's CFSP and APSRs. Section C.6 and other areas that mentioned the tribes was shared with tribes on April 13, 2023 via email. No feedback was received from the tribes. The final version of the 2024 APSR will be sent to all tribes. Tribes will also be provided a link to access the APSR on the public DCF website.

A. Services Provided by the Tribes through the Child Welfare Grants from the State

The comprehensive Social Service Grant with each residential tribe in Kansas for Family Preservation, CPS, and Foster Care Services are funded through State General Funds (SGF). IL services are funded through John H. Chafee Program for Successful Transition to Adulthood (formerly known as the Chafee Foster Care Independence Act). Virtual monthly meetings are scheduled with the Social Service Directors/Child welfare programs and PPS staff to assure continuous services and communications. The Residential Kansas tribes submit quarterly program reports per the agreed NOGA. Reports are reviewed by the program manager and then submitted to the Grants and Contracts program. The tribal specialist is available for consultation on ICWA matters, policy discussion, case specific, protective services, adoption, transfer to tribal courts, foster care, family preservation, and Family First. Provision of information and TA is available to tribes wanting to pursue Title IV-E funding. Such information and TA can include Title IV-E requirements, data collection, CPA, background checks, fingerprints, quality assurance, performance improvement, licensing standards/regulations, Tribal agreements, and calculate cost allocations.

B. Child Protection Services

DCF finalized MOUs with Native American Family Services (NAFS-Iowa Tribe in Kansas and Nebraska), PBPN, and Kickapoo Tribes regarding family services. During SFY22, significant change occurred within the Iowa tribe in Kansas and Nebraska social services program. Iowa Tribal leadership disbanded the NAFS contract. Iowa tribe of Kansas and Nebraska began running child welfare services directly. Their leadership expressed this decision was not made light heartedly. An updated MOU with the Iowa tribe is pending at time of submission of this APSR. The tribe is waiting on feedback from ACF. The program will be called Cina Akidawe.

DCF KPRC requests ethnic/tribal information from the reporter for the children and family and documents what is learned on the DCF PPS Face Sheet. The state agency does not have the authority to

assign reports made to the KPRC regarding a family living on a Native American Reservation. The KPRC follows procedures, as outlined in PPS policies, and as established in the current MOU.

When PPS assigns an investigation involving an Indian family not residing on a reservation, the family is informed, and they may request a tribal representative. Assessment of the family considers the prevailing social and cultural conditions and way of life of the Indian community.

When a child who is the subject of a report of alleged abuse and/or neglect is identified as an Indian child, the CWCMP is required to inform the appropriate tribe and invite them to the initial team meeting, all case planning meetings, and keep the identified tribe apprised of court hearing(s) and progress on the case. If the tribe is not known the practitioner will discuss with their legal the issue of sending notice to the BIA. KPRC sends intake reports electronically to the identified tribe when the allegations or family reside on the geographic identified area representing the tribe. If a case has been identified as an ICWA case, it is treated as such until proven otherwise.

Determination of the child's heritage and eligibility is made at the earliest possible time it appears likely the child will come into the custody of DCF, or whenever a child has been placed in DCF custody by a court. DCF staff asks whether the child or parent is enrolled in a Native American Tribe. The tribe is notified by DCF as soon as there is "reason to know" the child may be an Indian child. The state court notifies the parent, Indian custodian, and the Indian child's tribe of any pending CINC proceeding, information about the proceeding and of their right to intervene, when the court knows or has reason to know an Indian child is involved.

The DCF worker provides to the district or county attorney, when known, the following information:

- Full name and birth date of the child or children involved.
- The maiden names of all females (if applicable).
- Tribal affiliation; and
- The identity of a qualified expert witness who can testify to continued custody with the Indian custodian is likely to result in serious emotional or physical damage to the child.

If the identity or location of the parent or Indian custodian and the tribe cannot be determined, a letter is sent to the Secretary of Interior requesting assistance.

The CWCMP's responsibility ends with children who reside in out-of-home placement when there is a transfer of the child's case to the court of a federally recognized tribe. The CWCMP notifies regional DCF PPS staff by submitting an Acknowledgement of Referral/Notification of Move/Placement Change form indicating case closure due to change of jurisdiction and venue of court case. Within five working days of receiving acceptance from the tribal court, DCF forwards information to the tribe from the receiving court, documenting acceptance of the change of jurisdiction and venue of the child's case. The tribe should promptly acknowledge the receipt of the information by e-mail.

A transfer of the child's case is not considered as fully transferred to the tribe until the case is accepted by the tribal court. The CWCMP will continue to provide services until the transfer is completed. Once complete, DCF transfers all files and service responsibility to the tribe.

Each tribe has a Social Service Department who address child welfare issues occurring on the Reservation and with tribal members living near the Reservation. If the child in need of care case, for a child living on or near the Reservation is transferred to the Tribal Court, the Tribal Court Judge presides over all related child welfare matters.

The Native American Indian Tribal agencies may send notice(s) of substantiated findings of abuse and neglect in connection with the tribe's investigation(s) to DCF. When the substantiated finding is received by DCF, the matter will not be assigned to PPS for further investigation/assessment. Substantiated findings made by Iowa, Kickapoo, PBPN or Sac and Fox and forwarded to DCF, will be accepted and the perpetrator's name will be entered in the Kansas Child Abuse/Neglect Central Registry.

If DCF receives a substantiated finding from a tribe(s), other than the four federally recognized tribes headquartered in Kansas, it is reviewed by DCF. The review determines if the report contains sufficient information on a finding consistent with DCF policies and procedures and applicable state and federal law. Substantiated finding reviews use the clear and convincing standard of evidence on reports prior to July 1, 2016, and preponderance standard of evidence on reports as of July 2016 to present.

C. Family Preservation Services

The tribes provide prevention services to families who have a child at risk for removal. Services provided support maintaining the family unit and preserving tribal connections. Prevention services range from providing intensive direct services to assisting with a referral to a community resource. Prevention providers support families in learning how to access resources and informal supports independent of government involvement. DCF collaborates with the tribes as requested.

In FY22, Family First began collaboration with Kansas tribes to develop a prevention tract to better serve tribal communities by identifying and eliminating gaps in services. As conversations have continued, tribes have been introduced to and formed professional relationships with prevention providers in their areas. Information is shared relating to each tribe's cultural practices and beliefs to better understand services which meet or can adapt to meet needs in their populations. Family First continued to build ongoing communication with tribal partners around prevention opportunities in SFY23.

D. Foster Care Services

Tribes provide services for children in need of out-of-home placement. Each tribe have staff to provide services, which may include a tribal support worker.

Services include:

- placement (licensed or approved by the tribe/ICWA placement preferences)
- case planning
- reports to court on family progress
- childcare cost assistance
- direct provision of services to the family and child toward reintegration

The services may also be provided for any children out of home and reintegration is not viable. Services available to families may vary from tribe to tribe.

E. Independent Living Services

Tribes assist youth ages 14-20 and in custody pursuant to an order of the tribal court. Provided in this program are any service to promote the youth's independence, subsidy, adult education classes, IL classes, and assistance with obtaining job skills. Life Skills services provided by tribal workers are identical to those provided by the CWCMPs.

The tribes and DCF PPS maintain regular contact through scheduled meetings arranged to coordinate child welfare services. Tribal youth in out of home care or in custody are informed of program eligibility and resources by the CWCMP, KDOC-JS, the tribe and/or PPS practitioner at case planning conferences.

Tribal youth have a standing invitation to participate on RYAC, KYAC, in computer camp and annual KYAC conference.

F. Memoranda of Understanding

DCF provides a copy of the current MOU with each tribe annually. If there are questions or updates needed this is discussed. The MOU is a living document and can be edited anytime up agreement between both agencies. See attachments 97-100 for the most current MOUs for each Kansas federally recognized tribe. Negotiations continue with any tribe where there is not an updated MOU.

During the annual review, each individual MOU is emailed to the tribal chairperson(s) and Tribal Social Service Director for comments and questions. After DCF and tribal discussions, a draft of the revised MOU is to each tribe. If there are no suggested revisions, and the tribe executes the MOU, it is routed for signature by DCF and the Tribe.

The MOU outlines the respective tribal social service agency has been designated by the tribal government to provide child welfare services to the children and families of the tribe on tribal lands and/or under the jurisdiction of the tribal court. In addition, each MOU indicates DCF as the single state agency statutorily designated for the purpose of receiving and distributing federal funds for the protection of children, prevention of child abuse and neglect, provision of safe and stable homes for children in foster care and compliance with all applicable state and federal child welfare laws. The MOU affirms the state commitment to prevent unnecessary removal of Indian children from their parents/caregivers, and to secure placement with an Indian relative or an Indian foster home whenever possible, if placement becomes necessary.

MOUs outline DCF PPS policy to involve Indian tribes and organizations at the earliest possible point in social service intervention. This includes Indian families, whether the Indian children are from the tribes residing in Kansas or from tribes whose headquarters are outside Kansas. The purpose of such involvement is to:

- Facilitate communication with the Indian family,
- Strive to prevent unnecessary removal of Indian children from their parents/caregivers.
- Secure placement with an Indian relative or an Indian foster home whenever possible.
- Assist in securing reliable identification of Indian children, and, if not possible, assist in the placement of Indian Children in appropriate homes.
- Strive to ensure compliance with ICWA and related regulations and guidelines.

Each MOU describes policies, procedures, statutes, services, and licensing requirements for both DCF and the tribes.

A letter from the Secretary of DCF is sent to the tribes annually confirming commitment to effective collaboration and consultation related to social services with the four federally recognized tribes in Kansas. The purpose of the letter is to recognize each tribe as a sovereign nation and to delineate the role of PPS staff as delegated by the Secretary.

A child is considered an Indian child when DCF is informed, by any party to the case, the child is a member of an Indian tribe or is eligible for membership and is the biological child of a member.

The DCF PPS Face Sheet captures ethnic/tribal information for the child(ren) at the time of an abuse/neglect report. The DCF PPS Medical and Genetic form captures information about the child and

his/her parents and must be completed for each child at the time they enter foster care. Information is entered into KIPS and FACTS.

DCF PPS practitioners immediately contact tribal social services upon receipt of a CINC petition for a child the agency has reason to know is an Indian child.

The Kansas Judicial Council maintains specific court forms for cases involving Indian children to comply with ICWA and applicable regulations and guidelines. A Judicial Council sub-committee commenced work in the spring of 2018 to update all Judicial Council ICWA forms. The workgroup included DCF and tribal representation. The revised forms, except for the ICWA permanency hearing forms, were approved by the Kansas Judicial Council and posted on their website on December 27, 2018. The ICWA permanency hearings subsequently received final Judicial Council approval and have been posted on their website as of December 2019. The forms continue to inform, guide, and assist in consistent statewide practice in every CINC case to which ICWA applies.

If a Tribal court does not accept jurisdiction of the child, Indian children in the DCF Secretary's custody receive services promoting safety, permanency, and wellbeing. Services are designed to help children, when safe and appropriate, return to their family or to a stable permanent placement.

G. Other Collaboration, Coordination and Technical Assistance

In SFY22, the tribal SharePoint was phased out due to lack of use. Beginning in SFY22, DCF and the tribes began holding virtual meetings using the Microsoft TEAMS application in place of Zoom. In SFY23, OneDrive replaced SharePoint as a platform to house meeting agendas and other DCF/tribal shared documents.

OneDrive folders were created for the tribal group and individually by tribe. This created a shared access space for communication and saved documents. Within each individual tribe folder, they can find copies of their grant, MOU, signed quarterly reports, monthly meeting minutes, and more.

When onboarding staff, tribal matters are common in initial training. New PPS practitioners are required to complete a Child Welfare Basics course during PPS academy before a caseload is assigned. The course includes information on reason to know the child is an Indian Child, ICWA (active versus reasonable efforts), Top 10 ICWA myths/facts sheet, and an ICWA case scenario is reviewed. Prior to class, a video presentation is required on the background and purpose of ICWA by Justice William Thorne, Associate Presiding Judge of the Utah Court of Appeals and former tribal court judges in Utah, Idaho, Montana, New Mexico, Colorado, Arizona, Wisconsin, South Dakota, Nebraska, and Michigan.

In FY2022, the following online course was published for DCF, CWCMPs, and tribal partners through the Kansas Learning Management Performance System (KLMPS). The ICWA online course has been shared by the Child Welfare CBC Center for Courts where it was designed with attorneys, judges, and court stakeholders in mind. The course covers the Act's black letter law and historical context in ten short modules and topics specific to application notice, active efforts, securing appropriate placements, and examining a qualified expert witness.

- Cultural and Historical Perspectives – Why do we have ICWA?
- Applicability – How to determine who ICWA applies to
- Jurisdiction & Emergency Removal – Requirements when ICWA applies for a family
- Inquiry and Notice – Requirements for inquiring about eligibility and providing notice
- Transfer – When and how jurisdiction may be transferred between County/District Courts and Tribal Courts

- Expert Witnesses – Requirements of Expert Witnesses specific to ICWA
- Placement Preferences – Priorities for Placement of children and youth when ICWA applies for a family
- Evidentiary Standards – Standards of evidence specific to families where ICWA applies
- Active efforts – How Active Efforts differ from Reasonable Efforts and are required under ICWA
- Intervention – Priorities for options of intervention when ICWA applies.

DCF transitioned from Pathlore to the KLMPS in SFY2022 for online learning and tracking. An agreement briefly outlined in the MOUs includes tribal access to the KLMPS and the trainings offered on the platform. Sign-on directions were provided to the tribes.

The KLMPS was updated in SFY2023 to include and update to the ICWA Session. This session now boasts mini sets of interactive lessons where a participant can stop any place in the session and return without losing what had been completed. DCF and the tribes have talked about this session as a learning tool when onboarding new staff.

The tribes have expressed their desire to participate in the long-term plans for the CCWIS. They would like to be involved in the planning, design, and outcome of the new system. The tribes do not have the IT capacity but would still like to be a part of the project as contributing stakeholders.

During monthly meetings there were equity and inclusion discussions pertaining to each tribe’s unique communities. Outcomes of the discussions addressed hardships their communities face. Equity terminology discussions are ongoing within the tribes and DCF. All parties acknowledge disparity looks different on each reservation.

All four tribes social service staff were invited to participate in the CFSR Round 4 Statewide Assessment and the CFSR onsite week focus group. DCF asked each tribe to recruit any parents, kin, caregivers, or youth who had current or previous experience with the child welfare system to be involved in the statewide assessment. Participants who with lived expertise who participated were compensated with a stipend for their time.

In the East region, DCF staff assisted one tribe by connecting them with a home study writer in their area. The tribe was struggling to complete timely adoption home studies due to limited staffing capacity. The tribe contracted with the home study writer and DCF reimbursed the tribe after the work was complete. Although this was a quick way to support the tribe and not considered a long-term solution, DCF plans to support the tribes in best practice by working with a family throughout the entire adoption journey.

D. CAPTA State Plan Requirements and Update

NAME, ADDRESS AND FAX NUMBER OF THE APPLICANT AGENCY:

Kansas Department for Children and Families
Prevention and Protection Services
DCF Administration Building
555 S. Kansas Ave. 2nd Floor
Topeka, KS 66603

STATE LIAISON OFFICER:

Jennifer Slagle
DCF Administration Building, Second Floor

555 S Kansas Ave
Topeka, KS 66603 Phone: 785-260-5517 Fax: 785-368-8159
E-mail: Jennifer.slagle@ks.gov

APPLICANT AGENCY’S EMPLOYER IDENTIFICATION NUMBER:
48-6029925

DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS):
175 -37-804

The CAPTA state plan is embedded within the Annual Program and Service Review, which can be found here:

<https://www.dcf.ks.gov/services/PPS/pages/PPSservices.aspx>

During the 2021 Kansas legislative session, “Adrian’s Law” was added to the Kansas Code for Care of Children. The bill was named for a 7-year-old Kansas City, Kansas, boy who died in 2015. Adrian’s Law requires visual observation of an alleged victim of child abuse or neglect as part of an investigation by DCF or law enforcement officials. Although now passed into law, this did not change policy or procedure for DCF for Children and Families. Current and ongoing policy required CPS practitioners to take reasonable action to seek medical care of a child suspected of child abuse or neglect (see PPM 2450)

The full bill can be found by following this link:

http://kslegislature.org/li_2022/b2021_22/asures/documents/hb2158_enrolled.pdf

In 2021 Children’s Mercy Hospitals were awarded a grant through the CJA Task Force in Kansas to begin a pilot program titled Safe-Care Kansas in Johnson and Wyandotte counties targeting children under the age of four. In 2022, the program was expanded to include children under the age of six in Atchison, Douglas, Johnson, Leavenworth, and Wyandotte counties. Safe-Care Kansas provides for young children who may be victims of physical abuse or physical neglect receive an expert assessment, including a medical evaluation when indicated, to aid in the determination of whether abuse has resulted in injury and/or safety risks requiring intervention.

On July 1, 2015, Kansas added “Aggravated Human Trafficking” to the Kansas Code for Care of Children definition of Sexual Abuse. There were additional substantive changes to State Law related to prevention of child abuse and neglect in the 2016 legislative session specifically tied to Preventing Sex Trafficking and Strengthening Families Act. Policies were revised as needed. On July 1, 2016, legislation went into effect which expanded the definition of Sexual Abuse as it relates to Human Trafficking.

The program areas selected for improvement from the 14 areas delineated in section 106(a) (1) through (14) of CAPTA are areas (1), (4) and (7). The CAPTA State Plan identified the following items and area of focus in Kansas:

Area	Focus
1	Intake, assessment, and investigation of reports of abuse and neglect
4	Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols

4	Improving skills and qualifications of individuals and supervisors in the child protection system. To include availability and improvement in the recruitment and retention of case practitioners.
7	Improving the skills, qualification and availability of individual providing services to children and families and the supervisors of such individuals through the child protection system, including improvements in the recruitment and retention of case practitioners.

A position dedicated to CAPTA provisions was approved and filled by DCF in August 2021. The CAPTA Program Manager is dedicated to managing the grants and contracts for organization and facilitation of the CRPs. In addition, they serve on all three panels to include the Kansas Child Death Review Board. This position manages a critical incident process and in doing so looks for opportunities to improve policy, procedures, and training for front-line practitioners. The program manager monitors CAPTA and CJA funding.

CAPTA funds are allocated throughout DCF PPS for providing education and resources on a variety of issues affecting the prevention of child abuse and neglect. Activities for this reporting period include:

- KPM Showcase
- Speaker fees for CRP Retreat
- Travel and training
- Pack and Plays
- Employee awards
- Excellence in Supervision Conference

CAPTA funding for CPS practitioners to attend various educational courses and the associated expenses are significant. Expenses include registration fees, hotel, per diem, car rental, and mileage to name a few. Courses include pre-service training for new CPS practitioners and advanced training for seasoned staff. These expenses include supporting staff in maintaining their social work license and attendance at conferences. Examples include, but are not limited to the following:

Annual Governor’s Conference for the Prevention of Child Abuse and Neglect	Interviewing Skills for Child Welfare training – live actors/experience live interviews	Safe Generations SOS/Power of Partnership
Wichita Doctor’s Training	Children’s Mercy Training	KCSL Trauma Informed Mandated Reporter Training
ChildFirst	Human Trafficking	Team Decision making

In 2021, a contract was awarded to Mainstream Nonprofit Solutions to provide facilitation of two of the Citizen Review Panels. The facilitator organizes the panels, coordinates between members, and facilitates communication and focus. In addition, the facilitator coordinates the development of the three-year assessment (completed in 2021) and annual report for the CJA taskforce responsibilities of one of the citizen panels.

An Interagency Agreement between DCF and Wichita Police Department and DCF and Sedgwick County Sheriff’s Office provides funding to implement three Community Support Specialist positions in Sedgwick County Kansas. The Community Support Specialists coordinate with officers, receive referrals

for families and provide education on community and public health programs, safe sleep education, parent skill building, mental health and/or substance use services and similar safety network supports.

A sole source grant was awarded to the WCCAP in 2022. The WCCAP was formed to create and carry out prevention initiatives as a community response to the number of child abuse fatalities in Wichita, Kansas. Workgroups were formed to develop strategies to address issues identified in data related to fatalities. Workgroups funded by this grant include the: community awareness, childcare workgroup, leadership group, and large group meetings.

Kansas submitted the CAPTA assurance on May 12, 2017. The APSR Annual Final Report contains Annual Reports from the State of Kansas' CRP. See Attachments 14-19.

Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015

As previously mentioned, the Justice for Victims of Trafficking Act of 2015 included amendments to CAPTA which were effective on May 29, 2017. Key provisions included the following:

When a report is received alleging human trafficking PPS policy requires the report be assigned for investigation. The reports are assigned for alleged human trafficking-sex and/or human trafficking-labor. In July 2016 Kansas statute was amended to include Aggravated Human Trafficking to the definition of Sexual Abuse. Reports are coordinated with law enforcement agency or agencies having jurisdiction over the criminal activity. Additional policies address making reasonable efforts to locate the alleged victim of human trafficking.

- provisions and procedures for training CPS practitioners on how to identify, assess, and provide comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters to serve this population.

Staff completing investigations are required to complete PPS Introduction to Human Trafficking course within six months of hire. See all courses in section C.1.1 Human Trafficking.

Kansas established a HTAB in 2010 which is facilitated by the Attorney General's office staff. The board is multi-disciplinary in nature having representation from child welfare, law enforcement, Exploited and Missing Children's Unit, juvenile justice, legal, CASA, Attorney General's office and other community organizations. The board meets a minimum of quarterly, but more importantly, the board has allowed those involved to establish relationships so when a human trafficking issue presents, members have contacts across the state to contact for advice and assistance. These relationships have been utilized when needed to help facilitate appropriate and timely investigations of and responses to human trafficking on more than one occasion. There are ongoing meetings with KDOC and the Attorney General's office regarding Human Trafficking related issues. Collaboration with law enforcement is engaged as needed.

The Anti- Human Trafficking Program Manager is dedicated to leading DCF's initiative to develop a comprehensive response and service system in Kansas for youth who are victims or are in DCF custody and at risk of becoming victims of human trafficking. This program manager participates in local human trafficking task force meetings statewide to gather information about efforts across the state to combat human trafficking and offer assistance and resources. They have assisted task force groups in collaborating with other groups across the state. The program manager collaborates with other systems/agencies to provide statewide multidisciplinary human trafficking training.

The amendments added data elements a state must report annually, to the maximum extent practicable, as a condition of receiving the CAPTA State Grant. Beginning with submission of FY 2018 data, the CB has asked states to report the number of children who are victims of sex trafficking through NCANDS. DCF collects Human Trafficking allegations, assigned reports, and substantiated Human Trafficking finding data. This information is available for NCANDS submission.

PPS policies state the investigation may be done by the practitioner alone or in cooperation with law enforcement. If law enforcement does not want the agency to assist in the investigation, the agency can assess the family and identified victim for services and provide or make a referral for services.

The state has identified no TA needs at this time. The state is constantly reviewing and revising and will seek TA if need is determined.

DCF participated in a CB site visit in September 2018. CB identified an area for improvement as the relationship between DCF and area hospitals. Since then, DCF has increased engagement and partnered with hospitals, mental health providers substance-use treatment facilities, and other community providers. DCF is participating in statewide committees focused on safe care for substance-exposed infants across all agencies.

In SFY 2019 DCF started serving on the Kansas Perinatal Quality Collaborative (KPQC) sub-committee. The KPQC includes representatives from Kansas hospitals, KDHE, KDADS and community substance-use treatment providers. The KPQC meets twice a year with additional focus workgroups. The mission is to improve maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes. The Fourth Trimester Initiative (FTI), an innovative, cutting-edge approach to studying and improving the experience of new mothers and families in Kansas has been part of this group's work. DCF presented to this collaborative on November 16, 2018. This was a panel presentation which included medical, substance abuse treatment, DCF and mothers who had experienced having a substance affected infant. The KQPC continues meeting to develop strategies and resources to enhance reporting and communication between birthing centers and DCF. Additional information regarding this collaborative may be found at: <https://kansaspqc.org/>.

The Kansas Prescription Drug and Opioid Advisory Committee meets quarterly and includes representation from DCF, KDADS, KDHE, mental health, law enforcement, hospitals, pharmacies, and community treatment providers. In SFY 2018 Kansas DCF representatives began participating in the Kansas Prescription Drug and Opioid Advisory Committee and Neonatal Abstinence Syndrome (NAS) Sub-Committee. The vision of the Kansas Prescription Drug and Opioid Advisory Committee is to build capacity, mobilize resources, and enhance the quality and availability of data to support data-driven strategic planning at the state and local level, and to implement best practices associated with prescription drug misuse and illicit opioid use across the State. Additional information, meeting minutes and resources regarding Kansas' Prescription Drug and Opioid Advisory Committee may be found at: <https://www.kdhe.ks.gov/1305/Kansas-Prescription-Drug-Opioid-Advisory> or KDHE's public website: Home – Programs & Services – Division of Public Health – Disease & Injury prevention – Substance Use Disorder & Overdose Prevention – Kansas Prescription Drug & Opioid Advisory Committee.

DCF has participated in additional meetings and presentations with The Kansas Power of the Positive (KPop) which is a statewide coalition focused on societal level interventions to prevent adverse childhood experiences. These collaborations and partnerships will inform Kansas policies and procedures to enhance DCF delivery or referral to services for substance-exposed infants, affected family members and caregivers. There are efforts being made to reduce the stigma with the goal being to better engage pregnant women using substance in services. KPop developed an asset map to better understand the

service array in Kansas. (<https://www.kdhe.ks.gov/DocumentCenter/View/27296/Perinatal-Provider-Workflow-PDF>)

DCF participated in a panel presentation for the Kansas Governor's Conference on Prevention of Child Abuse and Neglect addressing a collaboration of agencies to address treatment and services for substance affected infants. Kansas DCF has participated in a learning series in partnership with Kansas Connecting Communities focused on the social impacts of perinatal behavioral health (mental health & substance use) disorders and effective interventions to support the health and wellbeing of perinatal women and their families.

Kansas DCF, in collaboration with the KDADS and the KDHE, obtained a Calling All Sectors Initiative grant of \$150,000 from PEW Charitable Trust originally ending August 2021. Due to COVID-19, the end date was extended to June 2022. The intended results were to increase cross-sector collaboration for health and health equity to be measured using a results-based accountability framework. The intent was to identify and implement evidence-based, promising, and innovative approaches to cross-sector collaboration, with a specific focus on improving maternal and infant health and well-being where the greatest gaps in health outcomes exist. This grant provided TA from the Association of State and Territorial Officials, Race Forward and Glaser & Associates, Inc. The focus of Kansas' work on this grant was to increase the identification of pregnant & postpartum women using substances and connections to appropriate services and supports.

In SFY 23, DCF partnered with DCCCA Inc., a child welfare agency with a substance use treatment department, who completed a survey of racially diverse women who were pregnant while experiencing addiction, medical health providers who have treated pregnant women with addiction, and social services providers to determine what barriers each of them faced in accessing treatment for themselves or their client. There was also cross sector mapping completed in the same county to determine if there were any areas of the county which may not have medical services available for pregnant women using substances. As a result of the survey responses KDHE created pamphlets to deliver to doctors' offices containing substance use treatment resources for distribution to patients and to inform the doctor of referral agencies available in their area. A need for online training modules for service providers was also being considered by KDADS, although Pew could have funded this project, there was not enough time to implement this project prior to grant expiration. Recommendations were also made to DCF KPRC to add specific questions at intake providing a more thorough picture of the client's issue, KDHE is a collaborating partner for this future project. At the end of the grant period because Kansas had more than \$50,000 in funds left Pew allowed DCF to purchase hard goods related to infant care and maternal health which were provided to the four tribes in Kansas, two SUD treatment providers and community agencies working with women and children.

DCF PPS PPM 2050 includes policy related to CARA legislation and the requirements of a Plan of Safe Care. It is the intention for families in need of a Plan of Safe Care be referred to Family Preservation for intensive in-home services to meet the needs identified on the plan. The plan is to be monitored. Agencies are required to describe their Plan of Safe Care services when submitting an application in response to an RFP.

Legislation does not require states to define substance affected infants as a specific category nor does it prohibit it. DCF gave great thought and had many discussions about whether this population should be included as an abuse/neglect category. DCF decided to include it based on when an event is assigned as an abuse/neglect category, the agency has some statutory authority DCF doesn't otherwise have when a report is assigned as a FINA. Being assigned as an abuse/neglect case type does not increase or decrease

the likelihood of removal. The service provision remains the same. A safety and risk assessment are still completed and if possible, the child should be maintained in the home safely.

Kansas published a regulation change in March 2019 which provided a definition for a substance affected infant as an abuse/neglect allegation. The regulation does not prevent the agency from providing services as a FINA report if a family is requesting services due to substance use after giving birth. Kansas added the assignment type of Substance Affected Infant as a neglect assignment type for July 2018.

American Rescue Plan Act of 2021

Kansas DCF received \$949,707 in CAPTA funds related to the 2021 American Rescue Plan. These funds were allocated to support a sole source contract with KCSL to build individual community capacity for FRCs and provide updated mandated reporter training expanding the concept of reporters to also be family supporters, identifying prevention resources, and services before a family’s situation escalates to a level needing a report to KPRC. These funds are on target to be expended by 9/30/2025. View data of mandated reporter/supporting families training for SFY 23 below.

	FY23 (July – March 2023)
KCSL # Trained Mandated Reporter/Supporter	2,268
DCF # Trained Mandated Reporter/Supporter	147
KCSL # Trained Special Topics Trainings	1,080
Total # of Training Hours Provided	83
Total Trained	3,495
% or participants reporting learned new skills	95.5%

In 2021, DCF joined the National Family Support Network through KCSL. KCSO provides free certified training to those seeking membership in the Kansas Family Support Network. DCF utilized ARPA funds for FRCs to implement a statewide network with statewide, local partners. Feedback from collaborators including Thriving Families, Early Childhood Recommendations Panel, KDHE Family Advisory Council, and FFPSA Family Councils demonstrated a need for a community hub. This hub would provide access to services for families to prevent crisis and a need to interact with the child welfare system. Lived expertise and professional experience in home visitation, public health, maternal health, childcare, child abuse prevention, behavioral health, and interagency councils are represented. The partnership is intended to enhance existing FRCs and provide trainings and replicate success in other communities. These services promote stability to decrease the likelihood families will future mandated encounters with the child welfare system. There have been no challenges or barriers in using funds. See Current and Planned Activities: FRC and Vision: Item #5 for more information on FRCs.

E. Updates to Targeted Plans within the 2020-2024 CFSP

E.1 Foster and Adoptive Parent Diligent Recruitment Plan

DCF and its community and contracted partners have worked together to develop a cohesive DR Plan. The first publication of the plan occurred in 2016. It was first developed in partnership with CBC for

States for guidance and support. It was led by Kathy Ledesma, the Program Area Manager for Adoption, and Christine DeTienne, the State/Territory Liaison. In SFY 22-23, it has since undergone some clerical updates by FAC who now oversees the DR Plan and updates, Attachment 101.

The plan was developed to showcase:

- Consistent messaging and communications related to diligent recruitment with emphasis on improved data collection and analysis.
- Implementation of effective strategies for recruiting and supporting families.
- Improve outcomes of timely permanency, placement stability and foster/adoptive parent licensing, recruitment, and retention.

Data Driven Goals are:

- Recruit, prepare and retain foster and adoptive families for children who are age 13 and older and who have significant behavioral and mental health needs.
- Recruit, prepare and support African American foster and adoptive families.
- Recruit, prepare and support adoptive families for children/youth registered on the adoption exchange.

DR Goals are:

- Intentionally recruit, prepare, and retain foster/adoptive parents who are best able to meet the needs of children in care; Who will actively support reintegration and/or understand the importance of connection with birth families.
- Demonstrate the understanding and commitment to serve children affected by trauma.
- Willing to meet the immediate and long-term needs of the child.

DR brings together community partners along with FAC, DCF and CWCMP to review data on Kansas children in out of home placement (regardless of case plan goal) and discuss needs and options. This includes continuous analysis of data supporting the agency in effectively communicate with partners and stakeholders and adjust the plan accordingly.

This effort focuses on a one-system approach to child welfare by connecting programs, agencies and community stakeholders to the fullest extent possible, allowing for maximization of services to children and families. The comprehensive, data-driven DR Plan outlined here is the vision and unified framework for all stakeholders to utilize in their work with foster and adoptive families.

The group holds shared recruitment commitments, and while CPAs numbers have slightly decreased, there remains a significant need for foster homes to care for high acuity children. The leaders for DR have a shared mission which is to model responsibility to all agencies and staff.

Mission points:

- Reduce the number of children in out of home care.
- Share resources to close the gap between placement capacity and placement needs.
- Advocate for change in culture by moving/building the support system as this groups goal is about providing resources for kids to get to permanency quicker.
- Move the needle on definition/language of foster parents by changing the language. One Message for One Child Welfare System.

See Attachment 101 Diligent Recruitment Plan and Item 35 for more info.

E.2 Health Care Oversight and Coordination Plan

See Attachment 2 for the Update to Health Care Oversight and Coordination Plan.

E.3 Disaster Plan

The most recent significant disaster faced in Kansas, like all other states, was the COVID-19 pandemic. Please see Attachment 102 for the DCF Administration Disaster Plan. Each DCF region has a Disaster Plan following the same structure but with different emergency contact numbers included.

The plan is regularly audited by the Kansas Division of Emergency Management (KDEM) and upon evaluation it is re-worked by us. Since covid KDEM has had high turnover in the positions that audit plans and was also dealing with a two plus year disaster declaration due to covid. This led to delays in the audit. The audit is underway now and the plan will be reworked and sent through congruency with KDEM and the Cabinet Secretary who signs off on the plan. There is a signed copy but the digital copy does not have the signature. The regional plans have different contact numbers because they are all managed by different staff. The disaster plan outlined ensures the continuity of operations for DCF operations. There is a dedicated operations team that would be directly responsible for implementation and work to mitigate disasters along with the normal program staff. Covid impacted operations but operations continued through modified procedures, I.E. social distancing, increased use of PPE and through transition to remote work in some positions.

During a widespread disaster DCF functions as part of the human services branch of The Kansas Division of Emergency Management. One of the primary goals of the human services branch is identifying and working to address disparities for marginalized groups in any aspect impacted by the disaster. DCF works directly with the state ADA coordinator, Kansas Commission for the Deaf and Hard of hearing, volunteer organizations active in disasters and other resources to actively identify and address disparities in real time during a disaster. An example of this was making numerous accommodations during Covid sheltering operations that DCF worked in conjunction with KDEM. These accommodations included for medical, allergies, religious needs, disabilities not limited to deaf, blind and wheelchair bound and numerous other needs as required. The Director of Emergency management for DCF, am a subject matter expert in working with marginalized groups as an MSW with years of practical experience as well. This allows me, in conjunction with our team of expert consultants, to anticipate a number of disparities marginalized groups will face in a given situation and actively address those before they have an impact. Additionally, the Director of Emergency Management is the direct contact for reports of concerns of this nature and any received reports are immediately assessed and action taken to address the situation if needed with the assistance of KDEM and other state emergency support function partners.

Please also see attached disaster planning documents from the CWCMPs: Attachment 103 KVC Kansas, Attachment 104 Saint Francis Ministries. Attachment 105 TFI Family Services and Attachment 106 Cornerstones of Care. Additionally, See Attachment 107 for the Independent Living Disaster Plan.

E.4 Training Plan

See Attachment 22 DCF Training Plan, and supplemental training attachments:

- Attachment 108 DCF PPS SFY 2023 Training Report - Kansas utilizes CAPTA funding to support in-house training activities, including staff travel, workshop supplies and actors for the Interviewing Skills course. The remaining cost of in-house training is based on the salary funding mix of the DCF Trainers and DCF Staff attending the training. The salary funding mix for all positions is based on the Random Moment in Time Study results. Both Foster Care and Adoption IV-E are included in the funding mix along with state funds and various other federal funds. Currently, the Foster Care and Adoption IV-E funds combined are approximately 4% of the frontline and training staff salaries.

Based on the content of the new courses listed below all would be Title IV-E eligible.

New Courses for SFY 2023 include the following:

NCMEC Series (New SFY 2024) – Available on DCF LMS through an agreement with NCMEC at no cost. DCF will provide attendance data to NCMEC. Recommended for DCF new and experienced staff.

- It's Not All On You: Create High-Impact Safety Plans With (Not For) Families (New)
- Online course through SafeGenerations facilitated by DCF small group facilitators. Available as on-going learning, not mandatory for all staff.
- Getting Unstuck: Engaging Families in Situations of 'Denied' Child Abuse (New)
- Virtual course led by SafeGenerations staff. Attended by a limited number of DCF practitioners in Spring 2023.
- Safety Planning Practice Intensive (New) Five-day workshop led by SafeGenerations staff in Minnesota. Small group of experienced DCF staff attended Fall 2022. Cost of workshop \$920 per person.

The following three courses were revised for Kansas by San Diego State University for one time cost of \$1,904.00.

Currently available on demand through the DCF LMS. Recommended for new and experienced staff.

- From No One to Network (New)
- Introduction to Supporting LGBTQIA+ Youth (New)
- Using Engagement Strategies: a KPM Skill Building Activity (New)
- Attachment 109 Training Plan – Cornerstones of Care - COC updates courses as needed based on policy and procedure changes, but the topics have remained the same since 2019. All trainings that are marked one time prior to holding a caseload are mandatory for case carrying staff. They take these courses within 90 days of hire. The only new implementation is coaching cohorts. New hires attend coaching cohorts weekly for three months, bi-weekly for months four to six, and monthly after that until they have been with the company for one full year. The trainings listed are only trainings provided by COC's training department. There are several informational sessions during their monthly meetings that cover resources in the area, or new policy/procedures.
- Attachment 110 Training Plan – DCCCA, Inc.- When the training plan says all employees, it means DCCCA has requested that all employees within the agency complete these trainings. Some trainings are required and some are optional. Some of the trainings are required during initial training when employees are first employed. There are also trainings provided after an employee's first year. Attachment 110 – Training Plan – DCCCA is current and the title could be changed to 2023. All trainings listed are still current. Some of these trainings are IV-E eligible.
- Attachment 111 Training Plan – KVC Kansas – See Attachment 129 for new trainings, IV-E Claimable:
 - Secondary Trauma, Self-Care and Boundaries
 - KAPP & SDM Assessments

- Grief, loss and separation
- Columbia Suicide Risk Assessment
- Parent Empowerment Program
- Assessing visitation for timely permanency
- ICWA
- Providing Dignity Centered Care under the IDD umbrella
- Intro to LGBTQ competency
- Working with Transgender youth 101
- Anti Racism Toolkit
- Building Inclusion Teams
- Impact of Trauma on Brain Development
- Safe and Connected Framework
- Children and Trauma: A caregiver's guide
- Childhood and adolescent sexuality issues
- Childhood and adolescent development

Childhood and Adolescent psychopathology

- Attachment 112 Training Plan – Saint Francis Ministries - St. Francis Ministries constantly updates their training content as well as developing new trainings as initiatives come out. This has been especially true over the past year as they've migrated to a new training system and had to move the content. For instance, SFM added three sections to their Online Orientation Program alone over the past year. Case Management Procedures, Documentation, and Permanency Planning trainings are updated every time policies are. SFM has added trainings on Safety Planning, Professional Writing, and Time Management, and Organization, to name a few. Program staff had added trainings on Placement Stability, Adoption Preparation and Processes, Adaptive Reintegration, basic and Intermediate Legal, Family Finding, and Social Histories. SFM has added several Opioid/Narcan and Safety/De-Escalation related trainings over the last year. Those are just the ones required for new hires. The option trainings for all SFM employees are constantly evolving. SFM develops new trainings, updates content, and move from virtual to online or online to virtual every single month.
- Attachment 113 Training Plan – TFI Family Services - TFI has not had any new trainings implemented since the last submission of the state plan. TFI's trainings are regularly reviewed for content and compliance to policy and procedures as those change. Below are the trainings that those most frequently impact below. Agency Orientation- Updated as needed with changes in program policies, procedures, and staffing. The specific content of this training has likely been updated multiple times since the submission of the 2022 training data. Permanency Program Orientation-Updated as needed with changes in program policies, procedures, and staffing. The specific content of this training has likely been updated multiple times since the submission of the 2022 training data. Permanency Basics- Updated as needed with changes in program policies, procedures, and staffing. The specific content of this training was most recently reviewed and updated in December of 2022. Ethics and Confidentiality- Content reviewed and last updated April 2023. Kansas: Working with Children with Disabilities- Updated as needed with changes in program policies, procedures, and staffing. The specific content of this training has been reviewed and updated multiple times since the submission of the 2022 training data. KS Permanency Assessments Training- Updated

as needed with changes in program policies, and procedures. The specific content of this training was most recently reviewed and updated in April of 2023.

Effective October 1, 2014, the State of Kansas claims 75 percent Federal Financial Participation (FFP) for TIPS-MAPP and DT training. Kansas claims 75 percent FFP for on-going training provided to foster (including kin) and adoptive parents. All other eligible training will be claimed at the regular 50 percent administrative FFP rate. Total computable costs subject to the 75 percent FFP is estimated to be less than \$1.0 million dollars.

F. Statistical and Supporting Information

F.1 CAPTA Annual State Data Report Items

i. Information on Child Protective Service Workforce

			Training Requirement	
Position	Education Requirements	Qualification	Pre-Service*	Annually
Administrative Specialist	Education may be substituted for experience	Two years of experience in general office, clerical and administrative support work	12 hours	1 hour minimum
Intake Protection Specialist (IPS)	Two years of college or two years of work experience in the Kansas Protection Report Center	Two years of experience at call center/customer service center; bilingual in English/Spanish preferred.	12 hours	1 hour minimum
Child Protection Specialists	Four-year degree in a Human Services or Behavioral Sciences field of study, or education determined relevant by the agency	License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas	PPS social work specialists = 78 hours KPRC social work specialists = 59 hours	40 continuing education hours every 2 years to maintain licensure
Position	Education Requirements	Qualification	Pre-Service*	Annually
Child Protection Supervisor	Bachelor's level social worker or Masters level Professional Counseling or Marriage and Family Therapy	License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas plus one year of social work experience	11 additional program related hours (to above) plus approximately 24 hours of agency-related training	40 continuing education hours every 2 years to maintain licensure

*Pre-Service occurs within 90 days of employment

ii. Data on education, qualifications, and training

Count of Education Lvl	Column Labels						
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Work Supervisor	Social Worker Specialist	Grand Total	
Bachelor's Degree	3	253	68	1	22	347	
Four Years College		10	1			11	
HS Graduate or Equivalent	1	9			1	11	
Master's Degree	1	45	8		7	61	
N/A	1					1	
Not Indicated	3	27	4		2	36	
One Year College	3	11	1			15	
Some Graduate School		1				1	
Technical School		2				2	
Three Years College	1	15	2			18	
Two Years College	4	7				11	
Two-Year College Degree	3	11	1			15	
Grand Total	20	391	85	1	32	529	

Qualifications and Training Requirements are met 100 percent for employees to retain employment. There are no specific educational requirements for advancement in the agency. A minimum of one year's child welfare experience is required to be eligible for a supervisory position.

iii. Demographic information of the child protective service personnel

Count of Ethnic	Column Labels						
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Work Supervisor	Social Worker Specialist	Grand Total	
AMIND		1	1	1	1	4	
ASIAN		4				4	
BLACK	6	32	5		3	46	
HISPA	1	21	1			23	
NSPEC		4				4	
WHITE (blank)	9	212	60		24	305	
Grand Total	16	274	67	1	28	386	

Count of Gender	Column Labels						
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Work Supervisor	Social Worker Specialist	Grand Total	
F	18	331	81		31	461	
M	2	60	4	1	1	68	
Grand Total	20	391	85	1	32	529	

Count of AGE	Column Labels						
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Work Supervisor	Social Worker Specialist	Grand Total	
20-30	3	149	12		3	167	
30-40	5	96	33		8	142	
40-50	3	69	16		7	95	
50-60	6	49	20		8	83	
60-70	3	26	4	1	5	39	
70-80		1			1	2	
80-90		1				1	
Grand Total	20	391	85	1	32	529	

iv. information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

February 2023 Caseload	Child Protection Specialist (CPS)	CPS Supervisors	CPS Staff and Supervisors
Average Monthly cases	16.2	1.0	16.2

February 2023 Caseload	CPS to Supervisor Ratio
Average Monthly Ratio	3.3

February 2023 Caseload	CPS to Supervisor Ratio	CPS Staff Ratio	Total cases per Supervisor
Average Monthly Ratio/Cases	3.3	16.2	53

F. 2 Juvenile Justice Transfers

Number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2022	14
Source of the information	FACTS, DCF's Child Welfare Reporting System
How the state defines the reporting population	Youth transferred to another state agency

F.3 Education and Training Vouchers

Please see Attachment 58 SSIS Annual Report SFY 2023 through February. Attachment 85 contains Attachment C.

F.4 Inter-Country Adoptions

As of April 2023, DCF has approximately 10 children in custody who were previously adopted internationally. SFM reported two, KVC reported six, Cornerstones of Care reported two & TFI reported zero. See section C5, "Services for Children Adopted from Other Countries" for additional details.

Monthly Caseworker Visit Data

Please see monthly caseworker visit section C.5.

G. Financial Information

G.1.a. Monthly Caseworker Visit Formula Grant and Data

Please see monthly caseworker visit section C.5.b Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits.

G.1.b. Payment Limitations- Title IV-B Subpart 1 & 2

Please see Attachment 54 CFS 101s in pdf and Attachment 114 CFS 101s in excel format. Please see Attachment 115 Kansas FY 23 Reallotment Excel and Attachment 116 Kansas FY 23 Reallotment PDF.

**Payment Limitations – Title IV-B, Subpart 1
FFY 2005 Title IV-B, Subpart I & State Match Expenditures**

The Title IV-B, Subpart 1, payment limitations are identified below.

Category	Title IV-B	State Match	All Funds
Child Care	0	0	0
Foster Care	439,792	146,597	586,389
Adoption Assistance	95,070	31,690	126,760
Total FFY 2005 Expenditures	534,862	178,287	713,149

G.1.c. Chafee Program

Please see Attachment 54 CFS 101s in pdf and Attachment 114 CFS-101s in excel format.

**Section G.2: Payment Limitations - Title IV-B, Subpart 2
FFY 1992 Title IV-B, Subpart 2, Supplantation Requirements Per Section 432(a)(7)(A)**

The 1992 base year and 2020 actual expenditures are identified below.

Category	1992	2021
Family Services	\$1,661	\$490,031
Family Preservation	\$ -	\$2,561,591
Time Limited Reunification	\$27,424,568	\$158,177,630
Adoption promotion & support	\$1,072,510	\$6,253,431
Total	\$28,498,739	\$167,482,682

Current Year Funding

FY2023 Re-allotments, Requests for Additional Funding and Submitting a Revised CFS-101 Budget Request.

Please see Attachment 115 Kansas FY 23 Reallotment Excel and Attachment 116 Kansas FY 23 Reallotment PDF.

G.3 FY 2023 Budget Request – CFS-1-1, Parts I and II

Please see Attachment 54 CFS 101s in pdf and Attachment 113 CFS 101s in excel format.

G.4 FY 2020 Title IV-E Expenditure Report – CFS-101, Part III

G.5 Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

These reports have been submitted via PMS therefore are not included in this submission.

Attachment Guide

1. 2023 Kansas DCF PPS Organizational Chart
2. Health Care Oversight and Coordination Plan
3. Interagency and Community Advisory Board Fact Sheet
4. Kanas Family First Family Council Fact Sheet
5. Kansas/Missouri Border Agreement
6. Governor's Behavioral Health Services Planning Council Annual Report
7. DCF, KDOC, and OJA MOU
8. SPT Meeting Minutes
9. Regional Teacher Flyers
10. Parent/Guardian Report
11. Shawnee County Meeting Minutes
12. Montgomery County Meeting Minutes
13. Sedgwick County Meeting Minutes
14. KS CRP Intake to Petition Annual Report
15. PPS Deputy Secretary's Response to Recommendations
16. Custody to Transition Annual Report
17. PPS Director of Permanency's Response to Panel's Recommendations
18. SCRDB Annual Report
19. PPS Deputy Director of Safety and Thriving Families Response to Recommendations
20. Adoption Tracking Tool
21. Foster Parent Survey Results
22. DCF Training Plan SFY2023
23. KDCF Family Crisis Response Helpline EN
24. KDCF Family Crisis Response Helpline SP
25. KDCF Family Crisis Response Helpline MRSH
26. English Crisis Model Response Sheet
27. KDCF Family Crisis Response Helpline VI
28. PPS3031 Instructions
29. Foster Care Rate Structure
30. Supplemental Note on House Bill No. 2034
31. Join Our Team
32. Family Preservation Tiers
33. FFPSA Grantees 2023
34. Prevention Service Track
35. Interagency and Community Advisory Board Team Charter
36. Family First Grantees 2024
37. Family First Presentations and Workshops
38. QRTP Beds Available
39. Child Matching Event Flyer – Family
40. Child Matching Event Flyer – Professionals
41. AKK Resource Page
42. PPS3004 – Foster Care Court Report

43. PPS6135 – Adoption Assistance Review
44. PPS5305 – Individual Recruitment Plan for Child in Need of Adoptive Resource
45. PPS5310 – Adoption Exchange Information Form
46. PPS5320 – Family Adoption Exchange Information Form
47. SOUL Family Handout
48. SOUL Family Backgrounder
49. SOUL Family Talking Points Guidance
50. SOUL Family FAC
51. SOUL Authentic Youth Engagement
52. SOUL Workgroups and Kansas
53. Kansas Soul Demonstration Team – Meeting Attendance
- 54. Kansas FY 2024 CFS- 101s PDF**
55. DCF Youth Recovery Report SFY 2023
56. CWCMP IL Activities SFY 2023
57. DCF Independent Living Regional Activities SFY 2023
58. SSIS Annual Report SFY 2023 through February
59. IL Monthly Demographic Report
60. KYAC and RYAC Activities
61. KYAC RYAC Attendance
62. KYAC Five-Year Work Plan
63. KYAC Governor’s Conference 2022 – Transitioning out of Foster Care
64. We Kan Drive Dashboard
65. DCF IL Driving and Transportation
66. CWCMP Driving and Transportation
67. DCF Independent Living Regional Activities SFY 2022
68. IL Biannual Snapshot
69. CWCMP Biannual Snapshot
70. Asset Map
71. Kansas State TA Request HSRC
72. KS Federal HSRC TA Prep Sheet Part 1
73. KS Federal HSRC TA Request Population Data Part 1
74. KS Office Hours Participant List
75. KS Office Hours Summary
76. KS TA Prep Sheet – Part 2
77. KS Office Hours Participant List Part 2
78. KS Office Hours Part 2 Summary Report FINAL
79. FYI by Region
80. KS FY21 Full Follow-up
81. KS FY21 Served for Kansas
82. KS FY14 – 18 Data Snapshot
83. PPS 7001 Education and Training Voucher Program Plan
84. DCF Independent Living- Tribal Coordination of Ideas
- 85. Kansas APSR Attachment C ETV Chart**
86. DCF IL Services for Tribal Youth Cheat Sheet

87. DCF IL Communication with Tribes SFY 2023
88. PPS 7003
89. Re-Entry Acknowledgement Memo
90. CAA IL & ETV Expansion Flyer
91. CAA Re-entry Flyer
92. Vehicle Purchase Checklist
93. Vehicle Purchase Instructions
94. DCF Pandemic Relief Round 1 and Round 2
95. Families Over Facilities Survey
96. CAA Success Stories SFY 2023
97. DCF and Iowa Tribe ICWA MOU
98. DCF and Kickapoo Tribe in Kansas ICWA MOU
99. DCF and PBPN ICWA MOU
100. DCF and Sac and Fox Nation of Missouri in Kansas and Nebraska ICWA MOU
101. Diligent Recruitment Plan
102. DCF Administration Disaster Plan
103. KVC Kansas Disaster Plan
104. Saint Francis Ministries Disaster Plan
105. TFI Family Services Disaster Plan
106. Cornerstones of Care Disaster Plan
107. Independent Living Disaster Plan
108. DCF PPS SFY 2023 Training Report
109. Training Plan – Cornerstones of Care
110. Training Plan – DCCCA, Inc.
111. Training Plan – KVC Kansas
112. Training Plan – Saint Francis Ministries
113. Training Plan – TFI Family Services
- 114. Kansas FY 2024 CFS-101s Excel**
- 115. Kansas FY23 Reallotment PDF**
- 116. Kansas FY23 Reallotment Excel**
117. ASN Intro Session Series Descriptions
118. Foster Parent Race Report
119. KS Census Data
120. Race by County
121. Perm Hearing FY2023
122. DCF Quarterly Report Narrative – SFY23 – Q1
123. DCF Quarterly Report Narrative – SFY23 – Q2
124. DCF Quarterly Report Narrative – SFY23 – Q3
125. DCF Quarterly Report Narrative – SFY23 – Q4
126. KS CRP ITP 2023 Annual Report Final
127. CRP CTT 2023 Annual Report Final
128. Quarterly Report Narrative
129. KVC Training Supporting Information
130. Recruitment for Youth Over 13

Acronym Guide

A

AA: Adoption Accelerators
AAICPC: Association of Administrators of the Interstate Compact on the Placement of Children
AAP: American Academy of Pediatrics
ABC: Attachment and Biobehavioral Catch-Up
ACE: Adverse Childhood Experience
ACES: Adverse Childhood Experiences
ACF: Administration for Children and Families
ACCWIC: Atlantic Coast Child Welfare Implementation Center
AFCARS: Adoption and Foster Care Analysis Reporting System
AI: Artificial Intelligence
AKK: Adopt Kansas Kids
AM: Adoption Managers
AP: Assessment and Prevention
APA: Adoptive Placement Agreement
APLI: Appropriate Placement Level Indicator
APPLA: Another Planned Permanent Living Arrangement
APS: Adult Protective Services
APSR: Annual Progress and Services Report
ARPA: American Rescue Plan Act
ASD: Autism Spectrum Disorder
ASFA: Adoption and Safe Families Act
ASQ-SE: Ages and Stages Questionnaire, Social Emotions
ATT: Adoption Tracking Tool
AUK: Adopt US Kids

B

BI: Behavioral Interventionist
BI: Business Intelligence
BIA: Bureau of Indian Affairs
BIS: Best Interest Staffing
BoS: Balance of State
BSRB: Kansas Behavioral Science Regulatory Board

C

CAA: Consolidated Appropriations Act
CAFAS: Child and Adolescent Functional Assessment Scale
CAK: Children's Alliance of Kansas
CAP: Compliance Action Plan
CAP: Corrective Action Plan
CAPTA: Child Abuse Prevention and Treatment Act
CARA: Comprehensive Addiction and Recovery Act of 2016
CARE: Child Abuse Review & Care
CARN: Children's Alliance Resource Network

CASA: Court Appointed Special Advocate
CB: Children’s Bureau
CBC: Capacity Building Center
CBCAP: Community-Based Child Abuse Prevention
CBST: Cognitive Behavioral Skills Training
CCBHC: Community Behavioral Health Clinics
CCDF: Child Care Development Fund
CCWIS: Comprehensive Child Welfare Information System
CDC: Centers for Disease Control and Prevention
CDDO: Community Developmental Disability Organization
CEU: Continuing Education Unit
CFP: Casey Family Programs
CFSP: Child and Family Services Plan
CFSR: Child and Family Services Review
CI: Critical Incident
CIF: Children’s Initiatives Fund
CIP: Court Improvement Program
CIS: Cognitive Interaction Skills
CITO: Chief Information Technology Officer
CINC: Child in Need of Care
CJA: Children Justice Act
CJJR: Center for Juvenile Justice Reform
CLARIS: Childcare Licensing and Regulation Information System
CLE: Continuing Legal Education
CLSA: Casey Life Skills Assessment
CMHC: Community Mental Health Center
CMP: Case Management Provider
CMS: Centers for Medicare and Medicaid Services
COA: Council on Accreditation
CoC: Continuum of Care
COV: Change of Venue
CPA: Child Placing Agency
CPI: Child Protection Investigator
CPI: Continuous Performance Improvement
CPS: Child Protective Services
CPS: Child Protection Specialist
CQI: Continuous Quality Improvement
CRB: Citizen Review Board
CRT: Caregiver Response Tool
CROPS: Child Report of Post-Traumatic Symptoms
CSDC: Child Stress Disorder Checklist
CSDC-KS: Child Stress Disorder Checklist-KS
CSS: Child Support Services
CSS: Community Support Specialist
CST: Child Screening Tool
CST: Child Sex Trafficking
CWCMP: Child Welfare Case Management Provider

CYPM: Crossover Youth Practice Model

D

DAISEY: Data Application and Integration Solutions for the Early Years

DCF: Kansas Department for Children and Families

DCF FCL: DCF Foster Care Licensing

DDI: Design, Development, and Implementation

DR: Diligent Recruitment

DT: Deciding Together

DV: Domestic Violence

E

EBIT: Executive Branch Information Technology

EBT: Electronic Benefit Transfer

EES: Economic and Employment Services

EFF: Extreme Family Finding

EHS: Early Head Start

ETV: Education and Training Voucher

F

FAC: Family Advisory Council

FAC: FosterAdopt Connect

FACTS: Family and Child Tracking System

FAFSA: Free Application for Federal Student Aid

FBI: Federal Bureau of Investigation

FC: Foster Care

FCL: Foster Care Licensing Surveyor

FCRFL: Foster Care and Residential Licensing

FCT: Family Centered Treatment

FFFC: Family First Family Council

FFP: Federal Financial Participation

FFPSA: Family First Prevention Services Act

FFPSA CM: Family First Case Manager

FFTA: Family Focused Treatment Association

FFY: Federal Fiscal Year

FINA: Family in Need of Assessment

FP: Family Preservation

FPL: Federal Poverty Level

FPS: Family Preservation Services

FRCs: Family Resource Centers

FS: Family Services

FSCs: Family Support Coordinators

FTI: Fourth Trimester Initiative

FTP: Failure to Place

FY: Fiscal Year

FYI: Foster Youth to Independence

FYVM: Foster Youth Voice Month

G

GAL: Guardian ad Litem
GBHSPC: Governor's Behavioral Health Services Planning Council
GED: General Equivalency Diploma

H

HCBS: Home and Community Based Services
HFA: Healthy Families America
HHI: Health and Housing Institute
HISM: Hotline/Intake/Screening Managers
HRSN: Health-Related Social Needs
HT: Human Trafficking
HTAB: Human Trafficking Advisory Board
HV: Home Visitation
HSRC: Housing and Services Resource Center
HUD: Housing and Urban Development

I

IAB: Interagency Advisory Board
ICAB: Interagency Community Advisory Board
ICPC: Interstate Compact on the Placement of Children
ICWA: Indian Child Welfare Act
IDA: Individual Development Account
IDD: Intellectual Developmental Disability
IEP: Individualized Education Program
IFM: Initial Family Meeting
IIP: Immediate Intervention Programs
IL: Independent Living
ILC: Independent Living Coordinator
IPC: Interdiction for Protection of Children
IPS: Intake Protection Specialist
IRC: International Rescue Committee
IRP: Individualized Recruitment Plan
IRT: Immediate Response Team
ISP: Initial Service Plan

J

JAG- K: Jobs for America's Graduates – Kansas
JIAS: Juvenile Intake and Assessment Services
JO: Juvenile Offender
JO/CINC: Juvenile Offender/Child in Need of Care

K

KAN: Kansas Adoption Network
KAPP: Kansas Assessment Permanency Project

KBI: Kansas Bureau of Investigation
KBOR: Kansas Board of Regents
KCART: Kansas Center for Autism Research and Training
KCCTO-ITSN: Kansas Child Care Training Opportunities-Infant Toddler Specialist Network
KCCTF: Kansas Children’s Cabinet and Trust Fund
KCPSTA: Kansas Chafee Program for Successful Transition to Adulthood
KCSL: Kansas Children’s Service League
KCSN: Kansas Caregivers Support Network
KDADS: Kansas Department for Aging and Disability Services
KDOC: Kansas Department of Corrections
KDOC-JS: Kansas Department of Corrections – Juvenile Services
KDOL: Kansas Department of Labor
KDHE: Kansas Department of Health and Environment
KEES: Kansas Eligibility Enforcement System
KEHS: Kansas Early Head Start
KEHS-CCP: Kansas Early Head Start Child Care Partnerships
KEHS-HV: Kansas Early Head Start Home Visitation
KEY: Kansas Endowment for Youth
KFAN: Kansas Family Advisory Network
KFAPA: Kansas Foster and Adoptive Parent Association
KFSN: Kansas Family Support Network
KHP: Kansas Highway Patrol
KIDS: Kansas Initiative for Decision Support
KIDS: Kansas Infant Death and SIDS
KIPS: Kansas Intake/Investigation Protection System
KKGU: Kansas Kids @ GEAR UP
KLMP: Kansas Learning & Performance Management
KLMPs: Kansas Learning & Performance management System
KLS: Kansas Legal Services
K-PARC: Kansas Post Adoption Resource Center
KPM: Kansas Practice Model
KPMO: Kansas Practice Model Overview
KPop: Kansas Power of the Positive
KPP: Kansas Preschool Pilot
KPQC: Kansas Perinatal Quality Collaborative
KPRC: Kansas Protection Report Center
KSA: Kansas Statutes Annotated
KSCDV: Kansas Coalition Against Sexual and Domestic Violence, Inc.
KSDE: Kansas State Department of Education
KSNAF: Kansas Serves Native American Families
KU: University of Kansas
KU-CPPR: University of Kansas Center for Public Partnerships & Research
KUSSW: University of Kansas School of Social Welfare
KVC: KVC Kansas
KYAC: Kansas Youth Advisory Council

L

LDS: Learning & Development Specialist
LFR: Leading for Results
LGBTQI: lesbian, gay, bisexual, transgender, queer/questioning, intersex
LGBTQIA: lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual
LMS: Learning Management System

M

MAPP: Model Approach to Partnerships in Parenting
MCO: Managed Care Organization
MCV: Monthly Caseworker Visits
MHIT: Mental Health Intervention Team
MI: Motivational Interviewing
MIS: Management Information System
MOU: Memorandum of Understanding
MST: Multisystemic Therapy

N

NAFS: Native American Family Services
NAS: Neonatal Abstinence Syndrome
NASHP: National Academy for State Health Policy
NCANDS: National Child Abuse and Neglect Data System
NCMEC: National Center for Missing and Exploited Children
NCANDS: National Child Abuse and Neglect Data System
NCFAS+R: North Carolina Family Assessment Scale + Reintegration
NCWWI: National Child Welfare Workforce Institute
NEICE: National Electronic Interstate Compact Enterprise
NFYI: National Foster Youth Institute
NGA: National Governors Association Child and Family Well-Being
NNC: Notice of Noncompliance
NOGA: Notice of Grant Award
NOSF: Notice of Survey Findings
NRCDR: National Resource Center for Diligent Recruitment
NRKIN: Non-related Kin
NTDC: National Training and Development Curriculum
NYTD: National Youth in Transition Database
NTI: National Training Institute

O

OASIS: Online and Applied System of Intervention Skills
OCK: One Care Kansas
OJA: Office of Judicial Administration
OSINT: Open Source Intelligence
OSRI: On Site Review Instrument
OVI: One Voice Impact

P

PAC: Permanency Advisory Council

PAR: Pre-Authorization Review
PAT: Parents as Teachers
PBPN: Prairie Band Potawatomi Nation
PCAP: Parent Child Assistance Program
PCG: Public Consulting Group
PCS: Permanent Custodianship Subsidy
PDP: Professional Development Plan
PECFAS: Preschool and Early Childhood Functional Assessment Scale
PHA: Public Housing Authority
PILS: Performance Improvement and Learning System
PIP: Program Improvement Plan
PPC: Police Protective Custody
PPM: Policy and Procedure Manual
PPS: Prevention and Protection Services
Pre-ETS: Pre-Employment Transition Services
PRT: Parental Rights Termination
PRTF: Psychiatric Residential Treatment Facility
PS: Placement Stability
PS TDM: Placement Stability Team Decision Making
PSI: Parenting Stress Index
PSI-SF: Parenting Stress Index – Short Form
PSSF: Promoting Safe and Stable Families
PWS: Pregnant Woman Using Substances
PY: Parent/Youth
PYF: Parent/Youth Facilitation Project

Q

QA: Quality Assurance
QRTP: Qualified Residential Treatment Program
QTMAD: Questions That Make A Difference

R

REC: Racial Equity Collaborative
RE/FC/AD: Reintegration/Foster Care/Adoption
RFP: Request for Proposal
RPR: Rapid Permanency Review
RR: Rapid Rehousing
RRT: Rapid Response Team
RS: Rehabilitation Services
RST: Recovery Services Team
RTT: Right-time training
RTS: Response Team Specialist
RYAC: Regional Youth Advisory Council

S

SACWIS: Statewide Automated Child Welfare Information System
SCDRB: State Child Death Review Board
SCRIPTS: Statewide Contractor Reimbursement Information and Payment Tracking System
SCTFPP: Supreme Court Task Force on Permanency Planning
SDM: Structured Decision Making
SDOH: Social Determinants of Health
SFM: Saint Francis Ministries
SFFC: Safe Families for Children
SFP: Strengthening Families Program
SFY: State Fiscal Year
SGF: State General Fund
SIDS: Sudden Infant Death Syndrome
SITs: Strategic Implementation Teams
SME: Subject Matter Expert
SOS: Wichita Children’s Home Street Outreach Services
SOUL: Support, Opportunity, Unity, Legal Relationship
SPC: Strategic Planning Conference
SPT: State Policy Team
SRT: Special Response Team
SS: Seeking Safety
SSA: Social Security Survivors Benefits
SSI: Safe Sleep Instructor
SSDI: Social Security Disability Insurance
SSIS: Self-Sufficiency Information System
START: Substance Treatment and Recovery Teams
SUD: Substance Use Disorder
SWA: Statewide Assessment

T

TA: Technical Assistance
TANF: Temporary Assistance for Needy Families
TB: Tuberculin
TBRI: Trust-Based Relational Intervention
TDM: Team Decision Making
TF-CBT: Trauma Focused Cognitive Behavioral Therapy
TFFH: Therapeutic Family Foster Homes
TFI: TFI Family Services
TFSC: Thriving Families Safer Children
TIPS-MAPP: Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting
TPR: Termination of Parental Rights
TS: Transition Services
TUKHS: The University of Kansas Health System

U

USC: Urban Scholastic
UY&F: Uplifting Youth and Families

V

VR: Vocational Rehabilitation

W

WCCAP: Wichita Coalition for Child Abuse Prevention

WSU: Wichita State University

WWSS: Wrestling with Safe Sleep

Y

YAC: Young Adult Consultant

YAP: Youth Advocacy Program

YLI: Youth Leadership Institute

YLINK: Youth Leaders in Kansas