

# **Crossover Youth Services Working Group Report**

June 30, 2019

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## Executive Summary

In 2016, Kansas enacted Senate Bill 367, which sought to decrease the number of youth in the juvenile justice system by creating community-based alternatives to detention centers.

Implementation of SB 367 might be diverting youth and their families who previously were served by the juvenile justice system to access services from other state agencies, particularly the Department for Children and Families (DCF). The fiscal year (FY) 2019 DCF budget proviso outlined the legislative directive to the agency to convene a working group to gather information about youth with offender behaviors entering or already in the child welfare system, who are referred to as “crossover youth.” The working group met on June 13, 2019, to achieve three key objectives, including: (1) defining characteristics or risk factors of crossover youth, (2) evaluating services offered to crossover youth, and (3) identifying additional services needed for crossover youth.

State agencies historically have not tracked crossover youth in their data collection systems. The proxy measures they report show decreasing trends in the number of youth placed in DCF custody for the family in need of assessment (FINA) removal reason, which generally is captured as a secondary or additional reason for removal. The referral data do not reflect the reported experiences of child welfare contractors, law enforcement representatives, child placing agencies and other partners undertaking increasing challenges in managing behaviors and accessing effective services of crossover youth. The working group reported while this subgroup of youth might represent a small portion of youth in foster care, they require a substantial amount of resources, both financial and staffing. The group noted that, for some crossover youth, neither the juvenile justice system nor the child welfare system might be appropriate as they are currently designed.

The working group brainstormed a list of possible risk factors of crossover youth to build criteria for future data analyses and to support its discussion regarding possible programs and services for crossover youth. The group noted that crossover youth represent a combination of one or more of the identified risk factors and might require a complex array of services.

To evaluate the services offered to crossover youth, the working group identified a wide variety of programs that might be available to some subgroup populations within crossover youth and noted barriers to access or limits to program availability (*Figure ES1*, page v).

Many of these services, however, only are available to some portion of crossover youth and include substantial differences in service availability by geographic location or community. There does not appear to be any policy requiring a basic standard of services for crossover youth to be offered statewide. The working group identified key themes around challenges in services offered and brainstormed services that might increase the ability of both the child welfare and juvenile justice systems to adequately identify and provide appropriate services to crossover youth. (*Figure ES2*, page vii).

The FY2020 DCF budget proviso outlined the legislative directive to the agency to convene another working group to continue to study the impact of SB 367 on crossover youth. The new working group will build upon the work completed by this group and conduct a comprehensive data analysis across systems to understand with precision who crossover youth are. Further, the new working group will determine the nature and outcomes of the programs and services offered to this population to identify needed services.

Throughout their discussion the FY2019 working group was cognizant of their work as a precursor to that of the FY2020 working group. In addition to meeting expectations of the FY2019 budget proviso, the group also hopes the findings reported will be examined in greater depth and substantiated through data collection and documentation by the FY2020 group. This report represents the results of the group's brainstorming and discussion during their meeting.

**Figure ES1. Brainstorm of Possible Services Offered to Youth with Certain Risk Factors**

*Note: Many of the services available in the child welfare and juvenile justice systems are for subpopulations of crossover youth. Any service available to address a co-occurring complex need is not in itself a service that will address the offending behavior of youth. The following table does not include a comprehensive list of all services and service providers in the state.*

<b>Services Areas</b>	<b>Types of Services and/or Service Providers</b>	<b>Working Group Assessment</b>
Acute Care Services	<ul style="list-style-type: none"> <li>• Acute hospitalization</li> <li>• Mental health screening</li> <li>• Short-term crisis services</li> </ul>	For certain services, youth must present as harm to self or others.
Employment Preparation and Support	<ul style="list-style-type: none"> <li>• Employment group</li> <li>• Jobs for America’s Graduates – Kansas (JAG-K)</li> <li>• GED program</li> <li>• Job Corps</li> </ul>	Only available in a limited number of Kansas communities.
Family Support Services	<ul style="list-style-type: none"> <li>• Parent Management Training – Oregon</li> <li>• Family services</li> <li>• Family engagement 19<sup>th</sup> Judicial District</li> <li>• Teen Connect</li> <li>• Maternity group home</li> <li>• Parent support and training</li> <li>• Kansas Parent Information Resource</li> </ul>	Geographic barriers; Some services might not be available for foster families.
Home- and Community-Based Treatment Services	<ul style="list-style-type: none"> <li>• Behavioral interventionists</li> <li>• Functional Family Therapy (FFT)</li> <li>• Multisystemic therapy (MST)</li> <li>• Family preservation services</li> <li>• Intensive case management</li> <li>• Community-based sex offender assessment and treatment</li> <li>• Community Developmental Disability Organizations (CDDOs)</li> <li>• Restorative practices</li> </ul>	Geographic barriers to access; Wait lists; Language barriers; Some services that might be more appropriate for crossover youth are only available for youth in juvenile justice system.
Medication Services	<ul style="list-style-type: none"> <li>• Medication management</li> <li>• Medication management training</li> </ul>	Inconsistent services and geographic barriers; Challenges with psychotropic medications.

*Figure ES1 (continued). Brainstorm of Possible Services Offered to Youth with Certain Risk Factors*

Services Areas	Types of Services and/or Service Providers	Working Group Assessment
Mental Health Services	<ul style="list-style-type: none"> <li>• Community Mental Health Centers (CMHCs)</li> <li>• Emotional art therapy</li> <li>• Mental Health Intervention Team Pilot Program</li> <li>• Psychiatric Residential Treatment Facility (PRTF)</li> <li>• Serious Emotional Disturbance (SED) waiver</li> <li>• Therapy</li> <li>• Success Team Project (school-based services)</li> </ul>	Youth in detention are not eligible for the medical cards until discharged; Stable placement needed to access CMHC services and service providers available through the SED waiver; Low participation in SED waiver; PRTF may not be equipped to manage youth with aggressive or violent behaviors; School-based services are not available statewide yet.
Placement Instability Supports	<ul style="list-style-type: none"> <li>• Human trafficking services</li> <li>• Homeless shelters</li> <li>• Secured placement</li> </ul>	Base of services but not available statewide.
Substance Use Disorder (SUD) Treatment	<ul style="list-style-type: none"> <li>• Regional Alcohol &amp; Drug Assessment Center (RADAC)</li> <li>• Drug and alcohol (D&amp;A) programs</li> </ul>	Shortage of spots in inpatient treatment centers; Unsuccessful discharge; Geographic barriers do not allow family to support youth through treatment.
Transitional and Mentoring Supports	<ul style="list-style-type: none"> <li>• Youth Advocacy Program (YAP)</li> <li>• Youthrive</li> <li>• Big Brothers Big Sisters Mentoring</li> </ul>	Geographic barriers and only available in eastern parts of the state; Some services only offered to youth in the juvenile justice system.
Barriers for Academic Success	<ul style="list-style-type: none"> <li>• Why Try – Truants</li> <li>• Attendant Care/Day Program</li> <li>• Virtual Academy</li> <li>• Social-Emotional Character Development Programs (SECD)</li> <li>• Trauma-informed Care and Adverse Childhood Experiences (ACEs) Training in all school districts</li> </ul>	Several services offered statewide.

Note: This is not a comprehensive list of all services offered and service providers.

Source: Crossover Youth Services Working Group Meeting, June 13, 2019.

**Figure ES2. Key Themes, Challenges and Needed Services for Crossover Youth**

<b>Key Themes</b>	<b>Challenges</b>	<b>Example of Needed Service</b>
Placement Stability and Geography	Youth in unstable placements or living in more rural areas of the state have difficulty accessing services. Need more wraparound services.	<p>New Jersey Mobile Response and Stabilization Service is a program that provides mobile response and stabilization services 24 hours a day, seven days a week, to help children and youth who are experiencing emotional or behavioral crises, and is designed to meet youth in crisis with a key goal of maintaining their living situation.</p> <p>South Carolina model of a High-Fidelity Wraparound Waiver offers a team-based care-coordination approach that involves children, families, supports and professional service providers. These wraparound services are for children with serious emotional and behavioral diagnoses while keeping children in their home, school or community.</p> <p>Specialized foster homes in the county of responsibility and trained for the crossover youth population are needed.</p>
Short-Term Placement	On and after July 1, 2019, the use of juvenile detention facilities will no longer be allowed under the Child In Need of Care Code except by court order detention under the interstate compact on juveniles or in certain narrow circumstances when a youth also is an alleged juvenile offender, pursuant to SB 367.	<p>Immediate access to secure placement with 24-hour bed capacity for runaway youth.</p> <p>Respite or emergency shelter services could be a diversion from coming into foster care.</p>
Access to Services Offered Under the Juvenile Justice System	Kansas Juvenile Justice Code, K.S.A. 38-2304(g)(3), allows juvenile offenders to access services in the child welfare system. However, a similar statute is not enacted in the Child in Need of Care Code.	Functional Family Therapy (FFT) is a well-documented, short-term, in-home family intervention service for families with youth who have been categorized as delinquent or pre-delinquent youth. Capacity for and eligibility for FFT currently are very limited, and it is difficult for youth in foster care to access FFT.

*Figure ES2 (continued). Key Themes, Challenges and Needed Services for Crossover Youth*

<b>Key Themes</b>	<b>Challenges</b>	<b>Example of Needed Service</b>
Appropriate Data Collection	Limited data available to understand with precision who crossover youth are in order to support more appropriate provision of service.	Data collection system that captures demographics and involvement of youth in both the juvenile justice and child welfare systems.  Coordinated, centralized record exchange between service providers and schools.
Parental and Family Involvement	Services should include not only the youth, but also parents and family supports.	Certain types of cognitive behavioral therapy (CBT) provide evidence-based interventions that target diverse individual child and caregiver characteristics related to conflict and intimidation in the home, and the family context in which aggression or abuse might occur. Generally, child welfare and foster parent caregivers have not been trained in relevant CBTs effective for youth with offender behaviors.
Increased Accessibility of Mental Health Services	Geographic barriers to access services as well as shortage of pediatric mental health providers.	Identification and use of evidence-based interventions that can be used in various settings to decrease offender behavior regardless of whether the child is at home, in the child welfare system or juvenile justice system. Improving access to the SED waiver could allow services to follow youth between placements more easily.
Adequate Reimbursement	It generally was noted that crossover youth are much more expensive to serve than most youth in the child welfare system.	Intensive supervision might be required for 24 hours per day, 7 days a week. Also, in-home therapies, therapeutic foster homes, group placements, PRTF and acute hospitalization are expensive.

Source: Crossover Youth Services Working Group Meeting, June 13, 2019.

# Background

## *Introduction*

In 2016, Kansas enacted Senate Bill 367, which sought to decrease the number of youth in the juvenile justice system by creating community-based alternatives to detention centers. The law was intended to focus intensive system responses on juveniles with the highest risk to reoffend, restricted the use of out-of-home placement in detention and Kansas Department of Corrections (KDOC) custody, and planned to shift significant resources toward evidence-based alternatives with supervised in-home services. The bill also established enhanced data collection and reporting requirements, required the state to develop a detention risk assessment instrument for pre-adjudication detention decisions and directed school districts to enter into agreements with law enforcement and other stakeholders aimed at reducing school-based court referrals and providing trauma-informed training in all school districts. Implementation of SB 367 was projected to reduce the number of youth placed in the juvenile justice system by 60 percent over five years, saving the state about \$72 million. The bill designates that these savings be reinvested in community-based programs.

Implementation of SB 367 might be diverting youth and their families who previously were served by the juvenile justice system to access services from other state agencies, particularly the Department for Children and Families (DCF). To understand the impact of SB 367 on the child welfare system, a Fiscal Year 2019 DCF budget proviso (*Appendix A*; page A-1) outlined the legislative directive to the agency to convene a working group to gather information about youth with offender behaviors entering or already in the child welfare system. This population of youth are often referred to as “crossover youth.”

## *Overview of Process*

The Crossover Youth Working Group met on June 13, 2019. This meeting was hosted and facilitated by the Kansas Health Institute and was open to the public. Please see *Appendix C* (page C-1) for the agenda of this meeting. The working group sought to achieve three key objectives, including:

Objective 1: Define characteristics or risk factors of crossover youth.

Objective 2: Evaluate services offered to crossover youth.

Objective 3: Identify additional services needed for crossover youth.

The intent of the working group was to lay a foundation upon which other ongoing efforts could build. Throughout their discussion the FY2019 working group was cognizant of their work as a precursor to that of the FY2020 working group. In addition to meeting expectations of the FY2019 budget proviso, the group also hopes the findings reported will be examined in greater depth and substantiated through data collection and documentation by the FY2020 group. This report represents the results of the group's brainstorming and discussion during their meeting.

With that in mind, the group defined crossover youth (Objective 1) by discussing risk factors of youth who may fall in this category. Further, the group reviewed some of the data available to describe this population. To achieve Objective 2, evaluating services offered to crossover youth, the working group brainstormed some of the services that might be offered to crossover youth. The group discussed barriers to entry for these services but determined that a more specific continued discussion is still needed once the crossover youth are identified. To begin to identify additional services needed for crossover youth (Objective 3), the group reviewed the risk factors of crossover youth drafted earlier in the agenda. From this list of risk factors, the group discussed strategies by which some of the needed services could be accessed by this population.

In addition to the three key objectives, the group noted some of the key elements that they wished to highlight in the discussion of crossover youth. Some of the key elements the working group expressed as critical to serving this population included:

- Break down silos to increase communication and information sharing between systems;
- Recognize that there are professionals in Kansas committed to seeing crossover youth as people, not data points;
- Collaborate with transparency to have all key partners at the table;
- Aim for incremental changes to statute (e.g., pilot sites) so that any unintended consequences can be identified and mitigated;
- Ensure supportive services do not end at system-exit or system transfer;
- Engage and support families in any program intended to serve crossover youth;
- Address challenges created in narrowing the options available in the initial assessment period (first 72 hours);
- Recognize that a small population is in crisis, and standard operations will not address their needs; and
- Seek to be nimble and independent from labels to meet families where they are.

## ***Reports Reviewed***

The following reports were reviewed in advance and/or discussed by working group members to better understand the crossover population as well as the services offered or needed for the population:

- 2017 and 2018 Juvenile Justice Oversight Committee Annual Reports; <sup>1, 2</sup>
- Children’s Continuum of Care Task Force, 2017; <sup>3</sup>
- High Needs Work Group White Paper; <sup>4</sup>
- Johnson County Juvenile Cross-System Collaboration Barriers to Successful Home Environments, 2019; <sup>5</sup>
- Kansas Juvenile Justice Workgroup Final Report, 2015; <sup>6</sup>
- Report of the Child Welfare System Task Force to the 2019 Kansas Legislature; <sup>7</sup> and
- Crossover Youth Practice Model (CYPM) at Georgetown University. <sup>8</sup>

## **Risk Factors of Crossover Youth**

The proviso defined crossover youth as youth with offender behaviors entering into a foster care placement or already in a foster care placement. The working group reported youth entering the child welfare system who have prior histories as juvenile offenders. For example, some crossover youth might be entering the system because families refuse to pick them up from the juvenile intake and assessment center (JIAC). Due to SB 367, youth are now in the child welfare system who previously would have been in the juvenile justice system. Those youth may appear to be involved in only the child welfare system; however, they are actually crossover youth. The group noted that, for some crossover youth, neither the juvenile justice system nor the child welfare system might be appropriate as they are currently designed.

The working group initially brainstormed risk factors of crossover youth, which included youth with a high need for attachment, mental health diagnoses, social and emotional health needs, adverse childhood experiences (ACEs), high risk of suicide, life instability, lack of coping mechanisms, a high need for support, and simultaneous involvement or referral to both the child welfare and juvenile corrections systems (*Appendix B*; page B-1).

It was discussed that racial and ethnic minorities are disproportionately represented in the child welfare system so might be in the crossover youth population as well. In this discussion, the group also highlighted key characteristics of the parents, caregivers and families for these youth. Key attributes of these families might include ACEs among parents or caregivers, a sense of parental anguish and a need for supportive services for the family unit.

Following this introductory discussion, the group reviewed several reports from other groups that have gathered information or made recommendations that may affect crossover youth. From the Protective Services and Family Preservation Working Group of the Child Welfare System Task Force, the group discussed Recommendation 6.7.<sup>9</sup> This recommendation includes a definition of crossover youth as, “juveniles alleged to have committed a crime or crimes whose parents are not willing to accept the child back into the home without services.” The group noted that in building upon this definition it should be clarified that these parents might either be unwilling or unable to accept their child back in their home.

The group also reviewed the work of the Johnson County Juvenile Cross-System Collaboration.<sup>10</sup> This group identified characteristics of high needs youth that can make finding appropriate placements in the child welfare system challenging. These characteristics included justice-involved youth, substance use involved youth, aggressive youth, LGBTQIA youth, youth with mental health diagnoses, youth with sexually acting out behaviors, youth with

developmental disabilities and older youth. This group also noted possible home and environmental characteristics that include parents or caregivers who are ill-equipped, lack support or have unresolved issues of their own (e.g., unresolved trauma, substance use disorders, mental illness). Lastly, the Johnson County Juvenile Cross-System Collaboration noted that these children may be missing pro-social adult role models.

Another referenced definition of crossover youth was from the Crossover Youth Practice Model (CYPM) at Georgetown University. The definition of crossover youth in this model is, “youth who have current and simultaneous involvement in both the child welfare and juvenile justice systems.”<sup>11</sup> According to this definition, crossover youth might have been initially involved with child welfare and are subsequently referred to the juvenile justice system. Alternatively, these youth might be initially involved in the juvenile justice system and are subsequently referred to the child welfare system.

### ***Current Data Available***

State agencies historically have not tracked crossover youth in their data collection systems. The proxy measures they report show decreasing trends in the number of youth placed in DCF custody for the family in need of assessment (FINA) removal reason, which generally is captured as a secondary or additional reason for removal. To further understand how these youth could be identified, the group discussed possible data sources that might provide an additional lens through which to understand the crossover youth population.

While the KDOC stated that it has not historically tracked the crossover population in its data systems, youth placement in the juvenile justice system may provide some insight on the impact of SB 367. As illustrated in *Figure 1* (page 6), KDOC reports broad declines in the number of youth placed in custody.

**Figure 1. Placement of Youth in the Custody of the Kansas Department of Corrections, SFY2015-2019**

<b>Placement</b>	<b>SFY15</b>	<b>SFY16</b>	<b>SFY17</b>	<b>SFY18</b>	<b>SFY19 (Partial)</b>
Detention	151.4	142.4	96.4	59.8	39.8
Facility/Other*	79.5	70.8	37.4	20.8	10.0
Foster Home	27.6	20.3	14.7	14.5	3.6
Home/Relative	287.8	252.3	194.4	159.5	95.0
Juvenile Justice Foster Care	50.9	41.8	27.8	9.1	0.1
AWOL	103.2	109.0	65.4	39.8	18.0
Psychiatric Residential Treatment Center (PRTF)	12.5	9.1	5.2	3.8	0.5
Youth Residential Center II	309.3	238.2	101.3	39.7	8.3
Not Reported	12.3	5.1	6.2	1.4	0.4
<b>Total Custody Population</b>	<b>1034.5</b>	<b>889.0</b>	<b>548.8</b>	<b>348.4</b>	<b>175.7</b>

Note: Data presented represent monthly average. “SFY” means state fiscal year, which is July 1-June 30. Data for SFY2019 is reported up to April 2019. Link to full report:

<https://www.doc.ks.gov/publications/juvenile/population/custody/view>

\* Includes Emergency Shelter, Maternity or Substance Abuse Residential Treatment, Hospital, Independent Living

Source: Kansas Department of Corrections.

DCF has provided a “Crossover Youth Report” annually since 2005, which reports the number of children released from DCF custody and who subsequently become involved with the juvenile justice system. However, this report does not capture youth currently involved in the child welfare system who were previously involved with the juvenile justice system. Since the passage of SB 367, DCF has tried to identify and track the number of children involved in both the juvenile justice and child welfare systems. The working group reported youth cannot be or are highly unlikely to be dually adjudicated due to the changes that occurred with SB 367. In *Figure 2* (page 7), DCF reported the number of dually adjudicated youth, meaning youth concurrently in custody by both DCF and the Department of Corrections (DOC). After the passage of SB 367, DCF reports a substantial decrease in the number of dually adjudicated youth.

**Figure 2. Youth Age 13-18: Dually Adjudicated Youth, SFY2015-2019**

	Dually Adjudicated Youth	Children in Out-of-Home Care	Percentage
<b>SFY2015</b>	35	6,517	0.5%
<b>SFY2016</b>	25	6,723	0.4%
<b>SFY2017</b>	22	7,192	0.3%
<b>SFY2018</b>	9	7,588	0.1%
<b>SFY2019 (Partial)</b>	6	7,610	0.1%

Note: “SFY” means state fiscal year, which is July 1-June 30. Data for SFY2019 is reported up to April 2019. “Dually Adjudicated Youth” are youth who are in custody by both the Kansas Department of Corrections and Kansas Department for Children and Families (DCF) concurrently. “Children in Out-of-Home Care” are youth in the child welfare system under the custody of DCF and includes the number of “dually adjudicated youth.” The “percentage” is the number of dually adjudicated youth per children in out-of-home care.

Source: Kansas Department for Children and Families.

DCF also collects data that shows when a youth or family contacting the child welfare system has had previous involvement with the juvenile justice system. DCF began capturing information on this “dually involved” population in the PPS 5110 Foster Care Referral Form<sup>12</sup> in order to track changes under SB 367 (Figure 3). Although FY2019 does not include May and June data, DCF reports a decrease in the number of dually involved youth since the implementation of SB 367.

**Figure 3. Referrals Involving or Due to a Juvenile Offender Case, SFY2018-2019**

	Family Services	Family Preservation	Foster Care	Total
<b>SFY2018</b>	0	16	69	85
<b>SFY2019 (Partial)</b>	0	8	45	53

Note: Only primary reason for removal is reported and youth may have multiple removal reasons. “SFY” means state fiscal year, which is July 1-June 30. Data for SFY2019 is reported up to April 2019.

Source: Kansas Department for Children and Families, SYFY2018-2019.

DCF shared data reporting primary reasons for removal from home in categories that have been federally defined. DCF noted that none of these reasons for removal capture the crossover youth population with precision but might serve as a first step to identifying an appropriate proxy measure (Figure 4, page 8). The findings from this report show an overall decreasing trend from 2015 to 2018. In SFY2015, 9.0 percent of all children and youth removed from homes were for

these reasons. In SFY2018, the most recent year with complete data, just 6.1 percent of all children and youth removed from homes were for these noted reasons.

**Figure 4. Youth Age 13-18: Primary Reason for Removal from Home, SFY2015-2019**

	SFY2015		SFY2016		SFY2017		SFY2018		SFY2019 (July - April)	
	# youth age 13-18 removed	% of Total Children and youth removed	# youth age 13-18 removed	% of Total Children and youth removed	# youth age 13-18 removed	% of Total Children and youth removed	# youth age 13-18 removed	% of Total Children and youth removed	# youth age 13-18 removed	% of Total Children and youth removed
Alcohol Abuse by Child	2	0.05%	0	0.00%	4	0.10%	1	0.02%	1	0.03%
Caregiver Inability to Cope	55	1.45%	49	1.24%	43	1.07%	32	0.76%	42	1.24%
Child's Behavior Problem	195	5.13%	179	4.53%	176	4.38%	160	3.80%	137	4.03%
Drug Abuse by Child	15	0.39%	15	0.38%	10	0.25%	20	0.47%	8	0.24%
Parent-Child Conflict	0	0.00%	1	0.03%	0	0.00%	0	0.00%	0	0.00%
Runaway	74	1.95%	73	1.85%	58	1.44%	42	1.00%	40	1.18%
Subtotal FINA youth age 13-18	341		317		291		255		228	
Total Children and youth removed	<b>3,799</b>		<b>3,952</b>		<b>4,020</b>		<b>4,212</b>		<b>3,397</b>	
<b>% removed due to all reasons of removal</b>		<b>9.0%</b>		<b>8.0%</b>		<b>7.2%</b>		<b>6.1%</b>		<b>6.7%</b>

Note: "SFY" means state fiscal year, which is July 1-June 30. Data for SFY2019 is reported up to April 2019. "FINA" means family in need of assessment.

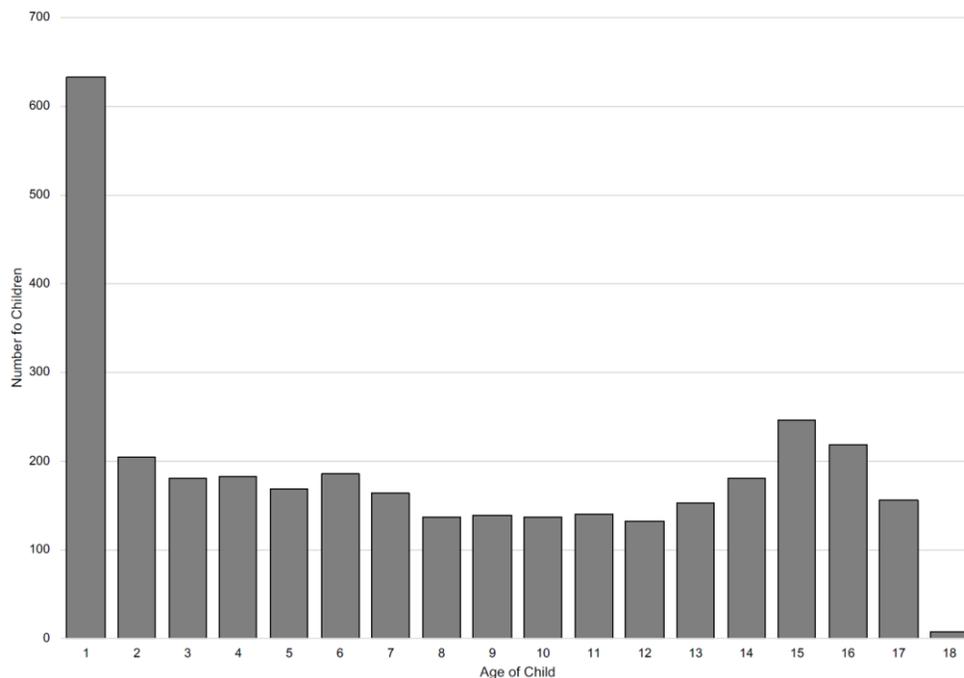
Source: Kansas Department for Children and Families.

DCF noted that the decreasing trend shown in all three reports does not reflect the reported experiences of child welfare contractors, law enforcement representatives, child placing agencies and other partners. It is possible that the data do not reflect the experience of the crossover youth population because each of these removal reasons fall within the family in need of assessment (FINA) removal category, and to be captured in this data the removal reason would have to be noted as the primary reason for removal. While some of these removal reasons might be attributes of some in the crossover youth population, unless this was the

primary presenting characteristic to justify removal from home, the crossover youth would not be identified in these data.

KVC, a DCF contractor, reported an increase in the number of youth entering into the child welfare system due to child behavior challenges and not due to abuse or neglect. This assumption is, however, contrary to DCF referral data presented to this group. In the KVC brief titled *We Can & Must Do Better for 'Crossover Youth,'*<sup>13</sup> adolescents age 15 and 16 are the second and third largest age groups entering the foster care system (Figure 5).

**Figure 5. Age of Child at Removal, FFY2017**



Note: “FFY” means federal fiscal year, which is October 1-September 30.

Source: Data from the Center for Capacity-Building for the Courts published in KVC’s brief titled *We Can & Must Do Better for 'Crossover Youth.'*

The working group heard anecdotally that district attorneys might be choosing to refer youth to the child welfare system rather than filing criminal charges (i.e., juvenile justice system). The intent behind this choice might be to provide youth with a broader range of long-term services through child welfare than would be available through the juvenile justice system; youth would not be indicated to have prior contact with the juvenile justice system and may be lower-risk reoffenders.

Continued collaboration between DCF, KDOC, OJA and other stakeholders will be critical for understanding the characteristics of this new crossover population.

## **Programs and Services**

The FY2019 DCF budget proviso further tasked this working group with conducting the following analysis for crossover youth:

- Evaluate services offered to crossover youth; and
- Identify additional services needed for crossover youth.

### ***Programs and Services Offered***

To begin to evaluate the services offered to crossover youth, the working group identified a wide variety of programs that might be available to some portion of the crossover youth population. In discussion of the programs available, some barriers to access or limits to program availability were noted. Summaries of these identified services are listed below. Please note that this list is not comprehensive.

#### ***Acute Care Services***

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Acute hospitalization
- Mental health screening
- Short-term crisis services

The working group discussed that some access to acute care services likely exists for crossover youth. The group emphasized the importance of a three- to five-day acute hospitalization for youth that have presented as a threat to themselves or others. The group discussed the value of having such determinations made by professionals. It was noted that youth often are familiar with the questions with which they are screened for hospitalization and might answer questions in a manner to avoid confinement.

#### ***Employment Preparation and Support***

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Employment group
- Jobs for America's Graduates – Kansas (JAG-K)
- GED program
- Job Corps

Crossover youth also might have access to services for education or employment support and preparation. Available services for this through the juvenile justice system include GED programs, Jobs for American Graduates – Kansas (JAG-K) and Job Corps. While some Kansas employers’ partner with these programs to give youth jobs that allow them the flexibility to participate in available supports, services might be available in only a limited number of Kansas communities. Similar services are offered under the Independent Living Program (ILP) offered by DCF.

### *Family Support Services*

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Parent Management Training – Kansas Intensive Permanency Project (PMTO)
- Family services
- Family engagement in 19th Judicial District
- Teen Connect
- Maternity group home
- Parent support and training
- Kansas Parent Information Resource

***Highlight:***

Parent Management Training – Oregon (PMTO) is an evidence-based structured intervention program designed to help strengthen families. This program has demonstrated positive outcomes throughout a nine-year follow-up period, which include reductions in delinquency, depression and police arrests, among others.

The group also discussed an array of family support services that might be available to crossover youth and their families. This can include parental support available through the serious emotional disturbance (SED) waiver. The group noted several providers of support services for pregnant or parenting teens who might be considered crossover youth. Other family services include evidence-based programs such as Teen Connect. Teen Connect aims to establish communication between parents and teens and focuses on building skills in parents to communicate with teens. Other family services discussed included case management, but the group discussed the current challenge of making the right case management available to the right youth and families at the right time as well as some services not available for foster families. In addition, not all services are available statewide.

Kansas Intensive Permanency Project (KIPP) is another service that was discussed that might be available to crossover youth. KIPP is the implementation in Kansas of the evidence-based program Parent Management Training – Oregon (PMTO).<sup>14,15</sup>

### *Home- and Community-Based Treatment Services*

The working group brainstormed the following services and/or service providers which might be available to crossover youth; however, some services are only available to youth who have offended and been adjudicated:

- Behavioral interventionists
- Functional Family Therapy (FFT)
- Multisystemic therapy (MST)
- Family preservation services
- Intensive case management
- Community-based sex offender assessment and treatment
- Community Developmental Disability Organizations (CDDOs)
- Restorative practices

Another discussed service that is currently available to some youth in Johnson County is with a behavioral interventionist. This is available through Johnson County Mental Health Center, but the group noted that there is a waitlist for the service. This is an in-home service with which the group noted youth and families engage well. In Kansas, this service is currently being utilized as a preventive service so it might not be available to youth once they are in out-of-home placements.<sup>16</sup>

Functional Family Therapy (FFT) was discussed as a best practice, evidence-based service for the crossover youth population. FFT is currently available only

***Highlight:***

FosterAdopt Connect is a Kansas- and Missouri-based organization that implements the Behavioral Interventionist Program™ (BI), which is designed to keep children with behavioral and mental health challenges in stable home placements. Children referred to this program often have several behavioral or mental health diagnoses. The program works with children and families in their home to develop coping mechanisms, techniques for de-escalation and life skills. Among other positive outcomes, this program can reduce the amount of time a child spends in a residential treatment facility.

to crossover youth who are juvenile offenders, and not available for crossover youth who are currently or have previously been children in need of care (CINC). Other challenges include geographic barriers to access; the group noted that one FFT counselor may serve up to 37 counties. Additionally, the group discussed that language barriers also might prevent effective delivery of the service.<sup>17,18,19</sup>

Family preservation is a service offered in the child welfare system and the working group noted an increase in referrals based on youth offender behaviors. The group discussed that the family preservation service model struggles to support this population. Functional family therapy may include the needed evidence-based services, but it is not currently available for youth with a history of involvement with the child welfare system.

Youth with sexually acting out behaviors also are included in possible risk factors of crossover youth, and community-based sex offender assessment and treatment is only available for youth in the juvenile justice system.

### *Medication Services*

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Medication management
- Medication management training

While medication services are available to crossover youth, the group acknowledged that youth are not getting the services consistently. For example, some crossover youth might initiate a physical altercation to avoid going to medication service appointments. In addition, crossover

#### ***Highlight:***

Functional Family Therapy (FFT) is a family-based prevention and intervention program for high-risk youths ages 11 to 18 that has been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families. It integrates several elements (established clinical theory, empirically supported principles, and extensive clinical experience) into a clear and comprehensive clinical model. The FFT model allows for successful intervention in complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive. Sessions can be conducted in clinical settings as an outpatient therapy and as a home-based model.

youth are often in unstable placements and might not have access to complete medical histories or consistent support to maintain their prescribed medications. This is particularly challenging when psychotropic medications are prescribed. Further, the working group discussed medication management supports might be available in some, but not all areas of the state.

### *Mental Health Services*

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Community Mental Health Centers (CMHCs)
- Emotional art therapy
- Mental Health Intervention Team Pilot Program
- Psychiatric Residential Treatment Facility (PRTF)
- Serious Emotional Disturbance (SED) waiver
- Therapy
- Success Team project (school-based services)

***Highlight:***

The Serious Emotional Disturbance (SED) waiver provides children, with some mental health conditions, special intensive support to help them remain in their homes and communities. The term “serious emotional disturbance” refers to a diagnosed mental health condition that substantially disrupts a child’s ability to function socially, academically, and/or emotionally. Parents and children are actively involved in planning for all services.

Mental health services are offered throughout the child welfare system and should be currently available to crossover youth. The working group acknowledged many barriers to meaningful access of these services. If crossover youth are in a stable placement, then they likely can access services through a Community Mental Health Center (CMHC). However, unstable placements can be a barrier to youth accessing services. The working group also discussed the use of the “Universal Packet,” which is now offered by the Kansas Department for Aging and Disability Services (KDADS) and might streamline access to mental health treatment services provided to this population by standardizing the information needed across CMHCs.<sup>20</sup>

Crossover youth in the child welfare system might also qualify for the serious emotional disturbance (SED) waiver. The accessibility of services after SED waiver eligibility is granted is worth exploring. An additional barrier might be confusion in some cases about whether youth in

the custody of the state qualify for the SED waiver. Assessment of crossover youth eligibility for SED waiver should be encouraged.<sup>21</sup>

Some challenges discussed were under the determination criteria, which currently are under review. For example, when a determination has been made that the placement is a medical necessity, access to PRTFs might be denied due to a history of involvement with juvenile justice because it might not be equipped to manage youth with aggressive or violent behaviors. Also, youth in juvenile justice custody might not be eligible for the medical card until discharged, and there is a need for wraparound and discharge services (or “stepdown services”) after PRTF.

***Highlight:***

PRTFs provide out-of-home residential psychiatric treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. These programs are intended to provide active treatment in a structured therapeutic environment for children and youth with significant functional impairments resulting from an identified mental health diagnosis, substance use diagnosis, sexual abuse disorders, and/or mental health diagnosis with co-occurring disorder.

The group also discussed the value of services that might currently be offered in schools to crossover youth, such as the Success Team project which is supported at pilot sites through grant funding. In addition, CMHCs are working to grow their partnerships with school districts.<sup>22</sup> For example, some CMHCs have case managers and therapists who work in school settings to provide services to students.

### *Placement Instability Supports*

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Human trafficking services
- Homeless shelters
- Secured placement

Placement instability was noted throughout the work of the group as a key challenge in providing effective service to crossover youth. As placements frequently are unstable, crossover youth can become homeless or a victim of human trafficking and might be served by homeless shelters or by the services available to those who have been trafficked. The group discussed

that Kansas has a base of services available to youth who have been trafficked. Secure placements, another provided service, were designed to safely house youth who have run from placements, but in recent years have served CINC-involved youth with juvenile offender behaviors. Also, sex education services might be available for these youth on a limited basis. Another contributor to placement instability might be larceny among some youth who might be stealing to meet their needs. Through involvement with the juvenile justice system, these youth build skills to meet these needs appropriately.

### *Substance Use Disorder (SUD) Treatment*

The working group brainstormed the following services and/or service providers which may be available to crossover youth:

- Regional Alcohol & Drug Assessment Center (RADAC)<sup>23</sup>
- Drug and alcohol (D&A) programs

Programs such as Teen Intervene offer early intervention services for youth who display early stages of alcohol or drug involvement in Kansas. Currently, it is standard for youth involved with both the juvenile justice and child welfare system to be screened for substance use disorder (SUD). However, if the screen indicates inpatient treatment is needed, the working group discussed the delay for a spot in treatment may be up to 60 days. This delay is a significant barrier as youth willingness to accept this treatment is challenging.

Additionally, youth often are discharged unsuccessfully from these programs. An additional barrier to effective SUD service delivery is that due to geographic limits in availability, families that live farther from treatment centers cannot support youth through this treatment.

***Highlight:***

Heartland Regional Alcohol & Drug Assessment Center (Heartland RADAC) is a private, 501(c) 3, non-profit organization incorporated in 1998 as a licensed alcohol and drug treatment program that provides assessment and referral services as well as care coordination and case management services for individuals seeking substance abuse services.

### *Transitional and Mentoring Supports*

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Youth Advocacy Program (YAP)

- Youthrive
- Big Brothers Big Sisters Mentoring

Mentoring and supports for youth transitioning out of care may be available to some in the crossover youth population. Mentoring programs are provided by groups like Big Brothers Big Sisters. Youthrive is an organization that supports youth as they transition to adulthood and is available in select Kansas counties. However, other programs such as Youth Advocacy Program (YAP) are offered only to youth in the juvenile justice system. YAP is a wraparound advocacy model designed to develop sustainable, supportive services and opportunities for positive development to keep the youth in the community and achieve individualized goals without jeopardizing public safety. These services all have geographic barriers and are offered in select (mostly eastern) parts of the state.

### *Barriers for Academic Success*

The working group brainstormed the following services and/or service providers which might be available to crossover youth:

- Why Try – Truants
- Attendant Care / Day Program
- Virtual Academy
- Social-Emotional Character Development Programs (SECD)
- Trauma-informed Care and Adverse Childhood Experiences (ACEs) Training in all school districts

Other services currently available to some crossover youth might be programs that seek to decrease truancy. These programs include “Why Try,” a program through corrections and attendant day programs, which serves youth who are chronic truants. Attendant day programs serve youth who have been expelled from school. Virtual Academy is offered to youth who have long-term suspensions from school. Several of these programs are offered statewide.

## ***Programs and Services Needed***

To identify the services needed for the crossover youth population, the working group identified key themes around challenges in services offered and assessed services that might increase the ability of the child welfare and juvenile justice systems to adequately identify and provide appropriate services to this population. While the following information is not a comprehensive list of services needed by crossover youth, it seeks to highlight key themes which might increase the ability of the child welfare and juvenile justice systems to adequately identify and meet the needs of this population. These key needs include support for placement stability and geography; short-term placement; access to needed services currently available in the juvenile justice system; appropriate data collection; parental and family involvement; increased accessibility of mental health services; and adequate reimbursement.

### ***Placement Stability and Geography***

Across all needed services, the challenge repeatedly noted was the difficulty making services available to youth in unstable placements or living in areas of the state where fewer services are available. A potential model program that might be needed in Kansas is the New Jersey Mobile Response and Stabilization Service.<sup>24</sup> This is a program that provides mobile response and stabilization services 24 hours a day, seven days a week, to help children and youth who are experiencing emotional or behavioral crises, and is designed to meet children and youth in crisis with a key goal of maintaining their living situation. A key feature of this service is that the crisis is self-identified and does not need to meet predetermined criteria. Implementation in Kansas of something similar to the New Jersey Mobile Response and Stabilization Service was seen as one strategy to provide needed wraparound services to crossover youth.

Wraparound services were recognized broadly as a need for crossover youth, but services might have a variety of implementation interpretations. The group discussed that Wraparound services might mean more than just clinical services, but also could mean the provision of meaningful, stable connections for youth as other elements in their situation might be unstable. The group also discussed the South Carolina model of a High-Fidelity Wraparound Waiver.<sup>25</sup> The SED Waiver provides funding for and CMHCs provide Wraparound services that offers a team-based care-coordination approach that involves children, families, supports and professional service providers. These wraparound services are for children with serious emotional and behavioral diagnoses while keeping children in their home, school or community.

However, Wraparound is not currently funded at the level necessary in the Kansas Medicaid program for providers to meet High Fidelity Standards such as used in South Carolina.

Transitioning, therapeutic step-down services following a PRTF stay also were described as needed to support more stable, longer-term placements. In addition, specialized foster homes in the county of responsibility that are trained for the crossover youth population are needed. This would allow in home services to be provided to the youth and foster family as well as the biological or permanency family.

### *Short-Term Placement*

The group discussed the need for short-term stable placements (e.g., 72 hours) that would give law enforcement and professional staff the opportunity to identify longer-term placements that are more likely to be stable. In addition, they discussed a need for immediate access to secure placement with 24-hour bed capacity for runaway youth. Respite or emergency shelter services also could be a diversion from coming into foster care.

The working group noted that as of July 1, 2019, the use of juvenile detention facilities will no longer be allowed under the Child In Need of Care Code except by court order detention under the interstate compact on juveniles or in certain narrow circumstances when a youth also is an alleged juvenile offender, pursuant to SB 367.

### *Access to Services Offered Under the Juvenile Justice System*

A key identified need for crossover youth was to ensure access to services currently available through the juvenile justice system. The Kansas Juvenile Justice Code, K.S.A. 38-2304(g)(3), states “the juvenile offender is placed in the custody of the secretary of corrections, the secretary for children and families shall be responsible for collaborating with the department of corrections to furnish services ordered in the child in need of care proceeding during the time of the placement pursuant to the revised Kansas juvenile justice code. Nothing in this subsection shall preclude the juvenile offender from accessing services provided by the Kansas department for children and families or any other state agency if the juvenile offender is otherwise eligible for the services.” However, the working group discussed that a similar statute is not enacted in the CINC Code, which currently hinders crossover youth from accessing services such as functional family therapy (FFT; page 12) or the youth advocacy program (YAP; page 17).

### *Appropriate Data Collection*

As noted in the discussion on risk factors of crossover youth, there is not adequate data to understand with precision who crossover youth are. Understanding demographics and involvement of youth in both the juvenile justice and child welfare systems would support more appropriate provision of service, as would coordinated, centralized record exchange between service providers and schools.

### *Parental and Family Involvement*

Another key theme was the importance of parent and family support and involvement in the services needed by crossover youth. Working group members discussed the importance of offering evidence-based cognitive behavioral therapy (CBT) statewide for crossover youth.<sup>26</sup> CBTs for crossover youth include evidence-based interventions that target diverse individual child and caregiver characteristics related to conflict and intimidation in the home, and the family context in which aggression or abuse might occur. This approach emphasizes training in intra- and interpersonal skills designed to enhance self-control and reduce violent behavior. Generally, child welfare and foster parent caregivers have not been trained in relevant CBTs effective for youth with offender behaviors.

### *Increased Accessibility of Mental Health Services*

Given that risk factors of crossover youth include mental health diagnoses or high levels of social and emotional needs, increased mental health services are needed for this population. While certain CBTs are available for youth, identification and use of evidence-based interventions that can be used in various settings are needed to decrease offender behavior regardless of whether the child is at home, in the child welfare system or juvenile justice system.

The group recognized CMHCs cover all areas of the state and are working to increase the accessibility of their services particularly in larger catchment areas. The group noted the need for more mental health providers and pediatric mental health providers, specifically. Regarding the crossover youth population, it was noted that additional specialized mental health care often is needed. In addition, improving access to the SED waiver could allow services to follow youth between placements more easily, especially using the new “Universal Packet.”

## *Adequate Reimbursement*

While not a service need, the need for adequate reimbursement for services for crossover youth was noted repeatedly. The group discussed that crossover youth need to be served by professionals prepared to meet their needs. The group identified the need for Medicaid to fund family therapy without the child present to provide services to the parent.

Also, it generally was noted that crossover youth are much more expensive to serve than most children or youth in the child welfare system. For example, crossover youth might need intensive supervision, a behavioral interventionist or an attendant care worker. Intensive supervision might be required round the clock. Other specific needs for crossover youth such as in-home therapies, therapeutic foster homes, group placements, PRTF and acute hospitalization are expensive and currently are not being financially supported. The working group also discussed that managed care organizations should reimburse services for youth with sexually acting out behaviors.

## **Looking Ahead**

The FY 2020 DCF budget proviso tasked the agency to convene another working group to continue to study the impact of SB 367 on crossover youth, specifically youth at-risk of being placed or currently placed in foster care due in whole or in part to engaging in conduct that has resulted or could result in juvenile offender allegations. The new working group will build upon the work completed by this group and conduct a comprehensive data analysis across systems to understand with precision who crossover youth are. Further, the new working group will determine the nature and outcomes of the programs and services offered to this population to identify gaps in services.

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## **Appendix A: FY2019 Budget Proviso**

The House Substitute for Senate Bill (SB) 25 included the following proviso language for the Kansas Department for Children and Families:

(b) During the fiscal year ending June 30, 2019, in addition to the other purposes for which expenditures may be made by the Kansas department for children and families from moneys appropriated from the state general fund or from any special revenue fund or funds for fiscal year 2019 by chapter 104 of the 2017 Session Laws of Kansas, chapter 109 of the 2018 Session Laws of Kansas, this or any other appropriation act of the 2019 regular session of the legislature, expenditures shall be made by the above agency from such moneys to establish a working group to gather data and issue a report on or before June 30, 2019, related to the impact of 2016 Senate Bill No. 367 on youth with offender behaviors entering into a foster care placement or already in a foster care placement: Provided, That the working group shall evaluate the services being offered and identify needed services: Provided further, That the working group shall include representatives from the above agency, the Kansas department of corrections, child welfare organizations, mental health organizations, the judicial branch, law enforcement and any other organizations with information on services, as determined by the secretary of children and families. Sec. 87.

Source: [http://www.kslegislature.org/li/b2019\\_20/measures/documents/sb25\\_enrolled.pdf](http://www.kslegislature.org/li/b2019_20/measures/documents/sb25_enrolled.pdf)

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## Appendix B: Crossover Youth Risk Factors

The working group brainstormed a list of possible risk factors of a crossover youth to build criteria for future data analyses and to support its discussion regarding possible programs and services for crossover youth (*Figure B-1*). The group noted that crossover youth represent a combination of one or more of the identified risk factors and might require a complex array of services.

*Figure B-1. Brainstormed Possible Risk Factors of a Crossover Youth*

Youth	Home	Systems
<ul style="list-style-type: none"> <li>• High need for attachment</li> <li>• Escalating behaviors as survival skill</li> <li>• Youth with mental health diagnoses</li> <li>• Social and emotional health needs</li> <li>• High risk of suicide</li> <li>• Adverse childhood experiences (ACEs)</li> <li>• Life instability</li> <li>• Lack of coping mechanisms</li> <li>• Racial and ethnic minorities</li> <li>• Substance use involved youth</li> <li>• Aggressive youth</li> <li>• LGBTQIA youth</li> <li>• Youth with sexually acting out behaviors</li> <li>• Youth with developmental disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Parents/caregivers that are ill-equipped and lack support</li> <li>• Parental anguish with experience of not knowing how to provide youth with what they need</li> <li>• Parents with adverse childhood experiences (ACEs)</li> <li>• Unstable life</li> <li>• Vulnerable families</li> </ul>	<ul style="list-style-type: none"> <li>• Hard-to-place youth</li> <li>• Dually involved youth</li> <li>• Systems are not currently designed to work together to meet the needs of the youth</li> <li>• Lack of effective and appropriate placement options'</li> </ul>

Source: Crossover Youth Services Working Group Meeting, June 13, 2019.

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# Appendix C: Meeting Agenda

## Crossover Youth Services Working Group

Thursday, June 13, 2019

10 a.m.-3:30 p.m.

Kansas Health Institute

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### Working Group Attendees:

Becci Akin – KU School of Social Welfare; Danielle Bartelli – KVC Behavioral Healthcare; Bryant Barton – Juvenile ADA Douglas County; Sean Christie – Kansas Department of Corrections; Shanelle Dupree – Kansas Department for Children and Families; Ed Klumpp - Kansas Sheriff's Association; Gary Henault – Kansas Department for Aging and Disability Services; Debbie Kennedy – Wichita Children's Home; Tanya Keys – Kansas Department for Children and Families; Rachel Marsh – Saint Francis Ministries; Katrina Pollet – Finney County Juvenile Detention Center; Kent Reed – Kansas State Department of Education; Dawn Rouse – Kansas Office of Judicial Administration

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### Meeting Objectives:

- Determine characteristics of crossover youth
- Evaluate services offered to crossover youth
- Identify additional services needed for crossover youth

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### Agenda:

10:00 a.m.	Welcome and Introductions
10:30 a.m.	What are characteristics of crossover youth?
11:30 a.m.	Lunch Break
12:30 p.m.	What services are successfully provided to crossover youth?
1:30 p.m.	15-minute Break
1:45 p.m.	What additional services are needed for crossover youth?
3:15 p.m.	Wrap-Up
3:30 p.m.	Adjourn

Any individual with a disability may request accommodation to participate in committee meetings. Requests should be made at least two (2) working days in advance of the meeting by contacting Lyndsey Burkhart at (785) 233-5443.

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## Appendix D: Endnotes

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- <sup>1</sup> Kansas Department of Corrections & Juvenile Justice Oversight Committee. 2017 Annual Report of the Juvenile Justice Oversight Committee. Retrieved June 18, 2019, from <https://www.doc.ks.gov/juvenile-services/committee/2017/view>
- <sup>2</sup> Kansas Department of Corrections & Juvenile Justice Oversight Committee. 2018 Juvenile Justice Oversight Committee Annual Report. Retrieved June 20, 2019, from <https://www.doc.ks.gov/juvenile-services/committee/2018/view>
- <sup>3</sup> Kansas Department for Aging and Disability Services (December 2017). Children's continuum of care task force report and recommendations. Retrieved June 15, 2019, from [https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/Reports/children%27s-continuum-of-care-task-force-report-dec-2017.pdf?sfvrsn=661106ee\\_4](https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/Reports/children%27s-continuum-of-care-task-force-report-dec-2017.pdf?sfvrsn=661106ee_4)
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- <sup>7</sup> Report of the Child Welfare System Task Force to the 2019 Legislature. (January 2019). Retrieved June 16, 2019, from [http://www.dcf.ks.gov/Agency/CWSTF/Documents/Child%20Welfare%20System%20Task%20Force %20Report.pdf](http://www.dcf.ks.gov/Agency/CWSTF/Documents/Child%20Welfare%20System%20Task%20Force%20Report.pdf)
- <sup>8</sup> Center for Juvenile Justice Reform at Georgetown University. (2015). The Crossover Youth Practice Model (CYPM). Retrieved June 20, 2019, from [https://cjjr.georgetown.edu/wp-content/uploads/2019/01/CYPM-Research-Brief\\_Final-2.pdf](https://cjjr.georgetown.edu/wp-content/uploads/2019/01/CYPM-Research-Brief_Final-2.pdf)
- <sup>9</sup> Report of the Child Welfare System Task Force to the 2019 Legislature. (January 2019). Retrieved June 16, 2019, from [http://www.dcf.ks.gov/Agency/CWSTF/Documents/Child%20Welfare%20System%20Task%20Force %20Report.pdf](http://www.dcf.ks.gov/Agency/CWSTF/Documents/Child%20Welfare%20System%20Task%20Force%20Report.pdf)
- <sup>10</sup> Johnson County, Kansas. Juvenile Cross-System Collaboration. Retrieved June 17, 2019, from <https://jocogov.org/deptpage/mental-health/juvenile-cross-system-collaboration-project>
- <sup>11</sup> Center for Juvenile Justice Reform at Georgetown University. (2015). The crossover youth practice model (CYPM). Retrieved June 15, 2019, from <https://cjjr.georgetown.edu/wp-content/uploads/2015/09/CYPM-Abbreviated-Guide.pdf>
- <sup>12</sup> Kansas Department for Children and Families. PPS 5110: initial referral to out of home placement provider for child in DCF custody. (October 2018).

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- <sup>13</sup> KVC Behavioral Health System. We can & Must Do Better for “Crossover Youth.”
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