



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

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U.S. Department of Health and Human Services

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This 2021 Annual Progress and Services Report (APSR) is the first 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. Strengthening Families Through Primary Prevention of Child Maltreatment While Securing Permanency for All Children and Youth

The Kansas Department for Children and Families (DCF) strives to support the well-being of Kansas children, families, and communities. Kansas DCF is comprised of Economic and Employment Services, Prevention and Protection Services, 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.

Kansas has recently more than doubled the state’s investment in prevention services for Fiscal Year 2020. The Family First Prevention Services Act (FFPSA) allowed Kansas to offer seventeen new prevention grants. These grants strengthen the State’s programming to reduce the risk of child maltreatment and out of home placement. In addition, several new approaches have been and are continuing to be phased into assessment and protection practice with a focus on preventing children from entering foster care and increasing efforts and services to expedite permanency for children in care.

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. The Deputy Secretary oversees the Director of Prevention and Protection Services. For each program administered throughout the state, there is an assigned Deputy Director for the program. Deputy Directors are assisted by Program Administrators and Program Managers.

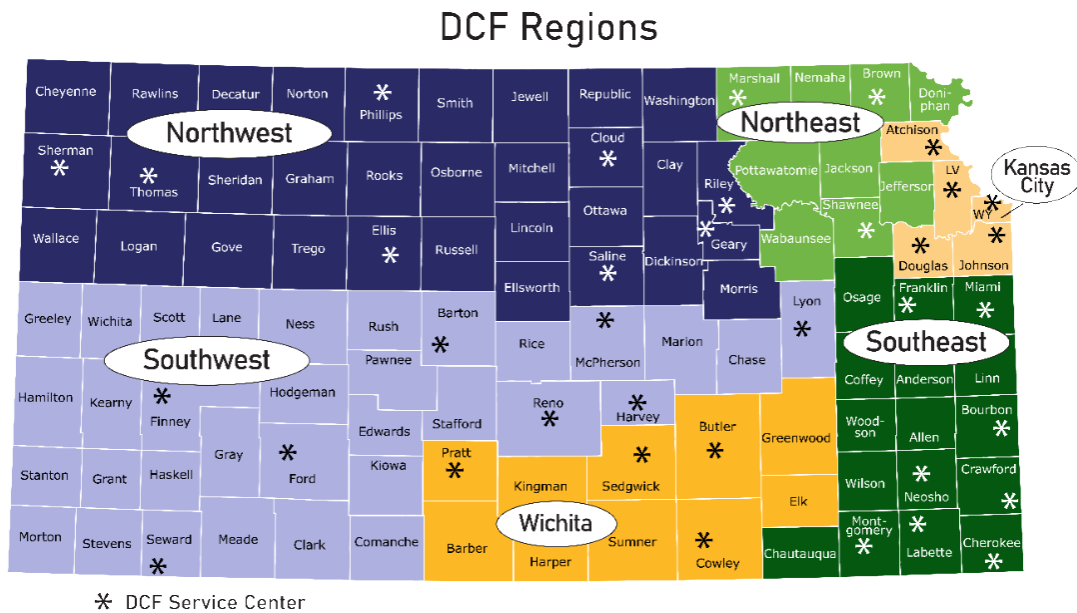
Effective July 1, 2020 Kansas will have six regions implementing Prevention and Protection programs. This is an increase of two regions since the CFSP was submitted last July. The six DCF regions throughout the state are: Kansas City, Northeast, Southeast, Wichita, Northwest and Southwest. Each region is led by a regional director, an assistant regional director(s) for programs and an administrator for each program area: assessment and protection, foster care, and support services.

See Attachment 1 for Kansas DCF PPS Organizational Chart.

Fiscal Year 2020 brought an unprecedented public health challenge to the world, and to Kansas, with the spread of the novel coronavirus, COVID-19. In the month of February 2020, the agency began reviewing, with fine detail, our current emergency preparedness planning. The agency contacted all providers to obtain and review their most recent plans. Each provider and DCF began the task of making sure the plan was up to date in response with the current emergency.

Kansas’s lead agency for pandemic information lies with our Kansas Department of Health and Environment (KDHE). DCF used information received by KDHE as a guide for phased implementation steps in the agency’s emergency planning and response. Continuity of operations remained in the forefront. Unique and innovative ways of continuing to meet the needs of consumers were supported by the agency. DCF acted in the most effective way to ensure staff and clients remained safe and services remained available. For a summarized account of the agency’s response, please see attachment 2 entitled “Agency Efforts During Pandemic”.

Kansas Regional Map



A.1: Prevention and Protection Programs Administered by DCF

Kansas Department for Children and Families (DCF) Prevention and Protection Services (PPS) is responsible for administering the State’s child welfare programs as follows:

The State administers child welfare 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 refer to foster care services and adoption services.

The 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 Child Welfare Services;
- Title IV-B, subpart 2, MaryLee Allen Promoting Safe and Stable Families;
- 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 Indian Child Welfare Act (ICWA) of 1978;
The Fostering Connections to Success and Increasing Adoptions Act of 2008;
The Family First Prevention Services Act (FFPSA);
The Consolidated Appropriations Act, 2018;
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 [KSA 38-2201et seq.] may be found at: http://kslegislature.org/li/b2013_14/statute/038_000_0000_chapter/038_022_0000_article/

The current DCF PPS Policy and Procedure Manual (PPM) may be found at: <http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/>

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A.2: Agency Mission: To protect children, promote healthy families and encourage personal responsibility

The Kansas Department for Children and Families (DCF) initiatives strive to connect children, youth and adults to evidence-based prevention strategies designed to address issues related to safety, permanency 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. Prevention and Protection Services (PPS) and community service providers collaborate to ensure families experience timely and effective services and interventions. PPS and its providers work alongside families. Families are the center is the PPS philosophy. Their participation and feedback drives practice, planning, policy development, and program implementation. The agency seeks meaningful ways to keep children safe, promote healthy development of children and ensure youth emancipated from care, receive services needed to promote self-sufficiency.

DCF's service delivery is grounded in the strategies we employ. Strategies are supported by a practice model with principles and approaches linked to better outcomes, engagement, equity and inclusivity

alongside families in communities. As such, DCF has been working to implement a new practice model to guide front line practitioners as they engage families and create lifetime support networks.

The principles and approaches supported through the Kansas Child Welfare Practice Model all have a common focus of engagement with the family from the start of the relationship. The three approaches of the model are depicted below and described in the following paragraphs:

Family Finding- An engagement and family meeting (model) which includes youth and family in tracing and planning to address barriers to stability or legal permanency for a child. This approach supports healing and development, sustained placement stability and creates lifetime networks. Kansas is working with model author and developer Kevin Campbell to implement statewide with teams in organizations of juvenile justice, CASA, child welfare, child placing agencies, residential providers, and community mental health.

Team Decision Making- A facilitated family meeting held before a child/youth is moved to determine if a child needs to be separated from their parent(s) or primary caregiver. A meeting is held if a parent's or primary caregiver's behavior threatens a child's safety. Families invite their support networks to the facilitated meeting and the team decision creates and results in the strongest safety plan for a child.

Child Protection Framework – The Kansas Child Welfare Practice Model includes two approaches within the child protection framework.

Signs of Safety provides a set of tools for DCF response to assigned reports alleging abuse, neglect or Family in Need of Assessment (FINA). The work alongside families and with safety networks create a balanced assessment of strengths and existing safety. This practice includes a system of meaningful measures, supervisor coaching and quality assurance.

The second approach, Structured Decision-Making (SDM) practice. SDM focuses on a sequence of key decision points and includes structured scoring for abuse and neglect indices.

Kansas Practice Model

Please see Attachment 3 Child Welfare Practice Model.

The DCF mission drives agency policies and procedures. The agency's charge includes promoting the well-being of individuals and families and assisting them to achieve success in their lives. The broad, overarching outcomes DCF seeks to achieve include:

- Ensure safety, permanency and well-being of children;
- Families and individuals achieve maximum self-sufficiency;
- Families and individuals live in safe, stable and supportive environments; and
- Families and individuals assisted are satisfied with services.

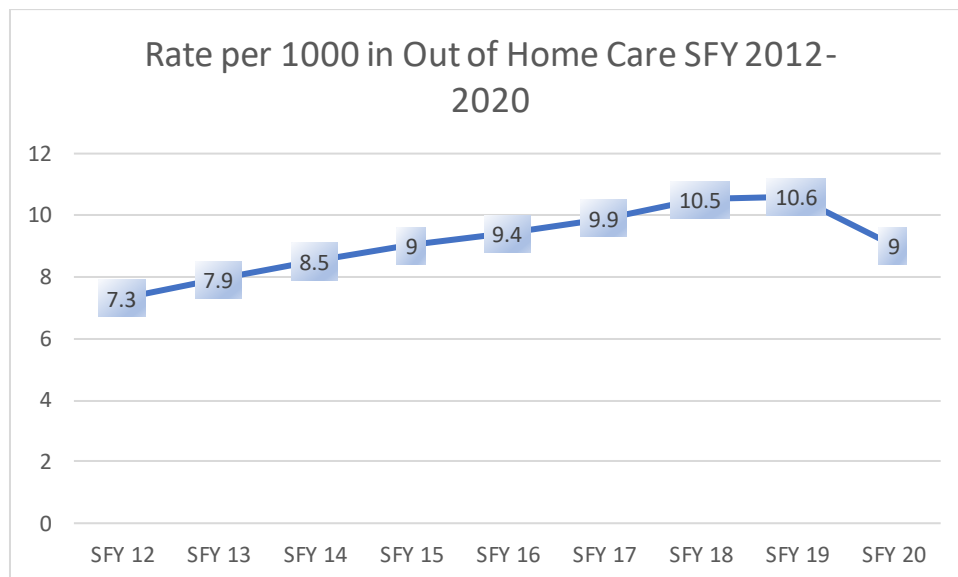
The Secretary of DCF started calendar year 2019 by sharing her vision with staff.

- Transparency
- Valuing staff
- A culture of continuous improvement
- Collaboration
- Focusing on data, outcomes and accountability
- Ethics
- Celebrating success
- Breaking through the roadblocks.

The core values within her mission, have continued to sustain and inform the work of staff throughout challenges and change experienced within the agency. The Secretary’s vision demands an agency dedicated to changing the landscape of child welfare in Kansas.

Kansas strives to emphasize program evaluation by focusing on outcomes, accountability, and fostering a culture of continuous improvement. The vision described in the 2020-2024 Child and Family Services Plan was based on analysis of the number of children in out of home placement on the last day of each month. Early in SFY20, regions were challenged with using data to determine areas of focus within their counties where strategies could be implemented to reduce the need for foster care in their communities. Project 20 in 2020 in conjunction with changing the landscape of practice with implementation of the DCF Child Welfare Practice Model, has impacted the need for foster care in Kansas. Statewide, the need for foster care has reduced 5% since April 30th last year and as of 4/27/2020, the need has reduced 4% in this fiscal year. Please see Section C.2 for explanation of the decision points comprising the out of home numbers in Kansas.

One way to assess and see fluctuations is to compare the number of children in out of home care to the state’s child population. Since SFY 2012 the number had been rising. SFY 2020 saw the number drop to 9 children in out of home case per 1,000 population in Kansas.



Transparency through data is the driving force behind DCF’s continued collaboration with communities in seeking strategies to decrease the number of children in foster care. Over the past twelve months, developing a qualified workforce by training and equipping staff with evidence-based tools, resources and practice approaches has been at the forefront of efforts by the agency to shift the culture to a prevention focused path.

Kansas has continued to implement prevention strategies focused on safely reducing the number of children in foster care. The agency’s goal remains to strengthen families, prevent child maltreatment and prevent the unnecessary removal of children from their home. DCF is currently immersed in implementation of building foundational approaches and practices to change the trajectory of the Kansas child welfare system by investing in prevention, emphasizing the importance of family support networks and valuing strong systemic partnerships throughout individual communities, counties and other state organizations.

B. Overview of the Child and Family Services Plan / Annual Progress and Services Report and the Child and Family Services Review

The Kansas Child and Family Services Plan, was a five-year strategic plan covering FY 2020-2024, submitted June 30, 2019. The information contained within this annual update outlines activities completed since the 2020-2024 submission and addresses planned activities for FY 2021. Throughout this plan, DCF has responded to ACYF-CB-PI-20-02 as prescribed. Responses provided follow the Program Instruction format and can be found throughout sections C-G.

C. Requirements for the 2021 APSR

C.1: Collaboration

Throughout the Kansas Child Welfare 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 our 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 this section below. In Kansas, child welfare 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

Prevention and Protection Services (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 Kansas Tribes with PPS extending invitations to participate in policy and procedure venues, workgroups and committees.

All workgroups/committees serve as an opportunity to solicit input, address case review results, Child and Family Services (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 systemic factors. Information is shared regarding the Program Improvement Plan, policy changes, upcoming initiatives, and legislative topics.

Comprehensive Addiction and Recovery Act Workgroup meets a minimum of four times a year to review and discuss opportunities and ideas to improve policy and procedure for Prevention and Protection Services, Assessment and Prevention, specific to the Comprehensive Addiction and Recovery Act (CARA). The workgroup addresses performance improvement with respect to meeting requirements of CARA, training and community collaboration efforts.

The Family Preservation Advisory Workgroup meets quarterly to discuss continuous quality improvement for the DCF Family Preservation program. Participants include front-line staff and supervisors from both DCF and the Child Welfare Case Management Providers, 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.

The Family Preservation Program Director's Meeting has met 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.

The Interstate Compact on the Placement of Children Workgroup meets quarterly and is facilitated by Kansas Interstate Compact of Children (ICPC) staff. This workgroup consists of Kansas ICPC staff, 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.

Permanency Advisory Committee is facilitated by PPS. The committee meets approximately four to six times a year to promote coordination between PPS and child welfare 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, Tribal representatives, 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.

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, MCOs, physicians, pharmacists and psychiatrists. For additional information on the work of this group, see Health Care Oversight and Coordination Plan, Attachment 48.

Family First Prevention Services Act (FFPSA) Interagency Advisory Board (IAB) was implemented in SFY 2020. Hosted by the Family First Evaluation Team, in partnership with DCF, these workgroups meet quarterly. The Statewide IAB kick-off, in May of 2020, was a virtual meeting due to COVID-19. FFPSA Advisory Boards will aid the state in maintaining the new Family First Prevention Services Act by focusing on the strengths and challenges of implementation, reviewing outcomes, and identifying strategies for addressing gaps in services. Committee members are key advisors to DCF and the FFPSA Evaluation Team.

C.1.b. DCF and the Legal Community: Kansas Bar Association

“The Journal” is a monthly Kansas Bar Association periodical which provides readership to over 6,500 judges, attorneys, paralegals and law students across the state of Kansas. It was requested of DCF to write ten articles for “The Journal” within a section titled “The 2020 Department for Children and Families Series”. DCF received multiple messages from legal community members excited about DCF doing this series within “The Journal”. As of this writing, DCF staff have submitted two articles as the 1st and 2nd installments for the series. Installment number one, entitled “The Department for Children and Families: Firmly Rooted” was written by a DCF Regional Director and published in January 2020. In summary, the article spoke about social safety nets and how DCF is striving to be part of the communities and a safety net for their citizens. It went on to describe the various functions and services within the agency.

The 2nd installment, written by a DCF staff member was published in February. The article was entitled, “Child Welfare System Task Force Update”. This article highlighted recommendations from the 2018 Child Welfare System Task Force report presented to the 2020 Kansas Legislature. The writer described accomplishments made by the agency in response. The article went on to highlight plans and initiatives DCF will be implementing in the future.

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

The Kansas Department for Children and Families and the Children’s Division of the Missouri Department of Social Services are operating under a border agreement for the placement of children. 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 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 4 Kansas/Missouri Border Agreement.

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

The Kansas Department for Children and Families Prevention and Protection Services (PPS) will continue to collaborate with the Governor’s Behavioral Health Services Planning Council (GBHSPC) in SFY 2020-2024 by sending representatives to serve on subcommittees. The Deputy Director of Permanency is the standing representative for these bi-monthly meetings. The annual recommendations

from the Subcommittee on Children’s Mental Health are presented to the Secretary of Kansas Department for Aging and Disability Services (KDADS) and other state department secretaries are invited to attend.

The Subcommittee on Children’s Mental Health was initiated in 2004 and established a membership to bring voices of parents, client youth, caregivers, educators, service providers, state agencies including Kansas Department of Corrections- Juvenile Services, Kansas Department for Aging and Disabilities, and Kansas Department for Children and Families, and representatives of the state school system, as well as other entities involved and interested in the quality, accessibility, consistency and effectiveness of mental health services for children and their families. The subcommittee researches, evaluates and makes recommendations to the GBHSPC annually, to improve the array of behavioral health services offered to children and their families through Kansas Community Mental Health Centers (CMHC), the education system, and other children’s service systems, and to improve collaboration between systems of care. Activities are directed toward collaboration, education and advocacy for children and their families. Draft areas of focus for SFY 2020 include: Parental substance use and its effects on their children, transition age youth, parent engagement models, and prevention exploration models.

The 2018-2019 Annual report was presented to all Department Secretaries. Please see Attachment 5 Governor’s Behavioral Health Subcommittee Annual Report.

C.1.e. Systems Collaboration

In Kansas, programs and services impacting children in custody of the Secretary of the Kansas Department for Children and Families (DCF) are provided by DCF, the Kansas Department for Aging and Disability Services (KDADS), the Kansas Department of Health and Environment (KDHE), the Kansas Department of Education and the Kansas Department of Corrections-Juvenile Services (KDOC-JS). These programs and services include: Medicaid (KanCare), Home and Community Based Services (HCBS) waiver services, community mental health centers, 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.

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: 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, Child Welfare Case Management Providers (CWCMPs), and the three Medicaid Managed Care Organizations (MCOs).

State Agency Foster Care in KanCare: 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.

In SFY 2019, 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 Psychiatric Residential Treatment Facility (PRTF). The “PRTF

Stakeholder” group meets quarterly 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 managed care organizations. A couple examples of processes this workgroup was able to implement to reduce the need for PRTF placement and reducing PRTF waitlists are explained in the following:

DCF partners with KDADS and the MCOs to reduce the number of children on the PRTF waitlist by reviewing the status and services provided to each youth. The PRTF Stakeholder group meets with each MCO and reviews the cases of foster care 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 Child Welfare Case Management Provider (CWCMP). The Managed Care Organization (MCO) assigned to the child is responsible for requesting a Pre-Authorization Review (PAR). The MCO sends the PAR to the child’s local Community Mental Health Center (CMHC) for review by their Community Based Service Team (CBST). The CMHC returns the CBST findings indicating either approval or PRTF diversion based on their review of the PAR.

When a youth is approved for placement in a PRTF the CWCMP decides which 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 and DCF 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 FY 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 is in the process of implementing community service coordination which will be available for children in foster care who have complex conditions. Community service coordination will be utilized by foster care youth who have been diverted or can be diverted from PRTF admission and after discharge from the PRTF if admission occurs.

KDADS has implemented a new policy in SFY 2020 entitled HCBS Access for Individuals in the Custody of DCF. The policy provides clarification on the HCBS-I/DD, PD, TA, and TBI waiver programs and the criteria for the exception process for eligible children in DCF custody. The policy establishes processes and procedures for submitting, managing and determining exception requests for

children in foster care and ensures access to the waiver program services which best meet the assessed needs of the child.

C.1.f. Kansas Department of Corrections – Juvenile Services (KDOC-JS)

DCF Prevention and Protection Services (PPS) collaborates with Kansas Department of Corrections- Juvenile Services (KDOC-JS) on issues affecting populations in the custody of and/or served by both DCF and KDOC-JS.

Legislation for the reform of the juvenile justice system in Kansas, Senate Bill (S.B.) 367, and amendments thereto, was passed by the Kansas Legislature during the 2016 legislative session (S.B. 367) and signed into law by the Governor. S.B. 367 was implemented over a time period from July 1, 2016 through July 1, 2019, as there were multiple implementation dates set out in the relevant statutory provisions. Revisions were made to the Kansas Code for Care of Children as a part of the juvenile justice system reform.

Kansas S.B. 367 included a requirement to establish a Juvenile Justice Oversight Committee (JJOC) and prescribed the structure and membership. The committee was established in the Fall of 2016 and is ongoing. Pursuant to Kansas Statute, a representative from DCF, Secretary's designee, is a member of the Juvenile Justice Oversight Committee. Other members include: the Governor or designee, member of the Kansas House of Representatives appointed by speaker of the house, member of the House of Representatives appointed by the house minority leader, member of the Kansas Senate appointed by president of the Senate, member of the Senate appointed by the Senate minority leader, Secretary of Kansas Department of Corrections or designee, Commissioner of Education or designee, the Deputy Secretary of Juvenile Services at the Department of Corrections or designee, the Director of Community-Based Services at department of corrections or designee, two district court judges, one chief court services officer, a member of the Office of Judicial Administration (OJA), a juvenile defense attorney, a juvenile crime victim advocate, a law enforcement agency representative, a prosecuting attorney and a member of a Community Corrections agency. The committee is charged with overseeing the implementation of the juvenile justice system reform legislation as well as determining any further recommendations. A portion of any cost saving from the reforms or averted expenditures is to be reinvested in strategies and programs which are successful in reducing recidivism, hold juvenile offenders accountable and promote public safety.

A data sub-committee of JJOC was created to address impact of Kansas Senate Bill 367. DCF participates on said sub-committee. The goal is to improve the quality of data to determine and indicate impact of the legislation, both to the Juvenile Offender system and to the Child Welfare system.

There has been collaboration/discussion regarding Memorandums of Understanding between OJA, KDOC and DCF to allow for and support needed data sharing to improve collection, tracking and analysis of data as relates to populations served by the child welfare and juvenile justice systems. This will help guide and support the agencies in providing appropriate evidence-based programs/practices for youth needing services.

Part of the JJOC's oversight responsibility is to monitor the funds saved by keeping kids out of detention facilities and ensuring those funds are spent on community programs. JJOC has a reinvestment subcommittee that looks at evidence-based programs and practices to implement in communities. This subcommittee then makes recommendations to the JJOC on how to spend the funds; the JJOC then makes recommendations to KDOC and the legislature.

One of the programs recommended by JJOC is the Georgetown Crossover Youth Practice Model (CYPM). This model is a multi-disciplinary approach to address the needs of youth who are involved in both the child in need of care system and the juvenile offender system (commonly referred to as crossover

kids). In October 2019, Kansas began working with Georgetown University’s Center for Juvenile Justice Reform to implement the CYPM. This is a multi-system and multi-agency collaboration at the state level used to identify and ameliorate barriers to addressing crossover youth in Kansas. As part of this process, Kansas established a statewide multi-disciplinary policy team to guide implementation. The OJA, the Kansas DCF, and the KDOC-JS are jointly and collaboratively working alongside representatives from the mental health and substance abuse fields, education professionals, courts, prosecutors, defense attorneys, law enforcement, young persons and families with lived system experience, foster care providers, and others to identify solutions for youth and families affected by this issue. Kansas is in the first stages of implementing this model. There are three pilot counties—Shawnee, Sedgwick, and Montgomery. While local leadership teams will be developed in pilot sites to address the needs identified at the local level, the Kansas Crossover Youth State Policy Team examines and evaluate state policies or statutes that impact the crossover youth population; reviews statewide data and makes recommendations based on this data; and encourages cross-system collaboration. The Kansas Crossover Youth State Policy Team will identify opportunities to change policies and practices to better serve youth and families involved in both the child welfare and juvenile justice systems. The Kansas Crossover Youth State Policy Team meets monthly. DCF and its service providers have representation on the statewide team.

Impact to the Child Welfare system continues to be assessed by PPS, and issues that arise related to specific situations will be addressed on a case-by-case basis. The Kansas Crossover Youth State Policy Team plans to continue looking at strategies and implementation to address needs of youth with offender behaviors coming into the CINC population to ensure they are served and to equip the CINC system with tools and resources to serve them. Two strategies being developed to date are:

1. DCF collaborating with KDOC and accessing their current service providers for serving CINC children through the Functional Family Therapy model. This practice model already exists and has been used in serving needs of youth with offender behaviors.
2. DCF has and will continue to work with existing providers throughout communities’ contracts appropriate housing for youth with offender behaviors. Additionally, Reinvestment Fund sub-committee exists to address options for usage of the monies in the Reinvestment Fund and make recommendations to the JJOC.

DCF, KDOC-JS and OJA program administrative staff meet on an ongoing basis to address issues related to the juvenile justice system reform including, but not limited to, appropriate services and number of placements for children and issues regarding “crossover youth”—youth who come into contact with both the child in need of care and juvenile offender systems.

The Kansas Judicial Council has multiple subcommittees focused on various areas. One of the subcommittees is the Judicial Council Juvenile Offender/Child In Need of Care Advisory Committee. This Committee meets throughout the year and membership is comprised of members from a variety of different judicial, legislative and executive branch entities/agencies. DCF has a representative on this committee. Topics reviewed and discussed include issues related to both the Juvenile Offender and Child in Need of Care systems, review of and sometimes drafting of certain proposed legislation, review/revision and approval of Judicial Council forms used by judges in juvenile offender and child in need of care actions.

Each of the above referenced collaborations provides ongoing opportunities to engage in discussion of concerns/initiatives/programs relevant to the child welfare system and processes/systems/procedures can be incorporated into the State’s five-year plan and annual updates. Please see Attachment 6, the JIAS-DCF Crossover Youth Report SFY 2005-2019.

C.1.g. Kansas Early Head Start

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

The Department for Children and Families awards grants to 11 KEHS programs in 39 counties, with 955 enrollment slots. KEHS grantees and families have two options and/or models of service delivery, through the KEHS Home Visitation (KEHS-HV) and the KEHS Child Care Partnership (KEHS-CCP) models.

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;
- Provide opportunities for parents to improve their parenting skills, knowledge and understanding of the educational and developmental needs of their children;
- 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, 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 it also provides an in-home parent skill training component. Additionally, this service provides an ongoing outside interaction for children who may be otherwise 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 PPM 2543 Affirmed or Substantiated Case Findings on Children Under the Age of Three in the DCF Policy and Procedure Manual.

The PPS Administration Prevention Team is a standing member of several early education and home visiting leadership workgroups. Through these collaborative efforts, DCF, in partnership with the Kansas Head Start Association, is developing a webinar early SFY 2021. 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

Prevention and Protection Services (PPS) facilitates ongoing collaboration with the Jobs for America's Graduates – Kansas (JAG-K) program. JAG-K's primary focuses are high school graduation and

delivering the competencies of the JAG model. The JAG-K program has been added to the transition planning process for older youth in care to ensure consideration in the youth's secondary educational attainment.

Since Jobs for America's Graduates-Kansas (JAG-K) started programming in 2013, there have been 110 youth in foster care fully participate in the evidence-based, national program. From Fall 2013 through Spring 2019, 95% percent of those students 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 have 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. Data for the 2019/2020 academic year is not yet available.

The Success Academy has three essential components:

1. A Success Academy 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.
2. 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.
3. 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 Success Academy Career Specialist introduces and helps 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 foster youth.

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. The 1999 Kansas Legislature created the KCCTF to manage the Children's Initiatives Fund (CIF) with the goal of supporting programs which promote the health and welfare of Kansas children. Money from a settlement with the nation's largest tobacco companies known as the Tobacco Master Settlement Agreement, funds the CIF. The Legislature established the Kansas Endowment for Youth (KEY) fund to manage settlement money to ensure ongoing funding to children's programs. The legislature specified annual transfers would be made from the KEY fund to the CIF. The Children's Cabinet is a 15-member committee consisting of appointees of the Governor, Legislature and ex officio members. The cabinet advises the Governor and Legislature regarding use of money credited to the CIF and assesses programs receiving CIF money. In 2006, the cabinet partnered with the Institute for Educational Research and Public Service at the University of Kansas, now known as the Center for Public Partnerships and Research (KUCPPR), to create an accountability framework to assess CIF programs. The framework encompasses a multi-phase process of information gathering, assessment of programs and recommendations.

Two agencies, KCCTF 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 KCCTF and is represented by the DCF Director of Policy and Economic and Employment Services.

Through the CBCAP grant, Kansas is expanding its role in exploring methods for supporting and encouraging collaborative planning efforts in the area of early childhood development, prevention and child welfare. Innovation is being fostered in the CBCAP by more closely integrating prevention of child abuse and neglect with the State's Early Childhood Block Grant program, the child welfare system, and Kansas Strengthening Families. Adverse Childhood Experiences research is being used by CBCAP to inform prevention activities.

DCF's Family Preservation Program is partially funded by CIF funds. This program solely serves families referred by PPS. Families participating 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 otherwise meet eligibility requirements. DCF is working to improve communication by sharing information with CBCAP to better serve and provide preventative services for the families in Kansas.

In addition to the partnerships fostered through Family Preservation, CBCAP has been a participant in the development of Family First. DCF issued a Request for Proposal for Family First Programs and CBCAP was on the Grant Peer Review Committee to assist in the review and selection of programs in Kansas. Additionally, they are a participant on the Family First Statewide Interagency Advisory Board (IAB) a program serving both Kansas Strong and Family First.

Members from DCF programs serve on the Kansas Early Childhood State Directors Team. This team meets twice a month and boast members from KDHE, Kansas Department of Education, KCSL, DCF and KU. Members of the team are active participants in strategic planning and making funding decisions related to Early Childhood programs in Kansas. The team also hosts a webinar for stakeholders twice a month.

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

The Kansas Citizen Review Panel – Children Justice Act (CJA) Task Force and Intake to Petition is one of three Citizen Review Panels in the State of Kansas. The CJA Task Force/Intake Petition Panel places emphasis on gathering citizen input and issuing recommendations to modify and/or improve the child protective services system from intake to petition. This task force is facilitated by Kansas State University staff and meets monthly. Contracted facilitation is funded through the Child Abuse Prevention and Treatment Act (CAPTA). The task force gathers monthly.

The Kansas Citizen Review Panel – Custody to Transition (KCRP-CT), ensures key stakeholder and community voices can provide guidance on building successes and improvement in the child welfare system from custody to transition. This task force is facilitated by Kansas State University staff and meets monthly. Contracted facilitation is funded through the Child Abuse Prevention and Treatment Act (CAPTA). The task force gathers monthly.

The Child Death Review Board is charged with reviewing all deaths of children ages birth through 17 years old who die within Kansas and Kansas residents in that age group who die outside of the state. The Board works to identify patterns, trends and risk factors with the goal of reducing the number of child fatalities in the state. This Board is facilitated by a representative of the Office of Attorney General. The Board meets monthly to review cases of child death.

C.1.k Kansas Court Improvement Program

Collaboration continues between the Kansas Department for Children and Families (DCF) and the Kansas Judicial Branch through participation in the Supreme Court Task Force on Permanency Planning (SCTFPP) as well as active participation by court personnel on DCF advisory panels. There is court/legal system participation on all three citizen review panels: The Citizen Review Panel: Intake to Petition, the Citizen Review Board: Custody to Transition and the Kansas State Child Death Review Board. The collaboration continues to be supported with the current implementation of the Strengthening Child Welfare Systems to Achieve Expected Child and Families Outcomes Grant, Kansas Strong for Children and Families.

Coordination between the three branches of government is facilitated by the ongoing involvement of the Judicial Council Juvenile Offender/Child In Need of Care Advisory (JO/CINC) 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 has a representative member on the Judicial Council JO/CINC Advisory Committee. The Committee addresses multiple issues related to the juvenile offender system and the child welfare system and “crossover youth” issues related to both systems. The Committee continues to assist with any needed updates to specific Kansas Judicial Council forms related to both the Juvenile Offender Code and the Code for Care of Children. The Committee provides input and guidance during the legislative process to ensure that 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, specifically the requirements of the Qualified Residential Treatment Programs under the 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.kansascourts.org.

OJA conducts two Best Practices in Child Welfare Law Trainings per year (Spring and Fall) in collaboration with DCF as well as a six-hour institute/ workshop at the annual Governor’s Conference for the Prevention of Child Abuse and Neglect. Participants include judges, county/district attorneys, agency attorneys, parents’ attorneys, Guardians ad litem (GALs), Court Appointed Special Advocate (CASA) program staff and volunteers, members of the Citizen Review Panels.

Court Improvement Program (CIP)

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

Kansas completed the Child and Family Services Review (CFSR) in 2015. The Case Review Section of the CFSR addressed permanency. Kansas received a designation of “Strength” for Item 22. Permanency Hearings. 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 most 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:

- 1) 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 40.5%. The state’s performance was 38.2%.
- 2) 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?” Kansas did not meet the national standard of 30.3%. The state’s performance was 26.3%.

CIP and DCF staff met and agreed the number of days to permanency for children in Kansas must be reduced. The data reports created by both the judicial branch and DCF show the number of days, but they do not indicate the reason for the increased number of days to permanency.

After meeting with DCF staff and judges, the CIP decided to assist in utilization of the Rapid Permanency Review to decrease the time to finalize adoptions. The review project was facilitated by Casey Family Programs. The goal of the project was to identify the strengths and weaknesses in the process leading up to the filing of a petition for adoption and address through a structured accountability process. This process included monthly meetings between Regional DCF staff and the Child Welfare Case Management Provider (CWCMP) Supervisors. Casey Family Programs provided support and guidance to establish an executive and system level accountability process known as the Cadence of Accountability. The target population was children in a stable pre-adoptive home and legally free for adoption. The participating counties in the initial implementation of the project were Shawnee, Wyandotte, Saline, Sedgwick, Finney and Ford. The onsite reviews began in February 2018. 301 cases were reviewed and as of June 30, 2019, 78 of said children had achieved permanency through adoption.



Adoption Tracking Tool

Working together to achieve timely adoptions for Kansas children



In May of 2019, the Capacity Building Center for Courts, University of Kansas (KU), DCF, DCF grantees and ACF staff met for two (2) days to identify projects targeted for both the Kansas Strong grant project (KU is the lead) and the court improvement strategic plan. Resulting from discussion about current processes, a desired outcome emerged from the group. The team agreed efforts would be focused on improving processes to more expeditiously achieve permanency by adoption for children in care who are legally free for adoption. An Adoption Tracking Tool (ATT) was developed collaboratively and posted on the DCF public website. The ATT identifies key information/data elements of any case for which a child is awaiting adoption after they are legally free for adoption. Legally free defined as: parental rights have been relinquished and accepted and approved by DCF Secretary; or rights have been terminated by the court. The Office of Judicial Administration (OJA) created a workgroup consisting of judges, attorneys, DCF staff and OJA staff. This workgroup created and refined the Tracking Tool. The ATT was later vetted by the Kansas Strong Steering Committee and DCF’s Prevention and Protection Services (PPS) administrative staff. Please see Attachment 7 for the draft Adoption Tracking Tool



Parent*/Youth Facilitation

Keeping families together

*Or caregiver



This same team went on to create the Parent/Youth Facilitation (PYF) Project. This project focuses on older youth with the goal of improving the following two outcomes: 1) reducing the number of youth coming into DCF custody and 2) reducing the number of youth aging out of foster care. The process described below is deployed before the filing of a child in need of care case in an effort to effectively meet the youth’s and family’s needs by providing appropriate services to support the resolution of

problems. It is being piloted in 2-5 counties. 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 facilitator works with the youth and youth's family to attempt to come to an agreement 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. If successfully completed, the prosecutor is informed. If there is no agreement entered into and/or the plan in the agreement is not successful, the prosecutor is notified. It is then within the prosecutor's discretion to determine how to proceed.

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

Kansas completed the Child and Family Services Review (CFSR) in 2015. 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 data system, FullCourt Juvenile Compliance System, tracks the filing of the motion for termination of parental rights. The DCF 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 for termination of parental rights to be filed when a parent voluntarily relinquishes parental rights nor is it required to be filed documentation, 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 agency's records. The judicial branch is in the process of implementing a new statewide case management system. In configuring this system, OJA is working to implement procedures allowing additional methods of tracking this information. The new system will track when notices of hearing are issued. 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 oral notice.

CIP and DCF staff met and 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 and there are no plans currently to recommend revisions during the 2020 legislative session.

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

Kansas completed the CFSR in 2015. Child Family Service Review, Item 24, Notice of Hearings and Reviews to Caregivers, received a rating of Area Needing Improvement. Stakeholders 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 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 child welfare 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 Protection & Prevention Services (PPS) Policy and Procedure Manual (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.
- Review documents in "red book" and consider placing information on the next hearing date and contact information for the guardian ad litem.

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 8 for Kansas Foster Parents Notice of Hearings and Rights to Be Heard Survey and Results. The first three interventions above have been completed. For the fourth intervention, the Supreme Court Task Force discussed statutory revisions and determined none were needed at that time. Red book changes were discussed, but there have been numerous staff changes in past few years, so PPS Program will continue to seek ways to share information with foster parents. The Permanency Team recently met (Summer 2020) with all of the Child Placing Agencies and continues to seek ways to support foster parents. The results of the survey has informed this collaboration.

An ongoing commitment to collaboration between DCF and the Kansas Judicial Branch creates a climate where the shared value of safety, permanency and well-being of all Kansas children provides the framework for effective delivery of child welfare services. A copy of the survey disseminated by CIP in collaboration with DCF as well as the results of same are attached. See Attachment 8 for Kansas Foster Parents Notice of Hearings and Rights to Be Heard Survey and Results.

C.1.1. Human Trafficking

Cases assigned to assess Human Trafficking – Labor between 7/1/19-3/31/2020	13
Cases assigned to assess Human Trafficking – Sexual Abuse between 7/1/19-3/31/2020 ¹	116

In 2013, the Kansas Legislature passed legislation which addressed many aspects of human trafficking. The Human Trafficking Advisory Board (HTAB) was established as the official board to oversee human trafficking issues. Statute defines the structure and membership of the board. Members of HTAB include, but are not limited to: law enforcement personnel, prosecutors, court personnel, advocates, legislators, victims of human trafficking, staff from the Kansas Department for Children and Families and other parties who have expertise related to issues of human trafficking. The DCF Prevention and Protection Services (PPS) Deputy Director of Assessment and Prevention Services and the Anti-Human Trafficking Program Manager are members of HTAB. During each legislative session since 2013, legislation to further strengthen laws related to human trafficking have been passed.

DCF’s ongoing role in addressing human trafficking includes the following:

- If a child is brought into police protective custody and believed to have been subjected to human trafficking, the agency is to complete an assessment to determine safety, appropriate and timely placement and appropriate services to meet the immediate needs of the child.
- Immediately after receiving information a child has been identified as a victim of human trafficking, aggravated human trafficking or commercial sexual exploitation of a child, and in no case later than 24 hours after receiving such information, the Secretary of DCF shall report such information to law enforcement agencies of jurisdiction.
- Immediately after receiving information a child in the custody of the Secretary of DCF is missing, and in no case later than 24 hours after receiving such information, the Secretary of DCF shall report such information to the National Center for Missing and Exploited Children and the law enforcement agency in the jurisdiction from which the child is missing.
- Tracking and taking necessary steps to ensure any children who run away are located and receive appropriate assessment and services upon their return.
- Engage in cross collaboration with other systems/agencies to combat human trafficking and ensure safety of children in care.

The Anti-Human Trafficking Program Manager is responsible to lead 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 of efforts across the state to combat human trafficking and provide assistance and resources. The Program Manager works regularly with the Kansas Attorney General’s Office, the three law enforcement associations across the state (Kansas Association of Chiefs of Police, Kansas Sheriff’s Association, and the Kansas Peace Officers Association), the Kansas Bureau of Investigation, the Kansas Highway Patrol, and the Exploited and Missing Child Unit in Wichita.

¹ Source CPSINTAKES_received_assigned, DCF Share Point, Last Modified April 30 2020.

DCF participated in a statewide multidisciplinary training, specifically for law enforcement, child welfare, medical, corrections, and community organizations in the fall of 2019 on the subject of human trafficking. That was a joint venture by the Kansas Attorney General’s Office, the three law enforcement associations, Department of Corrections (juvenile), and DCF. DCF also holds a position on the Kansas Attorney General’s Human Trafficking Advisory Board (HTAB). The Program Manager is also an active member on the Law Enforcement Committee and the Victim’s Service Committee of HTAB.

The majority of Immediate Response requests come from law enforcement across the state and they have also been affected by COVID-19. Many of the law enforcement agencies are answering only priority calls and much of their proactive work has been suspended due to the pandemic which has resulted in less recoveries. The KBI became a partner with DCF in 2019 in the Immediate Response program. Law enforcement calls the KBI when they have recovered an underage victim of trafficking and the KBI then notifies the provider for the response. The KBI also collects information about the trafficking incident that will help Kansas to have a clearer picture of what trafficking looks like in Kansas. Between January 2020 – May 2020 there have been 10 Immediate Responses conducted, including one court ordered assessment.

C.1.m Collaboration Against Sexual and Domestic Violence



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

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

DCF signed a Memorandum of Understanding with the Kansas Coalition Against Sexual and Domestic Violence, Inc. for KSCDV’s proposal to the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention Fiscal Year 2020 Strategies To Support Children Exposed to Violence grant program. The application was due April 27, 2020.

KSCDV & DCF agreed the goals of the proposed project are to:

1. Increase and strengthen Kansas child welfare professionals’ understanding of domestic violence, dating violence, and sexual assault.
2. Increase and strengthen Kansas child welfare professionals’ skills related to safety and to appropriately respond to domestic violence, dating violence, and sexual assault through trauma- and evidence-informed approaches.
3. Increase and strengthen Kansas child welfare professionals’ understanding of trauma- and evidence-informed approaches for working with youth who are impacted by domestic violence, dating violence, and sexual assault.
4. Inform state-level work in Kansas to the needs of youth in the child welfare system who are impacted by domestic violence, dating violence, and sexual assault, and who are at risk for crossing over into the juvenile justice system.
5. Increase the frequency and strength of collaboration between Kansas child welfare and domestic violence and sexual assault service providers.

Notification of the award is expected by September 30, 2020.

C.1.n Stakeholder Meetings

In addition to utilizing the already established workgroups and/or venues outlined in this section, Kansas conducted a minimum of semi-annual meetings with internal DCF division staff, external stakeholders, and the community over the last four years to discuss CFSR results, Program Improvement Plan (PIP) development, PIP progress, and new improvement initiatives. In March through May 2019, Kansas held seven community convenings across the state to gather feedback from the powerful community voices. Additionally, DCF Secretary Laura Howard and several executive staff members held two DCF Spring Stakeholder Meetings June 18th, 2019 in Emporia and June 20th, 2019 in Garden City. Hiawatha, Kansas City and Pittsburg participated remotely for the first meeting. Hays and Wichita participated remotely for the second meeting. Attendees received updates on the agency budget, legislative successes and notable program milestones. Participants also learned more about the agency's progress in implementing the Child Welfare System Task Force recommendations and participated in World Café conversations to provide feedback to the agency. Stakeholders provided Kansas with valuable opinions, perspectives, perceptions and ideas which were utilized in drafting the objectives and strategies of the CFSP.

Moving forward in SFY 2020-2024, DCF and its Community Child Welfare Case Management Providers (CWCMP) will 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.

C2. Update to the Assessment of Current Performance in Improving Outcomes

Child welfare services often intersect with some of society's most vulnerable populations. And, even under the best of circumstances, the decisions made in child welfare 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 process, Kansas uses qualitative and quantitative data to assess performance and to inform practice and systems change. Kansas collects this data from multiple sources, and the findings have been incorporated into this assessment.

Federal Reviews

The Child and Family Services Reviews (CFSR) 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 four Program Improvement Plan (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, and the state is now completing additional case reviews during the non-overlapping period. The fifth PIP measurement case review will be completed in SFY 2020, and the sixth (and last) PIP measurement case review is scheduled for completion in SFY 2021.

Quarterly Case Reviews

Outside of the CFSR and PIP measurement reviews, Kansas conducts quarterly case reviews for child protective services (CPS) cases, in-home services cases and out-of-home services cases. 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.

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 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, Kansas 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 to the agency and stakeholders 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 child protective services work. When the report indicates potential 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 Prevention and Protection Services (PPS) Policy and Procedure Manual (PPM). The Kansas Protection Report Center (KPRC) is responsible for initial assessment of the report and determines whether further assessment is warranted. And when a report is accepted for further assessment, Child Protection Specialist (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 4, 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 four Program Improvement Plan (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.

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?		
Review	Period Under Review	Item 1 Performance
CFSR	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 4	April 2018 – June 2019	46%

PIP Measurement Period 5	January 2019 – March 2020	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Kansas was one of the small number of states to pass Safety Outcome 1 and Item 1. This achievement reflects a dedication to the agency’s mission to protect children and promoting healthy families.

Since the CFSR, the state’s performance has decreased significantly. In the most recently finalized PIP case review measurement period, performance was 46%. See section Current and planned Activities to Improve Performance on Child and Family Outcomes for information on how Kansas is addressing this issue.

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. However, timeliness of the initial assessment by KPRC has fallen in tandem with the results of the PIP case review periods. The data also shows an increase in timely assessments over the last four years.

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%	76%			
Timely initial contact <i>Standard: 95%</i>	97%	96%	97%	97%	96%	96%	95%			

Data Sources: KIPS, FACTS

**SFY 2020 data reflects data from July 2019 through March 2020*

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	*SFY 2020
Child maltreatment reports received	65,152	65,631	67,642	67,372	72,683	73,407	55,501
Child maltreatment reports assigned	35,551	36,611	37,807	37,445	40,623	45,801	32,215
Assignment rate for child maltreatment reports	55%	56%	56%	56%	56%	62%	58%

Data Source: FACTS

**SFY 2020 data reflects data from July 2019 through March 2020*

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

Kansas DCF believes maintaining children in their own homes, whenever safely possible, is fundamental to child welfare practice 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 child welfare services.

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

Federal Reviews

During CFSTR 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 CFSTR, Kansas has finalized four 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?		
Review	Period Under Review	Item 2 Performance
CFSTR	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	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 90%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

The state’s performance on Item 2 has generally improved over time during the PIP measurement case reviews. In the cases reviewed, 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.

DCF Prevention Services include Family Services, 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.

Family Services

In-home Family Services (FS) may be provided to help families prevent or avoid crisis situations. Family Services are generally provided to families when the risk level is determined low to moderate. Services may be provided for up to 12 months, but the duration of the case is determined by the family’s goals and

progress. Case management may be provided by DCF CPS staff or Community Based Family Service providers. The Community Based Family Service program began in SFY 2014.

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 will remain safely in their home during the open Community Based Family Services case. <i>Standard: 90%</i>	94%	96%	99%	97%	97%	95%	97%			
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%	91%			

Data Source: FACTS

**SFY 2020 data reflects data from July 2019 through March 2020*

Family Preservation Services

In-home Family Preservation Services (FP) 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. Family Preservation Services are generally provided when a family needs or a circumstance warrants a higher-level of service intensity and frequency. Family Preservation is provided by child welfare case management providers (CWCMP).

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 will remain in their home during the 365-day FPS referral period <i>Standard: 90%</i>	83%	96%	95%	95%	93%	84%	82%			

Data Source: FACTS

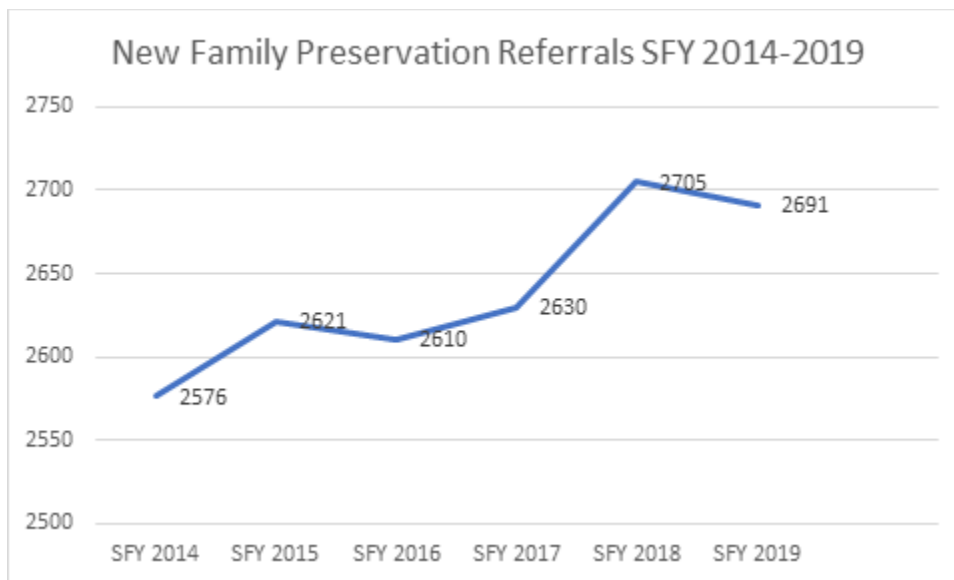
**SFY 2020 data reflects data from July 2019 through March 2020*

In SFY 2020, new FPS contracts were executed with three case management providers, and services under the new contracts began January 1, 2020. In the new contracts, Kansas 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 are 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 a minimum of 30 hours of in-person contact with the family by an assigned therapist, based on a typical six-week service period.
- 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.

Because referrals for the tiered Family Preservation Services began in January 2020, administrative program outcome data measuring prevention of entry into foster care is not yet available.

Under the previous contracts, the Family Preservation outcome performance dropped between SFY 2018 and 2019. In reviewing data, referral numbers were highest in SFY 2018 and second highest in SFY 2019. A higher number of referrals may have contributed to a higher number of children coming into care. The highest regional performance in FY 2019 were in Kansas City and the East Regions. The West Region was the lowest, with a 78.2% success rate. FY 2019 saw the West with the highest statewide number of removals at 1407. Starting in FY 2020, Family First options became available in the state, offering specific services in mental health, substance use, parent skill building, and kinship navigation. Options in the West Region include Family Centered Treatment, Seeking Safety, Parents as Teachers, and Kansas Legal Services. Family Preservation is partnering with Family First to find Prevention Services for families which best meet their needs.



Family First Prevention Services

New in SFY 2020, Family First Prevention Services (FFPS) may be provided to help families prevent children’s entry (or re-entry) 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 Family First Prevention Services. Pregnant and parenting youth in foster care are also eligible for Family First Prevention Services. Family First Prevention 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.

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 do not enter foster care during the service period or within one year of service referral <i>Standard: 90%</i>	NA	NA	NA	NA	NA	NA	NA			

Data Source: FACTS

Because referrals for Family First Prevention Services began in October 2019, administrative program outcome data measuring prevention of entry into foster care is not yet available.

Post-Permanency Services

Kansas 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%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

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). These services are provided at no cost to families and are made available through funding from Kansas DCF.

Kansas continues to review this performance outcome and will discuss at the next Permanency Advisory Council (PAC) meeting on September 15th, 2020. Kansas is excited and encouraged with the development and implementation of the Kansas Practice Model (KPM), which will be fully implemented statewide in calendar year 2020. The KPM provides a consistent framework for engagement, safety planning and decision-making using family voice, practitioner skills, tools of defined practice approaches and policy, which begins at the start of the relationship working alongside family, children and youth.

Administrative Data

Removal Rate and Foster Care Rate

Region	Population	Child Pop	Average Monthly Removals	Removal Rate per 1,000 in Child Pop	Number of Children in FC	FC Rate per 1,000 in Child Pop	Average Monthly Ending FC	Ending OOH Rate per 100 in FC	Average Number Ending FC per Removal
East	548,523	150,091	79	6.7	1,886	12.6	86.4	4.6	1.09
KC	981,860	263,419	53	3.0	1,544	5.9	65.1	4.2	1.23
West	707,307	186,031	116	7.6	2,159	11.6	118.8	5.5	1.02

Wichita	673,815	188,135	77	4.8	1,707	9.1	74.3	4.4	0.97
Kansas	2,911,505	787,676	325	5.2	7,296	9.3	344.7	4.7	1.06
National	327,167,434	73,285,505		3.7	442,995	6.0			

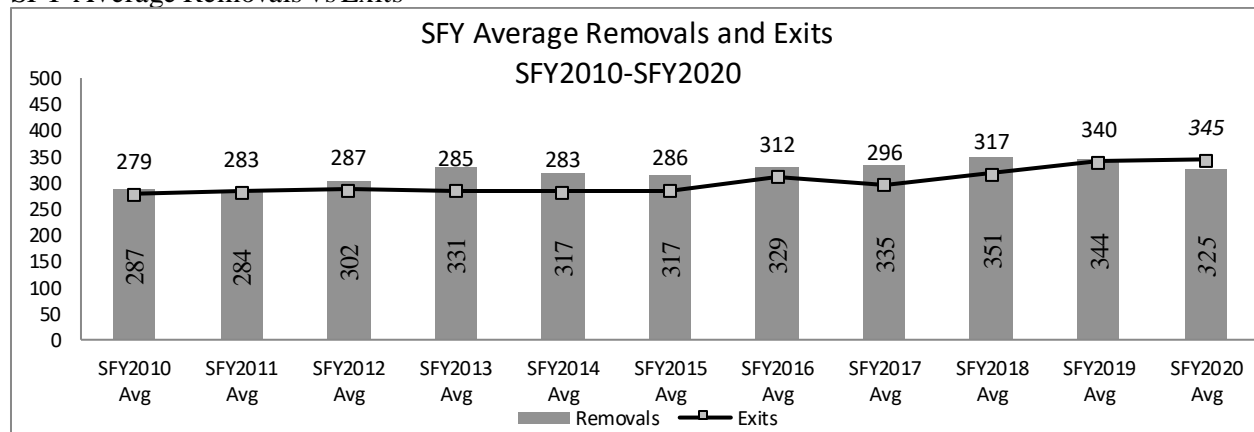
Data Sources: FACTS, Census Bureau
 Data from July 2019 through March 2020

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

Region	Information	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	*SFY Total	*SFY Avg
KC	Removals	55	66	76	70	50	35	43	38	43	476	53
KC	Exits	64	89	55	79	82	70	53	54	40	586	65
KC	OOH Last Day of Mo.	1647	1632	1669	1633	1612	1588	1587	1572	1544		1,609
East	Removals	74	103	89	66	81	69	84	74	72	712	79
East	Exits	72	135	104	76	92	98	82	61	58	778	86
East	OOH Last Day of Mo.	1992	1951	1954	1924	1896	1907	1927	1948	1886		1,932
West	Removals	166	114	129	164	101	97	93	87	93	1,044	116
West	Exits	149	159	113	121	132	107	93	93	102	1,069	119
West	OOH Last Day of Mo.	2223	2180	2201	2257	2233	2181	2168	2171	2159		2,197
Wichita	Removals	68	93	117	71	71	56	105	50	58	689	77
Wichita	Exits	67	104	60	61	93	67	56	72	89	669	74
Wichita	OOH Last Day of Mo.	1696	1684	1745	1743	1762	1767	1790	1774	1707		1,741
State	Removals	363	376	411	371	303	257	325	249	266	2,921	325
State	Exits	352	487	332	337	399	342	284	280	289	3,102	345
State	OOH Last Day of Mo.	7558	7447	7569	7557	7503	7443	7472	7465	7296		7,479

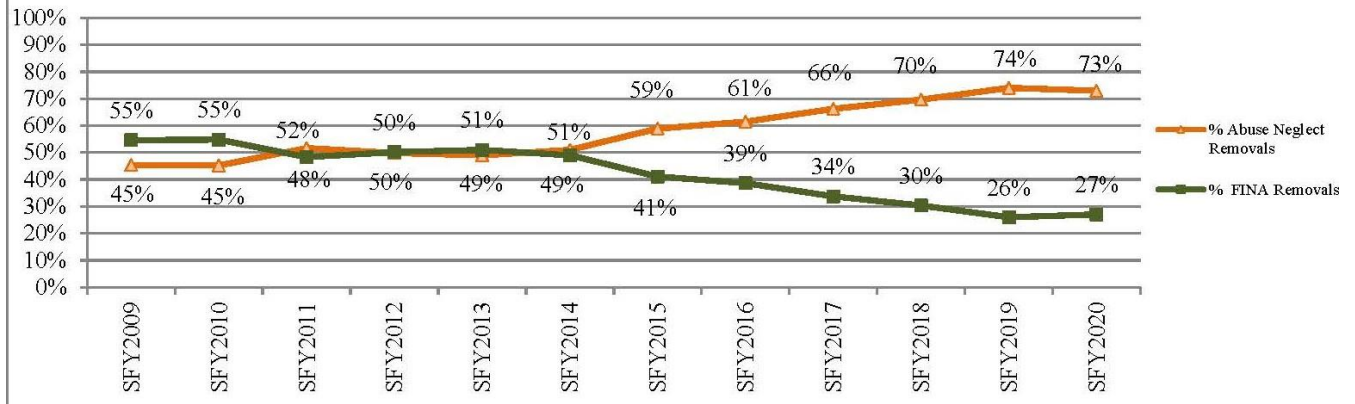
Data Source: FACTS
 *SFY 2020 data reflects data from July 2019 through March 2020

SFY Average Removals vs Exits



Data Source: FACTS
 *SFY 2020 data reflects data from July 2019 through March 2020

Statewide Primary Removal Reason Types Across Years SFY2009-SFY2020



Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

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 four 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 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?		
Review	Period Under Review	Item 3 Performance
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 <i>PIP Measurement Goal: 84%</i>	January 2017 – March 2018	69%
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	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 84%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

After an initial drop in performance from the CFSR, performance on Item 3 has steadily increased over each PIP measurement review period and has now surpassed the CFSR baseline rating. 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.

Structured Decision Making

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. The primary goal of SDM in child protection services practice is to reduce child maltreatment by identifying the families at high risk, prioritizing them for intervention and delivering appropriate services.

Kansas worked with the National Council on Crime and Delinquency (NCCD) to obtain and implement SDM assessments (PIP Activity 1.2.3) in child welfare casework. Staff from NCCD provided onsite training for CPS staff, CPS supervisors and agency trainers in October 2019 (PIP Activity 1.2.4). To build capacity, six agency trainers received training-for-trainers. This capacity has allowed Kansas to meet ongoing training needs by providing SDM training for new and additional CPS staff. The NCCD has continued to provide implementation support and technical assistance through refresher courses, observation and coaching.

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). To date, over two thousand SDM safety assessments have been completed by CPS practitioners. During SFY 2021, Kansas plans to evaluate implementation of SDM in CPS practice and make decisions regarding further implementation in other areas of the state.

The CWCMPs providing family preservation and foster care case management services in Kansas utilize a variety of evidence-based tools to assess risk and safety concerns (PIP Activity 1.2.6). While the services are required to be trauma-informed and evidence-based, services are not limited to any one practice model. This flexibility allows each CWCMP to select a practice model and evidence-based assessments recommended with, most conducive to or integrated within the model.

Team Decision Making


With assistance from the Annie E. Casey Foundation (AECF), Kansas implemented Team Decision Making (TDM) in Johnson, Wyandotte, Cherokee and Crawford Counties during SFY 2020. TDM is a collaborative practice which includes family members and kin in the conversation and decision making when critical decisions about a child's placement are made. Kansas is utilizing TDM when a parent or caregiver's behavior places a child at-risk for removal from the home and entry into foster care. 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 staff. Each TDM meeting is focused on the child's safety and well-being.

Phase 2 of TDM implementation expands TDM to the Wichita Region and West Region. Phase 2 implementation was to begin in April 2020 but was delayed due to COVID-19. TDM facilitator training was rescheduled to June 2020.

Phase 3 of implementation will expand TDM to the remaining counties in the East and Kansas City Regions. Phase 3 is planned for late Summer or early Fall 2020.

Administrative Data

 TDM Report - Statewide Summary (for implemented counties) November 1, 2019* - April 30, 2020		
Section I. DCF Prevention and Protection Services - FACTS data		
1a. Reports assigned for Further Assessment	4189	
1b. Children/Youth Removals	224	
1c. Children/Youth Removals by Law Enforcement (PPC) (subset of 1b)	152	
1d. Children/Youth in Voluntarily Placement**	TBD	
1e. Services Provided**		
Families First	TBD	
Family Preservation	TBD	
Family Services	TBD	
Section II. PPS FACTS & TDM Application data	#	%
2a. Reports assigned for Further Assessment with a TDM Meeting (subset of 1a)	134	3%
2b. Children/Youth Voluntarily placed with a TDM Meeting (subset of 1d)**	TBD	TBD
Section III. Characteristics of TDM Meetings - TDM Application data	# Meetings	% Meetings
3a. TDM Meetings	147	
3b. TDM with Suspected/Confirmed Domestic Violence	19	13%
3c. Attendance at Meetings	# Meetings	% Meetings
DCF Worker	144	98%
DCF Supervisor	145	99%
Other DCF Staff (not assigned worker/supervisor)	39	27%
Mother	116	79%
Father	91	62%
Children/Youth	32	22%
Caregivers	1	1%
Family Members and Friends	82	56%
Contract Agency Staff	49	33%
Neighborhood / Community Representatives	6	4%
Service providers / Other supports	53	36%
Section IV: Summary of Children/Youth Identified with a TDM Meeting	# Children	% Children
4a. Children/Youth a with TDM Meeting (ages 0-17 yrs)***	302	
4b. Youth ages 12+ with a TDM Meeting	97	32%
4c. Children ages 0-11 with a TDM Meeting	205	68%
Section V. Child/Youth Placement & Recommendation	# Children	% Children
5a. Child/Youth Location at Time of TDM		
In Home	173	57%
Separated	129	43%
Removed by Law Enforcement (subset of Separated)	93	72%
5b. Recommendation for Custody & Care	# Children	% Children
Maintain Child/Youth in own home, no court involvement	77	25%
File for court intervention not involving out of home placement	79	26%
File for any type of custody that includes out of home placement	79	26%
Place Child/Youth with relative, no court involvement	49	16%
Immediately return Child/Youth to own home, no court involvement	18	6%
5c. Placement recommendations for child/youth	# Children	% Children
Place in Own Home	172	57%
Place with a Relative	71	23.5%
Place with Unrelated person, not Foster Parent	8	2.6%
Place in Foster Home	47	15.6%
Place in Group Home	1	0.3%
Place in Residential Treatment	0	0%
Place in Independent Living	3	1%

*TDM started in November 2019

**Data tracking TBD - coming soon!

*** Children's ages may be slightly older than cited but not greater than one month. Ages are defaulted to the first of the month so that TDM is not retaining PII.

Signs of Safety

The final additions to risk and safety assessment developed as Kansas began implementing Signs of Safety (SOS) in the agency’s CPS practice model. SOS is a strengths-based, “safety-organized” child protection framework for engaging children and families, critical inquiry, assessment and planning. This framework supplements, rather than supplants, the state’s existing training and practice.

SOS assessments make a clear distinction between past harm, future danger and the complicating factors. A distinction is also made between family strengths and protective factors. Combined, these distinctions help differentiate risk factors from safety concerns.

The SOS approach involves “mapping” the assessment and plan together with the family. This assessment incorporates the child’s voice, integrates the family perspective and identifies the strengths demonstrated as safety, the “signs of safety.” Co-authoring the assessment provides depth to the information, enhances engagement and promotes shared understanding.

DCF worked with Safe Generations to bring SOS to Kansas. During November and December 2019, CPS practitioners in the Wichita Region, Harvey County and Reno County completed the two-day exposure training. This training examines the core principles of the SOS approach and reviews the disciplines essential for the effective use of the 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.

East Region staff were scheduled to complete training in April 2020 and Kansas City Region staff in Summer 2020. However, the extraordinary circumstances related to the COVID-19 pandemic and nationwide public health emergency disrupted this training schedule. Signs of Safety training will be now be held virtually for East Region staff by June 19, 2020. Training for Kansas City Region staff will be completed in August 2020.

Signs of Safety (SofS) and Structured Decision Making (SDM) are both considered best practices in creating a safety-organized, family-centered approach. SDM and SofS can be used together and compliment each other. SDM for risk and assessment was implemented in the four pilot counties of Crawford, Cherokee, Johnson and Wyandotte. These four counties then followed with the implementation of TDM. There is an evaluation occurring with DCF and National Center for Crime and Delinquency (NCCD) on the use of SDM with TDM. At this time staff in the four counties will draw on elements from best practices to provide a safety-organized, family-centered approach in working alongside families, which includes using SDM and SofS, with the remaining counties using the same elements without SDM.

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%	97% ²			

² SFY 2020 data reflects data from July 2019 through March 2020

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 90 days of Family Preservation <i>Standard: 95%</i>	99%	99%	99%	99%	99%	99%	99% ³			
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% ⁴			
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 ⁵				

Data Source: FACTS

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%	6.5%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through January 2020

Permanency Outcomes 1 and 2

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

Despite the agency's renewed focus on prevention and enhanced network of prevention services, a system providing temporary foster care will always be necessary. For the 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 four 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.

³ SFY 2020 data reflects data from July 2019 through February 2020

⁴ SFY 2020 data reflects data from July 2019 through February 2020

⁵ SFY 2020 data reflects data from July 2019 through September 2020

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)?		
Review	Period Under Review	Item 4 Performance
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	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 79%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Item 4 performance has been generally consistent across measurement periods, but improvements over time have brought Kansas closer to achieving its goal of 79%.

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 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			
Children in foster care placed in a family-like setting <i>Standard: 90%</i>	95%	95%	94%	93%	92%	91%	91%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

Each month, Kansas also examines placement stability for the 12-month cohort of children entering foster care. In March 2020, nearly 63% of the cohort experienced 4.4 or fewer moves. Over 25% of the cohort experienced 8.6 or more moves.

Rate of Moves	Number of Children	Percent of Children
4.4 or fewer	2505	62.8%
4.5 – 5.5	142	3.6%

5.6 – 6.5	147	3.7%
6.6 – 7.5	97	2.4%
7.6 – 8.5	88	2.2%
8.6 or greater	1012	25.4%

Data Source: FACTS

SFY 2020 Foster Care Placement Settings

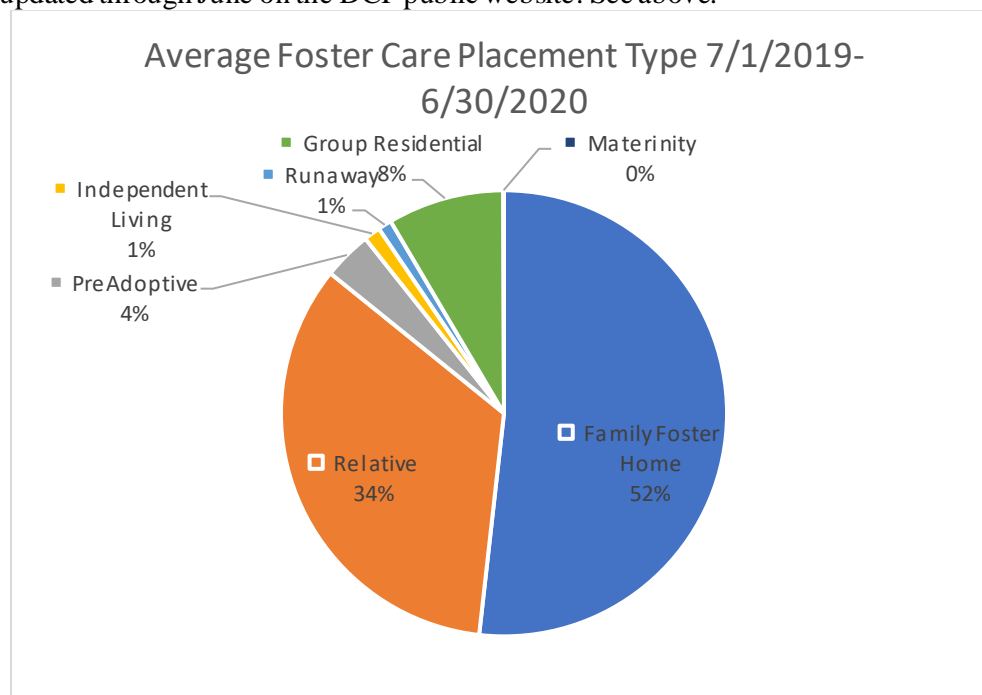
Foster Care placement by placement type is available July 1, 2019-June 30, 2020 on our public website.

Statewide

	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>Avg</u>
Family Foster Home	3,867	3,758	3,899	3,902	3,906	3,901	3,915	3,921	3,808	3,729	3,676	3,634	3,826
Relative	2,536	2,506	2,519	2,543	2,591	2,571	2,544	2,540	2,504	2,474	2,409	2,425	2,514
PreAdoptive	303	369	327	285	206	194	232	239	217	231	259	255	260
Independent Living	76	88	93	89	91	84	78	87	97	92	93	96	89
Runaway	82	82	84	82	64	64	57	55	72	81	84	73	73
GroupResidential	690	639	643	653	641	625	641	617	591	581	577	574	623
Maternity	4	5	4	3	4	4	5	6	7	3	2	4	4
Total	7,558	7,447	7,569	7,557	7,503	7,443	7,472	7,465	7,296	7,191	7,100	7,061	

Data Source: FACTS

At the time of the original submission of the 2021 APSR April through June data was not available. Data has been updated through June on the DCF public website. See above.



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 72%. Since completing the CFSR, Kansas has finalized four 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.

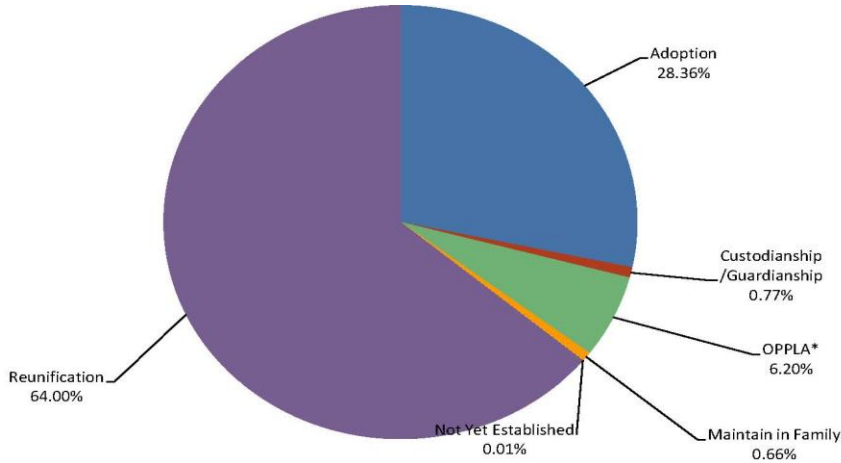
Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?		
Review	Period Under Review	Item 5 Performance
CFSR Round 3	April 2014 – May 2015	65%
PIP Measurement Period 1 <i>PIP Measurement Goal: 74%</i>	July 2016 – September 2017	78%
PIP Measurement Period 2 <i>PIP 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	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 74%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Kansas achieved the PIP measurement goal during PIP Review 1. Data reflects this level of performance has not been sustained over time.

Administrative Data

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

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 6 due to 63% of the 40 applicable foster care cases rated as a Strength. The PIP established a goal of 72%. Since completing the CFSR, Kansas has finalized four 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 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption or another planned permanent living arrangement for the child?		
Review	Period Under Review	Item 6 Performance
CFSR Round 3	April 2014 – May 2015	63%
PIP Measurement Period 1 <i>PIP Measurement Goal: 74%</i>	July 2016 – September 2017	44%
PIP Measurement Period 2 <i>PIP Measurement Goal: 74%</i>	January 2017 – March 2018	48%
PIP Measurement Period 3 <i>PIP Measurement Goal: 74%</i>	July 2017 – September 2018	48%
PIP Measurement Period 4 <i>PIP Measurement Goal: 74%</i>	April 2018 – June 2019	50%

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

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%			
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%			
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%	41%			
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%	42%			
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%	21%			
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%	93%			

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	*SFY 2020	SFY 2021	SFY 2022	SFY 2023
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%	28%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

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			
Average months in foster care for children discharged to custodianship/guardianship <i>Suggested Timeframe: 18 months</i>	18	19	18	19	20	19	19			
Average months in foster care for children discharged to emancipation <i>Suggested Timeframe: NA</i>	34	38	39	37	38	36	38			
Average months in foster care for children discharged to adoption <i>Suggested Timeframe: 24 months</i>	32	33	35	36	38	39	38			
Adoptions finalized <i>Standard: NA</i>	666	765	755	758	766	1210	778			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

Based on this data, Kansas has the opportunity to improve outcomes for children and families by ensuring concerted efforts are made to achieve permanency in a timely manner. This is particularly crucial when the permanency goal is adoption.

When a child is reunified with their family, reunification occurs, on average, ten months after the child's entry into foster care. This is within the 12-month suggested timeframe for achievement. When a child exits to custodianship/guardianship, permanency is achieved, on average, within 19 months of the child's entry into foster care. This is just outside the 18-month suggested timeframe for achievement.

When a child exits to adoption, permanency through adoption occurs, on average, 38 months after the child's entry into foster care. This average has increased in recent years. The suggested timeframe for achieving adoption is 24 months. Just 21% of the children, exiting to adoption in SFY 2020, achieved permanency within 24 months. And only 42% of the children, who became legally free for adoption, had exited to adoption 12 months later.

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. Kansas 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 four 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?		
Review	Period Under Review	Item 7 Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

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%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

Item 8: Visiting with Parents and Siblings in Foster Care

Kansas DCF policy (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. Kansas 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 four 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 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?		
Review	Period Under Review	Item 8 Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Item 9: Preserving Connections

In addition to preserving relationships with close family members, Kansas 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 four 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 9: Did the agency make concerted efforts to preserve the child’s connections to his neighborhood, community, faith, extended family, Tribe, school and friends?		
Review	Period Under Review	Item 9 Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Administrative Data

Kansas 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.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	*SFY 2020	SFY 2021	SFY 2022	SFY 2023
Children age 6 and older attending the same school after removal <i>Standard: 25%</i>	15%	16%	15%	15%	16%	17%	18%			
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%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

Item 10: Relative Placement

While 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

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 10 due to 86% of the 37 applicable foster care cases rated as a Strength. Since completing the CFSR, Kansas has finalized four 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 10: Did the agency make concerted efforts to place the child with relatives when appropriate?		
Review	Period Under Review	Item 10 Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

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 placed with a relative <i>Standard: 29%</i>	31%	32%	33%	33%	32%	33%	34%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

Even though the agency has consistently met its standard of 29% for relative placement, Kansas envisions an opportunity to achieve a higher standard for relative placement.

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 child welfare 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

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 11 due to 79% of the 24 applicable foster care rated as a Strength. In 81% of the 21 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 92% of the 12 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

Since completing the CFSR, Kansas has finalized four 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 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?		
Review	Period Under Review	Item 11 Performance
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	40%
PIP Measurement Period 5	January 2019 – March 2020	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

There is continued discussion with all Child Placing Agencies (CPA) regarding the use of Icebreaker conversations and encouraging advocacy for foster parents and biological parents. Additionally, the Family Finding model is being used by Case Management Providers (CMP). Kansas will discuss at the next Permanency Advisory Council (PAC) meeting on September 15th, 2020.

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 child welfare 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

Kansas utilizes formal and informal assessments to assess the needs of children, parents and foster parents, both initially and on an ongoing basis, to identify needs and the services necessary to achieve 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 four 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 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?		
Review	Period Under Review	Item 12 Performance
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	43%
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	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 66%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

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?		
Review	Period Under Review	Item 12A Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Sub-Item 12B: Did the agency make concerted efforts to assess the needs of and provide services to <u>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 12B Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

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
CFSR Round 3	April 2014 – May 2015	86%
PIP Measurement Period 1	July 2016 – September 2017	81%
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Item 13: Child and Family Involvement in Case Planning

Kansas holds regular case planning conferences with families both 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 in the case plan, evaluate

progress toward goals and discuss the case 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 four 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 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?		
Review	Period Under Review	Item 13 Performance
CFSR Round 3	April 2014 – May 2015	65%
PIP Measurement Period 1 <i>PIP Measurement Goal: 72%</i>	July 2016 – September 2017	70%
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	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 72%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

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

Item 14: Caseworker Visits with the Child

Regular visits between caseworkers and children are essential to good casework practice. These visits help:

- Ensure the safety, permanency and well-being of the child
- Promote achievement of case goals
- Ensure the child’s needs are met
- Ensure the child’s important connections are maintained

Federal Reviews

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 14 due to 79% of the 65 cases rated as a Strength. Since completing the CFSR, Kansas has finalized four 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 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?		
Review	Period Under Review	Item 14 Performance
CFSR Round 3	April 2014 – May 2015	79%
PIP Measurement Period 1 <i>PIP Measurement Goal: 84%</i>	July 2016 – September 2017	69%
PIP Measurement Period 2 <i>PIP Measurement Goal: 84%</i>	January 2017 – March 2018	65%
PIP Measurement Period 3 <i>PIP Measurement Goal: 84%</i>	July 2017 – September 2018	78%
PIP Measurement Period 4 <i>PIP Measurement Goal: 84%</i>	April 2018 – June 2019	89%
PIP Measurement Period 5 <i>PIP Measurement Goal: 84%</i>	January 2019 – March 2020	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 84%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

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.

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 FFY. The state has consistently surpassed the standard for the number of monthly caseworker visits occurring in the child’s residence. In the past two federal fiscal years, data reflects Kansas has declined in the performance standard for monthly caseworker visits.

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%				
Visits In Home <i>Standard: 50%</i>	80%	81%	83%	83%	83%	85%				

Data Source: SCRIPTS

The FFY 2019 data submission revealed a dramatic reduction in monthly caseworker visits. Upon further investigation, Kansas uncovered data inaccuracies after the state’s largest case management provider migrated to a new management information system in May 2019. The new system failed to accurately identify all monthly caseworker visit data for submission to the state’s system of record. Prior to May 2019, statewide data was in line with FFY 2018 performance. Work continues with Case Management Providers and submission of monthly caseworker visit encounter data. DCF will address any system issues along with performance at the September Permanency Advisory Council meeting.

Item 15: Caseworker Visits with Parents

Regular visits between caseworkers and parents help ensure safety, permanency, and well-being of the child and promote achievement of case 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 four 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 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?		
Review	Period Under Review	Item 15 Performance
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	64%
PIP Measurement Period 5 <i>PIP Measurement Goal: 63%</i>	January 2019 – March 2020	Pending
PIP Measurement Period 6 <i>PIP Measurement Goal: 63%</i>	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

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 fathers is an area of opportunity to improve outcomes.

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

Child welfare practice supporting the well-being of children ensures educational needs are assessed and children receive appropriate services to meet identified 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 four 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 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?		
Review	Period Under Review	Item 16 Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

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%				
Youth exiting custody to emancipation or run away that have completed grade 12 <i>Standard: NA</i>	43%	52%	46%	51%	68%	39%	38%			

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

DCF will continue to review performance of educational progression and completion of 12th grade for children/youth in foster care. Data for SFY20 is not complete at the time of submission of this APSR and is not yet available. This outcome is only a valid measure after the completion of a SFY. Kansas will discuss at the next Permanency Advisory Council (PAC) meeting on September 15th, 2020.

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

Child welfare practice supporting the well-being of children also ensures children receive appropriate services to meet their physical and mental health needs.

Item 17: Physical Health of the Child

Federal Reviews

During CFCSR 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 CFCSR, Kansas has finalized four 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 17: Did the agency address the physical health needs of children, including dental health needs?		
Review	Period Under Review	Item 17 Performance
CFCSR 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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Much of the same work done around improving services to meet the mental health needs of children has also contributed to the increase in meeting health needs for children in care. In addition, the internal audit by DCF Audits helped bring more awareness to documentation requirements.

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 four 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 18: Did the agency address the mental/behavioral health needs of children?		
Review	Period Under Review	Item 18 Performance
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

In late 2018 and 2019, DCF promoted Mental Health in Schools. A lot of work has been done with KAPP, which has resulted in a standardized trauma informed assessment which leads to children receiving individualized mental health services to meet their needs. Education about trauma and its impact continues to drive the work we do with children. In addition, the internal audit by DCF Audits helped bring more awareness to documentation requirements.

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 continuous quality improvement. Kansas actively pursues opportunities to improve child welfare practice and outcomes for children and families.

Safety

Kansas 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.

In SFY 2020, Kansas made profound systemic and practice improvements to become a child welfare system focused on safety and prevention. Kansas has continued efforts to ensure child maltreatment reports were assessed timely. To prevent children’s entry into foster care, Kansas overhauled the service delivery model for in-home family preservation services, forged new partnerships to begin offering Family First Prevention Services and developed targeted prevention strategies through the Kansas Strong

project. Kansas enhanced safety and risk assessment through implementing SDM assessments, incorporating TDM meetings and utilizing Signs of Safety tools.

Kansas Protection Report Center

Although Kansas achieved substantial conformity for Safety Outcome 1 during the CFSR, performance in the subsequent PIP measurement review periods has decreased. Kansas has continued to make timely face-to-face contact with the children identified in child maltreatment reports at a high rate, assessing reports for assignment within the time frames established by agency policy remains an opportunity for improvement.

Kansas responded to an assessment by the Annie E. Casey Foundation in 2018, by implementing sweeping changes to the KPRC. These changes streamlined workflow processes and helped to increase the number of timely initial assessments. During SFY 2020, Kansas has continued efforts to improve staffing at the KPRC and provide further professional development opportunities to supervisors and practitioners.

In July 2019, another independent review of the KPRC completed and findings were presented to Kansas DCF. Kansas utilized these findings to guide improvement activities in SFY 2020. Kansas refined recruitment strategies to include broadening the audience receiving notice of job posting and shortening the time from application to interview of qualified applicants. KRPC supervisors enrolled in Mastering the Art of Supervision in Child Welfare training to further their professional development and skill set. The training includes seven (7) modules and were originally scheduled to begin in November 2019. However, inclement weather and the extraordinary circumstances related to the COVID-19 pandemic delayed the training schedule.

KanCoach is on schedule to begin piloting in June 2020. KanCoach is a statewide coaching program for supervisors. KPRC supervisors will be participating.

Family First Prevention Services

The Family First Prevention Services Act, signed into law in February 2018, has provided an exciting opportunity for states to focus resources to prevent children's entry into foster care. Kansas launched an array of Family First Prevention Services (FFPS) in October 2019, making Kansas one of the first states to adopt this new model of child welfare services financing and implement new prevention services.

Kansas granted with 17 community-based organizations around the state. These grants build capacity within communities to provide evidence-based services specializing in mental health, substance use, parent skill-building and kinship navigation services. These new programs add to the state's array and continuum of prevention services.

As of March 31, 2020, a total of 130 families had been referred to one of the new FFPS programs. This included:

- 60 referrals for mental health services;
- 4 referrals for substance use services;
- 44 referrals for parent skill-building services; and
- 22 referrals for kinship navigation services

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

The Kansas Strong for Children and Families (Kansas Strong) project is a statewide public-private partnership between the University of Kansas (KU) School of Social Welfare, Kansas DCF, and the state’s private providers of foster care and family preservation case management services. This project was made possible through the Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes grant funding awarded by the Children’s Bureau.

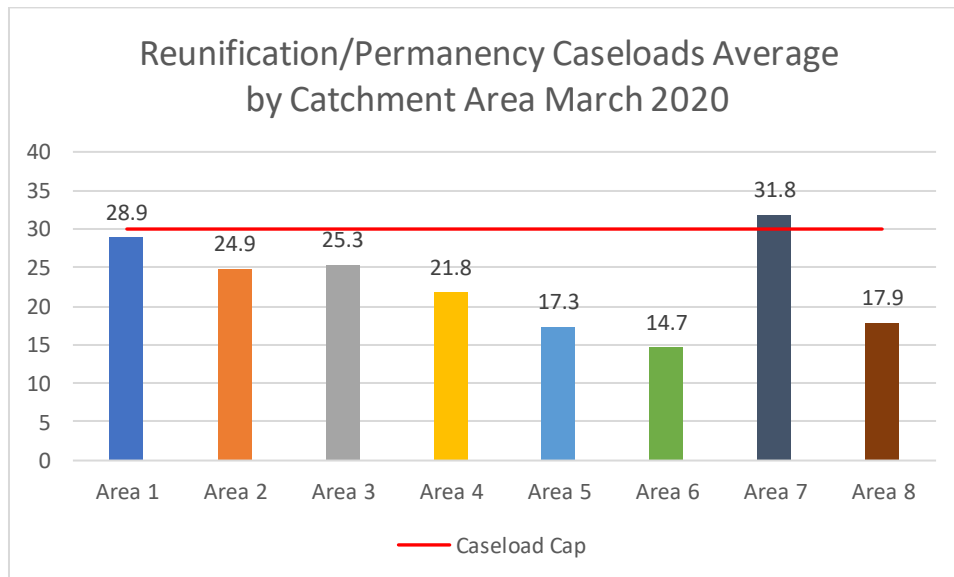
Through Kansas Strong, the state will develop, implement and evaluate four strategies: KanCoach, Parent-Youth Facilitation (PYF), Adoption Tracking Tool (ATT) and Interagency Advisory Board (IAB). After a comprehensive review of available data, these strategies were identified to improve Safety Outcome 2 and Permanency Outcome 1.

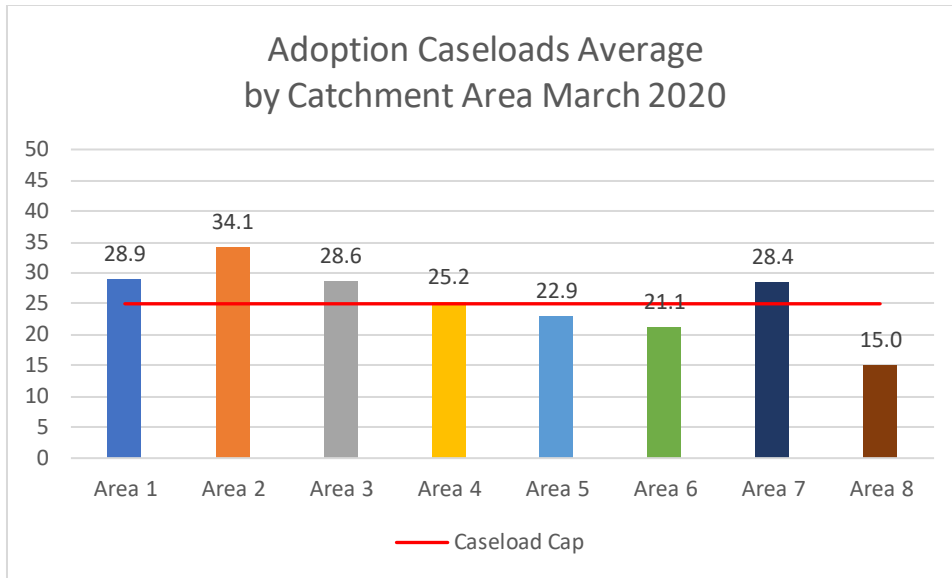
Parent-Youth Facilitation is a two-pronged approach to preventing entry into foster care by older youth through: (1) Using a facilitation process to help families arrive at appropriate decisions best fitting their unique needs, and (2) Connecting families to community-based prevention services and supports.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

Parent-Youth Facilitation will pilot in Wyandotte and Saline Counties during SFY 2021. After piloting, Kansas Strong plans to implement Parent-Youth Facilitation in Sedgwick and Johnson Counties.

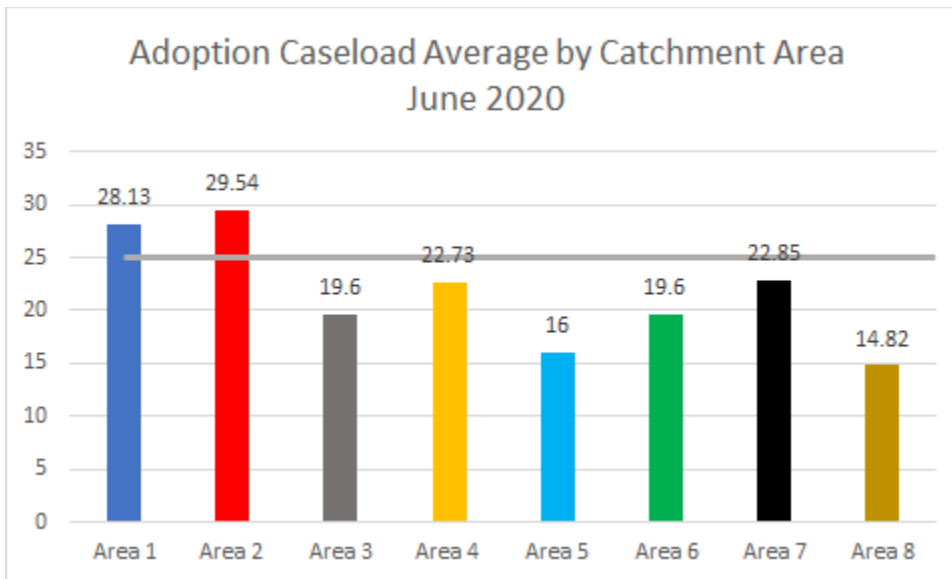
Caseload Sizes

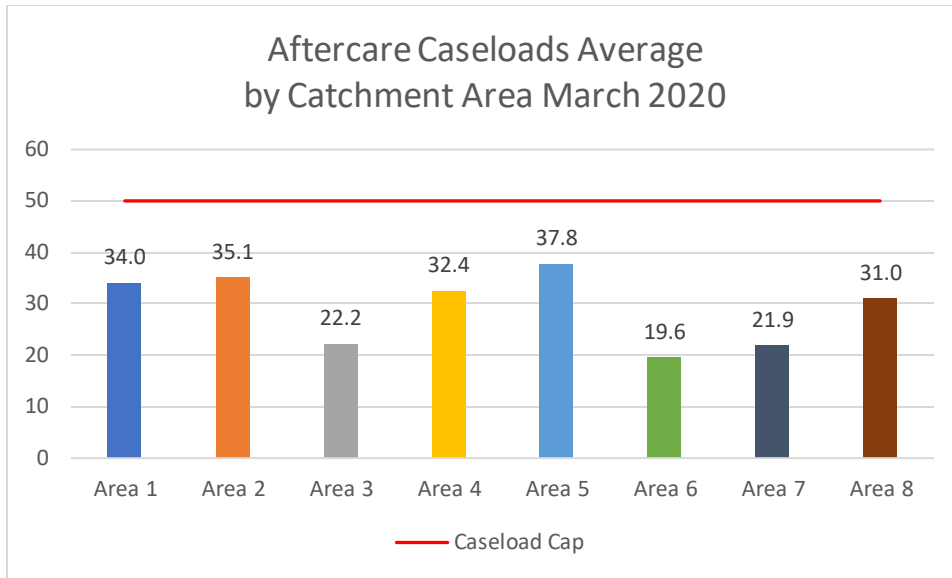
Kansas has continued to assess and adjust caseload sizes in SFY 2020 (PIP Activity 1.3.2). In October 2019, new caseload caps were established for foster care cases. The maximum caseloads permitted are 30 children per reunification caseworker, 25 children per adoption caseworker and 50 children per aftercare caseworker. Providers report caseload data on a monthly basis. March 2020 caseload data is summarized below:





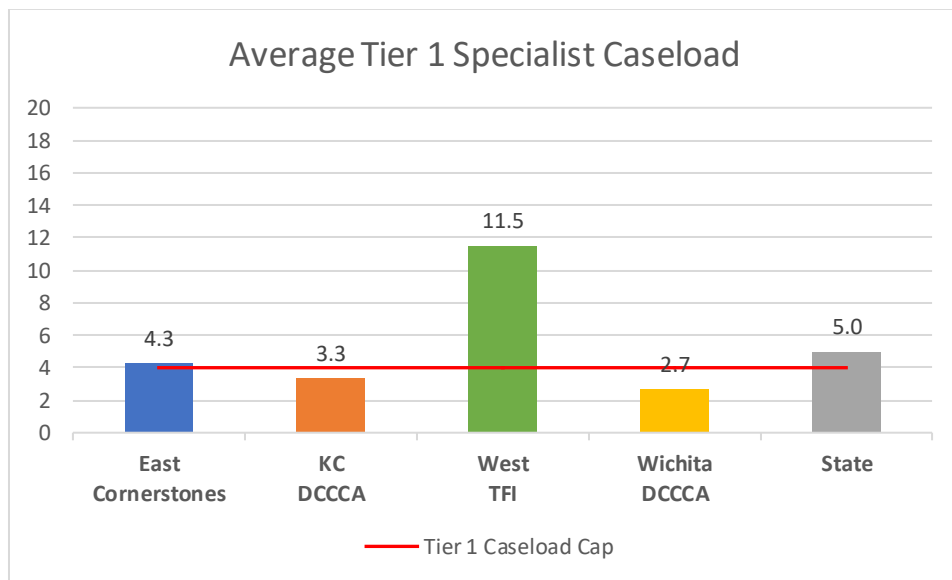
Case Management Providers submit monthly caseload data to DCF. Caseloads reported on the APSR are from March 2020, where four areas were over the caseload size for Adoption cases. This information is submitted monthly which allows for ongoing communication about caseload sizes. DCF is happy to report that at the end of June 2020, Areas 3 and 7 have both lowered their caseloads, please see chart below. Areas 1 and 2 continue to exceed caseload size. DCF Program staff will address with Case Management Providers for Areas 1 and 2 and identify plans to decrease case load size.

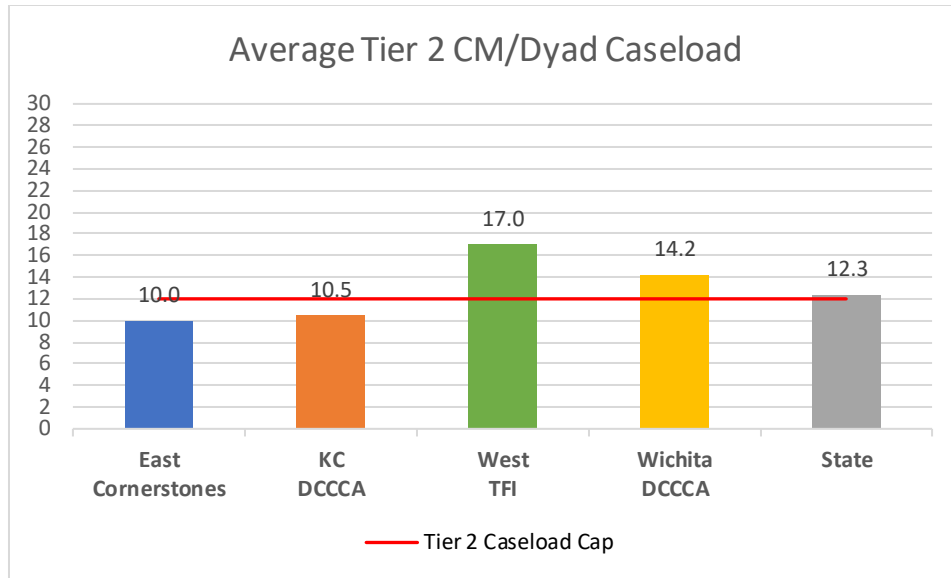




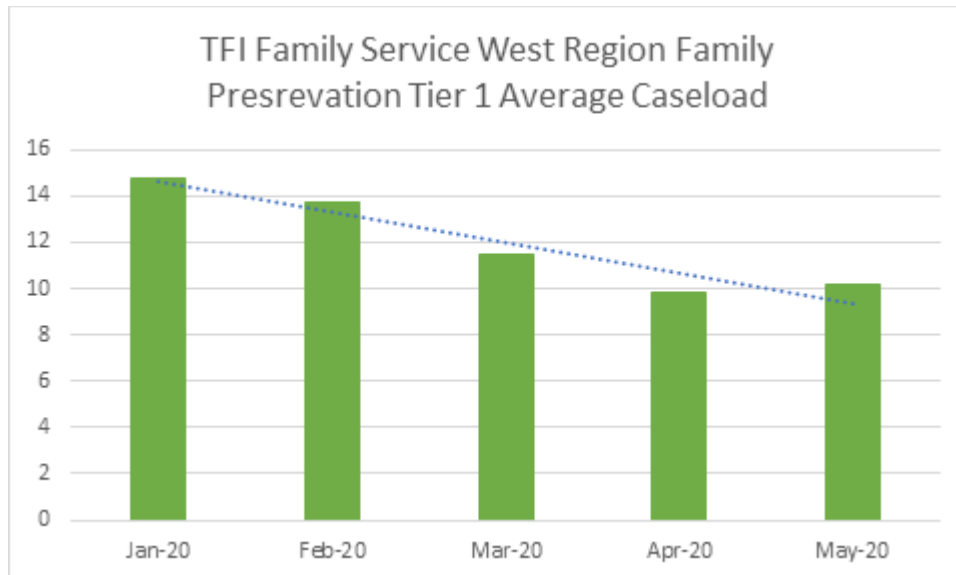
Catchment Areas are new in SFY 2020. Providers continue to adjust and “right size” workforce teams. In SFY 2021, Kansas will continue working with foster care case management providers to ensure caseload sizes, particularly adoption caseload sizes, allow staff to provide quality services.

In January 2020, new caseload caps were established for family preservation cases. The maximum caseloads permitted are 4 families for Tier 1 per specialist and 12 families for Tier 2 per case manager. Providers report caseload data on a monthly basis. March 2020 caseload data is summarized below:





After the new contracts for Family Preservation Services began in January 2020, the West Region experienced an unexpected number of referrals. While the West Region does have an average Tier 1 case load of almost triple the cap, the caseload numbers have been trending downward, see chart below. In March of 2020, the West Region leadership and TFI Family Services negotiated a referral pause to complete open cases before being assigned new referrals. Additionally, the new Family First prevention services in the West have been increasing their ability to accept referrals. They will have more capacity to work with families who had previously had Family Preservation as their only prevention service option.



Given the intense work with families in the new family preservation model, maintaining low caseloads is critically important for achieving positive outcomes for children and families. In SFY 2021, Kansas will continue monitoring caseload sizes for family preservation services staff.

Permanency

For nearly a decade, Kansas has experienced swelling numbers of children in foster care. This trend has not only strained resources and agency capacity, but also negatively affected permanency outcomes for children and families. New prevention services have the potential to reduce entry into foster care and Kansas is also committed to expedite permanency for children when foster care services are necessary.

Placement Stability Summit

Kansas planned to hold a placement stability summit in March 2020 with leadership from around the state. The summit was organized as an opportunity to analyze placement data, explore strategies promoting placement stability and gather commitment to achieve real results. Unfortunately, this summit was postponed to the extraordinary circumstances related to the COVID-19 pandemic. Kansas looks forward to convening this summit in SFY 2021.

Kansas continues to improve on placement stability for children/youth in out of home care. Kansas' performance for the Rate of Moves per 1,000 in care was at 5.9 for May 2020. DCF along with CMPs continue to focus on relative placements, including initial placements with relatives. CMPs have made many strides in reducing the number of children staying overnight in offices and one day stays. DCF did hold the first Leading for Results: Placement Stability Summit on July 30th, 2020 using a virtual platform. This group will continue work on stability for children/youth in out of home care.

CareMatch

In October 2019, DCF deployed new placement management software known as CareMatch. CareMatch uses sophisticated 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 resource 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. Kansas hopes CareMatch will help make the child's first placement sustainable until permanency can be achieved.

Placement stability rates have steadily increased across the state (see public website for numbers). It is merely anecdotal but could be due to CareMatch or the overall decrease in the Out of Home numbers. All regions have improved with the exception of area 3. CareMatch was developed to increase placement stability by making improved matches from the point of referral as well as any other moves within the system. CareMatch allows CMPs to access and consider any open bed in the state regardless of sponsorship. The system is intended to match children with families who can meet their needs. See public website report on placement stability.

Family Finding

Increasing placement with relatives is one strategy for increasing placement stability and improving permanency outcomes. During SFY 2020, Kansas increased targets for relative placement to 50%. To advance staff competency and skill, Kansas partnered with Aetna Better Health to bring Kevin Campbell with Family Finding to Kansas. In SFY 2020, Family Finding bootcamps were provided in November 2019 and February 2020. These four-day immersions were available to staff from DCF, child welfare case management providers, CASA, child placing agencies and juvenile justice. Trainings focused on the Family Finding philosophy, framework and skills practice. Family Finding Leads were identified

throughout the state to serve as leads for this practice continuing and to build on this practice approach statewide.

Icebreaker Conversations

When kinship care is not possible, Icebreaker Conversations promote continuity of relationships when a child is placed in a traditional foster home. In partnership with the Capacity Building Center for States, Kansas piloted Icebreakers in SFY 2019. The Icebreakers model was developed by the Annie E. Casey Foundation. The Icebreaker is an informal, facilitated conversation which provides an opportunity for birth parents and foster parents to meet each other, share information about their families and to support the child who has just entered care or who has just moved to a new foster home placement. In the past, interactions between birth parents and foster parents was implicitly and/or explicitly discouraged. And when birth parents and foster parents do not know each other, they often make assumptions about each other based on very limited information. But new thinking in child welfare shows building alliances between birth parents and foster parents can be crucial to the well-being of the child. While there are many meetings focused on paperwork and decision-making, Icebreaker Conversations offer a meaningful opportunity to solely focus on relationship-building. Icebreakers are a small investment with profound possibilities. When birth parents and foster parents work together, the child may adjust more easily in the foster home and better maintain a bond with his or her birth parents resulting in increased placement stability and improved permanency outcomes.

During SFY 2020, Kansas finished implementing Icebreaker Conversations statewide. To accomplish this, the Icebreakers model was infused into agency training (PIP Activity 2.4.5). Icebreakers was previously incorporated into training for all new foster parents in Fall 2018. In SFY 2019, a web-based Icebreakers training was developed. This training is now available to all existing foster parents, and the training satisfies some of the annual training hours required to maintain a foster home license. Icebreakers is also a required training for all foster care case management staff. This 3.5-hour training introduces the Icebreakers model and prepares participants to facilitate Icebreaker Conversations. By July 2019, all foster care case management staff had received the Icebreakers facilitator training. Kansas added two additional foster care case management providers in October 2019, requiring additional trainings for new staff.

In July 2019, Icebreakers was added to agency policy (PIP Activity 2.4.6). This policy (PPM 5224) was developed by the Icebreakers implementation team and incorporated recommendations informed by the pilot. The Icebreakers policy clarifies when Icebreaker Conversations are required and encourages fidelity to the Icebreakers model.

In October 2019, Kansas presented about Icebreaker Conversations at the 43rd Annual Governor's Conference for the Prevention of Child Abuse & Neglect. This workshop described how Kansas incorporated Icebreakers into practice to provide continuity of relationships, enhance placement stability and support permanency. The workshop included a panel discussion with facilitators and foster parents who have experienced Icebreaker Conversations.

One facilitator described a situation in which the child in foster care had to be moved to a new foster home because the child's mother lodged so many complaints about the child's care. During the Icebreaker Conversation with the new foster parent, the mother had the opportunity to meet and learn about the person caring for the child. This seemed to ease the mother's anxiety about the child's care, and the agency has not received any new complaints about the child's placement.

One of the foster parents was brand new to fostering. She had just accepted her first placement, a newborn, and was asked to meet the birth mother at the Icebreaker Conversation. This foster parent reported others had cautioned her against sharing her phone number with birth parents. But after meeting the mother at the Icebreaker, phone numbers were exchanged. The foster parent said they have continued communication after the Icebreaker, and the foster parent frequently texts updates, notes when developmental milestones are reached, and photos of the child to the birth mother.

The other foster parent was a very experienced, long-time foster parent. She had never shared her contact information with birth families before. Again, contact information was shared at the Icebreaker. This foster parent reported this has opened the door for video calls, allowing the father to watch as the child practices the violin in the foster home.

With the deployment of CareMatch in October 2019, Kansas incorporated method for Icebreakers data collection (PIP Activity 2.4.5). The CareMatch software tracks all new foster care placements and requires an Icebreakers eligibility determination every time a placement is made. And when an Icebreaker is required, this task is placed on a follow-up dashboard within the system. The task remains on this dashboard until the Icebreaker is entered in the system. In SFY 2021, Kansas plans to enhance the Icebreakers data collected by CareMatch. Enhancements include alternative data collection when an Icebreaker does not occur or does not occur within the timeframes established in policy. This data will help with tracking Icebreakers and identifying the barriers to these critically important conversations.

The Icebreakers model is specifically designed for placement in foster families who are not known to the bio family. However, there is nothing to prohibit such a meeting if the case management team believes it would be beneficial. The current Policy and Procedure Manual 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. Currently DCF is working with the Capacity Building Center to making these more successful.

Rapid Permanency Reviews

Kansas identified Rapid Permanent Reviews (RPRs) as one strategy to help children in foster care reach permanency. RPRs placed a focus on children close to permanency. RPRs are not a Permanency Roundtable or other type of review Kansas has utilized in the past. Because these children are close to permanency, and good work been done to get them there, RPRs don't require a deep archeological dig into the case history of the child's entire time in care. Instead, RPRs work from the steps and timeframes to permanency. RPRs are designed to identify systemic barriers and shine a light on "bright spots." Removing these barriers and replicating bright spots allows the child welfare system to function effectively and efficiently for all children in care.

In partnership with Casey Family Programs (CFP), Kansas utilized RPR with a cohort of adoption cases in 2018. And Kansas utilized the RPR findings to streamline adoption policy and practice.

In SFY 2020, Kansas again partnered with CFP, this time to implement RPR in a cohort of reunification/aftercare cases (PIP Activity 3.2). Whereas DCF staff comprised the primary implementers in 2018, primary implementation roles shifted to the four foster care case management agencies in SFY 2020. DCF has continued to coordinate RPR activities statewide. A review of the reunification/aftercare process began in September 2019, and a statewide kickoff event was held in December 2019. Implementation teams from the foster care agencies came together in January 2020 for an implementation training and in February 2020 for a process design meeting.

The RPR process begins with onsite reviews. The reviews are brief, 30 minutes or less per case, and are focused on the steps to permanency. The Kansas onsite reviews were scheduled to begin in April 2020 and to wrap up in May 2020. Several review sites were identified across the state, and review teams at each site would receive coaching and support from experienced CFP and/or DCF staff. Unfortunately, the extraordinary circumstances related to the COVID-19 pandemic and statewide public health emergency disrupted the schedule of onsite reviews. Kansas is working with CFP to resume the reviews in SFY 2021.

Kansas Strong for Children and Families (Adoption Tracking Tool)

The Kansas Strong for Children and Families (Kansas Strong) project has developed, begun implementation, and planned evaluation of four strategies: KanCoach, Parent-Youth Facilitation (PYF), Adoption Tracking Tool (ATT) and Interagency Advisory Board (IAB). After a comprehensive review of available data, these strategies were identified to improve Safety Outcome 2 and Permanency Outcome 1.

Kansas Strong identified adoption from foster care as an area of focus for the project. A review of available data found Kansas ranks 5th lowest in the nation for non-permanency discharges from foster care and 7th lowest nationally for the length of time to achieve adoption. The length of time to achieve adoption from foster care in Kansas, has increased 18% since 2015. The Adoption Tracking Tool is designed to reduce the length of time to adoption through use of a standardized tool for tracking and communicating key milestones along the adoption process. The RPR adoption review tool was used as a framework to develop the Adoption Tracking Tool.

A kickoff for the Adoption Tracking Tool is scheduled for June 2020. The tool will be piloted in Shawnee, Reno, Allen, Franklin and Douglas Counties. Kansas Strong plans to implement the Adoption Tracking Tool statewide.

Adoption Accelerators

In SFY 2020, DCF provided additional grant funding for five “adoption accelerator” positions through the foster care case management providers. Providers were given latitude to utilize these new positions differently; however, the positions are not permitted to carry a caseload. These adoption accelerator positions were created to reduce the length of time for children waiting for adoption. Providers report using adoption accelerators for tasks such as streamlining internal administrative processes and tackling both systemic and case-specific barriers to timely permanency through adoption.

The Adoption Accelerator overall job duties include:

- Facilitate Case Staffing
- Identify case level barriers
- Help find solutions for cases heading to adoption.
- Help achieve finalized adoptions
- Help gather and compute documents needed in preparation of the home assessments
- Help complete child social histories
- Develop tracking tools and gather case data
- Hold workshops and trainings with staff
- Advocate and help promote quality adoption work.

Since October 2019, the TFI Family Services Adoption Accelerator has also attended trainings and participated in recruitment activities. The Cornerstones of Care Adoption Accelerator has developed adoption tracking tools and reports, helped workers organize packets, helped facilitate transfer staffing and participated as a scribe in a Best Interest Staffing. The KVC Adoption Accelerator has shadowed

home study writes and worked with children’s outpatient providers, and ICPC cases. At Saint Francis Ministries, the Adoption Accelerator has also worked on subsidy referrals, in addition to the other previously mentioned tasks.

Well-Being

The child welfare system must do more than ensure children are surviving. Practice must also ensure children are thriving in their environments. This requires a focus on well-being.

Kansas Strong for Children and Families (KanCoach)

The Kansas Strong for Children and Families (Kansas Strong) project developed KanCoach as one of four strategies they will be implementing and evaluating. After a comprehensive review of available data, KanCoach was identified as a solid 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 and case planning, family engagement, relative/kin connections and secondary traumatic stress. KanCoach is expected to impact safety, permanency and well-being outcomes.

The goal of KanCoach is to support and strengthen coaching skills in supervisors and assisting them in learning how to incorporate coaching strategies in their supervision of staff. Anticipated benefits of include:

- supervisors learning and practicing effective strategies to create a collaborative, strength-based culture to support child welfare staff;
- as supervisors use coaching skills in supervision, this will boost confidence, morale, and foster critical thinking skills among staff;
- supervisors will create opportunities for their staff to practice important skills, specifically on priority topics of engaging parents and youth, risk and safety assessment, family-centered assessment and case planning, and relative/kin connections; and
- supporting professional development of child welfare supervisors and staff.

With support from the Kansas Family Advisory Network (KFAN), the Kansas Strong parent survey was administered in July and August 2019. KFAN staff administered the survey to 305 parents/caregivers at local foster care agencies across the state. The survey gathered parent/caregiver responses to three main topics: service array, caseworker/agency practices and court/legal practices.

Regarding caseworker/agency practices, the following survey items received higher scores from parents/caregivers:

My worker speaks the language most appropriate for me and my family.	3.7
The agency or my worker has told me my rights.	3.5
My worker is clear about what she/he expects of me.	3.5

My worker respects my right to privacy.	3.5
My worker cares about my kids.	3.5
My worker's expectations of me are reasonable.	3.5
My worker encourages me to discuss when things were better in my family.	3.5
My worker speaks up for me with other professionals involved in my case.	3.4
When my worker says she/he will do something, she/he does it.	3.4
My worker listens to my side of the story.	3.4
The services and resources recommended will help get my child(ren) back.	3.4
My worker is helping me to address the safety concerns that brought my child into foster care.	3.4
My worker respects my social/cultural background.	3.4
I felt comfortable talking with my worker about what my culture and race have to do with my situation.	3.4

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

Regarding caseworker/agency practices, the following survey items received lower scores from parents/caregivers:

When my worker makes a mistake, she/he admits it and tries to correct the situation.	3.3
My worker devotes enough time to my case.	3.3
My worker tells me who I can contact for help when she/he is gone for more than a day or two.	3.3
My worker returns my calls.	3.3
My worker has experience helping with the kids of problems that my family and I are having.	3.3
I am involved in decisions made about my case.	3.3
My worker includes me in decision-making.	3.3
My worker tells me what she/he plans to recommend in court—both negative and positive.	3.3
My worker tries to understand what it's like to get your children taken away.	3.2
My right to make decisions about my children is respected while they are in foster care.	3.2
My worker gets me necessary services in a timely manner.	3.2
My worker calms my fears about what might happen to my children and me.	3.2
I know who to call if my rights were ignored.	3.2

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

Kansas used the survey findings to develop the KanCoach priority topics and enhance engagement with families (PIP Activity 2.2.5). Kansas will also seek feedback and insight on the four KanCoach priority topics from parents who have experienced the child welfare system.

High-quality coaching and supervision will enhance well-being outcomes. Caseworkers will receive supervisory support engaging families, involving families in assessments and case planning, and maintaining a child's important relationships and connections.

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 services or within 3 days of a referral for foster care case management services. The IFM initiates 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 Kansas Assessment Permanency Project (KAPP) wrapped up in SFY 2019. This grant-funded project envisioned a child welfare system as trauma-informed, using evidence-based assessments and interventions with children and families, and promoting social-emotional well-being, family functioning, safety, and permanency.

KAPP targeted assessments for children in the child welfare system with mental health needs and trauma histories. KAPP identified specific tools to assess the child's history of trauma, social-emotional functioning and behavioral health functioning. Although this project focused primarily on the foster care population, Family Preservation Services began utilizing several of the KAPP assessments as part of the case planning process.

In SFY 2020, the KAPP assessments were incorporated into agency policy and practice to help inform and guide case planning.

Services for Children with High Needs

Kansas is committed to meeting the needs of children in care. In SFY 2020, Kansas implemented additional services and supports for children with high needs (PIP Activities, 2.5.6, 2.5.7 and 2.5.8).

In October 2019, Kansas added Qualified Residential Treatment Programs (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.

Kansas also established new placement standards and rates. The rates are determined by the child's level of care, but providers caring for children with high needs generally receive a higher daily rate under the new rate structure. Kansas implemented tiered rates for relatives providing care. Prior to this change, all relatives were provided the same amount of financial support when caring for a child in foster care. Under the current structure, payments for relatives and kin increase based on the child's needs and level of care. Placement standards were also revised. Specifically, agencies providing support to foster homes are now expected to make more frequent visits when foster parents are caring for children with high needs.

Each Case Management Provider is to identify or develop and utilize a tool to assess children and youth for their Level of Care. Saint Francis Ministries, Cornerstones of Care and KVC all use the same tools. Saint Francis Ministries developed the Child Screening Tool (CST) and Caregiver Response Tool (CRT) and revised it with KVC later. They have since shared it with Cornerstones of Care. They use a Client

Assessment Tool to assess youth and a Caregiver Assessment Tool to assess placements. The Client Assessment Tool is used when a child is first placed into care to determine the Level of Care needed. As the child remains in a placement, continued assessment is done every 180 days in which the child and caregiver are given assessment tools to determine if a change in Level of Care is needed. The ongoing assessment is done with 40% of the child's score and 60% of the caregiver's score is considered if a Level of Care change is warranted as a child continues to remain in a home. TFI Family Services uses a different Level of Care tool for their youth. TFI is using a tool which is part of Every Child a Priority, developed internally and validated by KU School of Social Welfare in their extensive research a few years ago. It was originally called the "Appropriate Placement Level Indicator" or "APLI" but TFI has since switched to calling it the client assessment. They also do not use a caregiver scoring tool in their client assessments like the other 3 CMP's.

Kansas continues to partner with Wichita State University's GEAR UP program to help address educational needs of children in care. GEAR UP provides services to help participants prepare for postsecondary education. Services include college exploration and visits, academic skill building, mentoring, like skill building, 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.

During the 2018-2019 academic year, GEAR UP worked with 422 seniors. Of those, 329 (78%) graduated from high school. Of those graduating high school, 217 (66%) applied for college. Of the 93 youth who did not graduate, two are listed as unable to locate (AWOL) and no update is available. Fifteen youth dropped out of high school or their GED program. Six youth have a few more secondary education credits to finish. Twenty-five youth have completed their GED or received their high school diploma. The status of 45 youth is unknown; Gear Up was unable to contact the youth or their school of attendance. This information is current as of August 7, 2020.

In SFY 2020, a partnership between school districts and community mental health centers was expanded to a total of 171 schools in 28 school districts. This program provides school-based mental health services to children in foster care. Treatment is provided by a behavioral health intervention team including 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.

Systemic Factors

Statewide Information System

Item 19: Statewide Information System. How well is the statewide information system functioning statewide to ensure that, 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 four systems to track child welfare 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
- SCRIPTS: Statewide Contractor Reimbursement Information and Payment Tracking System

FACTS is the State's primary system of record. 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 child welfare 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 child welfare 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) and National Youth in Transition Database (NYTD) 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. This information system contains all data points required to readily identify the status, demographic characteristics, location, and goals for every child and/or family receiving services. The FACTS system also houses the State Central Perpetrator Registry, containing the names of 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 Policy and Procedure Manual (PPM) provides guidance on entry of data into FACTS. The FACTS User Manual also provides additional detailed instructions. Questions within the internal AFCARS Case Read Review and questions included in other case read protocols help to monitor the accuracy of information entered into 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%				
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%				
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%				
Does the information in FACTS reflect all diagnosed disability types for the child as indicated on the PPS 5110, the PPS 3052, or	84%	77%	78%	76%	87%	89%				

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
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%				
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%				
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%				
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%				
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%				
If the child was discharged from custody, does FACTS accurately reflect the date and reason of discharge?	97%	97%	97%	97%	100%	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%				
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%	50%				
If child has been adopted, does the finalization date of the adoption in FACTS accurately reflect information found in the case file?	100%	87%	87%	91%	100%	100%				
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%				

Data Source: QA Case Reviews

Each CWCMP uses a management information system independent from the state systems. This requires a close working relationship between DCF and the Child Welfare Case Management Providers (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.

In SFY 2014, case management contract changes prompted Kansas administration staff to facilitate a series of data quality and reconciliation meetings with regional staff and CWCMPs. During these meetings, DCF administration staff provided an overview of Child Welfare Outcomes, and guidance on calculating outcomes. Technical assistance was provided for using error lists and other available data quality monitoring tools. Technical assistance was also provided regarding processes/procedures for correcting errors. Regional staff and CWCMP staff developed written plans for the monthly process of reconciling data across information systems. Monthly reconciliation promotes the timeliness of data entry and this reconciling process will be continued with the new foster care contracts starting in October of 2019. In May 2020, DCF will review the data collection and reconciliation process with all case management providers.

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.

Kansas 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 2019, Kansas formed a new project planning team to begin studying the feasibility of acquiring a CCWIS-compliant information system. The project planning team has reviewed CCWIS requirements and begun a self-assessment of the agency's current data systems. The project team will continue planning and exploring potential options in SFY 2021.

Case Review System

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

DCF policy requires each child in DCF custody, including those who are part of a sibling group who are also in custody, have an individual case plan. All providers use DCF case plan forms. Case plan forms are in the PPS Policy and Procedure Manual and comply with applicable federal case plan requirements. Case plans are reviewed and approved by DCF Child Protection Specialists to assure requirements are met. 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 Foster Care (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.

In SFY 2020, DCF implemented Initial Family Meetings. Initial Family Meetings replaced Initial Team meetings. The Initial Family Meeting is required within three days of a referral to foster care services and within two days of a referral to in-home family preservation services. The Initial Family Meeting provides an opportunity for the team to build partnership from the very beginning of the service case, clarify roles, continue assessment activities and draft the Initial Service Plan. The Initial Service Plan is drafted by the team and provides immediate guidance for any tasks or activities pending the first case plan.

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 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.

Item 21: Periodic Reviews. How well is the case review system functioning statewide to ensure that 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.

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 thirty days. This report is used by supervisors to ensure administrative periodic reviews for each child occurs no less frequently than once every six months. Courts hold reviews, typically every six months, but sometimes as frequent 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. The courts are holding periodic reviews at least every 6 months, some as often as every 30 or 90 days. Stakeholders reported there are systems in place such as the Full Court- Juvenile Compliance System, FACTS system, and contractors' individual tracking systems which provide tickler or advance information for planning purposes. Most capture the date of periodic reviews.

Kansas does create a monthly report tracking all cases coming due for a periodic administrative review. However, there is no statewide data system to track and report all periodic reviews.

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?

Kansas Statutes Annotated (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.

Reports may be generated, by DCF, as requested, regarding permanency/no reasonable efforts by DCF on a quarterly basis to the Office of judicial Administration (OJA). This report includes cases that do not have reasonable efforts clause in the initial journal entry and cases that do not have reasonable efforts documented in the journal entry at required permanency hearings every twelve months.

There is required language regarding ongoing reasonable efforts in the permanency hearing Journal Entry, per federal law, to allow DCF as the IV-E agency to categorize a hearing as a permanency hearing. 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.

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 the majority of 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 that 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.”

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 111 cases across all 5 reviews, and 82 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
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	Pending
PIP Measurement Period 6	July 2019 – September 2020	Pending

Data Source: Federal Online Monitoring System

Administrative Data

Measure	*SFY 2020
For children who became legally free in SFY 2020, average days between removal and date legally free	696

Data Source: FACTS

*SFY 2020 data reflects data from July 2019 through March 2020

This data reveals a period of nearly 23 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 Office of Judicial Administration (OJA) and the DCF liaison to OJA met regularly during the CFSR process and since the Program Improvement Plan (PIP) was approved, to collaborate and develop a plan to track the filing of Termination of Parental Rights (TPR) and/or request for filing. FACTS data was shared, under the applicable confidentiality provisions in the CINC Code, with the Kansas Office of Judicial Administration 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.

The DCF Liaisons and OJA are developing the SFY 2018 report, in collaboration, as required per PIP Activity 3.4.2. OJA. DCF will continue to collaborate and develop this report annually.

During CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 23: Termination of Parental Rights. 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 placement 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.

Item 24: Notice of Hearings and Reviews to Caregivers. How well is the case review system functioning statewide to ensure that 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 Child in Need of Care 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 Supreme Court Task Force on Permanency Planning 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 two 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.

DCF, the Supreme Court Task Force on Permanency Planning (SCTFPP) and court improvement program (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 to be sent 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:

- Prepare training for child welfare stakeholders concerning the requirement for foster parents to receive notice and be heard during permanency hearings.
- Edit Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G)- Completed.
- Consider making the Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G) available on the DCF placement management system.
- 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.
- Review documents in "red book" and consider placing information on the next hearing date and contact information for the guardian ad litem.

A Best Practices Training (by OJA with collaboration of DCF) was made available to foster parents, judges, attorneys, social workers and Court Appointed Special Advocates (CASAs) on the statutory notice requirement.

Permanency Team has 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 in terms of placement stability, and many CPAs have reached out to DCF regarding this struggle.

The same foster parent survey referenced above will be sent out to the foster parents within the next 12 months to assess any improvement (PIP roll over activity 3.4.8). A copy of the survey disseminated by CIP in collaboration with DCF and the results of same are attached to the agency's Child and Family Services Plan for 2020-2024. See Attachment 8 Foster Parent Survey Results.

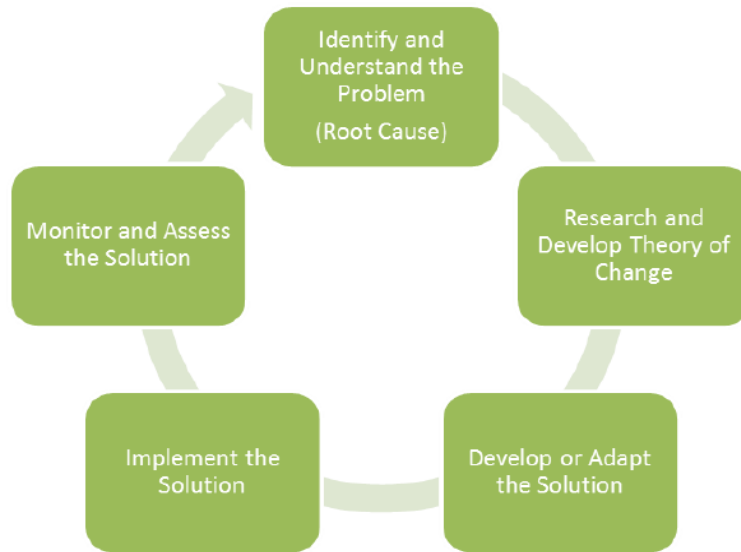
Quality Assurance System

Item 25: Quality Assurance System. How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that 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 management information system. Case reviews using the federal Onsite Review Instrument are conducted quarterly in each regional office on a sample of cases which include the three components of in-home child welfare cases (family preservation, family services, and alternative response), out-of-home cases, and review of the Adoption and Foster Care Analysis and Reporting System. Beginning, in state fiscal year 2013, Kansas augmented its case review in one region per quarter with case-related interviews and added second-level quality assurance for all cases in state fiscal year 2015 during the CFSR case review. Additionally, targeted case reviews are conducted as needed for policy compliance or continuous performance improvement projects. Case review and management information systems data are available to internal stakeholders through a secure website and used at the statewide, regional, county, judicial district, unit, and worker levels. Information is shared with external stakeholders through a public website, Quarterly CPI Review meetings, Citizen Review Panel meetings, and Data Dabbles.

Kansas has maintained an established QA and Continuous Performance Improvement (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.

The 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 continuous performance improvement activities.



The QA system operates in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided.

Kansas 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 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.

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 that children in foster care are provided quality services that protect their health and safety).

Kansas 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 child welfare system.

Kansas conducts quarterly case read reviews of in-home services and foster care cases using the federal Onsite Review Instrument (OSRI). These reviews also provide information regarding the quality of services using the federal child and family outcomes for safety, permanency and well-being. Input from stakeholders, through Interviews with key case participants, provides depth to case file documentation.

Kansas began conducting interviews with key case participants in SFY 2018 during PIP Measurement Reviews. Case Specific interviews are conducted individually with children, parents, foster parents, case managers, court representatives and/or other professionals who have knowledge about the case. Interviewers utilize the federal Child and Family Services Reviews Stakeholder Interview Guide plus a variety of clarifying and/or follow-up questions created by CPI staff.

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

Identifying strengths and needs of the services delivery system is essential to the CPI process. Strengths and needs are used in the CPI cycle to understand root causes and inform improvement activities. Kansas 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. Kansas 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. Kansas primarily utilizes descriptive and exploratory data analysis techniques, but also conducts other statistical analyses including correlational analysis, linear regression, etc. when appropriate.

Kansas conducts several data quality monitoring activities which lends to our confidence in the quality of our 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. Kansas conducts monthly reconciliation of data between FACTS and the provider management information systems. 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, Kansas 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.

Kansas utilizes multiple techniques to validate case read data, including monitoring reader consistency. This is an area of strength in Kansas. Reader consistency concerns may be identified during reconciliation meetings with Child Welfare Case Management Providers (CWCMP) or through the quality assurance process during measurement reviews. Reader consistency concerns may also be identified during quarterly CPI review meetings. Consistency concerns are addressed as part of the quarterly CPI review process and are also flagged for discussion at annual case reader trainings. Reader consistency reports are

generated and reviewed for each outcome/question in each instrument as part of the annual case reader training process.

The QA system provides relevant reports.

Kansas 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.

Outcome and Volume Indicator Reports and Reports with additional types of analysis are produced on a recurring basis using data in FACTS. Two different applications are involved in gathering and analyzing results from case read reviews. The Case Read Application is used by readers for data entry and the Central Reporting Application (CRA) is used to compile and analyze case read data. All DCF supervisors and management-level staff have access to the Central Reporting Application. Reports can be generated from the CRA for selected quarters going back to SFY 2008, and can display statewide data, data by Region, unit, or worker. Data is available in a variety of forms including tables, Pareto charts, line graphs and bar charts. The CRA is used to review case read data for the current quarter under review, trends over time, and case reader consistency reports.

Kansas 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 Citizen Review Panels.

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 Child Welfare Case Management Providers (CWCMP). 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. Another 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 result in expected improvement, the CPI cycle may repeat with another identified solution.

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

DCF administration and regional staff meet quarterly with Child Welfare Case Management Providers (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. The Performance Improvement team has been working on enhancing data sharing and reporting with DCF and Case Management Providers. The last quarterly meeting with grantees did not include a data discussion due to the work on transitioning to a different format of data sharing by the Performance Improvement

team. Future meetings with DCF and Case Management Providers will include discussions regarding performance of outcomes.

Staff and Provider Training

Item 26: Initial Staff Training

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

Pre-service and pre-caseload training requirements are detailed in the Training Plan, Attachment 56.

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 details established curriculum and timeframes for initial staff training. The Training Plan also includes an established process and functional learning management system to track all trainings. Kansas monitors individual training plans to ensure initial training is provided to staff.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that 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?

As an agency dedicated to ongoing learning and continuous quality improvement, Kansas supports ongoing staff training and professional development. Kansas provides numerous opportunities for staff to gain new skills and competencies or advance mastery of existing skills and competencies.

Ongoing training and coaching opportunities are detailed in the Training Plan, Attachment 56.

All DCF CPS Specialists and CWCMP case managers are required to complete a minimum of 40 hours of continuing education, including 3 hours of ethics training bi-annually. Licensed child welfare staff must continue to meet the Kansas Behavioral Science Regulatory Board (BSRB) standards for licensure within their profession. Additionally, CWCMPs are required to be accredited through a national child welfare organization. Maintaining accreditation helps ensure rigorous training standards are met.

In SFY 2020, Kansas began providing several new training opportunities such as Safe Sleep, Signs of Safety, SDM, TDM, Family Finding and Icebreaker Conversations facilitator training. These trainings will be provided on an ongoing basis, and several advanced-level training opportunities are also available in these topic areas.

Each year, DCF co-sponsors the Governor's Conference for the Prevention of Child Abuse & Neglect. The agency generally presents several training workshops at the conference. Many DCF and provider staff attend the conference as trainees. The Governor's Conference allows staff to hear from national experts in the field and learn about new practices and research. At the 43rd Governor's Conference during SFY 2020, keynote presentations explored new links between childhood trauma and chronic illnesses in adulthood and a U.S. Assistant Attorney's story of child sexual abuse.

During SFY 2020, approximately 40 DCF and provider staff attended the North American Council on Adoptable Children (NACAC) Conference in Las Vegas, Nevada. There, participants engaged with adoptive youth and families and joined an array of workshops dedicated to best practices in adoption.

In SFY 2021, Kansas will ensure staff around the state have access to the ongoing trainings developed this year. Many of these opportunities allow staff to develop new skills and even new approaches to family engagement.

During CFSR Round 3, Kansas received an overall rating of Strength for Item 27: Ongoing Staff Training. The Training Plan details established continuing education requirements for staff and the generous number of ongoing training opportunities available. As with initial staff trainings, ongoing trainings are tracked within the learning management system.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that 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) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Kansas utilizes the Trauma-Informed Partnering for Safety and Permanency - Model Approach to Partnerships in Parenting (TIPS-MAPP) curriculum for prospective foster parents, prospective adoptive parents and interested relative caregivers. Children cannot be placed in foster or adoptive home until the training is complete. Exceptions are allowed for relatives and nonrelated kin. DCF ensures training is occurring statewide through the licensing process. Annual training requirements for licensed foster parents are monitored by DCF and the sponsoring child placing agency.

Participants Completing Training	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020 ⁶	SFY 2021	SFY 2022	SFY 2023
TIPS-MAPP	1012	1145	1018	1053	1431	1526	1117			
TIPS-Deciding Together	751	773	720	676	547	534	607			

Foster and adoptive parent training is detailed in the Training Plan. Please see the DCF Training Plan.

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.

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.

Service Array and Resource Development

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

⁶ SFY 2020 reflects data from July 2019 to April 2020

Geographically, Kansas is a large and diverse state. DCF divides the 105 counties into four regions and eight catchment areas for foster care services. Beginning July 1, 2020, the state will be divided into 6 regions, but catchment areas will remain the same. DCF services are available in all 105 counties. Sister state agencies ensure a network of community mental health centers (CMHC) and community developmental disability organizations (CDDO) are also serving every corner of the state.

In CFSR Round 3, Kansas received an overall rating of Area Needing Improvement for Item 29 Array of Services. Kansas 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 2 weeks to 30 days. A main concern of some stakeholders was the lack of admissions to psychiatric residential treatment facilities 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.

With support from the Kansas Family Advisory Network (KFAN), the Kansas Strong parent survey was administered in July and August 2019. KFAN staff administered the survey to 305 parents/caregivers at local foster care agencies across the state. The survey gathered parent/caregiver responses to three main topics: service array, caseworker/agency practices and court/legal practices.

Survey Sample Characteristic: Caregiver Relationship to Child(ren)	N	%
Mother	146	48%
Father	71	23%
Relative	65	21%
Non-Relative	23	8%

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

Survey Sample Characteristic: DCF Region	N	%
East	81	26%
Kansas City	61	20%
West	100	33%
Wichita	27	9%
Unknown	36	12%

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

Service Access Survey Item	Average	Std. Deviation	N
I can usually find services in my community that can help me with things my family and/or I need.	3.6	1.1	301

It is easy to access services in my community when my family and/or I need them.	3.5	1.1	299
Once I find the service my family and/or I need, I can usually receive the service quickly.	3.4	1.1	300

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	State	East	KC	West	Wichita	Unk
I can usually find services in my community that can help me with things my family and/or I need.	3.6	3.7	3.4	3.7	3.3	3.7
It is easy to access services in my community when my family and/or I need them.	3.5	3.7	3.2	3.6	3.0	3.5
Once I find the service my family and/or I need, I can usually receive the service quickly.	3.4	3.6	3.0	3.7	3.1	3.5

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

Service Access Survey Item	State	Mother	Father	Relative	Non-Relative
I can usually find services in my community that can help me with things my family and/or I need.	3.6	3.7	3.7	3.5	3.1
It is easy to access services in my community when my family and/or I need them.	3.5	3.5	3.4	3.4	3.2
Once I find the service my family and/or I need, I can usually receive the service quickly.	3.4	3.5	3.5	3.4	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 through implementation of Family First Prevention Services, utilization of Qualified Residential Treatment Programs and accessible mental health services in local schools.

In SFY 2021, Kansas will strengthen resource development through regional and state-level interagency advisory boards. Creation of an Interagency Advisory Boards (IAB) 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 IAB will be created within each DCF Region. The local advisory boards will communicate and share information with a statewide IAB. State and regional IABs will meet at least quarterly.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

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.

During CFPS 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.

Kansas has since improved customization of services through implementation of new assessment tools like Signs of Safety 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 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 other survey items. Parents indicated the services and resources provided were helpful and their cultural and racial backgrounds were respected.

In SFY 2021, Kansas will continue 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 will build capacity and advance skill sets in supervisors translating to guidance to practitioners toward completing comprehensive assessments and ensuring service decisions are made with the family and individualized to meet their unique needs.

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 Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (APSRs), 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?

DCF engages in ongoing consultation with a wide variety of stakeholders: children, youth, families, kin, Tribal representatives, Child Welfare Case Management Providers (CWCMP), other state agencies, courts, community-based service providers, and foster and adoptive families.

Kansas collects input from stakeholders through two Kansas Citizen Review Panels. The federal Child Abuse Prevention and Treatment Act (CAPTA) requires states to establish Citizen Review Panels comprised of volunteer members who broadly represent the state. Kansas has three Citizen Review Panels, each tasked with reviewing specific program areas: The Intake to Petition panel focuses on areas of child abuse/neglect investigations, family services 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.

The panels are required to meet every three months, except the State Child Death Review Board meets monthly. 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 to include law enforcement, judges, District Attorney, defense/prosecuting attorneys, guardian ad litem, foster parent, social service supervisors, Court Appointed Special Advocate, health care professional, child protective services personnel, foster care provider staff, family advocates, state foster care and adoption personnel, Kansas Department of Corrections-Juvenile Services, Kansas Department of Health and Environment, Office of Judicial Administration, Kansas Bureau of Investigations, coroners, school nursing staff, and tribal representatives.

Collaboration with OJA occurs through the Citizen Review Panels. 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 all federally recognized tribes headquartered in Kansas four times per year. The statewide meetings include representatives from the tribes, foster care providers, Office of Judicial Administration, Kansas Department of Health and Environment, Region VII for the Administration of Children and Families, the Governor's office tribal liaison and DCF.

DCF participates in a minimum of one site visit to each of the Kansas recognized tribes Social Services Department each year. The DCF regional representative, and the Office of the Governor's Native American Affairs Tribal Liaison/Executive Director attend the meetings when availability allows. The purpose of site visits is to further facilitate on-going tribal and state partnerships for the provision of tribal child welfare programs and to offer technical assistance. The site visits also provide context to the tribes for input and review of the state plan.

KYAC holds a Strategic Planning Conference (SPC) every year. KYAC members identify issues at the conference concerning to older youth in foster care and to youth who have aged out. The issues are based on input from Regional Youth Advisory Council (RYAC) members through regional events and meetings.

In addition to utilizing already established workgroups and venues outlined in Section C.1, Collaboration, Kansas conducted a minimum of semi-annual meetings with internal DCF division staff, external stakeholders, and the community over the last four years to discuss CFSR results, Program Improvement Plan (PIP) development, PIP progress, and new improvement initiatives. In March through May 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 June 18th, 2019 in Emporia and June 20th, 2019 in Garden City. Remote sites in Hiawatha, KC, Pittsburg, Hays and Wichita also participated.

During CFSR 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.

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 that the state's services under the Child and Family Services Plan (CFSP) are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

DCF has regular communication with agencies responsible for implementing other federal programs and services. System collaboration meetings include representatives from Kansas Department for Aging and Disability Services (KDADS), Kansas Department of Correction-Juvenile Services (KDOC-JS), Kansas Department of Education (KSDE), Children's Cabinet and Kansas Department of Health and Environment (KDHE). DCF also collaborates with Economic Employment Support Services (EES), Rehabilitation Services (RS), and Child Support Services (CSS) on an as needed basis.

DCF works closely with Kansas Kids at 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 Regions work to collaborate and enter into needed Memorandums of Understanding (MOUs) with military installations 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 Memorandum of Understanding (MOU) with the Kansas Department of Education (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. These reports are shared daily.

Detailed information regarding consultation with stakeholders is provided in Section 2.1 Collaboration.

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.

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 that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?

DCF completes a redetermination for IV-E maintenance eligibility for all placement changes for all IV-E eligible children in foster care. A review is done for all placements for licensing compliance in order 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 twenty (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 as a result of 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 process for notification for a residence change was reviewed by DCF and the Child Welfare Case Management Provider (CWCMP) to alleviate further issues regarding notification of changes in residence. The 2014 review indicated no findings in terms of meeting license standards. This suggests licensing standards are applied equally and consistently. The 2017 review had no findings related to licensing.

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 is developed for infractions.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment and retention system functioning statewide to ensure that 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?

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 completed and clear; 1) a name-based criminal history check through the Kansas Bureau of Investigation (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 Notice of Survey Findings (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 thirty (30) days of placement. The temporary permit remains in effect for ninety (90) days. Non-related kin comply with all licensing requirements prior to a full license being issued.

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.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment 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?

In SFY 2014, Kansas recognized an area of opportunity related to the functioning of Item 35,

Diligent Recruitment (DR) of Foster and Adoptive homes and initiated a Continuous Performance Improvement project (CPI). This 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 technical assistance from the National Resource Center for Diligent Recruitment. A Diligent Recruitment Plan was developed and initiated.

The 2014 Diligent Recruitment plan identified three (3) 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.

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.

With technical assistance from the Center for Capacity Building for States (CBC), Kansas developed and provides updates to the state's Diligent Recruitment Plan (see Attachments 44, 45, and 46 regarding the Diligent Recruitment Plan). Diligent Recruitment meetings with stakeholders were initially held twice each year, but the meetings are now held quarterly. Key stakeholders are invited to these meetings to support and monitor foster and adoptive parent recruitment and retention activities in the State. These stakeholders include Tribal leadership, the Kansas Caregiver's Association, the Kansas Family Advisory Network (KFAN), DCF Foster Care and Residential Facility Licensing, Children's Alliance of Kansas (CAK), child placing agencies, foster care case management providers, KCSL Adopt Kansas Kids (adoption exchange) and regional DCF staff. The work with the Capacity Building Center concluded in March of 2020.

In addition to the statewide Diligent Recruitment Plan, each CWCMP and Child Placing Agency (CPA) develops an individualized recruitment plan which includes general, targeted and individual recruitment strategies. 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.

DCF continues to contract with Kansas Children’s Service League to administer the adoption exchange. As of March 2020, 471 children were on the exchange. These children are legally free for adoption and are without an identified adoptive resource.

Administrative Data

Adoption Exchange Demographic Snapshot	Number
Male	297
Female	174
Average Age	12
Caucasian	281
African American	100
Bi-racial	51
Native American/Alaskan	6
Other	1
Hispanic	32
Member of a Sibling Group	183

Data Source: KCSL Adopt Kansas Kids

Number of Inquiries to Adoption Exchange

SFY 2019	6,086
*SFY 2020	10,025

Data Source: KCSL Adopt Kansas Kids

*SFY 2020 data reflects data from July 2019 through March 2020

During SFY 2021, 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.

Item 36: State use of Cross-Jurisdictional Resources for Permanency Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Kansas 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 (60) 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.

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. 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 workers with full caseloads as reasons.

Administrative Data

	FFY 15	FFY 16	FFY 17	FFY 18	FFY 19	*FFY 20	FFY 21	FFY 22	FFY 23
Home Study Requests IN	506	473	483	550	465	227			
Home Study Requests OUT	868	983	692	626	853	338			
Placements IN	205	169	221	170	117	49			
Placements OUT	325	337	303	243	149	59			
Private Adoptions IN	58	78	68	88	65	42			
Private Adoptions OUT	208	191	169	147	108	54			
Residential Requests IN	-	-	-	-	50	33			
Residential Requests OUT	-	-	-	-	50	31			

Data Source: NEICE, Kansas ICPC Database

*FFY 2020 data reflects data from October 2019 through March 2020

Kansas implemented the National Electronic Interstate Compact Enterprise (NEICE) in October 2018. NEICE is a national electronic system for quickly and securely exchanging the data and documents required by the Interstate Compact on the Placement of Children (ICPC) to place children across state lines. As of March 2020, a total of 33 states are utilizing NEICE (with more on the way). NEICE reduces the time children spend awaiting placement. Kansas will utilize NEICE to track timeliness of completion of home studies.

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.

In SFY 2021, Kansas will continue participation in the interstate NEICE data workgroup to improve reports available in NEICE. Kansas was awarded a discretionary grant from the Children's Bureau in the amount of \$400,000 to enhance the state's ICPC data and reporting. The project timeframe is 9/30/2019 to 9/29/2022. This project will allow Kansas to develop customized reports on ICPC cases by worker, supervisor, office, county and region for continuous performance improvement. It is anticipated with the development and implementation of the NEICE enhancements, Kansas will streamline ICPC administrative processes and be more effective in avoiding 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.

C.3 Update to the Plan for Enacting the Vision of Kansas and Progress Made to Improve Outcomes

Introduction

As stated in the 2020-2024, the vision of Kansas can be simplified as stating, *"a Strong Workforce with a Strong Organization leads to Strong Outcomes."* This remains true to date. In SFY2020, the momentum in moving forward to implement strategies and objectives toward each goal has been in the forefront of every policy, practice model consideration, interaction with stakeholders, interaction with staff and any initiatives we have implemented within our agency practices. The agency began the rebuilding process of our workforce in SFY19 and has continued doing so by highlighting our desire to provide a fulfilling career for professionals seeking to work with families in need through the changes. By ensuring we are following the right path with our staff, we recognize the positive impact this has on the quality of services received by children and families who are served by the agency.

As mentioned in Section A.2: Agency Mission: To Protect Children, Promote Health Families and Encourage Personal Responsibility, DCF has provided tools, strategies and new practice approaches over the past fiscal year. These tools are designed to empower practitioners to meaningfully engage with families and provide services to them in cooperation with the family's choices. Families know their family best.

Kansas is working hard to reduce the need for foster care. As you will see in Goals 1 and 3. Prevention and Permanency are both areas where the agency can impact this vision. In the following, you will find efforts made over the past fiscal year, toward meeting our goals.

As Kansas reinvests in prevention and early problem intervention, trauma-informed evidence-based programs will support the strong foundation of the state's vision. As more practices emerge, equity in training models and practice approaches will circulate statewide.

Vision Item: Strong Workforce

Recruitment and retention will be a long-standing approach to creating a strong workforce. Making sure our staff continue to receive the message of their value within the agency and in the lives of the families we serve is a priority.

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 child welfare workforce with a fulfilling career is believed to ultimately shift practice culture.

Objectives/Stages – SFY2020 Progress:

Measuring success in SFY2020 using the strategies outlined in this goal.

- 1. decrease in agency vacancy rates**
 - a.** Data reflects from SFY19 to SFY20 we increased the number of field staff by 2.5% and at the same time decreased vacancy rates by 11.5%. This demonstrates lower vacancy rates overall even though there are more positions to be filled.
- 2. decrease in case load sizes** (PIP roll over activity 1.3.2)
 - a. SFY20:** The average maximum caseload size for a Child Protective Specialist was 21. *(This is baseline data for SFY21 comparison.)*
- 3. decrease in staff to supervisor ratio**
 - a. SFY20:** The average staff to supervisor ratio was 4.2. *(This is baseline data for SFY21 comparison.)*
- 4. increase in timely initial assessments**
 - a. SFY2020:** Kansas achieved timely initial contact with families at a rate of 95% compared to 96% in SFY2019.
 - b. SFY2020:** Kansas achieved timely initial assessment decisions by KPRC at a rate of 76% compared to 69% in SFY2019. *Data reflected in these measurements is up to and including March 2020.*
- 5. decrease in number of children removed from their homes**
 - a. SFY2020:** The need for foster care in Kansas has decreased from 7,578 children in SFY19 to 7,228 children as of April 27, 2020.
 - b. SFY2020:** 3,054 children were removed (July 2019 – April 2020) which is a 10% decrease when comparing SFY 2019 data for the same timeframe. SFY 2019 (July 2019 – April 2020) 3,404 children were removed from their homes.

In SFY2020 DCF promoted recruitment by advertising position vacancies on job websites, social media, and through professional recruiters. Efforts to retain staff have included providing continuing education and licensure reimbursement for practitioners. \$400,000.00 was budgeted in SFY2020 on these strategies.

As DCF and our providers recruit professionals from domains outside of social work but within the human services profession, we have developed a child welfare specific training to support them as part of their initial training plan.

DCF staff can now use 4 hours of administrative leave per week, if they choose, dedicated to furthering their education.

In SFY2019 DCF began piloting telework with staff throughout the regions and in administration. Telework quickly became an allowable benefit and was placed into policy in early SFY2020. The initial policy for telework included the potential for staff to work remotely up to two days a week coupled with the requirement the employee had worked for the agency six months. DCF found quickly staff were

appreciative of the added benefit and treated the opportunity professionally. Supervisors learned how to manage based on an outcome perspective. 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. During this time DCF created the ability for DCF employees to work from home full-time. This involved quickly setting up all technical logistics for any employee who had not previously taken advantage of the telework opportunity. As the state is moving through the various stages of reopening, DCF is taking a slow, well thought out approach and closely following the Governor's direction.

Moving forward and understanding what we have learned through the pandemic, the decision was made to revise telework policy by expanding the number of days staff may work remotely and removing the six-month wait period. Effective June 1, 2020, DCF telework policy was revised to allow staff to work remotely up to five days a week. Supervisors and staff are asked to balance telework with the agency standard of excellence in customer service and plan for in-person office building time accordingly. This benefit is allowable with no previous agency tenure. However, at what point an employee may begin teleworking is dependent upon their supervisor's assessment and approval. Additionally, there is a grace period in which time is needed to acquire all technical equipment to successfully work remotely. DCF received overwhelming feedback from staff related to efficiencies gained by teleworking and overall satisfaction with the gift of trading travel time to time with their families.

In SFY2020 16 Child Protection Specialist (CPS) positions were requested as part of the Governor's Budget Report submitted by DCF. Previously in SFY2019, legislature approved 13 CPS and 8 Foster Care Liaison positions. Also in SFY19, the Governor approved a 2.5% pay increase and a 6% reduction in health insurance costs related to health insurance benefits for employee plans which include spouses or families.

The Governor has continued her strong support and dedication to child welfare and preventions. In SFY2020, Governor Laura Kelly set aside 6.5 million dollars in state funds for federal match per the Family First Prevention Services Act (FFPSA). In SFY 2021, Governor Kelly continued her strong support and dedication to the child welfare system and FFPSA by setting aside an additional 3.5 million in state general funds and granting 18 new prevention positions for DCF. Eight positions are dedicated for new child protection specialists to monitor, promote and support FFPSA services throughout the state. The remaining ten positions will be allocated as Team Decision Making (TDM) facilitator positions or Child Protection Supervisors. Making the decision between allocating toward supervisors or TDM facilitators will be based on data and identified needs to ensure adequate coverage for TDM and supervisor to staff ratios.

During SFY2020 a new philosophy was imparted related to expanding the training network for staff. DCF Strategic development proposed shifting training from being a singular source within the agency to broadening the opportunity for staff within the regions to become champions toward implementing the variety of tools and resources included in our evolving practice approach and model. These staff receive training from Strategic Development and take what they have learned back to their teams and region to share what they have learned and provide technical assistance with implementation. These staff are labeled "learning assistants" and are brought into this role through supervisor recommendation or volunteerism.

In SFY2020 DCF created the "Project and Student Trainee Practicum Administrator" position. This position is focused on reaching out to universities to provide information, presentation and education to would be practitioners and educators of human services programs. The Administrator of this position facilitates placement for practicum students throughout the DCF regions within Kansas. Practicum

students are given the opportunity to build a portfolio of experience with child protection and other positions throughout the PPS department.

In SFY20, DCF began promoting and educating practitioners and administrators regarding new tools and services available for implementation and referral within their work with families. A foundation of prevention networks and practices were created. DCF believes prevention strategies supported by a solid foundation through a practice model filled with principles and approaches, we will see a link to better outcomes, improved engagement and our vision of practitioners working alongside families in their communities.

Family Finding is one such approach which promotes family/youth engagement, healing and development, placement stability and establishes lifetime support networks for families. For further understanding of Family Finding, please see section: *A: Strengthening Families Through Primary Prevention of Child Maltreatment While Securing Permanency for All Children and Youth*.

Family Finding boot camps were held in Kansas in SFY20 and staff were identified as leads for this practice approach. These staff are charged with serving as champions of the practice and providing guidance and education to staff during implementation. Please see “Goal 3” for further information regarding implementation in Kansas throughout SFY20.

Team Decision Making (TDM) involves a partnership between families, their support network, and the agency. This practice approach promotes inclusivity, partnership, and transparency by the agency. For further understanding of TDM, please see section: *A: Strengthening Families Through Primary Prevention of Child Maltreatment While Securing Permanency for All Children and Youth*.

In SFY20 five Team Decision Making facilitator positions were added to regional resources. The facilitator does not carry a caseload and are classified at a supervisor level. Facilitators spent time throughout the fiscal year in learning exchanges with child welfare practitioners in our border state of Missouri. Learning was focused on understanding the model and training to fidelity.

Communication with community stakeholders is key to the success of TDM as a practice approach. A communication plan was developed to bring the voices of courts, communities, service providers, families and law enforcement to the front of planning efforts. Phase 1 implementation of TDM began in three counties in Kansas. Wyandotte, Cherokee and Crawford all began implementing the practices within TDM in early SFY20. Phase 2 of implementation followed a successful initial implementation within these counties. It is projected TDM will be implemented statewide in SFY21. DCF will remain in ongoing communication throughout future fiscal years with the AECF and NCCD as a resource for technical assistance.

Timely initial assessments assure the information shared by families and community partners is used to determine next steps in making an initial assessment. Early intervention can prevent further maltreatment and are important to families. Equally important is to provide tools and resources to assist them in raising their children in a healthy and nurturing environment free from abuse and neglect.

As part of the DCF child protection framework Structured Decision Making® (SDM) was implemented and added to the list of tools DCF KPRC staff and practitioners in the field use to ensure they are making decisions consistently and unique to a family’s needs. SDM complements other practice approaches DCF has begun implementing. SDM support staff in making well-informed and consistent safety and risk assessments. *Please see Section C.2 Update to the Assessment of Current Performance in Improving Outcomes for more information regarding SDM.*

In SFY2020 implementation of SDM in the DCF KPRC has been completed. DCF began rolling out SDM to practitioners in the field starting in December 2019. DCF plans to evaluate SDM in the pilot areas and make decisions whether to implement further in the state based on data.

As DCF reviewed tools and resources for staff to support the practice model, Signs of Safety® (SOS) was considered a tool complementing other approaches being implemented. SOS is a practice approach to equip practitioners and supervisors with tools to evaluate safety factors and build constructive working relationships with families. Use of these tools and practices will engage families and professionals in partnerships to address situations of child abuse and maltreatment. SOS is a progressive approach in building strong safety planning framework. *Please see Section C.2 Update to the Assessment of Current Performance in Improving Outcomes for more information regarding SOS.*

In SFY20 DCF began implementation of SOS. Pilot cities were selected, and practitioners were trained in and exposed to the practice approach. DCF plans to continue implementation throughout SFY21. New policies and guidance have been drafted to support this practice.

Throughout SFY20, policies and procedures for KPRC and child protection have been reviewed and evaluated for efficiencies. For example, if a policy or procedure required duplicative efforts on the part of the practitioner, it is reviewed to find where the procedure can be revised to eliminate unnecessary steps or actions. Information and changes have been informed through feedback from staff implementing policies and procedures and through independent reviews.

Per a previous independent review of KPRC, recommendations for improvements as mentioned in the SFY2020-2024 CFSP, have been considered in next steps within the DCF KPRC. KPRC changes have been made throughout our 2019 and 2020 fiscal years, and improvements will continue to be considered in the coming fiscal years. For example, recruitment and retention efforts have evolved by using social media and contracting with entities like “Indeed”. As available resources for communicating position openings become apparent, DCF remains open to further evolve. A regular schedule for interviewing candidates for open positions was put in place to promote timely interviews of these candidates.

KPRC developed and maintained a work plan for periods of time when the volume of incoming reports is extremely high. KPRC continued to reevaluate and refine the work plan in SFY 2020. Data from previous years is used to determine when KPRC asks for assistance. Staff recruited to serve as a member of the triage team assist KPRC in making initial assessments and assessment quality assurance.

KPRC supervisors enrolled in training to further their skills in supervision, management and coaching. Mastering the Art of Supervision in Child Welfare, a seven-module training, was scheduled to begin in SFY 2020, but was delayed due to the Covid-19 pandemic. Supervisors can expect this training will be rescheduled in SFY21.

KPRC staff will be participants in the upcoming training through a collaboration between DCF and the Kansas Strong project. The supervisory/coaching training tool is KanCoach. KanCoach is scheduled to begin in June 2020. *(For further information regarding KanCoach, please see Section C.2 Update to the Assessment of Current Performance in Improving Outcomes).*

Vision Item: Strong Organization

DCF has worked diligently over fiscal year 2020 with our local communities throughout the state to understand and make positive changes in perception and operations of child welfare services in Kansas. These changes have included remaining fiscally responsible by ensuring we are meeting deadlines and approvals allowing for federal match and claiming. We have also utilized our federal partners to help

broaden our perspective to child welfare in other states. DCF has focused throughout the year to bring voices from our communities to the forefront of our agency and our policy and practice decisions. Our work in child welfare has placed emphasis on building stronger relationships with families we serve. DCF is committed to empowering families, their support network and their communities.

Goal 2: Strengthen Healthcare Coordination and Create Strong Safety, Resiliency and Prevention Networks

DCF's sustaining philosophy throughout SFY2020 and in the coming years is by strengthening our safety net and early childhood programs we can positively affect the likelihood of decreasing the need for a child to be placed in a Psychiatric Residential Treatment Facility (PRTF) when they are older. Taking a concurrent approach to addressing the barriers and disproportionality within our youth population who qualify for placement in a PRTF while simultaneously building a strong safety net and early childhood programs, we can make an impact on future needs for psychiatric services.

Objectives/Stages – SFY2020 Progress:

Measuring success in SFY2020 using the strategies outlined in this goal.

1. Decrease in PRTF waitlists

a. The average number children in foster care awaiting a bed in a PRTF decreased from 41 in May of SFY19 to 26 in May of SFY20.

2. Decrease number of children placed out in out of home

a. **SFY2020:** The need for foster care in Kansas has decreased from 7,578 children in SFY19 to 7,228 children as of April 27, 2020.

b. **SFY2020:** 3,054 children were removed (July 2019 – April 2020) which is a 10% decrease when comparing SFY 2019 data for the same timeframe. SFY 2019 (July 2019 – April 2020) 3,404 children were removed from their homes.

3. Increased placement stability

a. **SFY2020:** Placement stability for children in Foster Care in Kansas decreased from an average of 9.7 placements in SFY2019 to 8.6 in SFY2020. (*Data Source: FACTS – reflects data from July 2019 to March 2020 - This measure calculates the rate of moves per 1,000 days for children entering foster care.*)

4. Increased family engagement

a. Data currently available is tied to Family Preservation contracts which ended in December 2019. At the end of the previous contracts, engagement was measured at 83.3% statewide with a performance standard of 95%. New data and reports are being developed based on new Family Preservation contracts and Family First provider engagement.

5. Increased service array measured through general stakeholder interviews or surveys

a. A parent survey was administered in August of 2019. Based on this feedback Kansas was able to strengthen service array in the noted areas through implementation of Family First, Qualified Residential Treatment Programs and increasing access to mental health services in school. Ongoing communication with stakeholders began SFY2020 in the form of Interagency Advisory Boards (IAB). (*Please see C.2 for additional information regarding the IABs.*)

In SFY20, Kansas has expanded services to rural areas throughout the state. This was a step toward ensuring families in these areas experience similar service array as compared to neighboring urban areas within the state. New partnerships have formed by way of networking and introduction to provider agencies. Past service providers have re-engaged in partnerships with DCF and we are nurturing the trust and relationship by continuing to access their voice and feedback regarding services needed within Kansas.

Kansas implemented Family First in October 2019. As part of this implementation, DCF awarded grants increasing parent skills building, substance use disorder and mental health services throughout the state. During this process Kansas used the voice of its citizens to target service and geographic areas where gaps were prevalent. As prevention partners have made their way into communities formerly lacking services, DCF has witnessed the strength of these partnerships. Service providers have successfully built sustainable relationships enabling them to meet the needs of the families they serve and respond to the community. Prevention providers have been active in identifying and voicing where they see gaps in services for future planning. Prevention providers communicate with each other with the common goal of ensuring families are receiving the right services specific to what they need. All providers have been willing participants in helping DCF connect and bridge to our local communities and build the prevention network they have been asking for.

A big step in implementing new services throughout the state requires education and promotion of services to practitioners serving the families. In SFY2020, initial training, education, tools and resources were provided to practitioners based on their feedback in what would be most useful in the field. Family Preservation and Family First providers each worked directly with regions to participate in local team meetings, consult on cases and answer any question related to their practice models and services. DCF Prevention staff spent time in offices walking staff through the tools and the referral process. During the pandemic, Prevention staff provided virtual consultation services to front line practitioners and their supervisors.

DCF Administration equipped practitioners with tools and information regarding how to make Family First or Family Preservation referral. A prevention toolkit page was created and posted on the intranet for practitioners. They can access an overview of prevention services, a short tutorial video on the Family First referral process, a Kansas map for an overview of services per county, a search tool where a practitioner can search for available services in their communities, polices, the prevention plan form, and referral forms. This page is continually updated to include the most recent resources. Resource updates are driven by feedback from practitioners in the field. DCF continues to explore mobile enhancement tools for practitioners. This will enable finger-tip access, promote efficiencies and offer real time service engagement with families.

In SFY2020, DCF was able to secure residential facilities comprising of 143 beds which met the Qualified Residential Treatment Program (QRTP) requirements. It is expected more facilities will become available in SFY2021 as they are currently in varying stages of compliance. In October 2019, DCF partnered with KDADS in contracting with an agency to serve as the Independent Assessor related to QRTP placement. KDADS awarded the contract and DCF was able to include the “added service” of and independent assessment to the contract.

In September 2020, DCF, in collaboration with community residential SUD providers, developed the process for referral and placement allowing a child to be placed with their parent while the parent is receiving substance use services.

DCF granted with a provider for the evaluation of our Family First programs. This grantee will evaluate Family First programs per the Kansas approved evaluation plan and facilitate regional and statewide Interagency Advisory Boards (IAB) in the coming years. The first statewide IAB meeting was held in May 2020.

Kansas has continued to support Healthy Families America through funding from the Children’s Cabinet and granted to Kansas Children’s Service League. Kansas will continue in future years to expand and work with community partners to deliver services to families with children under the age of five.

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. Through an award received by DCF a cooperative agreement was developed with the Office for Victims of Crime to reduce child fatalities and recurring child injuries caused by crime victimization. Sedgwick County was identified as the initial implementation site. Year one (SFY 2020) was committed to planning and assessment and included an evaluation of the processes and implementation of community support specialists as early intervention. Community Support Specialists (CSS) were hired and are employed by the Wichita Police Department and the Sedgwick County Sheriff's Office. CSSs have begun working with local partners and DCF to engage families in safe preventative services.

Trained CSSs engage families utilizing motivational interviewing. They visit the families in their homes and assists with connecting them to services and supports through case management.

DCF and law enforcement have partnered together to implement a process allowing law enforcement to access information in the Kansas Protection Report Center Systems. They will now have access to crucial information needed to assist law enforcement in completing an informed and thorough assessment of a family in crisis. The system provides information regarding previous intakes, reason for assessment, and identifies all family members, including children in the home. DCF implemented sharing of information in Sedgwick County. DCF continues to evaluate the process for statewide implementation.

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 considerations and decisions.

Through partnership with the Kansas Department of Corrections – Juvenile Services (KDOC-JS), youth with offender behaviors are referred to KDOC-JS Family Functional Therapy (FFT). Using the evidence-based service model FFT allow for a holistic individualized approach to treating behaviors and preventing the need for foster care. DCF is exploring the potential for mandatory referrals for older youth to Family Preservation Services or KDOC-JS FFT prior to DCF custody.

DCF is starting a pilot program with FosterAdopt Connect to serve youth in the Kansas City areas with Extreme Family Finding. FosterAdopt Connect received a grant from the Adoption Exchange Association and will begin by serving children within the KVC grants in the Kansas City and Northeast DCF regions.

DCF has sustainable working groups charged with addressing ongoing issues related to PRTF waitlists. These groups constantly evaluate the process. 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 these facilities for up to 90 days. Please see attachment 4 for text of the Kansas/Missouri Border agreement.

Kansas Strong is initiating the Parent-Youth mediation pilot in Wyandotte and Saline counties within Kansas. Please see attachment 9 for more information regarding this initiative.

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 and if there is a need for foster care, timely permanency is the goal. Each objective below is seen as having a strong impact on decreasing trauma in children who experience placement outside of their homes.

Objectives/Stages – SFY2020 Progress

Measuring success in SFY2020 using the strategies outlined in this goal. Goal 3 is monitored utilizing reports measuring timely permanency and placement stability.

Kansas will *measure* success of the strategies outlined in this goal by the following:

(Data Source: FACTS – SFY 2020 reflects data from July 2019-March 2020)

1. Increase placement stability

a. SFY2020: Placement stability for children in foster care in Kansas decreased from an average of 9.7 in SFY2019 to 8.6 in SFY2020. *(Please see Section C.2 for additional performance information related to child placement moves.)*

2. decrease in the number of children in out of home care

a. SFY2020: The need for foster care in Kansas has decreased from 7,578 children in SFY19 to 7,228 children as of April 27, 2020.

3. decrease in number of months a child is in out of home care

a. Children discharged from foster care for reason of reunification months in care in SFY20 remained consistent with SFY19. On average children were in care for 10 months.

b. Children discharged from foster care for reason of custodianship/guardianship months in care in SFY20 remained consistent with SFY19. On average children were in care for 19 months.

c. Children discharged from foster care for reason of emancipation months in care in SFY20 increased in SFY20 to 38 months compared to 36 months in SFY19.

d. Children discharged from foster care for reason of adoption months in care in SFY20 decreased to 38 months compared to 39 months in SFY19.

3. increase in number of children placed with a relative

a. In SFY20 the number of children in foster care in Kansas placed with a relative increased to 34% compared to 33% in SFY19.

Strengthening services to families and strengthening the connections between birth parents and foster parents to provide continuity of relationships, 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. Icebreakers was piloted in SFY18 and was implemented as part of the new foster care grants which began in October 2019. Each CWCMP is responsible for training their staff to use the Icebreaker model. The Icebreaker model has been infused into agency training and is included in PS-MAPP Foster Parent Pre-service training. An Icebreaker workshop and panel discussion was offered at the Governor's Conference for the Prevention of Child Abuse and Neglect in Topeka in October 2019.

Placement stability, timely reunification and evidence of concerted efforts to support and promote relationships with parents, are monitored as measures of the effectiveness of Icebreaker. Monitoring occurs through automated aggregate reports, case reads and stakeholder interviews. *(Please see Sections C.2, C.5 and C.6 for more information regarding Icebreakers.)*

October 1, 2019, DCF also launched CareMatch, a first time ever Placement Matching System. This system is designed for accessing placements for children who have been removed from their families. CareMatch has a built-in component for tracking Icebreaker meetings. Data collection has yet to be fully implemented and institutionalized. Icebreaker policies and procedures have been implemented within CareMatch. SFY 2021 evaluation will include assessment of data collection methods and broadly accepted practices which promote timely, meaningful and quality Icebreakers. Measures have been agreed upon method by all CWCMPs. Icebreakers is a standing agenda item when DCF and CWCMPs meet. *(Please see Sections C.2 for more information regarding CareMatch.)*

Kansas Strong continues to build momentum and is proud to have CIP (Court Improvement Project) as a close collaborator on the Parent/youth relationship facilitation program. (See Attachment 9, fact sheet regarding Parent/youth relationship facilitation program.) Steering committee and stake holder meetings are held weekly and members from KU, DCF, and community stakeholders attended grantee meetings held in DC in the fall and spring. The development of goals and plans have been a truly collaborative effort. The Parent/youth relationship facilitation program launch was scheduled to begin April 1, 2020 but has been delayed due to Stay at Home orders being issued in Kansas in response to the COVID-19 pandemic. Also, in response to the pandemic, KS Strong has adapted the 2-day training for facilitators to be delivered by Zoom in 1-1/2 to 2-hour sessions scheduled to begin in May. The training will be completed the first week of June. *(Please see section C.1.k and C.2 for more information regarding this program.)*

Kansas Strong partnered with Family First to create an Interagency Advisory Board charged with advocating for children and families involved with the child welfare system who need services and supports. Their first meeting was held virtually in May 2020. *(Please see section C.5.a. for more information on this initiative)*

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 being placed with relatives. This outcome was added to their grant expectations and will be measured.

DCF partnered with Aetna Better Health bringing Family Finding to Kansas. Kevin Campbell provided a day long introduction to Family Finding on September 12 sponsored by Aetna in Topeka. In October 2019, Kevin Campbell presented at the Governor's Conference for the Prevention of Child Abuse and Neglect to approximately 60 attendees. In November 2019, DCF and Aetna Better Health sponsored a 4-day "boot-camp*" with Kevin Campbell and nearly 100 participants. Another "bootcamp" was offered in February 2020 to nearly 300 participants.

Family Finding Boot Camps are a four-day immersion for staff, supervisors and managers in learning the philosophy, framework and skills of Family Finding practice. Participants work in small and medium sized teams, practicing Family Finding for actual children and youth in out-of-home care or supporting families to child welfare. In past boot camps, participants have typically learned to, and have successfully completed, the Discovery and initial Engagement steps of Family Finding in fewer than four hours of work. The goal for the teams by day five of the training is to have found 40 or more relatives and other connections, identified family members with functional strengths, engaged two lead family members, and

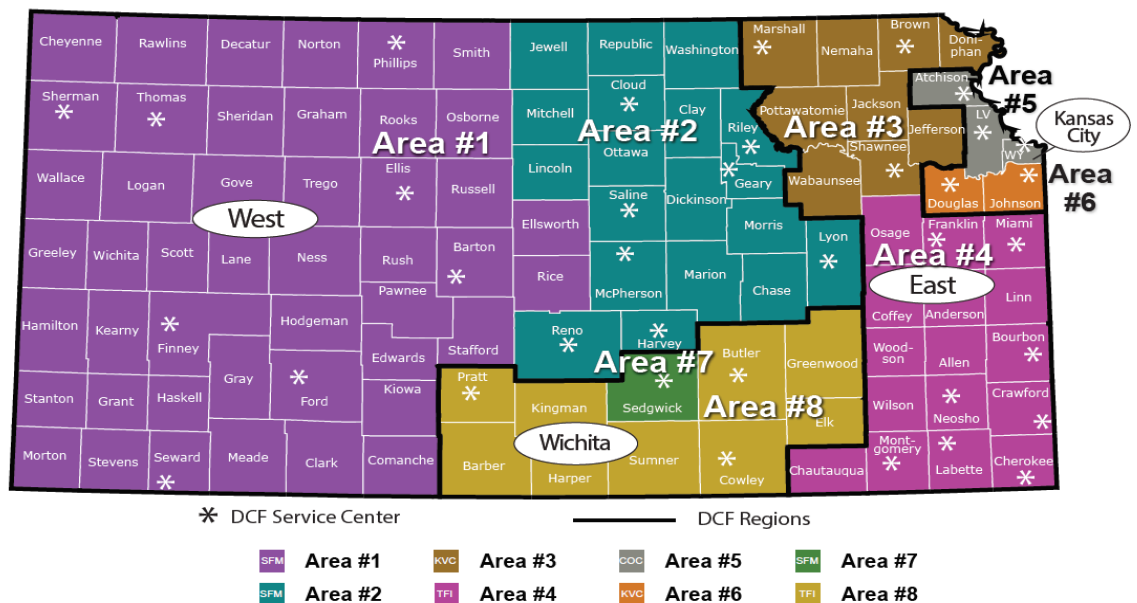
invited 12 or more adults to a Preparation and Planning Meeting to be held within two weeks of the training. Participants leave the immersion experience having learned and practiced the skills of Family Finding, developed a sense of confidence in their use of the skills, and most importantly gained the understanding Family Finding for most youth and families, takes less than 20 hours and can be completed in weeks rather than months.

Currently, Mr. Campbell is offering coaching calls to staff youth in congregate care. Enhancing and deepening the family finding model and practice with child welfare/foster care practitioners in Kansas being the goal. Phone calls are 90 minutes in length and offered via telecommunications 2-3 times per week. Each call hosts between 40-70 participants. Beginning in May 2020, coaching calls will be utilized for children in foster care who are currently approved for and waiting for a placement in a PRTF.

As mentioned above the CareMatch system deployed in October 2019. This system allows CWCMPs access to statewide placement options. The system matches child attributes with foster home placements most equipped to meet the child's needs. CareMatch increases the ability to access data regarding moves in populations by age, goal and geography used to inform practice and identify barriers in processes.

In October new grants were awarded for case management responsibilities to newly organized catchment areas throughout the state. Each of the four regions were divided into two catchment areas to equal eight catchment areas in Kansas. As of July 1, 2020, Kansas will be divided into six regions, but catchment areas will not change. Changes on July 1st involve dividing the West region into two creating Southwest and Northwest regions. The East region will be divided north to south as well creating the Northeast and Southeast regions. *(Please see Section A for an updated state map with new regional structure.)* Below you will see the state, catchment areas and regions as they stand until July 1, 2020.

DCF Regions and Catchment Areas



Kansas developed and launched a standardized rate structure for agencies and home providing placement for children in foster care. This structure has been updated once since the initial release. See Attachment 10 Foster Care Rate Structure.

Children’s Alliance has worked with Kansas Family Advocacy Network to provide trust- based caregiver training to families in Topeka with the plan to make it available statewide. This was temporarily interrupted by the pandemic. Children’s Alliance is also developing a one-trainer one-family model of an updated Caring for Our Own curriculum and is near completion. The curriculum provides modules for up to 16 hours of skill development content and exercises for trust based, trauma informed care with the option of an ongoing support group. Children’s Alliance is reviewing in-service training content with an eye toward birth family friendly selections and language. In partnership with contracting agencies, they have offered ongoing support groups for kinship families as well as foster and adoptive families.

The Caregiver’s Association – Wichita State University (WSU) have made progress towards the goals of their contract by developing their board to full capacity with representatives possessing relevant skills and knowledge. They have scheduled meetings for the remainder of the fiscal year, launched their website, Twitter, and Facebook accounts titled Kansas Caregivers Support Network. WSU continues to work on building training to be offered to kin and foster families in the Wichita region.

DCF, in consultation Casey Family Foundation, identified a new cohort for application of the Rapid Permanency Reviews (RPR). The target population in this cohort are children who have been placed back in the home for at least ninety days but remain in DCF custody. CWCMPs will take the lead in implementing RPR within their organizations. DCF will partner with developing implementation strategies.

DCF began planning for the new cohort with Casey Family Programs in June 2019. Work began revising the review tool in September 2019 and is near finalization. The DCF RPR lead traveled to Indiana in October 2019 to participate in their onsite review to deepen understanding of the RPR process. An RPR kickoff meeting was held in Kansas in December 2019. Implementer training was held in January 2020. Onsite reviews were scheduled for April 2020 through May 2020, but have since been delayed due to the current pandemic. Plans are currently being made to reschedule and dates will be finalized by August 2020.

The Adoption Tracking Tool has been developed through partnerships between DCF and the Court Improvement Plan and in consultation with the Capacity Building Center for Courts. This tool monitors progress toward adoption. The Adoption Tracking Tool is still labeled “draft,” but expected to be finalized very soon. See attachments: Adoption Tracking Tool and Adoption Tracking Tool FACT sheet.

See Attachment 11 Adoption Tracking Tool Fact Sheet and Attachment 7 Adoption Tracking Tool Draft.

Supervisory staff will be participants in upcoming trainings through a collaboration between DCF and the Kansas Strong project. The supervisory/coaching training tool is KanCoach. KanCoach is scheduled to begin in June 2020. *For further information regarding KanCoach, please see Section C.2 Update to the Assessment of Current Performance in Improving Outcomes.*

C.4 Quality Assurance System

For assessment of the Kansas QA/CPI system as a systemic factor in the CFSR, see Update to the Assessment of Current Performance and Progress Made to Improve Outcomes. Kansas believes work with vulnerable children and families demands a child welfare 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, Kansas established a system of Continuous Performance Improvement (CPI). The Kansas 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. CPI is foundational to understanding how the child welfare 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

Kansas has established a culture and structure which promotes continuous quality improvement. 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 child welfare case management provider (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 child welfare 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 chief.

Quality Data Collection

Kansas utilizes four systems to track child welfare 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
- SCRIPTS: Statewide Contractor Reimbursement Information and Payment Tracking System

The FACTS is the State's primary system of record. It contains data from point of intake through permanency and post-permanency services. FACTS is a statewide mainframe-based information system. The FACTS was created to collect and maintain information about children, families and providers with involvement in the child welfare 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 child welfare system. The system allows timely data reporting and analysis key to monitoring outcomes and identifying areas of opportunity. Through the FACTS, Kansas collects and reports Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) and National Youth in Transition Database (NYTD) data. The system complies with all internal and external data quality standards.

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 case review criteria. A Stratified Random Sample is utilized to establish the sample size. The statewide population is 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 CFSSR Onsite Review Instrument (OSRI). Other instruments include questions/outcomes concerning procedures and practices with a focus on safety, permanency and well-being.

Kansas utilizes multiple techniques to validate case read data, including monitoring reader consistency. Kansas has also implemented a QA process to ensure case review quality and consistency.

Kansas began conducting case-specific interviews in SFY 2018 during PIP Measurement Reviews. Case-specific interviews are conducted individually with children, parents, foster parents, case managers, court representatives and/or other professionals who have knowledge about the case. Interviewers utilize the federal Child and Family Services Reviews Stakeholder Interview Guide.

Analysis and Dissemination of Quality Data

Kansas 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. 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.

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 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 on a quarterly basis with the 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

Kansas is scheduled to begin the last PIP Measurement Period in July 2020. This review will conclude the non-overlapping measurement period.

Although Kansas has a strong State Case Review Process developed, the state hopes to maintain enhancements implemented during the CFSR process. This includes the development of a QA process and inclusion of child and family voice/input.

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. Additionally, some programs not funded by subparts 1 and 2 are included in the descriptions below in order to illustrate the full child welfare service array.

Kansas Protection Report Center

Estimated Number of Individuals and Families to be Served	73,000 Intake Reports Received
Population to be Served	Reporters calling with concerns for Kansas families. When the reporter does not speak English, translation services are available.
Geographic Areas where the Services are Available	Reports are assigned for all counties in Kansas

The foundation of the Kansas child protection system is the **Kansas Protection Report Center (KPRC)**. The KPRC receives reports regarding allegations of abuse and/or neglect state wide, 24 hours per day, and seven days per week, including holidays. The KPRC is consolidated in three locations: Topeka, Wichita and Kansas City. The Topeka location provides around-the clock availability, and the Wichita and Kansas City locations operate seven days a week, during daytime hours. A single, toll-free number is utilized (1-800-922-5330), and during regular business hours, calls are routed to a single queue at all KPRC locations. The next available worker responds to the reporter regardless of their work-place location. The KPRC utilizes a web-based information system to document reports and decisions for further assessment. Reports are accessible to all locations at any step throughout the process, which facilitates timeliness and efficiency.

Reports are received by telephone, faxes, online web reporting or by United States Postal Service mail. These various methods provide reporters options to report alleged child abuse and neglect, and all reports are processed in the same manner upon receipt by staff. KPRC has two positions who receive reports: Intake Protection Specialist (IPS) and Protection Specialist. The IPS or Protection Specialist who received the call, fax or online web report complete all steps in the intake and initial assessment of a case. In August 2019 KPRC implemented the use of Structured Decision Making (SDM) to guide the initial assessment decision.

The Quality Assurance Review Team consists of designated Protection Specialists 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.

IPS and Protection Specialist conduct an Initial Assessment to determine whether 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 KPRC follows a structured training plan for all new staff. The KPRC staff go through a 12-week training program which includes a classroom environment to review systems, policy and critical thinking. Trainees receive on-the-job training by shadowing existing employees, technical training and close review of the new employees work by supervisors. A new employee checklist was developed to ensure all employees are learning the same information. New and existing employees are offered the opportunity to shadow a worker from the Assessment and Prevention division. The KPRC has also brought specialized training to each location for staff development. Those topics have included Human Trafficking, Adult Protection Services and Domestic Violence. The KPRC Protection Specialist are required to complete 40 hours of continuing education every two years to maintain their social worker license. If the Protection Specialist is unlicensed, they are still required to complete 40 hours of continuing education every two years. In November 2019 supervisors at KPRC started attending the seven module Mastering the Art of Supervision in Child Welfare. Due to the Covid-19 pandemic, all seven modules of this training have not been completed.

Based on the DCF PPS Policy and Procedure Manual (PPM), section 1330, timeframe for Initial Assessment, KPRC staff complete the Initial Assessment Decision within the next half working day. 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.

Family Services

Estimated Number of Individuals and Families to be Served	100
Population to be Served	Families in need of services with a lower level risk. Candidacy of Care is not required.
Geographic Areas where the Services are Available	Statewide

Family Services (FS) recognize the inherent integrity and value of the family. Provision of family services is considered when there is a need for Prevention and Protection Services (PPS) assistance beyond the initial 30 working days of intake case assignment. Services are delivered to the family as a unit rather than to individual family members. However, individual family members may also receive specific services. Services may be court ordered, recommended by the Child Protection Specialist (CPS), or requested by the family.

Family Services are voluntary and are offered to families to prevent recurrent maltreatment, prevent the need for out of home placement or to prevent further involvement with the child welfare system. FS may be provided to address family stressors, such as substance misuse, out-of-control behaviors of children or youth, truancy prevention and intervention, parenting education, maltreatment prevention, stress and/or anger management, crisis intervention, and mentoring. FS are family centered, culturally informed, and build on the strengths of the family. FS case managers may work directly with families or assist families in connecting with existing and available services in the community to meet the needs of each family. FS or flex funds may be utilized to alleviate a family crisis that may put a child at risk of maltreatment.

FS may be provided by DCF through direct PPS case management, PPS may enter into Client Purchase Agreements with community service providers and may monitor the services provided, or the family may be served by a referral to the Community Family Service Grant Provider.

The Community Service Family Service Grants allowed PPS and families to have access to in-home FS in most counties in the state. This is especially important in the geographic regions where community services are limited. Community Family Service grants were awarded to three providers for three of the four regions in Kansas. The following providers are currently serving Kansas’ children and families: East Region, The Children’s Shelter; Kansas City Region, Cornerstones of Care; and Wichita Region, Mental Health Association of South-Central Kansas. A provider was not selected for the West region. The West Region may enter into Client Purchase Agreements with community service providers to purchase services for children and families. A Request for Proposal for new Community Family Service Grant providers was completed in SFY 2020. Kansas is in the process of evaluating how FS will continue for SFY 2021.

Family Preservation

Estimated Number of Individuals and Families to be Served	2000 Families
Population 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 on family strengths and reduce the risk of children being placed in foster care.

Families must meet the following eligibility requirements to participate in Family Preservation:

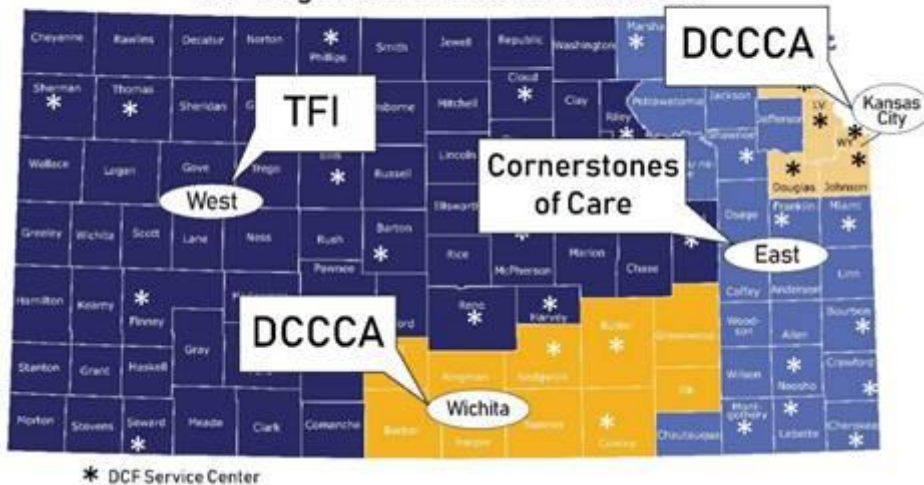
- Reside in Kansas,
- be at risk for having children placed in foster care,
- have a parent/caregiver available to protect the children, and
- be willing and able to participate in Family Preservation services.

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 2020 was a transition year for family preservation in Kansas. For the first half of the fiscal year, KVC Kansas and Saint Francis Ministries provided contracted FPS. This model included intensive services until the safety concerns had been addressed, then a period of less intensive services to address and monitor the family’s ability to manage risk factors.

New 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. DCCCA was awarded the FPS contract in the Kansas City and Wichita regions. TFI Family Services was awarded the contract in the West region. Cornerstones of Care was awarded the East region contract.

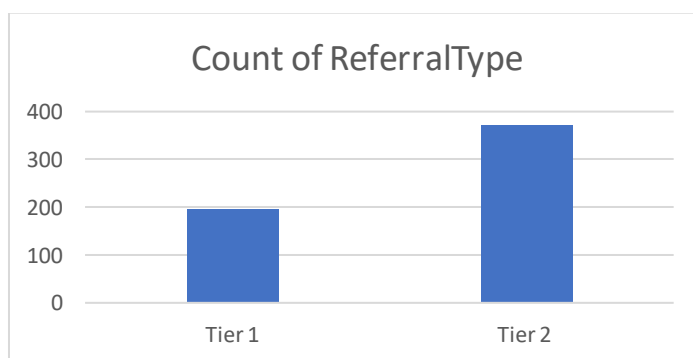
Family Preservation DCF Regions and Catchment Areas



The new Family Preservation contracts offer families and PPS practitioners a choice between two tiers of services. Tier 1 is intensive in-home FPS, provided by a master’s level therapist for four to six weeks. Tier 2 is short-term FPS case management, provided by a worker dyad consisting of an assigned case manager and a family support worker. PPS practitioners have been provided education around the tiers and the evidence-based model each FPS providers is using within each tier. The assigned worker assesses the family for existing risk and emergent safety issues then initiates services to stabilize and support the family. Families are referred to FPS by DCF. DCF may make a referral at any point during the assessment and investigation. The PPS practitioner, the FPS case manager and the family work together using ongoing assessments throughout the service period, to ensure the family is receiving the best services to meet their needs. A referral to FPS and a different tier can be made if it is determined a family requires a different level of service than initial assessments indicated.

Please see Attachment 12 Family Preservation Tiers for additional information.

The Family Preservation Request for Proposals was written with the ideas there would be a need for more Tier 1 Intensive In-Home services. Since implementation in January, FPS has seen more referrals to Tier 2 Short-Term Case Management, as indicated in the following. FPS agency directors and regional DCF leadership each met to adjust the tier determinations to best meet the needs of families in the regions.



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 child welfare system. The

following chart illustrates which Evidence Based Model has been implemented by each provider:

Family Preservation	Evidence-Based Model	California Evidence-Based Clearinghouse for Child Welfare Rating ⁷
TFI Family Services	Tier 1 – Trauma Focused Cognitive Behavioral Therapy	Well-Supported
TFI Family Services	Tier 2 – Alternatives for Families	Promising
Cornerstones of Care	Both tiers – Solution Based Casework	Promising
DCCCA	Tier 1 and Tier 2 – Family Centered Treatment	Promising
DCCCA	Tier 2 with Substance Use Concerns – Sobriety Treatment and Recovery Teams	Promising

During Fiscal Year 2020, every Kansas family was strongly impacted by COVID-19. Kansas schools were closed for the remainder of the school year on March 17, 2020 to slow the risk of virus transmission. FPS practitioners supported families by helping them meet their basic needs and through delivery of therapeutic services. FPS practitioners met with families by phone or video conference. FPS practitioners encouraged family to budget their stimulus checks to meet both short and long-term family needs. Here is an example from a DCCCA FPS practitioner about how they engaged with a family under stress:

A teenage was reluctant to engage in therapy as she struggles with one-on-one interactions. However, with using Google Duo she opened-up about her fears and concerns regarding the pandemic. We were able to discuss some facts about the virus and the rationale behind the stay-at-home order. She seemed calmer after our conversation. She also shared some of her artwork via video, that is something she previously would not let me see.

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 are measured on the following outcomes to show prevention success:

- 95% of children are safe from future maltreatment as defined by affirmed or substantiated abuse and/or neglect, in Tier 1 and Tier 2 Services
- 90% of children are maintained safely at home with family, in Tier 1 and Tier 2 Services
- 90% of babies are born substance free to pregnant women using non-opioid substances
- 90% of women using opioids during pregnancy will be referred for medication assisted treatment.

⁷ <https://www.cebc4cw.org/>, Retrieved 4/12/2020

The previous contracts during the first half of Fiscal Year 2020 were measured on the following outcomes:

Babies are Born Substance Free:

Statewide	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Totals
# of births to families referred to family preservation services for reason of substance abuse during pregnancy born with negative alcohol and drug toxicology	0	2	0	0	0	0							2
# of births to families referred to family preservation services for reason of substance abuse during pregnancy	1	3	0	0	0	0							4
% of families with babies born substance free	0.0%	66.7%											50.0%

Numerator: The # of births to families referred to family preservation services for reason of substance abuse during pregnancy who were born with a negative alcohol and drug toxicology.

Denominator: The # of births to families referred to family preservation services for reason of substance abuse during pregnancy.

Data Source: FACTS

There were only four cases referred for Pregnant Women Using Substances and half of the cases were successful at having babies born substance free.

Families referred to Family Preservation during the 365- day period did not have a child placed into foster care:

Statewide	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Totals
# of families referred to family preservation during 365 day period who did not have a child placed into foster care	186	163	194	234	222	172	165	140					1,476
# of families referred during 365 day referral period	230	193	242	283	256	213	214	174					1,805
% of families with children maintained at home	80.9%	84.5%	80.2%	82.7%	86.7%	80.8%	77.1%	80.5%					81.8%

Numerator: The # of families referred to family preservation during the 365 day period who did not have a child placed into foster care.

Denominator: The # of families referred to family preservation during the 365 day period.

The above chart measures cases referred prior to January 1, 2020. KVC Kansas and Saint Francis Ministries successfully prevented the need for foster care with 1,476 families.

Safety during Family Preservation:

Statewide	Reporting month	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020		YTD Totals
	Referral month	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019		
# families referred to family preservation 90 days ago who did not have a substantiated or affirmed finding between referral and 90 days		222	255	237	205	199	177	244	157			1,696
# of families referred 90 days ago		225	256	240	208	200	180	248	158			1,715
% of families who do not experience maltreatment within 90 days		98.7%	99.6%	98.8%	98.6%	99.5%	98.3%	98.4%	99.4%			98.9%

Numerator: The # of families referred to family preservation 90 days ago who did not have a substantiated or affirmed finding between referral and 90 days.

Denominator: The # families referred to family preservation 90 days ago.

Family Preservation contractors exceeded the performance standards for promoting child safety during Family Preservation.

Child Welfare Practice that Supports the Well-Being of Children and Families, and Communities

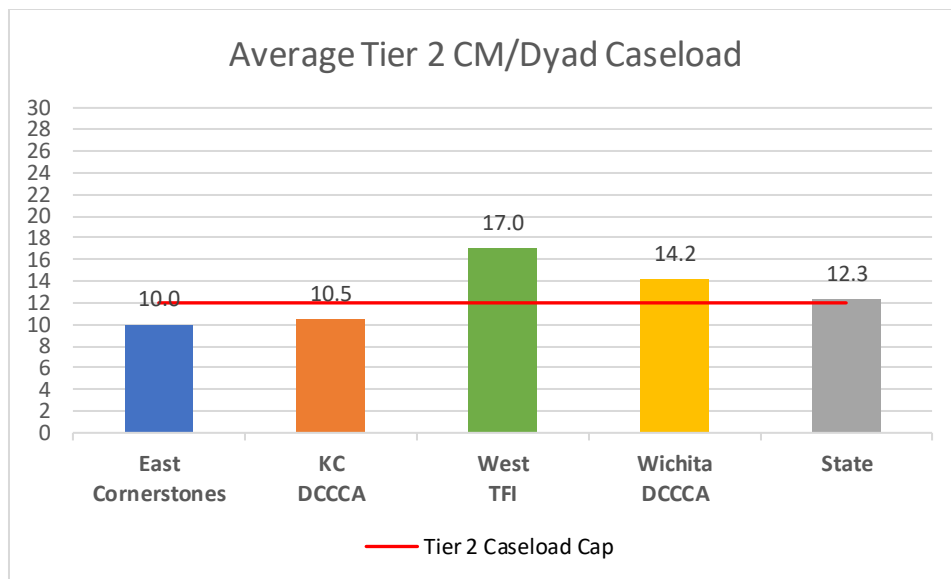
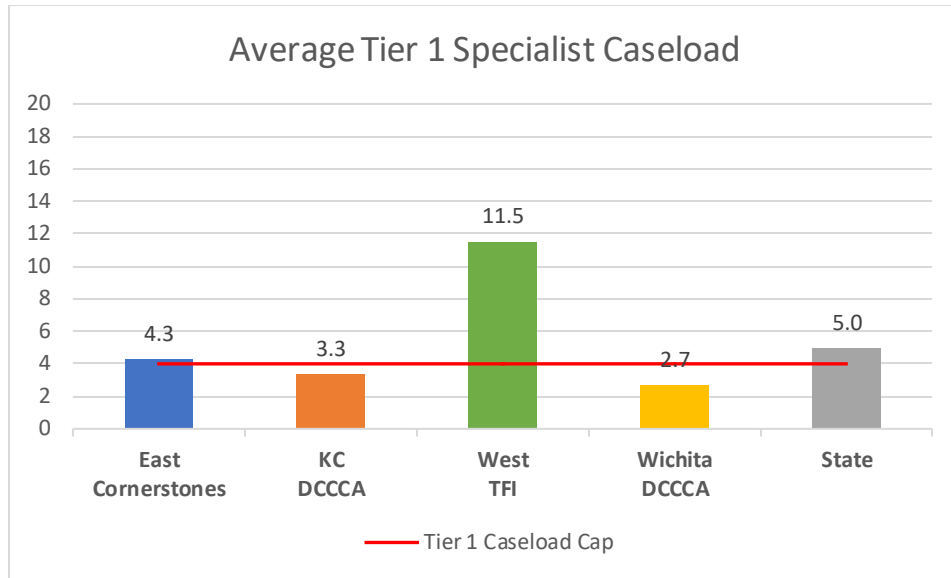
Kansas understands adverse childhood experiences from trauma have been linked to adult onset of chronic disease, mental illness, violence, and being a victim of violence. Family Preservation practitioners work for the well-being of children, families, and communities. In the West Region, TFI Family Services has chosen to focus specifically on providing in-home Trauma-Focused Cognitive Behavioral Therapy to address these needs. Statewide, under the previous contracts, FPS had been 82.6% successful at maintaining children at home and preventing trauma caused by removal into foster care.

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 FPS practitioner does not speak the language the family is most comfortable speaking, the child welfare agency access interpreting services. Should tribal social welfare practitioners request FPS, DCF collaborates with the tribe to refer the family to services. 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 to improve family functioning. If the family's need is greater, the provider and the state child welfare agency collaborate to meet the family's additional needs. Family Preservation practitioners, supervisors, and administration have also worked closely with the new Family First grantees in Kansas. 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 FPS 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 through FPS and complete the program, they could then be considered for a Healthy Families or Kansas Parents are 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 Child Welfare Workforce to Achieve Better Outcomes

Under the new Family Preservation contracts, case load limits were included in the contract for the first time. Therapists providing Tier 1 services may have a caseload maximum of four families. Worker dyads providing Tier 2 services may have a caseload of up to twelve families. This was done to increase the quality of work provided and promote a strong, healthy, child welfare workforce. The following charts illustrate the average caseloads for March 2020:



DCCCA, the agency serving both Kansas City and Wichita, originally planned for a staffing pattern on the projected 70% Tier 1 and 30% Tier 2 and quickly updated the staffing patterns to match the referrals. They hired two additional dyad teams per region to address the higher caseloads in Tier 2. In addition, when DCCCA hired Tier 1 therapists, they discussed the potential need for the positions to transition to Tier 2 based on the referral patterns. They are continuing collaboration with the local DCF teams to share staffing needs based on the influx of referrals and working with community partners on new resources such as the Family First prevention services.

The West Region serves more rural and frontier areas of Kansas. This geographical area in Kansas has traditionally struggled with finding child welfare staff. The West has taken aggressive recruiting steps to include social media marketing and offering new FPS therapists sign-on bonuses upon employment.

Family Preservation agencies have also made active efforts to keep staff safe during the pandemic. When in-person visits are necessary, practitioners are provided with personal protective equipment and encouraged to meet with the families outside and/or in well-ventilated areas.

Looking to the future, DCF is excited to see the effect the new Family Preservation models have in changing outcomes through implementation of evidence-based practices. Family Preservation and Family First are excited to partner together to provide a broader array of prevention services to Kansas families. When successful, prevention services will lead to a statewide decrease in the need for foster care.

Family First Prevention Services Act

Estimated Number of Individuals and Families to be Served	Approximately 500 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

As an early adopter of the Family First Prevention Services Act (FFPSA), Kansas implemented the program on October 1, 2019. Seventeen grants were awarded to nonprofit, not-for-profit, and/or for-profit child welfare agencies offering evidence-based, trauma-informed programs in the required categories of mental health, substance use disorder services, parent-skill building programs, and kinship navigation (see attachment 13 for the complete list of FFPSA providers). These programs target candidates for care defined as children at risk for being removed from the home and entering foster care. Services are provided with the goal of strengthening the family and preventing the need for foster care.

When a call comes into the Kansas Protection Report Center and meets criteria for a Family In Need of Assessment (FINA) or abuse/neglect, a local Child Protection Specialist (CPS) will visit and assess the family. Part of the assessment includes the practitioner assessing the family to determine if their child is a candidate for care. If so, the practitioner further determines if the child could remain safely in the home if prevention service(s) were in place. Once the decision is made to pursue prevention services, the practitioner begins assisting the family in navigating and identifying the available service options. The practitioner is the expert on the variety of services and what each evidence-based program offers. The practitioner assists the family with finding the program best suited to their needs. DCF believes all services are based on family-centered practice. All referrals for Family First services are based on the practitioner’s assessment and the family’s choice.

Since October 1, 2019, DCF staff now have three main service tracks to access for foster care prevention. Family Services, Family First Prevention Services, and Family Preservation Services (view Attachment 14, Kansas Prevention Services Track) are all part of this track. In addition to these state prevention programs; community service providers are essential and can offer families a supplemental service option or even support the family when stepping down from the state programs.

Since the final stages of program planning, Kansas has continued to educate PPS practitioners regarding the evidence-based programs available to them. Each month, Kansas has seen an increase in referrals, except during stay-at-home order months. This is most likely due to the adjustments for COVID-19. PPS practitioners are the family’s initiation to Family First services and must be masters in identifying when a child is a candidate and which evidence-based program would meet their safety needs. In the first month of implementation, “Meet and Greets” were held in each region with the goal of introducing Family First grantees to PPS practitioners. See Attachment 15 for Meet and Greet Invitation example. This booth style open-house event was a way to connect the providers to practitioners in a casual atmosphere encouraging face-to-face introductions. Additionally, a winter/spring 2020 “Prevention Tour” was held in every DCF Service Center in the Kansas City and East region. The “Prevention Tour” provided opportunities for the prevention team to work one-on-one with each PPS practitioner to help them navigate the custom online search tool created for them. The online search tool offers the direct contact information for each Family First provider. Prevention team members educated practitioners one-on-one related to the paperwork

process, policies, talking to families about what a candidate for care is, identifying services for a variety of family needs, and how to explain and utilize the family friendly service menu to outline options. Providers have attended regional staff unit meetings. These meetings have opened up the opportunity for practitioners and services providers to have client focused discussions around their programs.

The Prevention team distributes a monthly newsletter, *Prevention in Kansas*. Recipients include providers, DCF PPS staff, child welfare stakeholders, and other interested parties. The newsletter is an education tool for our stakeholders regarding the services offered as part of the Kansas prevention network. In the newsletter, Prevention services are highlighted as part of the main content. A specific service provider from the array of Family First and Family Preservation providers is normally spotlighted with in-depth information about their program. The newsletter is a great way for Kansas to share the many services and practices we have adopted to improve outcomes for children and families.

The following table demonstrates the number of referrals the Kansas Department for Children and Families have made to Family First programs since implementation date of 10/1/19. The first nine months of implementation providers have focused on bridging relationships, hiring, training and building capacity. All Family First grants will be renewed for SFY 2021 and Kansas anticipates serving more children and families than in SFY 2020.

Provider / FFPSA Evidence-Based Program	Counties Served	Target Age	Families referred from 10/1/19 through 4/30/20
DCCCA/ Adolescent Community Reinforcement Approach (A-CRA)	Crawford, Bourbon, Cherokee, Neosho, Labette, Montgomery, Allen	12 - 18 years	0
Kansas Children’s Service League / Parent Child Assistance Program (PCAP)	Shawnee;	Prenatal to 1 year	3
Saint Francis Ministries/ Seeking Safety (SS)	Finney; Seward; Thomas; Saline; Barton; Wichita; Sedgwick	0 - 17 years	16
Saint Francis Ministries / Family Centered Treatment (FCT)	Barton; Chase; Cheyenne; Clark; Clay; Cloud; Comanche; Decatur; Dickinson; Edwards; Ellis; Ellsworth; Finney; Ford County; Geary; Gove; Graham; Grant; Gray; Greeley; Hamilton; Harvey; Haskell; Hodgeman; Jewell; Kearny; Kiowa; Lane; Lincoln; Logan; Lyon; Marion; McPherson; Meade; Mitchell; Morris; Morton; Ness; Norton; Osborne; Ottawa; Pawnee; Phillips; Rawlins; Reno; Republic; Rice; Riley; Rooks; Rush; Russell; Saline; Scott; Seward; Sheridan; Sherman; Smith; Stafford; Stanton; Stevens; Thomas; Trego; Wallace; Washington; Wichita; Barber; Butler; Cowley; Elk; Greenwood; Harper; Kingman; Pratt; Sedgwick; Sumner	0 - 17 years	28
Cornerstones of Care/ Functional Family Therapy (FFT)	Wyandotte; Atchison; Leavenworth; Johnson; Douglas	11 - 18 years	64

Provider / FFPSA Evidence-Based Program	Counties Served	Target Age	Families referred from 10/1/19 through 4/30/20
Horizons Mental Health/ Parent Child Interaction Therapy (PCIT)	Reno; Barber; Kingman; Pratt; Harper	2 - 7 years	0
TFI Family Services / Parent Child Interaction Therapy (PCIT)	Allen; Anderson; Bourbon; Chautauqua; Cherokee; Coffey; Crawford; Franklin; Labette; Linn; Miami; Montgomery; Neosho; Osage; Shawnee; Wilson; Woodson; Elk; Greenwood; Butler; Finney; Riley		7
Community Solutions Inc/ Multi-Systemic Therapy (MST)	Atchison; Leavenworth; Wyandotte; Allen; Crawford; Labette; Montgomery; Neosho; Shawnee; Butler; Cowley; Sedgwick; Barton; Ellsworth; Harvey; Reno; McPherson; Saline	12 - 17 years	55
Kansas Legal Services / Kinship Interdisciplinary Navigation Technologically Advanced Model (KIN- TECH)	Statewide	0 - 18 years	52
Project Eagle /Attachment and Biobehavioral Catch- Up (ABC)	Wyandotte, Douglas, Leavenworth; Cheyenne, Rawlins, Sherman, Thomas, Wallace, Logan, Decatur, Norton, Sheridan, Graham, Gove, Trego, Phillips, Smith, Rooks, Osborne, Ellis, Russell	6 months to 4 years	5
Child Advocacy & Parenting Services /Family Mentoring Program - (NPP)	Saline, Ottawa	0-17 years	26
FosterAdopt Connect /Fostering Prevention (NPP)	Johnson, Wyandotte	6-16 years	11
Great Circle /Healthy Families America (HFA)	Chautauqua; Woodson; Coffey; Anderson; Linn; Franklin; Osage; Wabaunsee; Pottawatomie; Jackson; Marshall; Nemaha; Brown; Doniphan; Douglas, Atchison	Prenatal to 3 years	17
Kansas Children's Service League /Healthy Families America (HFA)	Sedgwick, Allen, Neosho, Wilson		10
Lawrence Douglas County Health Dept & Success by 6 /Healthy Families America (HFA)	Douglas		0
Parents as Teachers (PAT)	Statewide	Prenatal to 3 years	35

Kansas has contracted with an independent evaluator to conduct a well-designed and rigorous evaluation of our Family First programs. The University of Kansas (KU) School of Social Welfare and KU Center for Public Partnerships and Research (KUCPPR) will conduct evaluations for 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 and hosts regional and statewide Interagency Advisory Board meetings. These meetings bring community partners and prevention providers to the table to review the effectiveness of prevention efforts in Kansas

April 2020, Kansas began the early stages of exploration and planning for implementation of the Integrated Referral and Intake System (IRIS) and the Data Application and Integration Solutions for the Early Years (DAISEY) systems. Both are software tools offered through our grant with KUCPPR. IRIS is a web-based, bi-directional referral communication tool used to help organizations connect individuals and families they serve to the right resources in their community. 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.

DCF Practitioners will utilize IRIS to make an electronic referral to Family First providers. DAISEY will be utilized as a ‘front-end’ system for providers to enter identified data elements required by the rigorous evaluation. Implementation of shared systems will allow the Kansas Department for Children and Families and grantees to improve data quality, track progress toward shared goals, and enhance communication and collaboration.

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 qualified residential treatment programs (QRTPs) is one way the Act intends to do this. QRTP beds available (see Attachment 16 Kansas Bed Numbers for QRTP Facilities). 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 Community Mental Health Centers 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 the Kansas Department for Disability and Aging Services since 2015 on various projects. As the independent assessor, Healthsource will be conducting the federally required assessment of children placed in the accredited QRTP facilities. They use the Child and Adolescent Functional Assessment tool (CAFAS) to assess a youth’s day-to-day functioning and for tracking changes in functioning over time. Their assessment will inform 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.

Adoption Promotion and Support

Estimated Number of Individuals and Families to be Served	See chart below
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.
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In State Fiscal Year 2020 (thus far July 2019-March 2020) approximately 98 percent of the adoptions finalized were by the children’s relatives or the foster parent(s.)

Adoptive Parent Relationship

	East Region		Kansas City Region		West Region		Wichita Region		Statewide	
	#	%	#	%	#	%	#	%	#	%
Foster Parent	133	62.1%	90	44.1%	100	53.5%	94	54.3%	417	53.6%
Other	0	0.0%	0	0.0%	12	6.4%	4	2.3%	16	2.1%
Relative	81	37.9%	114	55.9%	75	40.1%	75	43.4%	345	44.3%
Step Parent	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	214	100.0%	204	100.0%	187	100.0%	173	100.0%	778	100.0%

*This report only includes finalized adoptions of children while in State custody.

When parental rights are terminated (PRT) or relinquished and the child’s case plan goal is adoption, the Child Welfare Case Management Provider (CWCMP) prepares the child and prospective adoptive family for adoption and provides needed services to assist the child in achieving permanency through adoption. 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 together 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 and counseling to address concerns. Services provided to families after the adoption is finalized depend on the child and family needs.

If a disruption (child leaves the home before the adoption is finalized) or dissolution (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. No data is available on disruptions. Few adoptions in Kansas dissolve. Kansas has tracked finalized adoptions from SFY 2003 through SFY 2019. Of the 11,055 finalized adoptions, only 7.8 percent (n=866) have dissolved. Of those families with a re-entry, the majority (78.5 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), they are referred to the Kansas Adoption Exchange for general and targeted recruitment services through the Adopt Kansas Kids program. The CWCMP prepares an Individualized Recruitment Plan (IRP) by completing a PPS 5305 form (Appendix 5N is an example of an IRP), 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. A family who can best parent and serve the needs of the child and will be there for them “no matter what”. The Adoption Exchange Contractor also partners with the National Adoption Exchange, AdoptUSKids (AUK) to photo-list children awaiting adoption on its website (www.adoptuskids.org.) Referral to both exchanges, AdoptKSKids and AdoptUSKids can be done through the PPS 5310 Adoption Exchange Information Form (Appendix 5N is an example of the form.) The PPS 5310 is completed by the CWCMP and sent to the Kansas Adoption Exchange.

At the end of March 2020, there were 471 children listed on the Adopt Kansas Kids (AKK) website. The number of children has decreased over the year down from 501 in March 2019. The average age of the child listed on AKK is 12 years old. The racial demographics for the children are as follows: Caucasian – 281 (60%), African American – 100 (21 %); Bi-racial (AA/Caucasian) – 51 (11%), Hispanic – 32 (7%), Indian/Alaskan - 6 (1 %); and 1 child considered “Other.” Of the 471 children listed on the Adoption Kansas Kids; 82 children are also listed on the AdoptUSKids Exchange.



In SFY 2020 and beyond, AKK plans to continue utilizing social media to promote adoption from foster care. They plan to continue providing professional photos and video interviews of children on the website. The interviews are

shared on social media. Adoption success stories are shared in news segments and on the website to promote teen and sibling group adoptions.

Attachment 17 is the Adopt Kansas Kids State Report

Children's Alliance of Kansas



The CWCMP and other Child Placing Agencies (CPAs) recruit, train, retain and support adoption and foster families to meet the needs of the children in care by utilizing and being guided by Children's Alliance of Kansas. All new foster families and adoption resources must complete a Trauma Informed Partnering

for Safety and Permanence Model Approach to Partnerships in Parenting (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. For families who are unable to attend an in-class session, there is an alternative, called Deciding Together. This format covers equivalent material of TIPS-MAPP; however, a Leader meets with the family on a one-on-one basis for a period of 8-weeks. This alternative class allows CWCMPs and CPAs additional flexibility in training and preparing foster and adoptive families.

Children's Alliance of Kansas (CAK) has adopted the TIPS-MAPP program to allow flexibility in the delivery of this preservice training by offering prospective foster and adoptive parents alternative class structures. This includes condensed classes to span either a 5-week period or two weekends allowing families access to the same information with less time constraints. CAK continues to adapt the curriculum and research other methodologies to delivery this training. Currently, CAK is researching and pursuing different Learning Management Systems to help develop more integrated systems for online delivery of trainings, including pieces of the TIPS-MAPP training.

In January 2019 CAK began implementation of an updated version of TIPS-MAPP with content updates, including information on Adverse Childhood Experiences (ACEs). Researchers have demonstrated a link between adverse childhood experiences of abuse, neglect and family dysfunction and health status later in life. This may be explained in part by a toxic physiological stress response, such as elevated stress hormone levels. A child may have multiple stressors, which may have damaging effects on their developing brain. Using this information informed best practices for alternative methods of delivery.

Through efforts with CAK, Kansas is one of eight states selected to be part of the National Training and Development Curriculum for Foster and Adoptive Parents project to develop a training with three components of self-assessment, classroom-based training, and "right-time" training. For this project, the counties within Kansas used for comparison are Sedgwick, Reno, Butler, Sumner, and Harvey. The pilot counties are Franklin, Douglas, Shawnee, Osage, Wyandotte, Johnson, Miami. Once the project starts, data will be collected from these counties for a total of 18 months. The end goal is for CAK to work in tandem with the CWCMPs and CPAs to train a minimum of 70 families in both the comparison and pilot counties. This project was slated to begin in June 2020. However, it has been pushed back until at least September 2020 in response to the COVID-19 pandemic prohibiting travel and classroom-style gatherings.

During the COVID-19 pandemic, CAK has worked closely with DCF, CWCMPs and CPAs ensuring foster and adoptive families receive training by developing online delivery. For example, CPR and First Aid classes were converted to online learning. CAK has provided technical support to agencies in delivery of Deciding Together training. The importance being to ensure physical distancing can be adhered to while still developing new foster and adoptive families. CAK has also started monthly support calls with trainers in both KS and other contracted states to provide support, share ideas, and troubleshoot situations as the workforce navigates an online support and training format. DCF and CAK intend for these efforts of virtual formats to be phased out, when possible, in the future.

Case Management Providers Recruitment Plans:

Attachment 18 KVC Annual Recruitment Plan 2020

Attachment 19 Saint Francis Ministries Recruitment Plan 2020

Attachment 20 TFI Family Services Recruitment/Retention Plan 2020

Attachment 21. Cornerstones of Care Recruitment Plan 2020

Adoption Home Studies

DCF promotes best practice in adoption work by encouraging the state's numerous Child Placing Agencies (CPAs) to support their families through the adoption process (if applicable.) CPA's have staff positioned in roles where they have great influence. CPAs have worker assigned to the family and this worker has monthly home visits with the family. This worker knows the family best and completes ongoing assessments throughout their work with the family. Having another agency assess the family again, to write their home studies, did not make sense and seemed to be an additional strain on the family. DCF believes the CPA would be the most qualified to write a home study on one of their families. DCF

CPAs, in partnership with the CWCMP provide information to the family regarding the array of adoption services available. DCF reimburses the CPA \$3000.00 once they have completed the home study, provided the family with adoption services information and submitted the required documents needed for a Best Interest Staffing and adoption finalization.

CWCMPs are encouraged in their role as a CPA, to work with adopt only and non-licensed families to facilitate adoptions. CPAs and CWCMPs are encouraged to work together in the adoption of children regardless of who is the family's CWCMP or CPA. For example, if agency has a family wanting to adopt a child assigned to different CWCMP, they would work together in completing the adoption.

Adoption Accelerators

In June 2019, DCF utilized adoption incentive funds to create a position to augment/sustain the CWCMP's work surrounding adoption. "Adoption Accelerators" are non-case carrying positions for each contract area. They engage critical activities to identify, track and monitor children and youth with a goal of adoption who are experiencing barriers to legal permanency. The Adoption Accelerator coordinates efforts to remove barriers to adoption permanency by creating tasks to address. Examples include but are not limited to: data management reporting and tracking to identify children with barriers; initiating or completing home studies; initiating, gathering or completing other required documents or procedures associated with adoption; and similar or related tasks to support case management teams toward adoption finalization. These positions use technology, databases and any systems as needed.

Adoption Accelerator positions are funded through the adoption incentive funds until June 30, 2020. After this date, DCF will integrate funding into future grant amendments for case management. The four grantees began the hiring process for these positions in July 2019. They wanted the positions in place so work could begin in the transmission months prior to October 1, 2020. Saint Francis Ministries (SFM) received Adoption Accelerator positions for grant areas 1, 2 and 7. TFI, Cornerstones of Care, and KVC each received one position for their entire grantee area.

Adoption Policies

Important policies implemented in the past year are highlighted below.
Appendix 6C Legal Fee Reimbursement for Adoption

Reason for Substantial Change: Attorney fees to finalize adoptions have remained the same for several years. Statutes have changed and regions have struggled to find attorneys who will work with parents who are adopting through DCF. This policy increases the rates from \$125 to \$150 an hour and allows for two hours of work for siblings, as they now must be filed separately. Policy implemented 7/1/2019

PPM 5339 Best Interest Staffing (BIS)

Reason for Substantial Change: Additional language added to specify whom can be included as a member of the BIS team. Information received by participants who know the child well will now supplement the presentation and provide clarity for the group leading to a stronger and more informed decision in the best interest of the child. Policy implemented 10/1/2019.

Additional language added to avoid delays in decisions post BIS by requesting participants review materials prior to the BIS convening. Policy implemented 10/1/2019.

Language added to address when a consensus is not achieved within three working days of the original BIS. The Child Welfare Case Management Provider (CWCMP) shall make the final decision regarding what is in the best interest of the child within 24 hours. Policies implemented 10/1/2019.

PPS 6115 Eligibility for Adoption Assistance (Form)

Reason for Substantial Change: Section A, #3, d. The age of the child has been changed from 12 years of age to 6 years of age when establishing the needs of the child. Policy implemented 10/1/2019.

PPM 5330 Assessing the Adoptive Family

Reason for Substantial Change: Policy changed to clarify who needs to provide annual medical or health information related to the ability to parent a child. This requirement is specific to adoptive parents only and does not include all family members. Policy implemented 1/1/2020.

PPS 5341 Best Interest Staffing Recommendation and Selection Report & Authorization (form)

Reason for Substantial Change: New language eliminates the voting section of the form. Policy is now directing to gain consensus on a selected family rather than through voting. Policy implemented 1/1/2020

PPS efforts have been focused on the agency's strategic objectives to strengthen families and safely reduce the number of children in care. PPS has developed and updated related policy and procedures to help bust barriers. Please see Section 2, Item 6 for related data.

PPS has partnered with Adopt Kansas Kids (AKK) to form the Kansas Post Adoption Resource Center (K-PARC). K-PARC supports families who have adopted children from foster care or who are providing permanent care because of a kinship placement. Adoptive and kinship families often find the need for support grows in the years after their adoption or placement is finalized. The ongoing 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 strives to extend the mission of DCF and AKK to Post-Adoptive Families through 1) parent, youth, and child education, 2) peer and community support and activities, and 3) resource development and referrals.

Attachment 22 is the Kansas Post Adoption Resource Center (K-PARC) Project Plan for SFY 2020.

Permanent Custodianship

Estimated Number of Individuals and Families to be Served	157 children are receiving a Permanent Custodianship Subsidy as of March 2020.
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 a 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) to assist families willing to assume responsibility of providing care for a youth to adulthood. Additional funding was designated for those guardianships established pursuant to K.S.A. Chapter 38, Article 15 (permanent guardians). Starting January 1, 2007, the Child in Need of Care (CINC) Code changed the name to Permanent Custodian and Permanent Custodianship Subsidy (PCS). 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. The permanent custodianship subsidy is not an entitlement program and the child must meet all the following criteria:

1. be in the custody of the Secretary of DCF with or without parental rights terminated at the time permanent custodianship is established;
2. a court order appointing a permanent custodian;
3. not receiving Supplemental Security Income (SSI); and
4. the permanent custodian meets eligibility to receive Temporary Assistance for Needy Families as defined by the Economic and Employment Services policy manual (KEESM 2220 - Living with a Caretaker).

As of March 2020, 157 children were receiving a PCS. PCS may be considered if one of the following is met:

1. The child is age 14 and over, or
2. The child is part of a sibling group being placed together and one child is age 14 and over, or
3. The child has an approval for an exception from the Director of Prevention and Protection Services or designee for other extenuating circumstances making adoption not a reasonable option.

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 do not receive a subsidy if their countable income exceeds \$486 per month. Once established, the subsidy amount does not change unless there is a change in the child's circumstances. Income to consider includes but is not limited to:

1. Social Security Survivors Benefits (SSA);
2. Social Security Disability Insurance (SSDI);
3. Child Support;
4. Income for the child from a trust or annuity
5. Other benefits, e.g. railroad or veteran's benefits

Some children may only receive the subsidy for a short period of time. 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. In State Fiscal Year (SFY) 2019, 205 children exited custody into a permanent custodianship. In SFY 2020, as of March 31, 2020, the number was 154.

The CWCMP is responsible for assessing whether a permanent custodianship best meets the child's needs and prepare the family for the responsibilities associated with custodianship, including an assessment of the family's capability to parent the child. The assessment is completed through a home study process and background checks. When determining if an individual family might be suitable for custodianship of a child in the custody of the Secretary, factors considered in the case planning conference and home study evaluation are similar to factors considered in adoption.

PCS was established to provide financial assistance to those who care for children who have been in DCF custody and for whom the permanency plans of reunification and adoption have been ruled out. PPS approves and processes the payments for PCS and the regional DCF offices manages the medical card case and annual reviews.

PCS ends when a child is 18 (unless the child is still in high school); the child becomes emancipated, dies or otherwise ceases to need support; no longer resides with the permanent custodian; or the permanent custodian fails to complete and return the annual review.

DCF is providing regions and CWCMPs clarity related to the differences between adoption assistance and PCS. This assists with determining the correct case plan goal which in turn determines the program providing the resources needed to promote stability and assist the family in raising the child into adulthood.

The CWCMPs are responsible for 6 months of aftercare. Aftercare is the delivery of needed services to the family to promote the success of the permanent custodianship. Services may include helping the family with understanding the trauma of separation, abuse and neglect. Transportation, respite care, mediation are also example of services the family may need.

Permanent custodianship subsidy 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.

Permanent custodians are responsible for reporting to DCF, the following changes regarding their household:

- Change in home address
- Change in phone number
- Change in email address
- Any changes in the child's living situation
- If the custodianship is set aside or they cease to be legally or financially responsible for the child
- When the child reaches 18 and has completed high school
- When the child becomes emancipated
- If the child dies, or otherwise ceases to need support

Kansas implemented policy 6925 Permanent Custodianship Subsidy Overpayment, effective July 2016, to address overpayments.

Relative and Kinship Care

Estimated Number of Individuals and Families to be Served	2600 children in care
Population to be Served	Relative and families providing care to children in custody
Geographic Areas where the Services are Available	Statewide

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. Consistent with federal and state law, relatives and kin are considered first when placement is need for a child. DCF and CWCMP staff are required to make concerted efforts to identify, locate, inform and evaluate maternal and paternal relatives as potential placements both at initial placement and throughout the time the child is placed in foster care. In Kansas, 32% of children in foster care are placed with a relative.

For placement purposes, DCF defines a relative as a person who can trace a blood tie to a child. This includes parents, grandparents, siblings, uncles/aunts, nephews/niece, first cousins, etc. Termination of parental rights does not alter or eliminate the blood relationship to relatives. A relative is also a person who is or was related to the child through marriage or adoption and with whom the child maintains a kinship relationship, such as stepparents, even though the marriage or adoption may have ended. This may also include birth and adoptive parents and grandparents of siblings and half-siblings.

Kansas defines “kinship care” 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).

Relatives may, but are not required to, obtain a foster home license. Unlicensed relatives will be paid between ten and fifty dollars per day (per child) based on the child’s level of care assessment. Specific CWCMP staff help support and maintain relative placements. If relatives choose to become licensed, they must meet the same regulatory standards and requirements as other licensed family foster homes.

Non-related kin must obtain licensure. However, agency policy allows children to be placed with non-related kin prior to the completion of pre-service foster parent training. Non-related kin are issued a temporary license within 30 days of placement. Non-related kin 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.

With new initiatives such as Team Decision Making and evidence-based programs utilized by the CWCMPs, such as 30 Days to Family, Kansas hopes to increase the percentage of relative and kinship placements. Kansas has invested in prevention services available to serve relatives and kin caregivers to support sustaining the child in their home.

Independent Living Services

Estimated Number of Individuals and Families to be Served	820 individuals
Population to be Served	Adults age 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
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Independent Living Services are available to adults age 18 who have been released from the Department for Children and Families 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 Independent Living Self-Sufficiency Matrix and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is adult-driven and identifies the individual’s goals as well as the 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, 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 educational institutions for DCF youth who meet the eligibility criteria, up 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, Kansas Department of Corrections – Juvenile Services (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.

Another Planned Permanent Living Arrangements (APPLA)

Estimated Number of Individuals and Families to be Served	505
Population to be Served	Youth age 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 “Another Planned Permanent Living Arrangement” (APPLA) to match federal language. The permanency goal of APPLA is appropriate only for youth age 16 or older, and when documentation has been provided to the court that compelling reasons exist making all other permanency options unacceptable. Department for Children and Families Prevention and Protection Services is compliant with Preventing Sex Trafficking and Strengthening Families Act regulations that require youth with a case plan goal of APPLA to be 16 or older. As of March 31, 2020, 6.2 percent (n=505) of youth in DCF custody had a current case plan goal of APPLA. Choosing this option is appropriate only when there is a plan for a specific, long-term placement for the child. 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 child is in APPLA, the plan for the child to stay 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 child continue to be explored throughout the time the child is placed out of the home. The permanency option of APPLA does not rule out other more permanent options.

The PPS regional Independent Living (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 care age 17 and older to begin discussion and preparation for self-sufficiency services when 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 involvement assists with engaging the youth and ongoing rapport building.

A transition plan is initiated, beginning at age 14, for all youth in care, regardless of case plan goal. The youth is assisted in considering and identifying specific options on the transition plan for housing, health care and insurance, education, continued support services, employment and financial support and services, transportation, and other services needed to maintain self-sufficiency for the youth and, if applicable, for any minor child of the youth. 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.

Adoption Assistance

Estimated Number of Individuals and Families to be Served	8,166 open cases for Adoption Assistance as March 2020.
Population to be Served	Average age 11.55 years old as of March 2020.
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.

The agency’s policy is to uniformly operate both 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, PPS staff assess 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 March 2020, the average subsidy payment was \$442.50 a month which is up from the average of \$349.75 a month at the end April 2019. This represents an increase of approximately 20.96%. At the end of March 2020, there were 8,233 open adoption assistance cases. This represents a decrease of approximately 16.24% from April 2019 (at 9,829) to March 2020 (8,233).

The CWCMP is required to provide 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, is signed at the same

meeting as the Adoptive Placement Agreement (APA). The APA 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 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. The CWCMP is responsible for Aftercare for six months post-adoption finalization. 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 work with the family on determining services needed to maintain the child in the home and de-escalate the crisis.

Changes to adoption policy took place on October 1, 2019. One specific area of importance addressed in this round was PPM PPS Policy 6210 Eligibility Requirements for Adoption Assistance. This policy focuses on the conditional factors for adopted children which are taken into consideration in order for their families to qualify for Adoption Assistance. Previously, the required qualifications regarding the "Age of Child", was the child needed to be 12 years of age. It was changed to 6 years of age in order to open-up the possibility of Adoption Assistance and support being available to additional families.

PPM PPS Policy 6210 Eligibility Requirements for Adoption Assistance*

The following conditions are factors used to determine if the child has special needs requiring professional treatment on an ongoing basis, which may make it reasonable to conclude the child cannot be placed without cash subsidy or Medicaid services.

- a. Physical Disability - The child has a medically diagnosed disability, which requires professional treatment, impairs normal functioning, or requires assistance in self-care or the purchase of special equipment. The disability is to be diagnosed by a physician, hospital, clinic or other licensed medical practitioner qualified to make disability determinations.
- b. Developmental Disability - The child has significant developmental disabilities and/or delays with demonstrated need for intensive adult supervision beyond chronological age, determined through an evaluation by a licensed psychologist, diagnostic center, special education services, or other qualified professional individual.
- c. Behavioral or Emotional Disability - The child is diagnosed as having a psychiatric condition, which impairs the child's intellectual, behavioral or social functioning. Diagnosis and prognosis shall be established by a licensed physician, psychologist or clinical social worker.
- d. Age of Child - The child is age 6 or older.
- e. Guarded Prognosis - Children with guarded prognosis are not currently being treated for a specific disability or condition but there are factors in the child's genetic, health, and/or social background, which indicates the child, may develop physical, emotional or developmental problems later. The child, parents genetic, social, and health history shall be documented in the case record.
- f. Membership in a Sibling Group Placed Together - The child is a member of a sibling group of two or more children placed for adoption together. For a sibling group of two, one of the siblings shall have one of the special needs factors or conditions listed above. Sibling groups of three or more placed together do not need to meet any other special needs criteria.

To reference policy in its entirety, please see attachment 23 Eligibility Requirements for Adoption Assistance.

Kansas is exploring the opportunity to utilize an Adoption Subsidy Payment Tiers System as opposed to the current singular method of employing negotiation in determining subsidies. DCF is researching the financial impact and feasibility of doing so. Many state's assistance rates are equal or close to family foster care rates. While in comparison some state's adoption assistance payments are significantly lower than the foster care rate.

In April 2019, several DCF Adoption and Foster Care PPS and Regional staff attended the Capacity Building, Center for States' webinar entitled: "Negotiating Adoption Subsidy: State Adoption Managers Webinar." Several professionals presented information concerning their own state's practices in providing Adoption Subsidies to adoptive families and the efforts in overall reducing the financial obstacles to adoption. Furthermore, there was discussion about encouraging adoption from foster care and the best way to help families obtain adoption assistance and other financial supports for which children may be eligible. Trends show the more support families have can effectively reduce the number of overall adoption disruptions that occur.

DCF staff attended the Adoption Call to Action in October 2020 to meet with federal and other state partners. As part of this, DCF ensured the Adoption Exchange for KS was also in attendance and able to participate in the development of a goal. The identified goal was to utilize the Family Finding model for youth referred to the Adoption Exchange and were without an identified resource. As per DCF policies, youth whose parental rights are terminated and are without an identified resource are to be referred to the Adoption Exchange within five days of the termination of rights. From there staff at the exchange are to handle recruitment for youth. To go beyond traditional recruitment efforts, the Adoption Exchange staff noted the ways the Family Finding model would benefit older youth who have been removed and isolated from biological family and other supports by engaging and connecting these youths when possible. DCF has encouraged the Adoption Exchange to utilize Family Finding to pursue permanency for youth referred to them. Additionally, DCF staff set the goal of utilizing this model to help other youth identify and reengage with their support network. Efforts to use this model for youth with terminated parental rights in group homes, PRTFs, QRTPs, and other agencies are underway through a coaching model to help staff undertake this approach. DCF continues to implement this model at every level and work with an implementation team to ensure success.

DCF expanded the Adopt Kansas Kids contract to form the Kansas Post Adoption Resource Center (K-PARC). K-PARC supports families who have adopted children from foster care or who are providing permanent care as a kinship placement.

Services for Children Adopted from Other Countries

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, 2) peer and community support and activities, and 3) resource development and referrals.

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 with them to plan for the child accordingly. In the interim, DCF provides the same care and services for this child as it would for any other children in DCF custody. If a finalized adoption dissolves, the child is placed in DCF custody and enters foster or relative/kinship care. The child will also receive the same care and services as other children in DCF custody. These children receive services to either reintegrate with their adoptive families or help them achieve permanency with a different family. The FACTS system includes information about whether a child in state custody has had previous DCF

involvement, a previous adoption, whether the parents have relinquished their parental rights or if the court has terminated their rights.

As of April 2020, there were 8 children in the custody of the Secretary who were previously adopted internationally. SFM reported 1, KVC reported 7, TFI & Cornerstones of Care reported none.

Services for Children Under the Age of Five

Kansas children under the age of 5 are not placed in congregate care or Psychiatric Residential Treatment Facilities. For children in foster care, the CWCMPs provide support for appropriate day care. In SFY 2020 PPS has been working with CWCMPs to develop procedures to reduce the length of time for children under the age of 5 in foster care without a permanent family.

Activities to address the developmental needs of children under the age of 5 start with assessment tools to screen for developmental disabilities and mental health issues. If the Social-Emotional Screening Tool-R Children Birth to 5 Years identifies a child has a developmental or emotional/behavioral need, the CWCMP refers a child birth to age 2 years to the Infant-Toddler or Tiny-K program for further assessment. Children 3 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.

Tools used by CWCMPs to assess various aspects of 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).

Information related to children in care, include demographics, developmental and emotional/behavioral health issues are tracked through the Kansas statewide data system, FACTS.

Statewide	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020
Percentage of children in out of home placement under the age of 5	Jul. 14 - Jun. 15	Jul. 15 - Jun. 16	Jul. 16 - Jun 17	Jul. 17 - Jun 18	Jul. 18 - Jun 19	Jul.19 - Mar 20
Percentage of children in out of home placement under the age of 5	32%	30%	30%	30%	29%	28%
Of those the percentage placed with relatives.	40%	38%	39%	38%	38%	40%
Of those the percentage with 2 or fewer moves while in care.	97%	96%	95%	94%	76%	78%
Percentage of children awaiting adoption under the age of 5	26%	23%	23%	23%	20%	17%
Percentage of children on the AdoptKSKids website under the age of 5	2%	0%	4%	4%	5%	2%

Kansas DCF has prioritized placement stability for all children in out of home care. The Placement Stability Summit was held in late July and will have another meeting in late August to further define action steps related to achieving stability for children. Data analysis is on-going, looking at demographics and rate of moves and will be further defined through the Placement Stability group. It is expected to see

a decline in the percentage of children on the AdoptKSKids website will show a decrease as the percentage of children awaiting adoption decreases.

While 17% of children awaiting adoption are under the age of 5, only 2% of those are on the AdoptKSKids website. The other 15% of children under the age of 5 awaiting adoption not referred to Adopt Kansas Kids have an identified resources and thus would not be appropriate to be listed on the Adoption Exchange.

CAK, through a contract with DCF, provides and supports ongoing training for foster parents. Some of the training topics available for foster parents geared toward children age 5 and younger include:

- American Red Cross First Aid/CPR
- Autism Spectrum and other Neurodevelopmental Disorders
- Born Substance Affected: Lifetime Ramifications from Exposure to Drugs & Alcohol
- Car Seat Training and Booster Seat Safety
- Child Development Ages Birth to 5
- Child Sexual Abuse & Foster Care
- Shaken Baby Syndrome
- SIDS: Sudden Infant Death Syndrome
- Trauma affects Development and Behavior
- Understanding Children's Temperament

Kansas Serves Substance Affected Families (KSSAF) was one of two projects funded by the U.S. Department of Health and Human Services Administration for Children and Families Children's Bureau to Increase the Well-being and Permanency Outcomes for Children Affected by Substance Abuse. The purpose of this project was to scale up and test the Strengthening Families Program: Birth-to-Three (SFP B-3) in out-of-home placement removed for reasons associated with caregiver substance use to achieve the goal of improved safety, permanency and child well-being. KSSAF was a five-year award and was conducted in partnership between the University of Kansas School of Social Welfare, DCF, KDADs, Saint Francis Ministries (SFM), KVC Behavioral Health Services (KVC), Kansas Head Start Association, Ahearn Greene Associates, and federal cross-site partners. Representatives from these organizations met monthly as members of KSSAF Steering Committee. KSSAF project ended in September 2019.

KSSAF was a statewide public-private collaborative partnership focused on increasing the wellbeing of, and to improve the permanency outcomes for children affected by substance abuse. This initiative included an evidence-based parenting skills training program (Strengthening Families Program Birth-to-Three [SFP B-3]). Eligible children and families are randomly assigned to the SFP group or to services as usual. The treatment group participated in a 16-week SFP B-3 and in trauma-informed functional assessments and referrals to positively impact the following domains: parenting, family attachment, parental substance use, understanding risk and protective factors to avoid substance use, and child behavior. Funding for this project was provided through a Regional Partnership Grant (Round 3) from the Children's Bureau, Administration for Children and Families (ACF), U.S. Department of Health and Human Services. This study contributed to a national cross-site evaluation conducted by ACF, Children and Families Futures, Mathematica and a local evaluation conducted by the University of Kansas School of Social Welfare.



In SFY 2019, the University of Kansas School of Social Welfare partnered with the DCF, Haskell University, SFM, KVC, and other potential partners (e.g., tribes) and was awarded a grant from the U.S. Department of Health and Human Services Administration for Children and Families Children's Bureau for Round 4 of the Regional Partnership Grants to Increase the

Well-being and Permanency Outcomes for Children Affected by Substance Abuse in American Indian Communities and was awarded this grant. The purpose of this project is to scale up and evaluate the Strengthening Families Program (Birth-to-3, 3-5, and 6-11 age versions) among Native American families of children, in out-of-home placement, removed for reasons associated with caregiver substance use, and who are working toward reunification to achieve the goals of safety, permanency and well-being. KSNAF (Kansas Serves Native American Families) will continue for another two years. KSNAF is in operation on two of the four reservations in Kansas. Please see attachments 24 and 25 for the KSNAF professional recruitment brochure and informational document. Currently, KVC Behavioral Healthcare is overseeing this program and assisting with the continued implementation. Prior to COVID-19, KVC was developing a working relationship with another reservation, and developing a group in Lawrence apart from the Haskell Indian Nations University Campus. KVC was working with the Kansas City Indian Center. It is anticipated these efforts will resume in the future as restrictions are lifted.

In SFY 2020, DCF developed policy stating any child under the age of one, who is identified in a maltreatment or family in need of assessment report, shall be referred to a Parent Skill Building program. Parent Skill Building programs include but are not limited to Infant-Toddler Services or Home Visitor programs. The PPS practitioner shares information with the parent regarding parent skill building programs in the community. A referral is made to the program the parent chooses. The referral is made due to the age of the child. The child does not have to be an alleged victim of abuse/neglect for a referral to be made.



The Kansas Infant Death and SIDS Network provided training to become Safe Sleep Instructors. Safe Sleep is an initiative dedicated to children under the age of five. The Safe Sleep curriculum is dedicated to educating anyone who has contact with infants about unsafe sleep environments which lead to suffocation, strangulation, entrapment, or Sudden Infant Death Syndrome (SIDS). Sleep-related deaths are the third leading cause of infant death in Kansas. In October 2019, twenty-seven DCF

employees became certified Safe Sleep instructors. DCF has expanded the outreach of Safe Sleep and is in the process of training employees in all departments across the state to provide safe sleep education to families. The KIDS Network has certified 158 Safe Sleep instructors. Fifty-six counties have certified Safe Sleep instructors. The new DCF Safe Sleep instructors will now educate other professionals and hold community baby showers to promote sleep safe practices for infants across the state. The goal of the agency was to train all DCF staff, CWCMPs, prevention providers, community partners, and stakeholders by May of 2020. When COVID-19 group gathering restrictions have been lifted, DCF will be partnering with stakeholders to provide community baby showers for expectant mothers and their families. In addition, Safe Sleep crib demonstrations will be provided to EES Work Program participants.

Kansas developed policies and procedures to ensure care to children under the age of one, focusing on motivational interviewing and engagement with families. Policies will also focus on children under one, involving making referrals to available services, education and information on safe sleep. Kansas is currently implementing Families First and utilizes funds to provide evidence-based services currently in Kansas and possible implementation of new services in Kansas to provide early intervention for children and families with a focus to serving all counties in rural and urban areas.

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.

Kansas Department for Children and Families (DCF) Critical Incident Protocol is a process for reporting, reviewing and documenting the Division's response to immediate significant events involving a child. The purpose of this process is to take a closer look at circumstances surrounding critical incidents, including the Division's initial response to the critical incident and prior Division involvement with the impacted family, with the goal of identifying 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. Regarding fatalities, 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.

As set forth in policy, the DCF Administration Critical Incident team receives initial notice of child fatalities through the Kansas Protection Report Center or regional practitioners who become aware of a fatality. The Critical Incident team receiving initial notice are comprised of a dozen 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 purpose of the preliminary assessment triage is to provide information on family history known to the agency to determine 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 child protection staff share their experience with the trauma of a child death, how agency practices impacted their work and offer feedback to in the process to assist with future policy review and development. In addition to the conversations with staff, the event reviewer provides their own observations as a reviewer gained regarding impact or implications to policy, practice or partner engagement.

The information gathered during review the review including conversations with affected practitioners 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. Our efforts to support safe sleep prompted partnership with KDHE Kansas Infant Death and SIDS Network (KID&S), the certification of 25 DCF employees as safe sleep instructors in September 2019 and a recent contract to procure and keep in ready stock KDHE endorsed Cribs For Kids® bedding for families with infants served by DCF. In addition, insights gained from the review process informed a policy to refer all families with infants to an appropriate DCF or community service tailored for parent skill building or infant services.

Kansas uses data from FACTS to report fatalities to NCANDS. Maltreatment findings recorded in FACTS regarding child fatalities are made from joint investigations with law enforcement. 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. The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each state establish citizen review panels in order to receive funding for child abuse prevention services. The State Child Death Review Board (SCDRB) serves in the capacity as one of three Citizen Review Panels in the State. The SCDRB works with Kansas Department of Vital Statistics for notifications of child deaths. Death and birth certificates, as well as the coroner information are used to identify sources of additional information. Information is obtained from coroner reports, autopsy reports and photos, medical records, law enforcement reports, scene photographs, DCF records, school records, media reports, obituaries, and other relevant documents. The SCDRB meets monthly. The board members consist of members from the Attorney General's Office, Kansas Bureau of Investigation, DCF, KDHE, Commissioner of Education, State Board of Healing Arts, Attorney General advocacy groups and Kansas County District Attorney Association.

Since 1964, the SCDRB has reviewed 11,252 child deaths in Kansas. In 2017, Kansas had 396 child fatalities. The SCDRB completes an annual report providing recommendations to the state of Kansas to prevent child deaths. Please see Attachment 26 for the State Child Death Review Board Annual Report and Attachment 27 for the PPS Director's Response to the Annual Report.

Child fatalities reported to NCANDS are child deaths as a result of maltreatment. The SCDRB completes a review after all investigations, medical examiners results, and any other 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 state's vital statistics reports on aggregate data are not information specific to an individual child's death. Kansas utilizes all information sources currently made available when child fatalities are reviewed by the SCDRB.

The SCDRB has developed the following three goals to direct its work:

- To describe trends and patterns of child deaths, identifying risk factors in the population;
- To 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;
- To develop prevention strategies including community education and mobilization, professional training, and changes in legislation, public policy and/or agency practices.

Recommendations and review of the SCDRB reports indicate a need for services in the prevention of Sudden Death Syndrome and sleep related deaths, an increase and access to affordable, high-quality childcare, and enhanced training and access to appropriate information for child welfare professionals. Contributing factors for prevention indicated the need for prenatal care, services for substance use including drugs, alcohol and nicotine. Education and knowledge for proper supervision, safe environments for safe sleep, were recommended regarding sleep related deaths.

Kansas child protection policies include provisions or categories of families in need of assessment which creates a challenge in understanding the impact of caregiver behavior on predicting occurrence or recurrence of serious injury and fatality.

DCF begun a Safe Sleep campaign in SFY2020. Please see previous section, (*12. Services for Children Under the Age of Five*) for an explanation of the Safe Sleep initiative in Kansas.

In its most recent report the State Child Death Review Board, on page 66 of Attachment 26, encourages enhanced training and appropriate information for child welfare professionals. There was a concern noted regarding the flow of all information to all necessary persons, specifically how all available information should be reviewed in its entirety for repeated reports of similar behavior. History searches are required in the policy and procedure manual. The purpose of the history search is to inform comprehensive assessments, case decisions and worker safety. The history may inform risk and safety decisions for the child, decisions for controlling safety interventions, protective actions and services for the child and family.

When a report has been assigned as abuse or neglect, excluding non-family/unregulated caregiver and facility assignments, PPS staff shall complete a search for DCF, criminal, and sex offense history of all care givers and the alleged perpetrator. Documentation of history searches shall clearly state the name of the person searched, the date the search was conducted, the database or website searched and what the search yielded, including if no history is found. Prior to conducting interviews, the assigned CPS specialist shall review the history searches for indications of safety and risk concerns for the child. The CPS specialist shall determine if the history is potentially relevant to the current situation or if the history presents ongoing risk/safety, such as, a developmental disability or long-term pattern of domestic violence or substance abuse which needs further assessment. The CPS specialist shall include potentially relevant history, in the current investigation and assessment activities (interviews, observations, etc.) to gather information from the child and family regarding how the family is currently functioning/dealing with the risk/safety concerns identified. History which presents ongoing risk/safety concerns shall be reassessed in the current safety/risk assessment.

Kansas is working on ways to assist law enforcement in obtaining information from DCF when responding to a home involving children, domestic violence, or any situation putting children risk. As a part of an Interagency Agreement with law enforcement in Wichita, DCF has developed a sharing of systems to give officers current and past knowledge of cases allowing for a more thorough assessment of a situation requiring emergency response.

The Interagency Agreement between DCF and Wichita Police Department 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.

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. The group has 130 representatives from 60 organizations representing a broad array of sectors. Representatives include government agencies, social service agencies, law enforcement, universities, school districts, neighborhood associations, faith-based agencies, businesses, funders, hospitals and community and family representatives involved in the child abuse prevention network. In FY20, DCF increased funding for WCCAP to form new workgroup 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

DCF utilizes Promoting Safe and Stable Families (PSSF) funds for prevention, family support, time-limited family reunification and adoption support programs. PSSF funds address prevention initiatives through agency-wide efforts to deliver services in the most comprehensive efficient way possible, while at the same time, building capacity in local communities to meet local needs. Kansas uses Title IV-B, Subpart 2 funding fully on service delivery. When selecting a child welfare agency to provide community-based family support services, proposals are requested for each of the four geographic regions in the state. DCF invites applications from nonprofit, not-for-profit, and/or for-profit child welfare agencies when choosing service providers. When selecting a child welfare agency to provide family support services, the review team includes both regional and administrative staff. The proposals are evaluated for: cost, adequacy and completeness of proposal, bidder's understanding of the project, compliance with the terms and conditions of the request for proposal, experience in providing like services, qualified staff, methodology to accomplish task, and the response format as requested by the request for proposal. 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 23%. Please refer to the Attachment 65 CFS101 IVB subpart 2 for estimated expenditures.

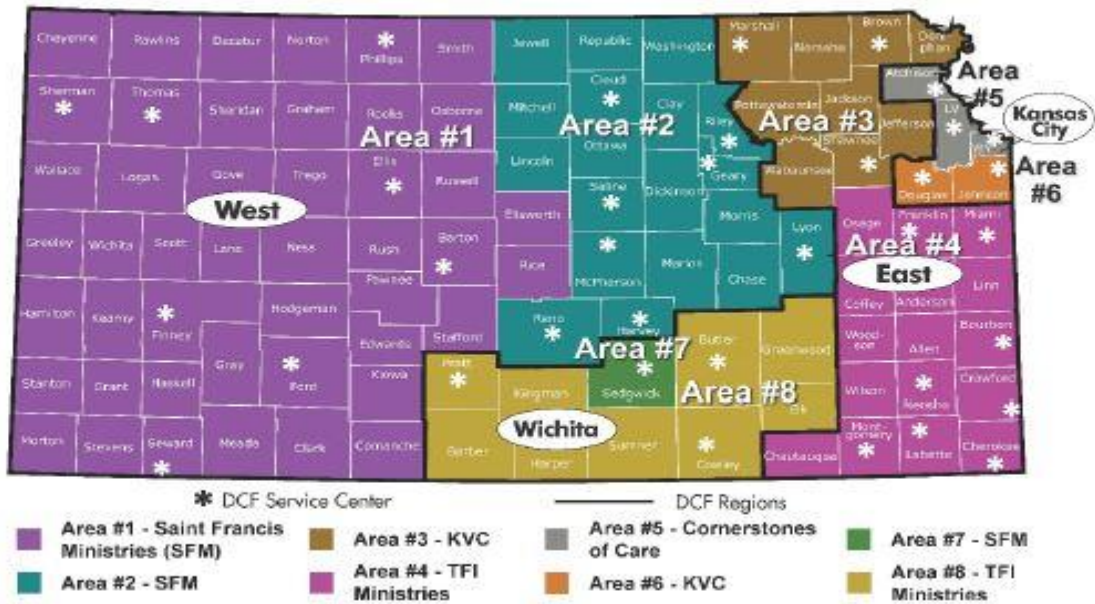
Title IV-B, subpart 2, Promoting Safe and Stable Families funds have been allocated statewide to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions through the CWCMPs who offer a full array of services to meet these goals. 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

Kansas privatized statewide **reintegration, foster care and adoption services** in 1996 and 1997. Over the years, different contract models have been awarded to licensed CPAs to provide these services. In October 2019, DCF began new grants with 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. This was an increase in two additional agencies providing services, as compared to just two agencies in the last fiscal year.

DCF Regions and Foster Care Catchment Areas



The four contracted agencies, also known as CWCMPs include KVC Kansas (KVC), Saint Francis Ministries (SFM), Cornerstones of Care and TFI Family Services (TFI). Each of the CWCMPs has experience providing services to Kansas children and families.

When the court determines a child is in need of care and cannot remain safely in the home, custody of the child may be granted to the Secretary of DCF. DCF is responsible for providing care and treatment for children removed from their parents or other caregivers. In partnership with DCF, the CWCMPs provide a full array of family-centered, trauma-informed services and supports from removal through permanency. Case planning prescribes targeted services based on evidence-based assessments. Services are planned, goal-directed activities focused on safety, permanency and wellbeing.

DCF staff provide technical assistance and administrative support to the CWCMPs. This includes approving case plans, clarifying policies, licensing foster homes, supplying historical records and facilitating information sharing with other state agencies. DCF is also responsible for evaluating CWCMP performance. Performance outcomes for safety, permanency and wellbeing are measured quarterly through case reviews. In addition to federal standards, DCF also measures success indicators such as placement with relatives, educational stability and locating permanent homes for children without an identified adoptive resource. DCF recently increased the goal for the CWCMPs for FY21 to strive to have 50% or more of children in out of home care be placed with a relative. This is a 21% increase for FY20.

In addition to these four contracted agencies, DCF entered into grants for each CPA in Kansas who provides sponsorship and support of foster homes throughout the state. This was done to ensure all agencies had a standard payment agreement and process as DCF took over the reimbursement of costs for foster families. DCF developed a standardized rate structure all agencies follow and provides updates as necessary. This process has further strengthened DCF’s relationships with the CPAs in supporting foster families and sharing the goal of timely reunification.

DCF has developed several policies to help further the goal of reunification and engagement between the biological family and foster family. One example is the Initial Family Meeting (IFM) which is held within

three business days of a new referral for foster care services. This meeting helps to transition the case from DCF to the CWCMP. The IFM allows the parents/caregivers to meet the assigned CWCMP case manager, identify relatives and kin who may provide support or placement and discuss plans for visitations. The IFM Service Plan was also developed, in consultation with the family, so reintegration efforts may begin without delay.

Icebreaker Conversations open the door for communication. They strengthen connections and promote a sense of shared parenting among all the caregivers in the child's life. Icebreakers also serve as a respectful reminder birth parents are the experts about their children and their input is important and valued. Icebreaker Conversations often help ease some of the worries from birth parents about their child's care, they provide important information allowing foster parents to better care for the child. While there are many meetings focused on paperwork and decision-making, Icebreaker Conversations offer a meaningful opportunity to solely focus on relationship-building. When birth parents and foster parents work together, the child may adjust more easily in the foster home and better maintain a bond with his or her birth parents, resulting in increased placement stability and improved outcomes for reintegration. During the COVID-19 crisis, DCF worked alongside the CWCMPs to ensure Icebreaker Conversations continue virtually either through video or phone contact to ensure physical distancing can be adhered to while beginning the initial work of reintegration. Additionally, CWCMPs were encouraged to train new onboarding staff during the same period to have virtual training on Icebreaker Conversations so new staff are familiar with the processes.

With help from Casey Family Programs (CFP), Kansas implemented Rapid Permanency Reviews (RPR) in 2018. From 2018 to 2019, Kansas used RPRs to identify and "bust" barriers in the adoption process. Managing with data, not anecdotes, allowed Kansas to make system-wide changes in policy and process to facilitate more timely adoptions.

In 2020, Kansas moved forward with RPRs to shine a similar light on any delays or bottlenecks for children achieving permanency through reintegration. Identifying and busting barriers to reintegration will help Kansas safely reduce the number of children in out-of-home care. Before the COVID-19 crisis, Kansas was in the process of scheduling reviews. Currently this process is on hold until travel bans and gatherings are lifted.

When reintegration is not possible, permanency through adoption or permanent custodianship is explored. Over 99% of children in Kansas adopted from foster care are adopted by foster parents (53.6%) or relatives (44.3%). Children without an identified adoptive resource are referred to the state's single adoption exchange provider. Through general and specialized recruitment activities, the adoption exchange provider helps find and match families interested in adoption from foster care.

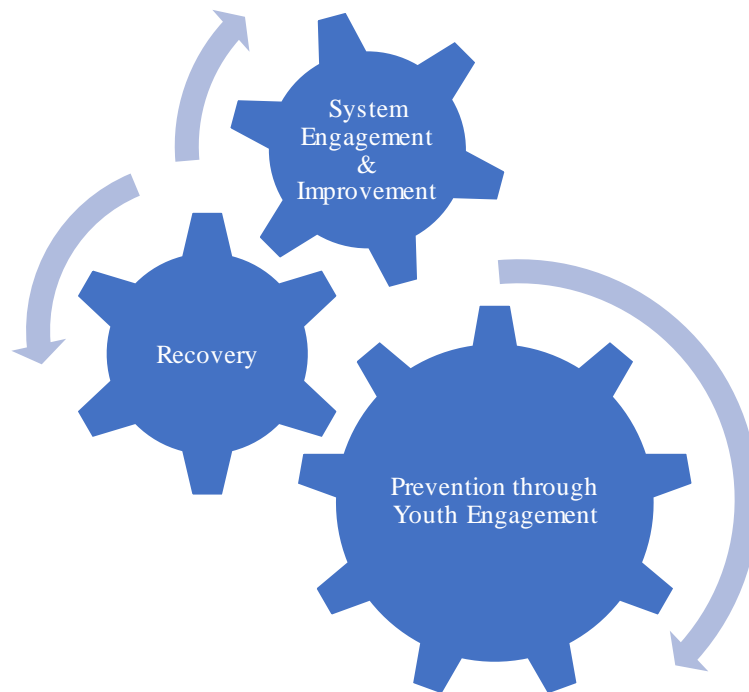
The CWCMP provides case management and permanency services throughout the duration of the case. Aftercare supports, and services are also provided to families for six months when children achieve permanency through reintegration, adoption or permanent custodianship. Aftercare services are designed to enhance stability and continue efforts focused on safety, permanency and wellbeing.

For the upcoming FY21, DCF intends to focus on placement stability rates and work closely with the CWCMPs and CPAs to reduce this rate to at or below the federal standard. As part of these efforts, DCF is working to implement Family Finding efforts and are seeking out ways to incorporate this model into all levels of practice. The number of children in out of home placement has decreased during FY20.

Special Response Team

The newly formed Special Response Team (SRT) within PPS is a part of the also newly formed, Youth Programs unit. The Youth Programs Unit includes the Chafee Foster Care Program for Successful Transition to Adulthood and the Education and Training Voucher (ETV) Program, Crossover Youth, and the SRT. This new 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 (here after 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 two Specialists that comprise a team of ten, with plans to add two additional Specialists during SFY 2021 for enhanced services and coverage in the Wichita and Western Kansas Regions.



Recovery Process

The risks of being a runaway and missing from care 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 a runaway. At the backbone of operations is a firmly held value that one runaway is one too many.

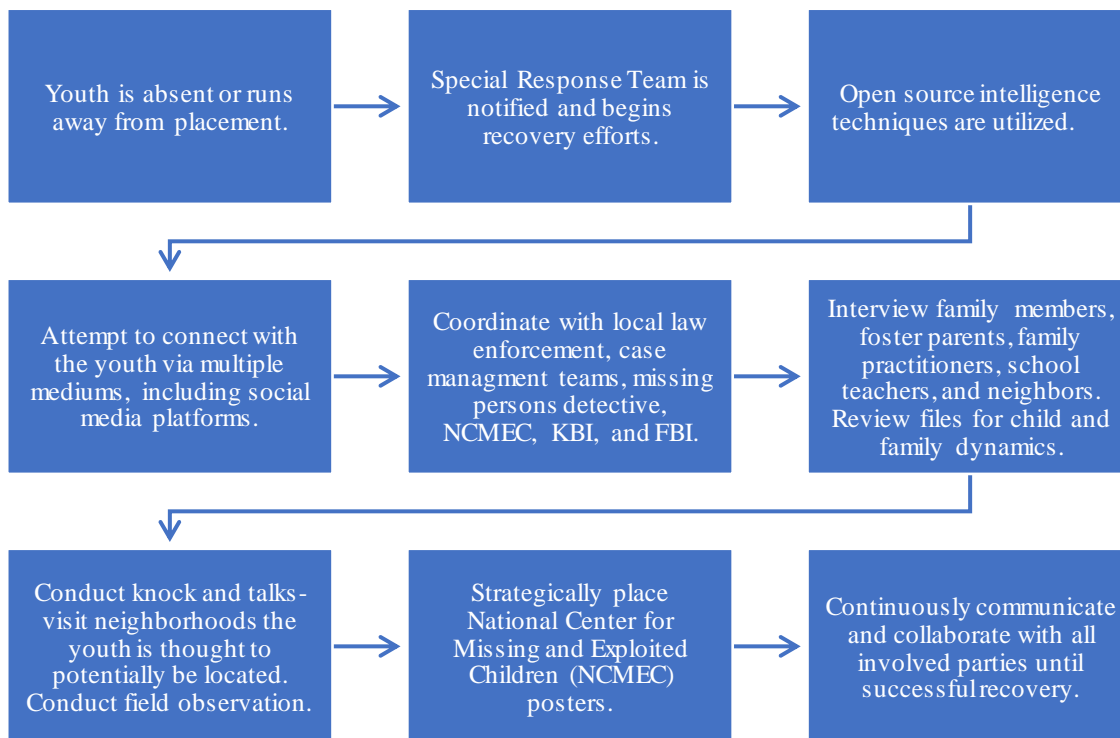
When a child in the custody of the Secretary is missing from an out of home placement due to being a runaway, being abducted, or missing for an unknown reason, the foster care provider reports the missing child to the SRT by sending an email to DCF.SpecialResponseTeam@ks.gov within two hours of being absent. These notifications are received by the entire team and trigger 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 learned from Motivational Interviewing (MI) and Cognitive Interaction Skills (CIS). Many youth are running to something or someone and/or running away from situations. Specialists authentically engage youth on the youth’s level, listening and offering support. After trust has been established, Specialists work with the youth to explore past relationships or connections which made the youth feel loved and safe, and brainstorm possible placements better meeting their needs while supporting their well-being. Specialists have been trained to evaluate potential placements, conduct walkthroughs, complete needed 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 discussions 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 Response Team Specialists collaborate with vital community partners such as local law enforcement, the Kansas Bureau of Investigation (KBI), Federal Bureau of Investigation (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 National Center for Missing and Exploited Children (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.



Vital Lifetime Networks of Connection

Prevention of runaways has concentrated on building supportive relationships with the youth and assisting with the development of a lifetime network of connections. Team members focus on authentic youth engagement and forming supportive partnerships with the youth. The Special Response Team 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 to become connected to their families, schools, and communities and experience normalcy of daily living while placed in care. A youth's activities, sports, hobbies, communities of faith, volunteering, and creative outlets further develop the youth's 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. This evidence-based, 14-module curriculum is intended to educate youth about alternatives to running away and to build life skills, so youth can resolve problems without resorting to unsafe behavior or running away. The materials are intended for use with youth ages 10-20. The Specialists have focused on initial implementation of

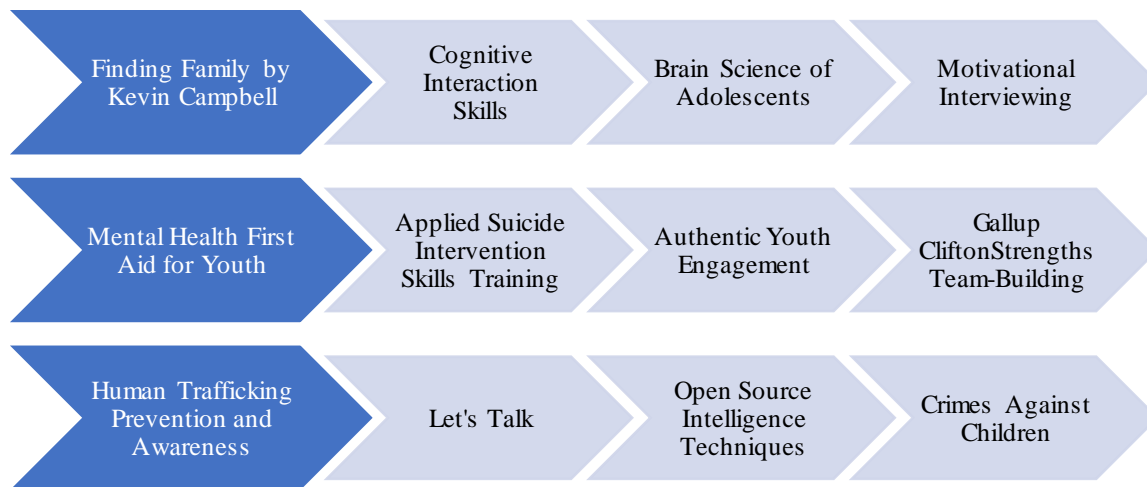
Module 6: Runaway Reality, Module 7: National Safe Connections, and Module 12: Sexuality and Sexual Orientation.

All team members will participate in a virtual Mental Health First Aid for Youth training at the end of SFY 2020. This curriculum will assist the Specialists in responding more comfortably while managing crisis situations and building mental health literacy; helping to identify, understand, and respond to signs of mental illness more effectively in a trauma-informed manner.

The DCF Administration Response Team Specialists collect demographic information, various identified risk factors and additional data components which feed into the DCF Youth Recovery Report SFY 2020, attachment 28. These data components are being utilized to analyze runaway/absent youth trends. The identified trends will help the agency build a methodical data-driven prevention effort, development of future runaway risk assessments, and the development of 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 by Kevin Campbell, 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 curriculum to improve outcomes for Kansas youth. During SFY 2021, the team will participate in trainings surrounding the Annie E. Casey Foundation's research on Adolescent Brain Development, exploring resiliency and the potential of the adolescent brain. This will help the team learn about how youth can rewire, recover from trauma, and experience better adulthoods. The Applied Suicide Intervention Skills Training (ASIST) is also planned for the upcoming fiscal year. ASIST is a two-day interactive workshop in suicide first aid. It will help the team learn to recognize when people have thoughts of suicide and how to keep them safe while fostering hope. The program's training plan will continue 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.



Populations at Greatest Risk of Maltreatment

Kansas 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. (2017), Population Density Classifications in Kansas, by County, 2017.
- In fiscal year 2017, Kansas had 67,372 reports of child abuse and neglect, an increase of 20% from per the 2010 to 2017, Kansas Department for Children and Families (2018).
- In Kansas, 61 child fatalities occurred between 2013 and 2018 per the U.S. Department of Health & Human Services Children's Bureau (2019), Child Maltreatment 2018 report.
- Children under the age of one are at the highest risk of dying as a result of abuse or neglect. U.S. Department of Health & Human Services Children's Bureau. (2019). Child Maltreatment 2017.

Kansas has a universal approach to prevention, incorporating a Strengthening Families and Protective Factors framework to support all families in the state. Kansas will focus on providing primary prevention services to children birth to five and are targeted to at-risk and underserved populations. 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 and crime.

Kansas will continue to develop policies and procedures to ensure care to children under the age of one focusing on motivational interviewing and engagement with families. Policies focus on children under one, involving making referrals to available services and education and information on safe sleep.

Research, analysis and implementation of earlier intervention is necessary to end child abuse fatalities. Historical knowledge and past evaluations provide insights to absence or presence of public health and social or economic contributing factors, yet there is more to learn and effect with emerging concepts.

Data available from the Kansas Child Death Review Board indicated Sedgwick County has experienced 14 child abuse fatalities since 2014. To amplify collective impact and achieve no child abuse fatalities, Sedgwick County created an opportunity for law enforcement to directly provide case management

services to support safe, stable and nurturing relationships and environments. The goal of this project is to prevent or reduce law enforcement contacts and increase social and safety network supports, family functioning and resiliency toward reducing child abuse injury and fatality.

This emerging Sedgwick County program concept engages coordinated outreach to a special population of families identified as at-risk for child maltreatment. A Community Support Specialist employed by the Wichita Police Department or Sedgwick County Sheriff's Office visits a family's home when law enforcement identifies the home environment as in crisis or need of supportive resources. The trained Community Support Specialist engages the family with motivational interviewing, provides home visits and offers case management. 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.

In addition, Kansas has implemented Family First and is utilizing funds to provide evidence-based services in Kansas to provide early intervention for children and families with a focus on serving all counties in rural and urban areas.

Kinship Navigator Funding



To provide services and supports to kinship caregivers, DCF contracted with the Kansas Family Advisory Network (KFAN) to develop a statewide Kinship Navigator program. The Kinship Navigator program, facilitated by KFAN, was created to aid kinship caregivers in

need by helping them acquire information about programs and services that are designed to meet the needs of the children they are raising. Through this connection, kinship caregivers may also develop the ability to access and utilize additional programs. The momentum generated will help encourage and develop successful collaborations among public and private agencies to ensure kinship caregiver families are effectively served.

The target population of the Kinship Navigator Program consists of children who are in, or at risk of entering, foster care as well as their kinship caregivers. Kinship families may have low incomes along with limited resources and generally receive fewer services from child welfare agencies than foster families.

Kansas Family Advisory Network is currently using the Ohio Kinship Support Intervention Navigator Model. Ohio has given KFAN all the documents from the Ohio Kinship Model including all forms, training and manuals and has given KFAN the permission to utilize the program and adapt the program for Kansas with the request that fidelity of the program remain intact. KFAN has now transformed the Ohio Program to the Kansas Kinship Navigator Program. A benefit of this program is the forms, assessments and manuals are established and included but so is the required training for supervisors and staff, as well as a Kinship Support Manual for caregivers. In the caregiver manual are listings for local community services. KFAN is currently researching to include in the Kansas Kinship Support Manual all community services in each county that provide educational, legal, food, clothing, financial assistance, housing assistance, disability services, local DCF offices, and other supports.

The Kinship Navigator's website is <http://www.kfan.org/kinship-navigator-program>. Furthermore, the program's information is located on the United Way 211 website for outreach and referral purposes. The Kinship Navigator program is also listed on the Grandfamilies.org website under Kansas as well.

The current statistics and information regarding the children and kinship families being served under the program as of May 2020:

- 42 families and 91 children are receiving services.
- Of those 42 families, currently 28 families are receiving case management services.
- Kinship families have/are receiving services in the following counties: Labette, Russell, Ford, Geary, Johnson, Sedgwick, Saline, Butler, Elk, Wyandotte, Montgomery, and Harvey.
- Referrals were as follows: DCF - 2, KFAN - 2, CPA's - 8, Self - 11, Community - 9, Family Members - 10.
- Kinship families participated in the program's support groups, received free items from the Resource Clothing Closets, attended community meetings and KFAN home and group trainings as well.
- KFAN is also in the process of hiring therapists to support the kinship families with in-home therapeutic services.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Worker/Child visits are required per Kansas policy and are a part of the contracts with the Child Welfare Case Management Providers (CWCMPs). Worker/Child visits are required for in-home family service and family preservation cases in addition to out-of-home foster care cases. Worker/Child visits start the month the child is referred. For example, if a child is referred in May there shall 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 ensures the child's continued safety at home or in out-of-home placement, ensures developmental needs are met, and the child is maintaining optimal connections with birth family, relatives/non-related kin, foster family and the community. The CWCMP case manager works with the child, birth and foster family on 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 that 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 or failure of the child to achieve developmental progress. From these visits, the CWCMP determines when modifications to the case plan are warranted.

Responding to the threat of COVID-19 in Kansas has required some flexibility in worker-child visit requirements (PPM 3237). Specifically, permission was given for many of the worker-child visits to occur "virtually." CWCMPs were informed of a specific code to utilize (WC_VIST) code for visits which occurred via video conferencing when submitting the encounter data to DCF. CWCMPs were also instructed this code was not to be used if a worker-child visit occurred only through phone or audio call. If the visit was unable to be completed in-person or through video conferencing, the reasons and/or circumstances were to be documented in the case file.

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 both 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.

Kansas continues to monitor monthly caseworker visits and work with CWCMPs to identify effective strategies to increase performance outcomes. In October 2019, DCF increased the CWCMPs from two agencies to four to help distribute the workload and responsibilities of services to children and families. The four CWCMPs are Saint Francis Ministries, KVC Behavioral Healthcare, TFI Family Service, and Cornerstones of Care. The FFY 2019 data submission revealed a dramatic reduction in monthly caseworker visits. Upon further investigation, Kansas uncovered data inaccuracies after the state’s largest case management provider migrated to a new management information system in May 2019. The new system failed to accurately identify all of the Monthly Worker Child Visit data for submission to the state’s system of record. Prior to May 2019, statewide data was in line with FFY 2018 performance. As per the table below, what data has been provided to DCF shows a rate of 84.61% monthly child visits.

Work continues with Case Management Providers and submission of monthly caseworker visit encounter data. DCF will address any system issues along with performance at the September Permanency Advisory Council meeting.

**Workers Visits
Federal Reporting Summary - Statewide**

		Statewide
	Children Served	10,543
	Total Eligible Months (Total of M on detail pages)	82,429
	Total Number of Visits made YTD (Total of V on detail pages)	61,004
	% of Visits made on Monthly Basis (V % of M)	74.01 %
	Total Number of Residence Visits (Total of R on detail pages)	51,613
	% of Visits made on Monthly Basis (R % of V)	84.61 %

Visits included upto 09/30/2019

PPS continues working with the CWCMPs to improve case manager recruitment, retention and training and to develop a plan for utilizing the professional resources available in Kansas to serve children and families. The CWCMPs already recruit both inside and outside the state of Kansas for licensed professionals, including Nebraska and Oklahoma. DCF is actively focusing on recruitment and retention strategies to improve risk and safety assessments and worker child visitation. In SFY 2017, DCF adjusted salaries for market competitiveness to effectively attract and retain qualified practitioners. These activities meet approved PIP Key Activities 1.3.1, Adjust salaries for market competitiveness and effectively attract and retain qualified staff, and 1.3.3. Submit request for proposal to contract with recruiting agency to attract qualified licensed staff for DCF. DCF has also implemented telework from policies for staff to increase staff flexibility and increase retention.

**C.5.c. Additional Service Information
Adoption and Legal Guardianship Incentive Payments**

The Department for Children and Families (DCF) Prevention and Protection Services (PPS) 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 in FFY 17 for \$365,000, FFY 18 for \$4,000 and FFY 19 for \$1,710,000.

Adoption Incentive funding is tracked through the DCF budget division.

The following is how the FFY 2016 award (\$442,500) was spent:

- National Adoption Conference Travel and Registration Fees
- Fostering KS Kids Printing and Promotion and Advertising
- Adoptive Family Conference Speaker
- Youth Advisory Program

Another way PPS utilized Adoption Incentive funds was to explore ways to increase the specialization of 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 child placing agencies (CPAs) who assessed, developed and supported adopt-only families. During SFY 2017, eight CPAs sub-contracted with the adoption exchange provider (Kansas Children’s Services League-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 Adopt Kansas Kids website, and six others either were matched, had a placement or finalized their adoption. In SFY 2018-2019, the number of CPA’s participating in the Consortium decreased significantly as a result of changes in the home study process, reimbursement rate, and workforce shortages. The CPAs participation in the Adoption Consortium was low due to the payment for services being perceived as being insufficient overall. Confusion on roles persisted and lack of communication between CPAs and CMPs occurred as well. CPAs now have a direct relationship with DCF and the payments for adoption services to their families comes from DCF and has increased. Kansas will be reconsidering the Consortium’s role as it relates to the Kansas Adoption Network (KAN). The Kansas Adoption Network meets quarterly to review adoption best practice and policy. KVC Behavioral Health Services has initiated an Adopt Only program like Saint Francis Ministries. KCSL serves adopt only families as well.

The following details the plans for Adoption Incentive funds for the FFY 17 and FFY 18 awards (\$365,000 & \$4000) along with possible future expenditures going until end of the SFY 2021:

- Adoption Accelerator grants \$285,950
- Family Finding Trainings \$136,474
- Family Finding Manual \$33,280

The Family Finding model was developed by Kevin Campbell as an integral component in the approach to working with children in the Child Welfare System. The model supports Signs of Safety, Early Help, Team Based Decision Making and Family Based Care initiatives that are proven to be important in working with children, youth and families. The approach provides critical search and engagement tools which both build and strengthen vital and personal connections for a child and their family. The hope being that the more a family is empowered and able to build support and resilience within their own network, the greater the likelihood service will be shorter and more effective. The Family Finding approach encourages families and their supports to take the lead in making decisions for themselves as well as for a child and youth’s safety, well-being and permanence.

DCF has purchased 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.

Adoption Savings

Adoption savings are financial savings 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 last FFY reporting period submission.

The following are the services DCF via the PPS department expects to provide to children and families using the Adoption Savings over the next five years, 2020-2024.

The Kansas Post Adoption Resource Center (K-PARC)



K-PARC supports families who have adopted children from foster care or who are providing permanent care because of a kinship placement. Adoptive and kinship families often find the need for support grows in the years after their adoption or placement is finalized. The ongoing 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 strives to extend the mission of DCF and Adopt Kansas Kids (AKK) to Post-Adoptive Families through

1. parent, youth, and child education,
2. peer and community support and activities, and
3. resource development and referrals.

Safe Families Program



Safe Families for Children (SFFC) is a non-profit program that works to provide 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 who host children and support parents are known as [Host Families](#) and are recruited from a large network of faith communities. Families in crisis, or Families in need, willingly place their children with a safe, loving, and thoroughly screened volunteer Host Family for a short period of time. Both the Family in need and the Host Family participate voluntarily, with no compensation or expectation of adoption.

The trust built 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 needed 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



Family Preservation is a service to prevent foster care and is provided to families at risk of foster care. These services are provided through contracts with a Child Welfare Case Management Provider. During this fiscal year, new contracts were implemented and the providers each selected evidence-based

programming to serve families. Family Preservation works with each family to develop individual case plans and to meet the family’s needs. Supports and services are also offered to pregnant women using substances and to families.

New state funds were added to increase the Family Preservation budget in FY20.

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, using a mix of federal

and state funds.

Estimated Timetable for spending unused savings calculated for previous years.

The table below indicates DCF is behind in spending but will spend more than saved beginning in FY20. 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	\$2,792,198	\$2,867,588	\$2,939,277	\$3,012,759	\$3,088,078
MOE Expenditures by Year *	3,188,000	3,188,000	3,188,000	3,188,000	3,188,000
Unexpended Adoption Savings	(395,802)	(320,412)	(248,723)	(175,241)	(99,922)
Cumulative MOE Deficit	4,395,528	4,075,116	3,826,393	3,651,153	3,551,231

Challenges in accessing and spending the funds.

The identification and development of applicable programs and projects took time to implement in Kansas. Programs are now in place and Kansas intend to spend above the Adoption Support Savings amount each year helping to reduce the deficit in spending from previous years.

John H Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program) (section 477 of the Act)

PPS is a division of DCF and 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 foster youth age 14 and older and the DCF Independent Living (IL) Program serves youth and young adults who were in the custody of DCF, Kansas Department of Corrections-Juvenile Services (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 assisting them in the development of life skills. The KCPSTA ensures that life skills are provided to all youth in out-of-home placement. The need for both 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) for 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 the development of their learning, which is included in the overall case plan. CWCMPs, foster parents, and/or placement staff are responsible for teaching or arranging information to be provided to 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 IL Administration staff and the Independent Living Policy Workgroup continue 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 age 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 is available to assist in case plans and attends the final case plan. Transition planning helps build a relationship between PPS and the youth while preparing for the transition from foster care services to self-sufficiency and ensures 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 (FAFSA) 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 (IEP), 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 a checking account, learning how to check credit reports and address credit issues, filing income taxes, accessing workforce programs, applying for Social 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, 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 of the areas of their transition plan, and obtaining a mentor; and
- Assessing the youth's interest in participating in a Regional Youth Advisory Council (RYAC) and/or the Kansas Youth Advisory Council (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 participate in an exit interview completed at the last case plan, not more than 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 that provides the youth with the opportunity to execute a health care power of attorney, health care 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 National Youth in Transition Database (NYTD) and the importance of providing feedback through the NYTD surveys.

CWCMPs provide youth with information about resources for housing, employment, health care, education, etc. upon leaving the custody of the Secretary. 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, 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.

Please see Attachment 29 CWCMP IL Activities SFY 2020, for information on specific initiatives and community partnerships.

As part of the new CWCMP grants beginning October 2019, each CWCMP provides up to six months of Aftercare Services for youth 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. Please see Attachment 30 Aftercare Service for Aged Out Youth SFY 2020 for additional information. The new CWCMP grants also include that annual credit checks for youth ages 14 and older in foster care will be facilitated by the CWCMP agencies instead of the DCF IL Program. During Spring 2020, the DCF IL Program Manager and NYTD Coordinator provided training on performing credit checks for IL staff from each CWCMP.

Service to youth under Tribal custody is 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 that can provide an array of services and resources 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. During SFY 2021 to 2024, the DCF IL Program will focus on developing resources for youth living in rural areas of Kansas, including housing and mentoring opportunities.

The IL Program serves youth and young adults who were in an eligible out of home placement in the custody of DCF, Kansas Department of Corrections-Juvenile Services (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 people ages 18 to 26 complete the Kansas Independent Living Self-Sufficiency Matrix and develop a 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.



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 former foster youth resides is responsible for providing such an eligible youth with Chafee and ETV services. For youth no longer in foster care

who are already receiving ETV, if the youth moves 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 and are provided with 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 ages 16 to 21 in Johnson, Wyandotte, Sedgwick, Reno and Douglas Counties. During SFY 2020, Youthrive received Chafee and TANF funds to support program services.

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 educational institutions for DCF youth who meet the eligibility criteria, up to the semester the youth turns 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, Kansas offers the Chafee Medicaid option which extends Medicaid coverage to young people 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.

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 Independent Living services may be referred to Kansas Legal Services, under the DCF contract, for determination of SSI benefits.

Please see Attachment 31, DCF Independent Living Regional Activities SFY 2020, 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. Presentations have been provided at conferences and statewide stakeholder meetings. Materials such as brochures, posters, banners, and handouts continue to

be developed and are distributed to inform the public about the DCF IL Program. During SFY 2021, DCF IL staff will work to develop mobile-friendly program materials, and program materials in Spanish.

IL Administration and CWCMP staff have developed multiple communication tools, including desk guides, program brochures, quarterly newsletters, 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.

Training on KCPSTA program components, including services available for youth ages 14 to 26 and best practices in service delivery, was provided to numerous agencies and groups during SFY 2020, including DCF staff and CWCMP case management teams, the Kansas Coalition Against Sexual and Domestic Violence Mentor Program, Family Service and Guidance Center case managers, community partners at Child Care Aware of Kansas, foster and adoptive parents at the Refresh Conference, and child welfare and legal professionals at the Governor's Conference for the Prevention of Child Abuse and Neglect. Training will continue to be provided to DCF staff, CWCMP staff, Tribal staff, Kansas Department of Corrections-Juvenile Services (KDOC-JS) staff, youth, youth's families, foster parents, group homes and other placements, community agencies and organizations, secondary and post-secondary educational institutions, judges, guardians ad litem, CASA volunteers, and other stakeholders during SFY 2021 to SFY 2024. The IL Administration team continues to focus on collaboration within the program and with multiple community partners through involvement of community groups and organizations in exploring initiatives to support youth currently and formerly in care.

Each of the DCF Regions is currently implementing a consistent organizational service delivery model that includes PPS IL services. This organizational structured model allocates a regional supervisory position designated as the Independent Living/Adoption Supervisor, with three to five assigned regional IL Coordinators. DCF IL Administration staff includes the IL Program Manager, Transition Planning and Supports Coordinator, and NYTD Coordinator.

The Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Councils (RYACs) 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 21 are offered the opportunity and encouraged to participate in RYAC and KYAC events. The councils are supported by federal Chafee funds through the CWCMPs and contractor staff.

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.

A Strategic Planning Conference (SPC) is facilitated by KYAC each year. At the SPC, KYAC members identify relevant issues concerning older youth in foster care and youth who have aged out of foster care and create a work plan to address these issues. The work plan is then presented to the PPS Director and the Secretary of DCF or designee. The current five-year work plan includes KYAC's goals and tasks from 2018 to 2022. Please see Attachment 33 KYAC Work Plan 2018-2022. 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 SFY 2020, KYAC focused on making changes to Placement Books and Life

Books. After reviewing DCF and CWCMP policies and sample Placement/Life Books, KYAC presented their recommendations during a session at the Governor's Conference for the Prevention of Child Abuse and Neglect. DCF continues to collaborate with KYAC in efforts to implement these recommendations.

The DCF IL Program participates in monthly in-person or virtual meetings with KYAC to gather youth's feedback and recommendations regarding program projects and improvement efforts. KYAC has plans to meet and collaborate with other states' youth councils; KYAC and DCF IL staff made connections with Kentucky and Tennessee's councils during SFY 2020 and will reach out to Missouri, Nebraska, and Oklahoma's councils during SFY 2021. Contingent upon COVID-19-related circumstances, KYAC plans to host their annual youth conference in summer or fall 2020 for up to 125 current and former foster youth ages 14 to 21. The theme of this year's conference will be "Mindset 2020," and will include a keynote speaker and workshops focused on life skills training.

During SFY 2020, KYAC began their partnership with Kansas Strong for Children and Families (KS Strong). KS Strong is a research partnership between DCF, the University of Kansas School of Social Welfare, and private agencies providing foster care services that aims to improve child welfare practice. Through the Voices of Foster Youth study, KYAC and KS Strong are developing a multimedia project that will focus on KYAC's chosen topics of what supports youth need to thrive, youth insights for foster care placements, and communication between youth and child welfare professionals. KYAC members will create individual contributions, including poetry, photography, prose, and other media. Individual contributions will be combined into a video that will be used to educate child welfare professionals. In addition, the study will use participatory action research methods to learn from the lived experiences of youth in foster care. Results of the study will be presented at the Governor's Conference for the Prevention of Child Abuse and Neglect in November 2020.

The KCPSTA promotes positive youth development on individual, regional, and statewide levels. Through the development of the PPS 3059 My Plan for Successful Adulthood for older foster youth and the Self-Sufficiency Plan for youth participating in the DCF IL Program, youth are encouraged to utilize their strengths, assess their needs, and engage with healthy supports and resources within their families and communities. Youth are invited to participate in leadership and advocacy training and opportunities through RYACs, KYAC, and attendance at statewide and national child welfare conferences. Foster care alumni serve on the State's Citizen Review Panels.

The KCPSTA supports youth involvement in internships with organizations such as FosterClub, the National Foster Youth Institute (NFYI), and the Congressional Coalition on Adoption Institute. Kansas sponsored its first FosterClub All-Star in SFY 2020. Two Kansas foster care alumni attended the Chafee Program Alliance Meetings in August 2019 and March 2020 with the DCF IL Program Manager. In August 2019, three DCF IL Program participants and five DCF IL staff attended the Daniel Memorial Independent Living Conference. Two Kansas foster care alumni participated in NFYI's Shadow Day in June 2019. All of these youth advocates gathered with the DCF IL Program Manager and an IL Coordinator in January 2020 to discuss how they can use their experiences to inform the Kansas child welfare system.

Several youth will participate in advocacy opportunities during SFY 2021. Kansas will be sponsoring another FosterClub All-Star; this All-Star has also been accepted to participate in NFYI's 2020 Shadow Day. Last year's FosterClub All-Star was recently hired as a Young Adult Consultant with the Children's Bureau, and three current IL Program participants will be part of Kansas' team at the 2020 Activating Youth Engagement Summit.

A team from Kansas applied and was chosen to participate in the Activating Youth Engagement Summit hosted by the Annie E. Casey Foundation in Alexandria, VA. The Summit was originally scheduled for March 30-April 1, 2020 but was rescheduled for August 2020 due to the COVID-19 pandemic. The team includes the DCF Prevention and Protection Services Director, DCF IL Program Manager, Youthrive Executive Director, Child Welfare and Juvenile Court Judge for Douglas County, DCF NYTD Coordinator/Youth Advocate, and two Youth Advocates who currently serve as the Vice President and Safety Officer for the Kansas Youth Advisory Council. Participation in the Summit will provide Kansas with tools and guidance to continue building authentic youth engagement within current and developing service provisions, including positive youth development.

During SFY 2021 to 2024, the KCPSTA will focus on 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. In addition, the KCPSTA plans to assess cultural competency and involve cultural advisors in program activities to ensure that the KCPSTA develops plans and implements services that are inclusive of the cultures, values, and viewpoints of the youth and communities served.

All reports published by DCF that provide data about the State's KCPSTA are detailed by region.

The SFY 2019 Independent Living/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 served the largest percentage of young adults receiving Chafee funds in SFY 2019. The Kansas City Region served the largest percentage of young adults receiving IL Subsidy and ETV funds in SFY 2019.

The Independent Living 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 the 2019 Independent Living Demographic Report, updated monthly on the DCF website at:

<http://www.dcf.ks.gov/services/PPS/Documents/FY2019DataReports/IndependentLiving/ILMonthlyDemographicReport.pdf>. The most current report is also being included as Attachment 68.

Data concerning KCPSTA services and the State's IL Program is provided to stakeholders, including the Transition Taskforce with the KS Department of Education, Kansas Department of Aging and Disability Services (KDADS), Custody to Transition Citizen Review Panel, Justice Involved Youth and Adults Committee, Children's Alliance, legislative committees, Vocational Rehabilitation/Pre-Employment Transition Services, and community forums. Data is also provided to DCF, CWCMP, KDOC-JS, and Tribal staff and management. The data is sourced from the Family and Child Tracking System (FACTS) and the Self-Sufficiency Information System (SSIS) that collects payments and benefits to youth in the IL Program. Reports are published monthly and annually that include demographic, service, and program participation information. The data is available to DCF and CWCMP staff through PPS' SharePoint site. The reports are reviewed periodically with youth through the Kansas Youth Advisory Council and serve to inform KYAC's development of their work plan and annual youth conference agenda.

The National Youth in Transition Database (NYTD) Coordinator facilitates the collection of surveys from identified youth at ages 17, 19, and 21. The NYTD Coordinator collaborates with the DCF IL Program, CWCMPs, Tribes, and KDOC-JS to locate and connect with youth via phone, email, social media, and mail. In conjunction with the DCF IL Administration team, the NYTD Coordinator continues to seek innovate ways to contact youth for the purpose of gathering surveys and referring youth to services and

resources, as requested by the youth. During SFY 2021, DCF will implement an online NYTD survey that youth will be able to complete via web browser or mobile device.

Please see Attachment 32, KS FY15-19 Data Snapshot.

DCF has developed an automated system for collecting National Youth in Transition Database survey results that will continue to be used. Data from that system is the source for the files that are reported to the Administration for Children and Families to meet NYTD requirements and is thus checked for quality compliance. During SFY 2020, training on collecting NYTD surveys was provided to each CWCMP agency, including Saint Francis Ministries, KVC, and new grantees TFI and Cornerstones of Care. Training will continue to be provided to staff who assist with collecting surveys to ensure fidelity to the survey model. Data for the served population will continue to be collected through reporting of Independent Living services by the Tribes, DCF and CWCMP staff who serve members of the served population. This data is entered into the Family and Child Tracking System (FACTS). Since the beginning of the NYTD initiative, DCF has met or surpassed the required participation rates and data compliance requirements. The NYTD Data Snapshots produced by the Children's Bureau are shared with DCF, CWCMP, KDOC-JS, and Tribal staff, and with other stakeholders including youth, courts, and community partners. During SFY 2021 to 2024, the KCPSTA will focus on sharing NYTD data with a wider array of stakeholders, including families, foster parents, other placement providers, and the public. The KCPSTA is continually seeking ways to close the feedback loop and engage youth in program improvement efforts.

During SFY 2020, the DCF IL Program has reached out to and collaborated with Continuums of Care (CoCs), Public Housing Authorities (PHAs), and community partners to implement the U.S. Department of Housing and Urban Development's (HUD) Foster Youth to Independence (FYI) Voucher Program. The IL Program Manager attended the FYI session at the Chafee Program Alliance Meeting in August 2019 and shared the information and resources provided with DCF PPS leadership, statewide DCF and CWCMP IL staff, and the Kansas Youth Advisory Council. The PPS Director, Deputy Director of Youth Programs, IL Program Manager, and Regional IL Supervisors participate in bi-monthly calls with Region 7 HUD and Administration for Children and Families representatives.

There are four Continuums of Care in the State of Kansas and 22 PHAs that do not administer Family Unification Program vouchers and are eligible to participate in the FYI Program. 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.

East Region

The East Region has worked diligently to make connections with the Topeka/Shawnee County Continuum of Care 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 been able to improve their relations with the local PHAs and improve IL Coordinators' knowledge of the public housing programs provided by HUD. This has also been a great benefit to youth still in custody as IL Coordinators often recommend to case teams that youth apply for public housing if they are of appropriate age and need housing resources post-release from foster care custody. The two PHAs that are currently not interested in implementing the FYI Program have stated they would be willing to reconsider once the program is implemented with other PHAs and are interested in continued partnership with the DCF IL Program.

Kansas City Region

The IL Supervisor met with the Kansas City Kansas Housing Authority Section 8 Director in October 2019 regarding partnering to implement the FYI Voucher Program to benefit youth aging out of foster care. One Regional IL Coordinator attended a meeting in November 2019 and community partners attended multiple meetings to discuss providing some of the services that are required as part of the FYI Program. The community partners included Cornerstones of Care child welfare case management provider, a Greater Kansas City Coalition to End Homelessness CoC representative, and Managed Care Organization representatives from Sunflower Health Plan with services geared towards aged out foster care youth. The Wichita/Sedgwick County group was making good progress on finalizing a Memorandum of Understanding (MOU) between child welfare and housing partners, so the Kansas City Kansas group decided to pause meetings while that MOU was being developed in hopes of using the finalized MOU as a template. The IL Supervisor has been reaching out to the Kansas City Kansas Housing Authority Section 8 Director but has not made any further movement on the FYI vouchers as of April 2020.

The IL Supervisor met with the Johnson County Kansas Housing Director and a United Community Services CoC representative to discuss the FYI Voucher Program. The Johnson County Housing Director did not feel his agency was in a position to move forward with anything at that time due to staffing issues; however, the IL Supervisor and Housing Director agreed to stay in contact and the IL Supervisor will provide updates on FYI progress in the Kansas City Region as well as the Wichita Region, the other urban area in the state.

West Region/Balance of State Continuum of Care

The Balance of State (BoS) CoC serves 101 Kansas counties and partners with PHAs in each DCF Region, including the entire West Region. The DCF IL Program Manager initiated communication with the BoS CoC in Fall 2019. The IL Program Manager and CoC Coordinator have participated in several phone calls to exchange information about the FYI Program. In Spring 2020, the IL Program Manager and CoC Coordinator began communicating with the Southeast Kansas Community Action Program (SEK-CAP) and Coordinated Entry partner Southeast Kansas Services at Catholic Charities to facilitate implementation of the FYI Program. Catholic Charities, the BoS CoC, and SEK-CAP have all received a copy of the Wichita/Sedgwick County MOU that will serve as a template for their area partnerships. Upon editing and signing the MOU, this group will move forward with the FYI Program. The Pittsburg and Chanute PHAs in Southeast Kansas are also interested in participating in the FYI Program. After implementation of the FYI Program in Southeast Kansas, DCF and the BoS CoC will collaborate with other PHAs, including those located in DCF's West Region, to continue expansion of the FYI Program across Kansas.

Wichita Region

The Wichita Region DCF IL Program is partnering with the City of Wichita PHA Housing and Community Based Services programs and the IMPACT-ICT COC to implement the HUD FYI Program. A MOU between these three entities, in addition to the Wichita Workforce Center, has been fully executed, and outlines services, supports, and case management opportunities for youth and young adults who present for services via any of these partners. The MOU was developed to broadly encompass other HUD or Health and Human Services programs that may become available in the future, reducing the need to develop additional MOUs for these partnerships. This MOU has been shared with the DCF IL Program Manager, Regional IL Supervisors, and other CoCs across the state.

The HUD FYI application has been completed and was set for presentation to the City Council for the City of Wichita in mid-March but has been delayed due to the COVID-19 pandemic. Once city and county offices reopen, it is believed this application will be placed back on the Council's agenda. In the meantime, partners are working to develop service flow charts and written procedures and processes for clients to be served in the most timely and efficient manner, and to identify up to 25 young adults, by name, for whom FYI vouchers may be immediately requested.

Staff from PPS 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 Kansas Department for Aging and Disability Services 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.



PPS and CWCMP staff partner with Kansas Kids @ Gear Up. Gear Up is a U.S. Department of Education-funded program with Wichita State University serving as the program administrator. The mission of Gear Up 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. Gear Up only serves youth who have experienced foster care custody. Program components include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career exploration, college scholarships, and cultural activities. Gear Up provides support at KCPSTA events, including RYACs, the annual KYAC youth conference, the annual Computer Camps, and IL retreats.

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, Sedgwick, Reno and Douglas Counties. Youthrive is currently funded by two DCF grants using Chafee and TANF funds. Due to struggles with community engagement and financial sustainability, Youthrive will no longer serve Sedgwick and Reno Counties in SFY 2021. Program efforts will focus on providing and expanding services for youth in Johnson, Wyandotte, and Douglas Counties.

Key Youthrive Program components are:

- Recruit, train, and support adult and family volunteers from the community who will 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.

- Provide youth with financial literacy education and a matched savings account (IDA- Individual Development Account) for purchasing productive assets and other critical needs of the youth.
- Provide youth with assistance with driver's education, driver's license attainment, and car purchases.
- Empower youth to develop leadership and advocacy skills.
- Provide youth with short-term rewards for program participation and completion.
- Offer regular opportunities for the youth to give back through community service projects.
- Partner with other service providers in the community to assist the youth with education, housing, and employment opportunities.

The DCF IL Program works with the Kansas Department of Corrections-Juvenile Services (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, youth conferences and Computer Camp.

The DCF IL Program partners with Pre-Employment Transition Services (Pre-ETS), a Vocational Rehabilitation (VR) Program. Eligibility for Pre-ETS services includes: 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 Independent Living 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 youth to Vocational Rehabilitation services, as needed, to support youth 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 that connects child welfare professionals to their local faith-based communities. When a child welfare professional identifies a need, he/she 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. 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.

The DCF IL Program has partnered with Kansas' four Continuums of Care and local housing agencies to access the U.S. Department of Housing and Urban Development's Foster Youth to Independence (FYI) Initiative. See the FYI section of the APSR for more information. During SFY 2021 to 2024, DCF will continue to focus on collaborating with local housing programs, organizations, and other resources to develop housing options for youth. The IL Program plans to partner with the Kansas Housing Resource

Corporation and regional Kansas Community Action Programs, to include the local housing authorities, to create awareness and promote housing resources being made available to youth, both aged out and still in care.



Hope for the Holidays (H4H) is a program that invites businesses, organizations, faith communities, and individuals to sponsor wish lists for DCF IL Program participants. H4H promotes stability, offers encouragement, and provides hope during the holiday season for IL youth who have aged out of the

foster care system. Many youth transitioning into adulthood from foster care struggle during the holidays, as their permanent connections are underdeveloped and ties to local communities have not yet formed. H4H also creates awareness and promotes support for youth who have transitioned from foster care into adulthood. This endeavor was initially developed as community services did not recognize the needs of youth who had transitioned from foster care into adulthood. These youth were often denied participation in community sponsored drives/events or had transportation barriers that left them unable to participate. During SFY 2020, H4H provided gifts and support across the state to over 200 youth and their 89 children.

Please see Attachment 31, DCF Independent Living Regional Activities SFY 2020, for information on regional partnerships and involvement with other federal/state agencies and public/private organizations.

Statewide IL Program meetings are held every quarter. Participation at these meetings by DCF IL staff, CWCMP IL staff, KDOC-JS staff, Tribal staff, and Kansas Kids @ Gear Up 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: Youthrive; Kansas Youth Suicide Prevention Resource Center; Global Orphan Project- CarePortal; Flint Hills Foster Teen Camp; Homes of Hope; Kansas Housing Resource Corporation; Flint Hills Job Corps, Kansas Youth Empowerment Academy; Interfaith Creating Assets, Savings and Hope (CASH) program; Kansas Board of Regents (KBOR) Career Technical Education (CTE) and Accelerating Opportunity: Kansas programs; Jobs for America's Graduates- Kansas (JAG-K); DreamMakers; O'Brate Community Foundation; Project Warm Embrace; Working Healthy; university student support programs for former foster youth; SSI/SSDI Benefits Counseling through the Kansas Department for Health and Environment; and DCF Vocational Rehabilitation and Pre-Employment Transition Services. This ongoing group facilitation increases community resource awareness for youth currently and formerly in foster care and continues to encourage an increased level of collaboration between private and public agencies.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

The Education & Training Voucher (ETV) Program serves youth 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 Department for Children and Families (DCF), Kansas Department of Corrections- Juvenile Services (KDOC-JS), or Tribal Authority and in a foster care placement on the date the youth attained 18 years of age; or
- Youth who left a foster care placement subject to a permanent custodianship or guardianship on or after the youth's 16th birthday; or
- Youth who were adopted from a 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 are eligible to participate in the ETV Program until they turn 26 years of age as long as they are enrolled in a post-secondary education or training program and are making satisfactory progress toward completion of that program (satisfactory progress is defined by individual program guidelines). Youth may only participate in the ETV Program for a total of five years, whether or not the years are consecutive.

Youth who continue to be under the responsibility of the child welfare case management provider (CWCMP), KDOC-JS, or Tribal Authority and meet the above criteria may receive ETV supports prior to the release of 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 in custody through communication with the regional DCF Independent Living (IL) Coordinator.

Education and Training Vouchers 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. In July 2019, policy was updated to raise the program limit from \$3,500 per youth (\$2,800 Federal funds with State match of \$700) to the federal maximum of \$6,250 per youth (\$5,000 Federal funds with State match of \$1,250). Total expenditures cannot exceed \$6,250 or the total cost of attendance per youth per plan year, whichever is less.

The DCF IL Program administers the ETV Program. IL Coordinators in the field are trained on ETV benefits and payment information and carry out the ETV Program with youth in their regions. The IL Coordinator or designee and the youth complete the PPS 7001 Education and Training Voucher (ETV) Program Plan. All youth participating in post-secondary education and 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 five (5) scholarship applications with proof of documentation 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, IL Coordinator, and CWCMP case manager, if the youth is still being served by the CWCMP.

The IL Coordinators track all expenses so that 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 tracked by each region and DCF Administration.

The methodology for reporting the unduplicated number of youth receiving ETV funds each school year is to use information from the State's accounting system that contains each payment made to each youth. This information is maintained by youth name, ID number, payment date, vendor, region, and other budget identifiers. The information is downloaded each month into the State's SSIS, and a report filters

duplicated youth names and ID numbers. This monthly report is maintained by the State's fiscal year, July 1 through June 30.

Beginning March 2020, DCF IL staff have worked to ensure that ETV-eligible youth are receiving the maximum level of support available for room and board and other applicable expenses during the COVID-19 crisis. Please see additional information about the IL Program's response to the coronavirus crisis in the COVI-19 section of the APSR.

During SFY 2021 to 2024, DCF IL staff will be presenting information about the ETV Program to DCF, CWCMP, KDOC-JS, and Tribal staff; youth, including the Kansas Youth Advisory Council (KYAC); and community agencies and organizations. Feedback from this outreach will be used to establish goals and outcomes for the ETV Program in combination with other State resources, such as the Tuition Waiver, and methods for measurement.

See Attachment 34, Annual Reporting of Education and Training Vouchers Awards (D).

Chafee Training

During SFY 2020, the Department for Children and Families (DCF) and Child Welfare Case Management Provider (CWCMP) Independent Living (IL) staff participated in a multitude of professional trainings. Highlights include the Chafee Program Alliance Meetings, the National Child Welfare Evaluation Summit, the Daniel Memorial Independent Living Conference, Kevin Campbell's Family Finding Bootcamp, and Wrestling with Safe Sleep trainings.

The DCF IL Program Manager and the DCF National Youth in Transition Database (NYTD) Coordinator attended the Chafee Program Alliance Meetings hosted by the Children's Bureau in Washington, DC in August 2019 and March 2020. An IL Program participant and undergraduate student at Kansas State University attended the conferences as a Youth Ambassador. The NYTD Coordinator, a foster care alumnus, also served as a Youth Ambassador. The IL Program Manager and Youth Ambassadors also attended the National Child Welfare Evaluation Summit in August 2019.

Five DCF Independent Living staff and three Independent Living Program participants attended the Daniel Memorial Independent Living Conference in Orlando, FL in August 2019. The 2019 FosterClub All-Star from Kansas also attended the conference and co-presented a conference session.

The DCF Deputy Director of Youth Programs, DCF IL Program Manager, four DCF IL Supervisors, several DCF IL Coordinators, and several CWCMP IL staff attended one of the Family Finding Bootcamps held in November 2019 in Topeka and February 2020 in Olathe. Four Independent Living youth were chosen as cases to focus on during the trainings. The Deputy Director of Youth Programs and the Kansas City Region IL Supervisor serve on the Family Finding planning team. As Family Finding training and implementation continues, IL staff would like to learn more about strategies and tools that can be used with the transition age youth population.

During SFY 2020, DCF sponsored several staff to be trained as Safe Sleep Instructors (SSIs) through the Kansas Infant Death and SIDS Network. The IL Program Manager participated in the SSI training. Wrestling with Safe Sleep trainings are being hosted across the state for DCF staff, CWCMP staff, community partners, and social services program participants. Community Baby Showers are also being held across the state to promote Safe Sleep methods and tobacco cessation for expecting parents and their families. During SFY 2021-2024, the IL Program Manager plans to provide Safe Sleep trainings for transition age youth and IL Program participants.

Please see Attachment 35 for a list of trainings attended by DCF and CWCMP Independent Living staff during SFY 2020. Several trainings were postponed due to the COVID-19 pandemic and will be rescheduled, including an ASIST Suicide Intervention training for Independent Living and Special Response Team staff.

A team from Kansas applied and was chosen to participate in the Activating Youth Engagement Summit hosted by the Annie E. Casey Foundation in Alexandria, VA. The Summit was originally scheduled for March 30-April 1, 2020 but was rescheduled for August 2020 due to the COVID-19 pandemic.

The DCF IL Program Manager and DCF IL Supervisors provide frequent training on transition planning and Independent Living Program benefits for agency staff and community partners. During SFY 2020, the DCF IL Program Manager and NYTD Coordinator provided training to CWCMP IL staff on collecting NYTD surveys and running credit checks for youth in foster care ages 14 and older. These trainings will continue to be provided as needed. The IL Program Manager is working with the DCF Tribal Specialist to develop a credit check implementation training for Tribal staff.

During SFY 2021-2024, the DCF Independent Living Program plans to provide and/or participate in trainings related to the following topics. When possible, trainings will be co-facilitated by youth with lived foster care experience.

- Adolescent Brain Development
- Adverse Childhood Experiences (ACEs) and Building Resiliency
- Trauma-Informed and Trauma-Led Care, with emphasis on Transitional Age Youth
- Positive Youth Development
- Normalcy and Reasonable and Prudent Parenting Standards
- Human Trafficking
- LGBTQI Issues and Advocacy
- Monitoring Youth's Prescriptions, including when youth transition between placements
- Transition Planning
- DCF Independent Living Program Overview

DCF IL Administration staff will utilize evidence-based research to explore training curricula for possible implementation. Trainings will be offered to DCF, CWCMP, Kansas Department of Corrections- Juvenile Services, and Tribal staff; current and former foster youth, including Regional Youth Advisory Councils and the Kansas Youth Advisory Council; adoptive parents; foster parents and other placement providers; and community agencies and organizations.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

The comprehensive social service grants with each of the four Tribes for independent living services are funded through the Kansas Chafee Program for Successful Transition to Adulthood. These serve as agreements for each Tribe to administer their Chafee services. Regular contact with Tribal staff is conducted through Resident Tribes of Kansas meetings scheduled by Department for Children and Families (DCF) Prevention and Protection Services (PPS) staff for coordination of child welfare services. PPS staff and each Tribe share information about ongoing and scheduled Chafee activities. Tribal social services staff are invited to participate in the quarterly Statewide Independent Living Meetings facilitated by the DCF Independent Living Program.

The DCF Independent Living Program Manager shares regular updates and resources with Tribal social services staff via 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, resources for youth and families with disabilities, and information related to supporting youth during the COVID-19 pandemic.

Tribal youth are included in annual Computer Camps, youth conferences, learning opportunities, and the Kansas Youth Advisory Council. Each Tribe submits a quarterly program report reflecting the number of Tribal families and children served. Each program report is reviewed by the PPS DCF Administration Program Manager. The Tribal Specialist and Regional Tribal Liaison are available for consultation regarding case-specific independent living services.

Tribes support youth ages 14-21 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, independent living classes, and assistance with developing job skills. Life skills services provided by Tribal staff are identical to those provided by the child welfare case management providers.

Independent living 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.

During SFY 2020-2021, the DCF IL Program Manager will assist the DCF Tribal Specialist in developing a training for Tribal staff on establishing accounts with TransUnion, Equifax, and Experian credit bureaus; running and reading credit reports for youth in foster care ages 14 and older; and contacting the credit bureaus to resolve any discrepancies or fraudulent activity listed on youth's credit history.

Services and transition planning for youth who have been released from Tribal custody are provided in coordination with the DCF Independent Living Program and Tribal staff. Eligible Tribal youth and young adults may participate in the DCF Independent Living Program, including the Education and Training Voucher (ETV) Program. Tribal staff are provided with information and education regarding the DCF IL Program's services and benefits.

C.6. Consultation and Coordination Between States and Tribes

There are four federally recognized tribes headquartered in Kansas. They are: Iowa Tribe of Kansas & Nebraska, Kickapoo Tribe in Kansas, Prairie Band Potawatomi Nation (PBPB) and Sac and Fox of Missouri in Kansas and Nebraska.

The Department for Children and Families (DCF), in collaboration with the tribes, implemented quarterly statewide residential tribes' meetings several years ago. The meetings convened during the Child and Family Services Plan (CFSP) 2015-2019 timeframe and have proven to be beneficial and informative to all participants. The statewide meetings include representatives from the tribes above-named, DCF Legal, Prevention and Protection Services (PPS) Administration, DCF Foster Care and Residential Facility Licensing division (DCF Licensing), DCF Grantees-Child Welfare Case Management Providers (CWCMPs), Office of Judicial Administration (OJA), Administration of Children and Families (ACF) and Tribal Liaison with Office of the Governor's Native American Affairs.

Meetings were held on 7/24/2019, 10/19/19, and 1/15/20. The April meeting was cancelled due to the COVID-19 pandemic. All of the tribes attended meetings with the exception of the Kickapoo Nation, which does not have a social service director or social service staff. Each meeting there was a guest program to share and explain services and offer the tribes the opportunity to ask questions. Some of the programs presenting during the fiscal year were: Native Census 2020, Kansas Legal Services, and Kansas Services Native American Families.

Further discussion topics have included technical assistance for the tribes, grants, ICWA and related regulations/guidelines, DCF general and policy updates, tribal updates, invitations to participate in DCF workgroups, training opportunities, APSR/CFSP updates and CFSR/PIP updates (when applicable). The DCF Family First Prevention Services Act (FFPSA) Team attended the October 2019 residential tribes meeting, the first such meeting held after implementation of DCF's Family First grants/prevention services. In response to discussion and feedback at the meeting, it was determined a new graphic would be created to illustrate how tribal social services and native families could receive prevention services. The DCF Tribal Specialist, tribal social services representatives, and DCF assessment and prevention staff collaborated in the development of this graphic. Tribal expertise was integral in ensuring the graphic explains the process in an understandable way in order to ensure accessibility to prevention services through DCF. The DCF Tribal Specialist will serve as the DCF point of contact for the tribes. Please see the attachment 36 for Kansas Prevention Services Track Tribal Coordination.

If a tribal social services representative works with a family and identifies a program in the Kansas Prevention Service Track they believe would help prevent a child being removed from the home and placed in foster care, they will contact Kansas Protection Report Center (KPRC) to open a case with DCF. Existing policies and procedures for accessing services will be applied. The tribal social services director and CPS Specialist will work together to create a prevention plan for the individual child/family and a referral to a prevention provider.

Kansas Serves Native American Families (KSNAF) is a partnership between the University of Kansas School of Social Welfare (KUSSW), Prairie Band Potawatomi Nation, Sac and Fox Nation of Missouri in Kansas and Nebraska, Iowa Tribe of Kansas and Nebraska, Haskell Indian Nations University, Kansas Department for Children and Families (DCF), Kansas Department for Aging and Disability Services (KDADS), and KVC Kansas. KSNAF seeks to improve the well-being, safety, and permanency of Native American children affected by parent and community substance abuse through implementation of an evidence-based parenting skills training, Strengthening Families Program (SFP), with cultural adaptations. This program complements Family First Prevention Services efforts. The Prevention Team met with the KSNAF team to discuss current structure of Family First in Kansas and identify ways to align KSNAF with appropriate contacts for connection with native families.

Kansas tribes have indicated their order of preference for placement of Native American Children consistent with the Indian Child Welfare Act (ICWA). When a child has Native American heritage and is a member of a federally recognized tribe, or is eligible for membership in an Indian tribe, and is the biological child of a member of an Indian tribe, ICWA, related regulations and guidelines shall be followed.

DCF policy requires determination of the child's heritage and eligibility shall be made at the earliest possible time it appears likely the child will come into care. DCF is responsible to comply with the following placement preferences (in order of preference) as set out in ICWA, per 25 U.S.C. 1901 et seq.:

- A. A member of the child's family;
- B. Another family of the same tribe;
- C. A family of another Native American tribe;
- D. Non-Native American family.

Kansas DCF actively continues to explore ways to partner and collaborate with the four federally recognized tribes headquartered in Kansas.

Invitations for tribal representation and participation in the state's Citizen Review Panels, (Intake to Petition and Custody to Transition), the Permanency Advisory Committee (PAC), Foster Care in KanCare, Diligent Recruitment, KanCare High Needs Workgroup, Psychotropic Medication Workgroup, the Icebreakers Implementation Group and the Quarterly Supervisors Meetings, as well as any other pertinent workgroups described throughout the CFSP 2020 to 2024, will be given to the tribes at the quarterly residential tribes meeting and/or at annual site visits for each tribe.

Each year DCF conducts individual site visits with each of the above-named tribes. The purpose of site visits is to further facilitate on-going tribal and state communication and collaboration related to tribal child welfare programs and to offer technical assistance. The site visit includes meeting new tribal staff, reviewing the MOU with DCF (more fully described in Paragraph B. below), answering questions and providing information to each other. The upcoming grant or grant renewal amendments, including the submission of Budget and Itemization Reports, written justification of the report's line items modifications and budget revisions, along with the submitted Status and Quarterly Program Report are discussed. Information concerning all relevant program areas are discussed.

The site visits provide the opportunity for DCF and tribe to share information with each other regarding any changes and updates in the child welfare systems. Tribal social services concerns are discussed and follow-up information subsequently provided. The tribes may ask program questions any time during the year. PPS remains in regular contact with the tribes through emails, telephone calls, and requested meetings by the tribes in addition to the statewide meetings and annual site visits to each tribe.

All tribes are provided copies of the State's Child and Family Services Plan (CFSP)/Annual Progress and Services Report (APSR) for the appropriate Federal Fiscal Years. Copies of the Tribe's CFSP and APSR are requested at each site visit. If the copies are not received by DCF, reminders are emailed to the tribe later in the fiscal year. At every quarterly meeting the APSR is discussed. Questions asked include: Are there any needs for the Tribes/Nations? Any updates for the Tribes/Nations? Tribes/Nations are asked for input in development of the next years plan. Tribes are also reminded several times throughout the year that they can request assistance/meeting to go over the APSR anytime with Tribal Consultant. Communications take place in person, through emails, and phone calls.

Once a child is identified as an Indian child, the CWCMP is required to inform the appropriate tribe (if known) and invite the tribe to the initial team meeting, all case planning meetings and keep the tribe apprised of the court hearing(s) and progress on the case. If the tribe is not known, the worker will discuss with DCF Legal the issue of sending notice to the Bureau of Indian Affairs.

The Kansas Protection Report Center (KPRC) sends intakes that are not assigned for further assessment to the appropriate tribe, if known, when there is "reason to know" a child may be an Indian child.

Services Provided by the Tribes through the Child Welfare Grants from the State

The comprehensive Social Service Grants with all four tribes for Child Protection Services, Family Preservation and Foster Care Services are funded through State General Funds (SGF). Independent Living (IL) services are funded through Chafee Foster Care Independence Act. Regular contact with tribal staff is conducted through meetings scheduled by Prevention & Protection Services (PPS) staff for coordination of child welfare services. Each tribe submits a quarterly status and program report which provides data concerning the number of tribal families and children served and specifies the services provided under their program. Each program report is reviewed by the PPS Tribal Consultant in PPS Administration.

Provision of information and technical assistance (TA) is available to any of the four above-named tribes wishing to pursue Title IV-E funding. Currently, PBPN is the only tribe pursuing ability to receive IV-E funding directly from the federal government. Such information and TA can include; Title IV-E requirements, data collection, reporting, and general process information. The tribes receive the information and option of obtaining the funding directly through the federal government with the assistance from ACF or request a Title IV-E agreement directly with the state.

Child Protection Services

DCF generally enters into Memorandums of Understanding (MOU) with Native American Family Services (for the Iowa Tribe in Kansas & Nebraska), PBPN and the Kickapoo Tribe in Kansas Social Services regarding provision of protective and/or family services to Native Americans of the tribes located in Kansas on an annual basis. The MOU addresses Child Protective Services, Preservation Services and Foster Care in cases where both DCF (State of Kansas Executive agency) and a tribe are involved.

At the time of intake, the KPRC requests ethnic/tribal information from the reporter for the children and family and documents the information gathered on the 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.

Grants are provided by DCF to each Kansas tribe to assist in the cost of conducting investigations of reports received from their community regarding the alleged abuse or neglect of children. Upon completion of the investigation, the tribal worker will file, if necessary, petitions to the tribal court, refer the family for services, or close the case.

The Native American Indian Tribal agencies may send their notice(s) of substantiated findings of abuse and neglect 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 tribe of Kansas and Nebraska, Kickapoo Tribe in Kansas, PBPN or Sac and Fox of Missouri in Kansas and Nebraska will be accepted by DCF and the perpetrator's name will be entered in the Kansas Child Abuse/Neglect Central Registry. If a substantiated finding is received by tribes other than the four federally recognized tribes headquartered in Kansas, such finding will be reviewed by DCF to determine if the report contains sufficient information to reach a conclusion regarding a finding consistent with DCF policies and procedures and applicable state and federal law, using the preponderance standard of evidence. As a result of the review, the finding may result in the name of the perpetrator being entered in the Kansas Child Abuse/Neglect Central Registry.

If a report of abuse/neglect is assigned to PPS for investigation, and during the investigation/assessment information is obtained which indicates a child is or may be a member of an Indian tribe or eligible for tribal membership and is the biological child of a member of an Indian tribe, the available supporting information is documented in the case record. It is presumed a child is an Indian child if the child or any other person informs PPS that the child is Indian or there is "reason to know" the child is an Indian child. PPS Child Welfare Specialist will immediately contact tribal social services of the applicable tribe regarding a child whom the PPS Child Protection Specialist knows or has "reason to know" is an Indian child. If it is known or if there is "reason to know" a child is an Indian child as defined by the Indian Child Welfare Act (ICWA), there must be compliance with the provisions of said federal act.

The PPS Face Sheet requests ethnic/tribal information for the child(ren) at the time of intake. The PPS Medical and Genetic form requests information on the child and his/her parents and must be completed for each child at the time they enter foster care. Information is collected in the Kansas Intake Protection System (KIPS) and Family and Child Tracking System (FACTS).

A child will be considered to be an Indian child by DCF if any party to the case, any person, Indian tribe, Indian organization or public or private agency informs the worker that the child is a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.

When PPS is conducting an investigation involving an Indian family not residing on a reservation, the family is informed they may request a tribal representative. Assessment of the family should consider the prevailing social and cultural conditions and way of life of the Indian community.

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 shall be 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 child in need of care proceeding, information about the proceeding and their right to intervene, when the court knows or has reason to know that an Indian child is involved.

When it is requested the DA/CA file a child in need of care petition, the DCF worker provides to the district or county attorney (DA/CA), to the extent 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 that 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 Bureau of Indian Affairs (BIA) within the U.S. Department of the Interior, requesting assistance.

Family Preservation Services

Tribes will provide prevention services to families at risk of child removal with the goal of maintaining the family unit and preserving tribal connections. A family support worker may also be utilized in this program. The services in this program range from intensive direct services to referrals to community resources. The primary goal of this program is to assist families and to help them to learn how to access resources and informal support systems independently of government involvement. Services provided to families may vary from tribe to tribe. The Department for Children and Families collaborates with the tribes when requested or as needed.

Foster Care Services

Upon receipt of a copy of a Kansas Code for Care of Children (CINC Code) petition, the Child Protection Specialist makes referral to the Child Welfare Case Management Provider (CWCMP), who will immediately contact tribal social services of the applicable tribe regarding a child whom the CWCMP knows or has "reason to know" is an Indian child if the CPS has not previously contacted the tribe. If it is known or if there is "reason to know" a child is an Indian child as defined by the Indian Child Welfare

Act (ICWA), there must be compliance with the provisions of said federal act. The Kansas Judicial Council maintains certain specific court forms on its website related to CINC cases involving Indian children to facilitate compliance with ICWA and applicable regulations and guidelines.

Each tribe has a Social Service Department that addresses the full range of 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 child welfare matters related to the case.

The CWCMP's responsibility generally ends for children who reside in out-of-home placement when there is a transfer of the child's case to tribal court of a federally recognized tribe. The CWCMP shall promptly notify regional PPS staff of the change in jurisdiction and venue to a tribe by sending PPS the Reintegration/Foster Care/Adoption (RE/FC/AD) Acknowledgement of Referral/Notification of Move/Placement Change Acknowledgement form indicating case closure due to change of jurisdiction and venue of court case. Staff from PPS shall forward the information to the tribe within 5 working days of the receipt of information from the receiving court documenting the 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 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 fully transferred, the regional PPS office shall transfer all files and service responsibility to the tribe.

If a Tribal court decides not to take jurisdiction of the child's in need of care case, Indian children in the custody of the Secretary of DCF receive appropriate services which promote safety, permanency and well-being. Services are designed to help children, where safe and appropriate, return to families from which they have been removed or be placed in a permanent placement.

Tribes sometimes provide services to assist youth in need of out-of-home placement. Each tribe is responsible for their staff hired to provide the services, which may include a tribal support worker. The services include case management, placement of children in approved relative homes or foster homes licensed by the tribe, in conformance with placement preferences pursuant to the Indian Child Welfare Act (ICWA), case planning, reporting to the court on the progress of the case, assisting with child care costs, and the direct provision of or referral to services for the family and child to assist in reintegration. Services may also be used to meet any out-of-home needs of children who are unable to be returned to their family of origin, such as adoption, permanent custodianship, or another planned permanent living arrangement. Services provided to families may vary from tribe to tribe.

Independent Living Services

Tribes assist youth who are ages 14-20 years and in custody pursuant to an order of the tribal court. The services provided in this program include any service to promote the youth's independence, including subsidy, adult education classes, independent living classes, and assistance with obtaining job skills. Life Skills Services provided by tribal workers are identical to those provided by the CWCMPs.

Regular contact with tribal staff is conducted through scheduled meetings made directly by PPS staff to tribal staff for coordination of child welfare services. All youth currently in out of home care or custody are informed of program eligibility and resources by contractor, Kansas Department of Corrections—Juvenile Services (KDOC-JS), tribal and PPS staff at case planning conferences. Tribal youth are invited to participate in the Regional Youth Advisory Council (RYAC) and Kansas Youth Advisory Council (KYAC), PPS Computer Camps and the annual KYAC Youth Conference. There is one youth from the

Prairie Band Potawatomi Nation tribe who currently participates on the Kansas Youth Advisory Council. There is one youth from the Prairie Band Potawatomi Nation tribe who regularly participates in Regional Youth Advisory Council meetings. No other tribes are represented on the councils, at this time.

Memoranda of Understanding

During the Tribal Social Services site visits during CFSP 2015-2019, PPS discussed with each tribe any needed language changes to their respective MOU's. In the spring of FY 2019 changes were made to PBPN, Kickapoo, Sac and Fox and NAFS MOU's. The draft MOU's were sent to each tribe on March 19, 2019. It was asked that each tribe return the draft MOU executed or with suggested revisions. Kickapoo returned their executed MOU on April 8, 2019. PBPN returned their draft MOU with comments on April 11, 2019. A reminder email was sent to NAFS on April 16, 2019 to return their MOU with edits or executed.

Discussions continue between DCF and Sac and Fox regarding MOU revisions and specific language changes. When the new MOU is agreed upon, the MOU will proceed through the DCF concurrence process and be submitted for the Secretary's signature. The goal is to enter into an MOU that is beneficial to the tribal families, youth and children served and approved by the DCF Secretary and Tribal Council. An MOU (with multiple revisions over time) has been reviewed each year from 2011 to 2019, but the tribe has not signed which must be a voluntary execution of contract.

The MOUs for all federally recognized tribes headquartered in Kansas will continue to be reviewed annually with each tribe. Each individual tribal MOU will be emailed to the tribal chairperson(s) and Tribal Social Service Directors for review, comments and questions. The tribe should submit any comments, suggestions, and questions to be reviewed and discussed at the on-site visit. If language changes are warranted and agreed upon by DCF and the tribe, a draft of the revised MOU will be sent for tribal review. After DCF and tribal discussions, draft MOU(s) will be sent to the tribe. If there are no suggested revisions and the tribe executes the MOU, it will be sent through the DCF concurrence routing process for signature of DCF Secretary or designee and forwarded to each individual tribe for signature and subsequently forwarded to the federal partners with each APSR submission.

The current Memorandums of Understanding (MOU) with each tribe are attached, see attachment 37 DCF and Iowa Tribe ICWA MOU signed by DCF Secretary and Iowa tribal council, attachment 38 DCF and PBPN ICWA MOU signed by DCF Secretary PBPN tribal Council and attachment 39 Kickapoo Tribe ICWA MOU signed by DCF Secretary.

Each MOU referenced above affirms the state's 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.

The MOU with each tribe outlines the understanding that 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 is the single state agency 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 MOUs outline with each tribe the policy of PPS to involve Indian tribes and organizations at the earliest possible point in social service intervention with Indian families, whether the Indian children are from the tribes headquartered in Kansas or from tribes based 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 with needed information to meet the notification requirements of the Indian Child Welfare Act.
- Assist in securing reliable identification of Indian children and, if not possible, assist with the placement of Indian Children in appropriate homes.
- Strive to ensure compliance with ICWA and related regulations and guidelines.

Each MOU outlines the understanding between DCF and the tribal government in relation to the identification of Indian children and tribal affiliation, children in need of care assessments, services to prevent out of home placements, the decision to request filing a child in need of care petition, transfer of jurisdiction of child in need of care, adoption and funding for Indian children in foster care and licensing requirements for foster homes.

Other Collaboration, Coordination and Technical Assistance

PPS plans to ensure a letter from the Secretary of DCF is drafted and sent to each of four federally recognized tribes headquartered in Kansas on an annual basis. The government to government letter confirms the state agency's commitment to effective collaboration and consultation with the tribes. 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.

Kansas Serves Native American Families (KSNAF) involves a grant awarded to the University of Kansas. KSNAF is a partnership between the University of Kansas School of Social Welfare, PBPN, ITKN, SFN, Haskell Indian Nations University, Kansas Department for Children and Families, Kansas Department for Aging and Disability Services, and KVC. Funding for this grant project is provided through a Regional Partnership Grant (Round 4) from the Children's Bureau, ACF, U.S. Department of Health and Human Services. This project is part of a national cross-site study conducted by ACF, Children and Families Futures, and Mathematica. It seeks to improve the well-being, safety, and permanency of Native American children affected by parent and community substance abuse through implementing and assessing an evidence-based parenting skills training, Strengthening Families Program (SFP), with cultural adaptations. KSNAF recruits, trains and supports individuals who are Native American to offer SFP within tribal communities and other sites in Kansas. The goal of KSNAF SFP is to positively impact family bonding, communication, and parental supervision. In addition, KSNAF facilitates cross-systems collaboration and infrastructure development to build culturally sensitive and trauma-informed capacity across agencies who provide services to Native American families affected by substance abuse and involved or at-risk of involvement with child welfare systems in Kansas.

The KSNAF grant's target population is families with Native American children ages 0-18 who are in or at risk of out-of-home placement, affected by parental/community substance use and have a case plan goal of reunification or permanent custodianship/guardianship. KSNAF also has a strong prevention component and accepts referrals from other family-serving systems such as behavioral health centers, tribal health services and other community agencies (e.g., domestic violence, early childhood). KSNAF serves between 8-12 families per SFP group, offering five groups per year for a total of 180-270 families served over the course of the grant project.

In February 2019, SFP groups began in Lawrence and at Prairie Band Potawatomi Nation (PBPN) in Mayetta, KS. These pilot groups for families with children ages 6-11 include 4 families in Lawrence and 5 families at PBPN. The KSNAF team is currently working with the Iowa Tribe of Kansas and Nebraska

(ITKN) and the Sac and Fox Nation of Missouri in Kansas and Nebraska (SFN) on a June 2019 SFP start date. These two smaller tribes are planning to implement SFP jointly by combining their resources and families for the groups. In addition, PBPN is planning a fall SFP group that will serve families with children of all ages and there will be a fall group planned for an urban site, likely Topeka or Lawrence.

A workgroup was created in 2016 called PPS Policy Tribal Advisory Work Group. The purpose of the work group was to assist PPS in reviewing and revising policies for any needed revisions due to then new Federal ICWA regulations effective December 12, 2016. The work group consisted of at least one representative from each federally recognized tribe headquartered in Kansas, the PPS Program Manager for Group Homes and Tribes, the PPS Permanency Administrator, Assistant General Counsel with PPS, a representative from KVC Behavioral Health Services (KVC) and St. Francis Ministries (SFM). Sac and Fox and PBPN were very active in participating in the ICWA workgroup. They attended the in-person meetings/teleconferences held and made suggestions for policy changes. The workgroup was suspended in 2017 to await finalization of updated Kansas Judicial Council forms related to ICWA cases. Said forms obtained final approval and were posted on the Kansas Judicial Council website as of the end of December 2019. It is planned the work group will reconvene in 2020 and additional input from the tribes will be requested and considered to complete any needed revisions of PPS policies related to ICWA.

PPS created a Tribal section on DCF SharePoint for all Kansas tribes. The Tribal section contains meeting agendas from the quarterly meetings and meeting agendas from the technical assistance phone calls. PPS will work with PPS and IT staff on issue of allowing tribes access to the section. Other information may be shared as the Tribal section accessed is developed. This is an effort to keep the tribes included and informed.

Training of PPS and Grantee staff

Currently, workers are required to complete the ICWA training included in PPS Academy prior to assuming a caseload. The course includes information on: “reason to know” the child is an Indian Child, the ICWA (Active efforts versus Reasonable Efforts), Top 10 ICWA myths facts sheet and an ICWA case scenario is used. Workers are first required to watch a video presentation about the background and purpose of ICWA by retired Justice William Thorne, former Associate Presiding Judge of the Utah Court of Appeals and former tribal court judge in Utah, Idaho, Montana, New Mexico, Colorado, Arizona, Wisconsin, South Dakota, Nebraska, and Michigan.

Module 1 of Caseworker Core reviews the Indian Child Welfare Act. It includes a handout on Contemporary American Law Regarding Child Protection, which reviews major Federal legislation concerned with child protection, child welfare and adoption (1970 to present). It covers Child Abuse Prevention and Treatment Act (CAPTA), ICWA, Adoption Assistance, Multi-Ethnic Placement Act (MEPA) and Adoption and Safe Families Act (ASFA). Additional handouts cover National Indian Child Welfare Association (NICWA) frequently asked questions, a NICWA glossary and hand-out Setting the Record Straight about ICWA. Participants in Caseworker Core include DCF, KVC, St. Francis Community Service, TFI Family Services and Cornerstones of Care staff.

Since FY 2019, the four Tribes headquartered in Kansas have access to Pathlore, DCF’s Learning Management System.

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. 4th Floor
Topeka, KS 66603

STATE LIAISON OFFICER:

Kristalle Hedrick. LMSW
DCF Administration Building, Second Floor
555 S Kansas Ave
Topeka, KS 66603 Phone: 785-291-3665 Fax: 785-368-8159
E-mail: Kristalle.hedrick@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:

<http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx>

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, new legislation went into effect which expands the definition of Sexual Abuse as it relates to Human Trafficking. In SFY 2019 there have been no substantive changes which would affect eligibility for CAPTA.

The 2018 CAPTA State Plan identified the following items of area of focus in Kansas:

- 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).
- Area (1) the intake, assessment, and investigation of reports of abuse and neglect;
- Area (4) enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols; and improving skills, qualifications, of individuals and supervisor in child protection system. This would include availability and improvements in the recruitment and retention of the case workers.
- Area (7) improving the skills, qualifications and availability of individuals 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 caseworkers.

CAPTA funds continue to be utilized throughout the agency for providing education and resources on a variety of issues affecting the prevention of child abuse and neglect. Each of the four regions and PPS Administration has utilized their allotment of CAPTA dollars in a variety of ways. Activities for this reporting period include:

Paying expenses for Child Protective Services (CPS) Specialists to attend various educational courses uses a significant amount of CAPTA funding. This includes registration fees, hotel, per diem, car rental,

gasoline, etc. Courses include pre-service training for new CPS Specialists, as well as more advanced training for seasoned staff. These expenses include training services, 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 for Child Abuse and Neglect,
- ChildFirst of Kansas
- Human Trafficking,
- Interviewing Skills for Child Welfare training course utilizing live actors to give staff the experience of conducting live interviews.
- Team Decision Making
- Safe Generations SOS
- Children’s Mercy Hospital training for Child Protector phone app

A contract continues between DCF and Kansas State University which provides payment for a facilitator for two of the Citizen Review Panels. The facilitator has been invaluable in organizing the panels, coordinating between members, and facilitating communication and focus. In addition, the facilitator coordinates the development of the three-year assessment and annual report for the Children’s Justice Act (CJA) taskforce responsibilities of one of the citizen panels.

An Interagency Agreement between DCF and Wichita Police Department 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.

The APSR Annual Final Report contains Annual Reports from the State of Kansas’ Citizen Review Panels.

Please see:

- Attachment 40 Kansas Citizen Review Panel Intake to Petition Annual Report
- Attachment 41 Prevention and Protection Services Director’s Response to the Intake to Petition Annual Report
- Attachment 42 Kansas Citizen Review Panel Custody To Transition Annual Report
- Attachment 43 Deputy Director of Permanency’s Response to the Custody to Transition Annual Report.

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.

Staff completing investigations are required to complete PPS Introduction to Human Trafficking course within six months of hire. Other courses provided for staff education include:

- Human Trafficking - Classroom Instruction
- Human Trafficking and Child Welfare - Classroom Instruction
- Human Trafficking TOT - Classroom Instruction
- Human Trafficking-Understanding the Dynamics-Protection Reporting Center Classroom Instruction

- Human Trafficking: A Presentation by Dottie Laster - Online Video
- Recognizing Child Maltreatment: Medical Child Abuse, Neglect, Failure to Thrive, Trafficking and Child Sexual Abuse - Classroom Instruction

Kansas has a Human Trafficking Advisory Board 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 Kansas Department of Corrections and the Attorney General's office regarding Human Trafficking related issues. Collaboration with law enforcement is engaged as needed.

DCF hired an Anti-Human Trafficking Program Manager to work specifically with Human Trafficking issues. The Anti-Human Trafficking Program Manager is responsible to lead 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 of efforts across the state to combat human trafficking and offering assistance and resources. The Program Manager has helped task force groups collaborate with other groups across the state. The Program Manager collaborates with other systems/agencies to provide statewide multidisciplinary human trafficking training.

Kansas collects data on Human Trafficking allegations and assigned reports. Kansas also collects data on substantiated Human Trafficking findings. This information will be available for NCANDS submission.

Kansas submitted the CAPTA assurance on May 12, 2017.

The current agency policy is to identify, assign and assess all reports of alleged child sex trafficking.

The reports are assigned for alleged human trafficking-sex and/or human trafficking-labor. Reports are coordinated with law enforcement agency or agencies having jurisdiction over the criminal activity. PPS policies direct the investigation may be done by PPS alone or in cooperation with law enforcement. If law enforcement does not want agency assistance in an 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 technical assistance needs at this time. The state is constantly reviewing and revising and will seek technical assistance if need is determined.

Kansas submitted the CAPTA assurance on May 12, 2017

Amended sections 106(b)(2)(B)(ii) and (iii) of CAPTA to remove the term "illegal" as applied to substance abuse affecting infants; specifically required plans of safe care address the health and substance use disorder treatment needs of both infants and their families or caretakers; added the number of such infants for whom a plan of safe care was developed; and the number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.

Kansas participated in a Children's Bureau site visit in September 2018. A barrier identified during this visit was the relationship between DCF and area hospitals. Since this visit, Kansas has begun work to increase collaboration with Kansas hospitals, mental health, substance-use treatment and community providers. Kansas is participating in statewide committees focusing on safe care for substance-exposed infants across all agencies. The Kansas Perinatal Quality Collaborative (KPQC) includes representatives

from Kansas hospitals, the Kansas Department of Health and Environment, Kansas Department on Aging and Disability Services and community substance-use treatment providers. The KPQC meets twice a year with additional focus workgroups. Kansas is participating in a workgroup focusing on collaboration between hospitals, child welfare and treatment providers. The Kansas Prescription Drug and Opioid Advisory Committee meets quarterly and includes the Kansas Department for Children and Families, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, mental health, law enforcement, hospitals, pharmacies, and community treatment providers. Kansas DCF has participated in additional meetings and presentations with The Kansas Power of the Positive (KPop) which is a statewide coalition focusing on societal level interventions to prevent adverse childhood experiences. Kansas 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 focusing 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 Kansas Department on Aging and Disability Services and the Kansas Department of Health and Environment obtained a Calling All Sectors Initiative grant of \$150,000 from PEW Charitable Trust ending August 2021. The intended results are to increase cross-sector collaboration for health and health equity and will be measured using a results-based accountability framework. The intent is 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 provides technical assistance from the Association of State and Territorial Officials, Race Forward and Glaser & Associates, Inc. The focus of Kansas' work on this grant is to increase the identification of pregnant & postpartum women using substances and connections to appropriate services and supports.

These collaborations and partnerships will inform Kansas policies and procedures to enhance Kansas DCF delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Work is focusing on reducing stigma to better engage and provide services to pregnant women using substances. The KPop is working on an asset map to better understand the services available in Kansas. Additional efforts are being made to develop system flowcharts and reporting guides to cross-train between hospitals and child welfare. Kansas DCF will develop a process to monitor plans of safe care to determine what referrals are made for substance-exposed infants and affected family members and caregivers.

To meet the requirements of CARA legislation, Kansas has implemented new policy 2050 Plan of Safe Care, to detail what a Plan of Safe Care is, how it is different from a Safety Plan and Case Plan and when it is to be completed. There were multiple statewide conference calls held in June 2017 with Assessment and Prevention, Family Preservation and Family Service staff to discuss how and when to utilize the Plan of Safe Care. Follow-up in person meetings occurred in July/August 2017 with the above-mentioned participants to continue the discussion related to the implementation of the Plan of Safe Care policy. It is the intention that families in need of a Plan of Safe Care will be offered and referred to Family Preservation Services for intensive in-home services to meet the needs identified on the Plan of Safe Care and for those services to be monitored.

Kansas has added codes in the statewide child welfare data system to track when a Plan of Safe Care is completed and when a referral for services is made. Kansas will report those events assigned where the infant is substance affected. A new policy, 3890 Entering Plan of Safe Care and Related Services, was

implemented for January 2018 requiring the Plan of Safe Care and related services be entered in the Kansas Child and Family Tracking System.

Prevention and Protection Services (PPS) staff coordinate with community agencies to include hospital staff, pediatricians, substance abuse providers and in-home parenting education staff to collaborate on the Plans of Safe Care and the monitoring of same. DCF Administration began discussions with local hospitals in SFY 19 regarding reporting to the Kansas Protection Report Center and collaboration with regional PPS staff.

A Comprehensive Addiction and Recovery Act (CARA) workgroup was formed in SFY 19 to begin collaboration efforts with community agencies. The CARA workgroup began meeting in September 2018 and has continued to meet quarterly. The CARA workgroup has identified the goals of community outreach, training and quality assurance to ensure Kansas is meeting CARA requirements. See Attachment 67 CARA Workgroup Charter.

In SFY 2018 Kansas DCF representatives began participating in the Kansas Prescription Drug and Opioid Advisory Committee and Neonatal Abstinence Syndrome 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 the Prevent Overdose Kansas website. The Neonatal Abstinence Syndrome (NAS) is a subcommittee of the advisory committee and is focusing on education, prevention and state-level policy. The goal is to reduce the number of NAS cases in Kansas through education, prevention and intervention while also enhancing the care of affected babies and mothers through implementation of clinical best practices. In SFY 2019 Kansas DCF representatives began participating in the Kansas Quality Perinatal Collaborative (KQPC) sub-committee. The mission of this collaborative is to improve Kansas' maternal and infant health outcomes by assuring quality perinatal care using data-driven, evidence-based practice, and quality improvement processes. Additional information regarding this collaborative may be found at the Kansas Quality Perinatal Collaborative website. DCF Administration staff 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.

While the legislation does not require states to define substance affected infants as a specific category, it does not prohibit it either. Kansas gave great thought and had many discussions about whether this population should be included as an abuse/neglect category. Kansas made the decision to include it based on when an event is assigned as an abuse/neglect category, the agency has some statutory authority that we don'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 provides a definition for a substance affected infant as an abuse/neglect allegation. This new regulation does not prevent the agency from providing services as a Family in Need of Assessment (FINA) report if a family is requesting services due to substance use after giving birth. Kansas has added the assignment type of Substance Affected Infant as a neglect assignment type for July 2018.

As the CARA changes are implemented, the PPS Program Administrator has started a workgroup to consist of PPS Administrative staff and PPS regional staff. One goal of this workgroup is to increase community collaboration. The workgroup will be working on ways for DCF to collaborate with representatives from the medical community including hospital staff, doctors who work with pregnant women and newborns, substance abuse treatment providers, and others identified who work with this population. The initial goal will be to work at a high level to educate stakeholders about CARA and what their role will be with the intent to possibly break off into more regionalized groups as progress is made.

In SFY 2018 Kansas DCF representatives began participating in the Kansas Prescription Drug and Opioid Advisory Committee and Neonatal Abstinence Syndrome Sub-Committee.

A new policy PPM 2050 Plan of Safe Care was implemented for the July 2017 revision period. This policy details what a Plan of Safe Care is, how it is different from a Safety Plan and Case Plan and when it is to be completed. PPM 2050 section B details the criteria for when a Plan of Safe Care might be appropriate. There are three assignment types that require the Child Protection Specialist to consider whether a Plan of Safe Care is needed: a Pregnant Woman Using Substances, Substance Affected Infant or a FINA assigned for Infant Positive for Substances. The policy also requires that any family qualifying for a Plan of Safe Care to be offered and encouraged to accept Family Preservation services with the goal of safely maintaining the infant in the home when possible. The policy addresses how a Plan of Safe Care shall be monitored to determine the ongoing appropriateness of the services. When the DCF case closes, the Plan of Safe Care is provided to the family, so they may share it with their community providers to continue to be utilized to meet the family's needs. There were multiple statewide conference calls held in June 2017 with Assessment and Prevention, Family Preservation and Family Service staff to discuss how and when to utilize the Plan of Safe Care. Follow-up in person meetings occurred in July/August 2017 with the above-mentioned participants to discuss the implementation of the Plan of Safe Care policy. It is the intention that families in need of a Plan of Safe Care will be offered and referred to Family Preservation Services for intensive in-home services to meet the needs identified on the Plan of Safe Care and for those services to be monitored. The policies and procedures for the Plan of Safe Care will continued to be reviewed for revisions with the Assessment and Prevention Policy Workgroup and the CARA workgroup.

E. Updates to Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

DCF and its community and contracted partners have worked together, in collaboration with the National Resource Center for Diligent Recruitment, to develop a cohesive Diligent Recruitment Plan. The first publication of the plan occurred in 2016. The plan is updated annually and posted to DCF's website. The most recent update took place in July 2019, in which the plan was updated to provide more current data and characteristics of the children in Kansas foster care. Furthermore, we have continued to partner with Capacity Building, Center for States for guidance and support. Kathy Ledesma, the Program Area Manager for Adoption and Christine DeTienne, the State/Territory Liaison have continuously provided guidance and technical assistance as key members of the Diligent Recruitment teams.

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.

- Kansas will 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.
- Recruitment, prepare and support adoptive families for children/youth registered on the adoption exchange.

A smaller sub-group called the DR Core Implementation Team was put together in late 2019, comprised of experienced individuals in leadership from the various Child Placing Agencies (CPAs.) The goal of the group is to provide coordinated vision and leadership in the public-private partnership towards the achievement of the objectives in the State’s Diligent Recruitment Plan.

A mission statement was developed for the group:

We are champions of One Diligent Recruitment Vision for All identified Kansas children. We will collaborate to model and advocate for creatively increasing capacity of placement resources.

The group holds shared recruitment commitments, as CPAs numbers have increased, there remains a significant need of foster homes to care for the high acuity kids. The leaders of the Core Group for Diligent Recruitment have a shared mission which is to model responsibility to all agencies, staff etc.

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 lan guage. One Message for One Child Welfare System.

See Attachments for the 44 Child Welfare Philosophy of Care, 45Diligent Recruitment Brochure, and 46 Foster Care Demographics.

Health Care Oversight and Coordination Plan

The Health Care Oversight Coordination updated Information and the full Health Care Oversight and Coordination Plan are attached. Please see Attachments 47 and 48

Disaster Plan

The most significant disaster faced by Kansas, as in all other states, was the COVID-19 pandemic. Please see Attachment 2, which details the state’s response.

See Attachment 49 for the DCF Administration Disaster Plan. Each DCF region similarly has a Disaster Plan following the same structure as the attached plan, but with different emergency contact numbers included.

Please also see attached disaster planning documents from Child Welfare Case Management Providers: 50 KVC Kansas, 51 Saint Francis Ministries, 52 TFI Family Services, 53 Cornerstones of Care, and 54 DCCCA, Inc.

Additionally, as a result of the COVID-19 pandemic, the Family Preservation contractors and Family First grantees created plans to continue operations and assist families. Please see Attachment 55 Pandemic Preparedness Plan

Training Plan

See Attachment 56 DCF Training Plan, and supplemental training attachments:

- Attachment 57 DCF PPS SFY 2020 Training Report
- Attachment 58 KCWPTP Assessor Tier I and Tier II Course Descriptions
- Attachment 59 KCWPTP Caseworker Core Course Descriptions
- Attachment 60 Training Plan – Comerstones of Care
- Attachment 61 Training Plan – DCCCA, Inc.
- Attachment 62 Training Plan – KVC Kansas
- Attachment 63 Training Plan – Saint Francis Ministries
- Attachment 64 Training Plan – TFI Family Services

Effective October 1, 2014, the State of Kansas claims 75 percent Federal Financial Participation (FFP) for TIPS MAPP and Deciding Together 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

CAPTA Annual State Data Report Items

i. Information on Child Protective Service Workforce

Position	Education Requirements	Qualification	Training Requirement	
			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	Bachelors 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

	Intake Protection Specialist (IPS)	Protection Specialists	Protection Supervisor
Not Indicated ^[1]	8	23	1
Less than High School	0	0	0
High School or equivalent	5	1	0
1 Year College	5	7	0
2 Years College	3	3	2
2 Year College Degree	5	1	0
3 Years College	0	12	0
Bachelor's Degree	4	315	55

^[1]The new employee is given a form to provide personal demographic information, i.e., name, address, etc. Education level is a part of this form but it is not required they provide it. If employees don't enter this information on the form it is not entered into the system. Transcripts and education are verified in the application/hiring process; however, for reporting purposes education is tracked via this form.

Some Graduate School	0	2	2
Master's Degree	2	54	10
Total	32	418	70

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;

Race							
Position	Hispanic	American Indian	Black	White	Asian	Not Specified	Total
Intake Protection Specialists	2	0	9	10	1	10	32
Protection Specialists	17	1	31	262	2	105	418
Protection Supervisors	4	2	5	50	0	9	70

Sex			
Position	Male	Female	Total
Intake Protection Specialists	4	28	32
Protection Specialists	59	359	418
Protection Supervisors	2	68	70

Age							
Position	20-29	30-39	40-49	50-59	60 & over	Not Specified	Total
Intake Protection Specialists	4	11	6	8	3	0	32

Protection Specialists	163	98	76	58	23	0	418
Protection Supervisors	9	24	16	18	3	0	70

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).

SFY2020 YTD (Jul-Mar) Caseload	Child Protective Specialist	CPS Supervisors	CPS Staff and Supervisors
Average Monthly Cases	14.1	4.4	13.9
Average Max Monthly Cases	21.0	7.3	20.6
SFY2020 YTD (Jul-Mar) Caseload	CPS to Supervisors		
Average Monthly Ratio	4.2		
Max Monthly Ratio	11		

SFY2020 YTD (Jul-Mar) Caseload	CPS SW to Supervisors	CPS Social Workers	Total Cases per Supervisor
Average Monthly Ratio/Cases	4.2	14.1	58.9

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 2019	70
Source of the information	FACTS, DCF's Child Welfare Reporting System
How the state defines the reporting population	Youth transferred to another state agency

Education and Training Vouchers

Please see attachment D. number 34.

Inter-Country Adoptions

As of April 2020, DCF has approximately 8 children in custody who were previously adopted internationally. The following is additional information on the 8 children:

Case Management Entity / Date of Referral	Original agency who handled the Adoption	Permanency Plan for the Child	Reason for the disruption or dissolution
KVC child 1 (November 2018)	Littlest Angels International	APPLA. Youth is getting ready to request release and possibly do an adult adoption with placement.	Allegations youth sexually abused younger adoptive sibling and parents refused to have youth back in the home for safety.
KVC child 2 (September 2018)	Catholic Charities in Asheville, NC	APPLA: Working with youth on graduating and developing a transition plan.	Parents refused to pick youth up from acute care upon discharge. Allegations of emotional abuse and mom reported youth threatened to kill them and they did not feel safe having youth come home along with some other concerning homicidal statements.
KVC child 3 (September 2019)	Florida Home Studies and Adoption/ Adoption and Beyond	Reintegration	Parents refused to pick youth up after having been in PRTF at TLC for over a year. Parents reported significant mental health concerns, and dangerous behaviors beyond their control.
KVC child 4 (January 2019)	Unknown	Aftercare (reintegrated with adoptive father)	Youth was removed due to an inappropriate relationship with a 47 year old man (they ran away together to another state) and mom allowed the relationship to a degree.
KVC child 5 (November 2019)	Unknown	Reintegration with adoptive mother	Youth was removed through JV case due to mom not allowing youth to come home from JDC.

Case Management Entity / Date of Referral	Original agency who handled the Adoption	Permanency Plan for the Child	Reason for the disruption or dissolution
KVC Child 5 (May 2017)	Adoption of Babies and Children Inc.	Adoption	The child was removed due to deteriorating mental health, numerous hospitalizations and physical aggression shown by the child toward adoptive parents, animals and self.
KVC child 7 (November 2018)	Special Additions, Inc.	Adoption	The youth was removed due to mental health needs and behaviors.
SFM child 1 (March 2016)	Villa Hope	Adoption	The adoption dissolved due to physical abuse by the adoptive parents.

Monthly Caseworker Visit Data

Please see monthly caseworker visit section C.5.B,#6

G. Financial Information

G.1.a. Monthly Caseworker Visit Formula Grant and Data

Please see monthly caseworker visit section C.5.B, #6.

G.1.b. Financial Information for Title IV-B Subpart 1 & 2

Please see Attachment 65 CFS 101s, in both .pdf and excel formats. Also please see Attachment 66 Kansas FY 2020 Re-allotment in .pdf and excel formats.

G.1.c. Chafee Program

G.2 Current Year Funding

FY2020 Re-allotments, Requests for Additional Funding and Submitting a Revised CFS-101 Budget Request

G.2.a. Re-allotments

G.2.b. Revisions – Submitting a Revised Part 1

G.3 FY 2021 Budget Request – CFS-1-1, Parts I and II

G.4 FY 2018 Title IV-E Expenditure Report – CFS-101, Part III

G.5 Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

Attachment Guide

1. Kansas DCF PPS Organizational Chart
2. Agency Efforts During Pandemic
3. Child Welfare Practice Model
4. Kansas/Missouri Border Agreement
5. Governor's Behavioral Health Services Subcommittee Annual Report
6. JIAS-DCF Crossover Youth Report
7. Adoption Tracking Tool draft
8. Kansas Foster Parents Notice of Hearings and Rights to be Heard Survey and Results
9. Parent Youth Facilitation Fact Sheet
10. Foster Care Rate Structure
11. Adoption Tracking Tool Fact Sheet
12. Family Preservation Tiers
13. Family First Prevention Services Act Programs
14. Kansas Prevention Services Track
15. Provider Meet and Greet Invitation
16. Kansas Bed Numbers for QRTP Facilities
17. Adopt Kansas Kids State Report
18. KVC Annual Recruitment Plan 2020
19. Saint Francis Ministries Recruitment Plan 2020
20. TFI Family Services Recruitment/Retention Plan 2020
21. Cornerstones of Care Recruitment Plan 2020
22. SFY 2020 DCF Identified Projects for K-PARC
23. Eligibility Requirements for Adoption Assistance
24. KSNAF Informational Sheet
25. KSNAF Recruitment Brochure
26. State Child Death Review Board Annual Report
27. PPS Director's Response to the State Child Death Review Board Annual Report
28. Youth Recovery Report
29. CWCMP IL Activities SFY 2020
30. Aftercare Service for Aged Out Youth SFY 2020
31. DCF Independent Living Regional Activities SFY 2020
32. KYAC Work Plan 2018-2022
33. Kansas Fiscal Years 15-19 Data Snapshot
- 34. Attachment D ETV**
35. Trainings Attended by Kansas Independent Living
36. Kansas Prevention Services Track Tribal Coordination
37. DCF and Iowa Tribe ICWA MOU
38. DCF and PBPN ICWA MOU
39. Kickapoo Tribe ICWA MOU

40. Kansas Citizen Review Panel: Intake to Petition Annual Report
41. Prevention and Protection Services Director's Response to the Intake to Petition Annual Report
42. Kansas Citizen Review Panel Custody to Transition Annual Report
43. DCF Deputy Director for Permanency's Response to the Custody to Transition Annual Report.
44. Child Welfare Philosophy of Care
45. Diligent Recruitment Brochure
46. Foster Care Demographics
47. Health Care Coordination and Oversight Plan – Updated Information
48. Health Care Coordination and Oversight Plan
49. DCF Disaster Plans
50. KVC Kansas Disaster Plan
51. TFI Family Service Disaster Plan
52. Saint Francis Ministries Disaster Plan
53. Cornerstones of Care Disaster Plan
54. DCCCA Disaster Plan
55. COVID-19 Prevention Partners Pandemic Plan
56. Training Plan
57. SFY 2020 Training Report
58. KCWPTP Assessor Tier I and Tier II Course Descriptions
59. KCWPTP Caseworker Core Course Descriptions
60. Training Plan – Cornerstones of Care
61. Training Plan – DCCCA, Inc.
62. Training Plan – KVC Kansas
63. Training Plan – Saint Francis Ministries
64. Training Plan – TFI Family Services
- 65. CFS 101s**
- 66. Kansas Re-Allotment**
67. Comprehensive Addiction and Recovery Act Advisory Workgroup Charter
68. Independent Living Monthly Demographic Report

Acronym Guide

A

ABC: Attachment and Biobehavioral Catch-Up
ACE: Adverse Childhood Experience
ACF: Administration for Children and Families
A-CRA: Adolescent Community Reinforcement Approach
AECF: Annie E. Casey Foundation
AFCARS: Adoption and Foster Care Analysis Reporting System
APSR: Annual Progress and Services Report
AKK: Adopt Kansas Kids
AP: Assessment and Prevention
APA: Adoptive Placement Agreement
APPLA: Another Planned Permanent Living Arrangement
APRN: Advanced Practice Registered Nurse
APSR: Annual Progress and Services Report
ASFA: Adoption and Safe Families Act
ASIST: Applied Suicide Intervention Skills Training
ASQ-SE: Ages and Stages Questionnaire, Social Emotions
ATT: Adoption Tracking Tool
AUK: Adopt US Kids

B

BIA: Bureau of Indian Affairs
BIS: Best Interest Staffing
BSRB: Kansas Behavioral Science Regulatory Board

C

CAFAS: Child and Adolescent Functional Assessment Scale
CAK: Children's Alliance of Kansas
CAP: Corrective Action Plan
CAPTA: Child Abuse Prevention and Treatment Act
CARA: Comprehensive Addiction and Recovery Act of 2016
CASA: Court Appointed Special Advocate
CASH: Creating Assets Savings and Hope
CAT: Mobile Response Crisis Assessment Tool
CB: Children's Bureau
CBC: Capacity Building Center
CBCAP: Community-Based Child Abuse Prevention
CBST: Community Based Service Team
CCDF: Child Care Development Fund
CCWIS: Comprehensive Child Welfare Information System
CDDO: Community Developmental Disability Organization
CFCIP: John H. Chafee Foster Care Independence Program
CFP: Casey Family Programs
CFSP: Child and Family Services Plan
CFSR: Child and Family Services Review
CIF: Children's Initiatives Fund
CIP: Court Improvement Program
CIS: Cognitive Interaction Skills
CINC: Child in Need of Care
CJA: Children Justice Act
CMHC: Community Mental Health Center
CMP: Case Management Provider

CMS: Centers for Medicare and Medicaid Services
CPA: Child Placing Agency
CPI: Continuous Performance Improvement
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CRA: Central Reporting Application
CROPS: Child Report of Post-Traumatic Symptoms
CSDC: Child Stress Disorder Checklist
CSS: Child Support Services
CSS: Community Support Specialist
CTIC: Comprehensive Trauma Informed Care
CWCMP: Child Welfare Case Management Provider

D

DA/CA: District Attorney/County Attorney
DAISEY: Data Application and Integration Solutions for the Early Years
DCF: Kansas Department for Children and Families
DCU: Data Compliance Utility
DHCF: Department of Health Care Finance
DQU: Data Quality Utility
DR: Diligent Recruitment

E

EBP: Evidence Based Practices
EES: Economic and Employment Services
EHS: Early Head Start
EPSDT: Early and Periodic Screening, Diagnosis and Treatment
ESSA: Every Student Succeeds Act
ETV: Education and Training Voucher

F

FAFSA: Free Application for Student Aid
FACTS: Family and Child Tracking System
FBI: Federal Bureau of Investigation
FC: Foster Care
FCRFL: Foster Care and Residential Licensing
FCSOC: Family Centered Systems of Care
FCT: Family Centered Treatment
FFPSA: Family First Prevention Services Act
FFT: Functional Family Therapy
FFY: Federal Fiscal Year
FINA: Family in Need of Assessment
FP: Family Preservation
FS: Family Services
FY: Fiscal Year
FYI: Foster to Youth Independence

G

GAL: Guardian ad Litem
GBHSPC: Governor's Behavioral Health Services Planning Council

H

H4H: Hope for the Holidays
HCBS: Home and Community Based Services
HFA: Healthy Families America
HTAB: Human Trafficking Advisory Board

HUD: Housing and Urban Development

I

IAB: Interagency Board

ICP: Individualized Crisis Plan

ICPC: Interstate Compact on the Placement of Children

ICWA: Indian Child Welfare Act

IDA: Individual Development Account

IEP: Individualized Education Program

IFM: Initial Family Meeting

IL: Independent Living

IPS: Intake Protection Specialist

IRIS: Integrated Referral and Intake System

IRP: Individualized Recruitment Plan

ISP: Initial Service Plan

J

JAG- K: Jobs for America's Graduates – Kansas

JCIC: Juvenile Crisis Intervention Centers

JJOC: Juvenile Justice Oversight Committee

JO/CINC: Juvenile Offender / Child in Need of Care

K

KAAC: Kansas Adoption Advisory Council

KAN: Kansas Adoption Network

KAPP: Kansas Assessment Permanency Project

KBH: Kan-Be Healthy

KBI: Kansas Bureau of Investigation

KBOR: Kansas Board of Regents

KCCTF: Kansas Children's Cabinet and Trust Fund

KCPSTA: Kansas Chafee Program for Successful Transition to Adulthood

KCRP-CT: Kansas Citizen Review Panel – Custody to Transition

KCSL: Kansas Children's Service League

KCWPTP: Kansas Child Welfare Professional Training Program

KCWQIC: Kansas Child Welfare Quality Improvement Council

KDADS: Kansas Department for Aging and Disability Services

KDOC-JS: Kansas Department of Corrections – Juvenile Services

KDHE: Kansas Department of Health and Environment

KEES: Kansas Eligibility Enforcement System

KEESM: Kansas Economic and Employment Services Manual

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

KIDS: Kansas Initiative for Decision Support

KIN-TECH: Kinship Interdisciplinary Navigation Technologically Advanced Model

KIPS: Kansas Intake/Investigation Protection System

KKGU: Kansas Kids at GEAR UP

K-PARC: Kansas Post Adoption Resource Center

K-PMTO: Kansas Parent Management Training Oregon Model

KPop: Kansas Power of the Positive

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
KSSAF: Kansas Serves Substance Affected Families
KU: University of Kansas
KUCPPR: 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

LGBTQI: lesbian, gay, bisexual, transgender, queer (or questioning), and intersex

M

MEPA: Multi-Ethnic Placement Act
MCO: Managed Care Organization
MCV: Monthly Caseworker Visits
MHMAC: Mental Health Medication Advisory Committee
MI: Motivational Interviewing
MOU: Memorandum of Understanding
MRSS: Mobile Response and Stabilization Services
MST: Multisystemic Therapy

N

NACAC: North American Council on Adoptable Children
NAS: Neonatal Abstinence Syndrome
NCANDS: National Child Abuse and Neglect Data System
NCCD: National Council on Crime and Delinquency
NCMEC: National Center for Missing and Exploited Children
NEICE: National Electronic Interstate Compact Enterprise
NFYI: National Foster Youth Institute
NDRU: NYTD Data Review Utility
NICWA: National Indian Child Welfare Association
NOSF: Notice of Survey Findings
NRCDR: National Resource Center for Diligent Recruitment
NRK: Non-related Kin
NYTD: National Youth in Transition Database

O

OCK: One Care Kansas
OJA: Office of Judicial Administration
OSINT: Open Source Intelligence
OSRI: On Site Review Instrument

P

PAC: Permanency Advisory Council
PAR: Pre-Authorization Review
PAT: Parents as Teachers
PBPN: Prairie Band Potawatomi Nation
PCAP: Parent Child Assistance Program
PCIT: Parent Child Interaction Therapy
PCS: Permanent Custodianship Subsidy
PECFAS: Preschool and Early Childhood Functional Assessment Scale
PHA: Public Housing Authority
PIP: Program Improvement Plan

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
PSI: Parenting Stress Index
PSSF: Promoting Safe and Stable Families
PTSD: Post-Traumatic Stress Disorder
PWS: Pregnant Woman Using Substances
PYF: Parent/Youth Facilitation Project

Q

QRTP: Qualified Residential Treatment Program

R

RE/FC/AD: Reintegration/Foster Care/Adoption
RFP: Request for Proposal
RPR: Rapid Permanency Review
RS: Rehabilitation Services
RYAC: Regional Youth Advisory Council

S

SACWIS: Statewide Automated Child Welfare Information System
S. B.: Senate Bill
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
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
SOS: Street Outreach Services
SOS: Signs of Safety
SPC: Strategic Planning Conference
SRT: Special Response Team
SS: Seeking Safety
SSA: Social Security Survivors Benefits
SSDI: Social Security Disability Insurance
SUD: Substance Use Disorder

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
TFI: TFI Family Services
TIPS-MAPP: Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting
TPR: Termination of Parental Rights
TST: Trauma Systems Therapy
TVPA: Trafficking Victims Protection Act

VIH: Visits In-Home **V**
WCCAP: Wichita Coalition for Child Abuse Prevention **W**
WSU: Wichita State University
YAP: Youth Advocacy Program **Y**
YRC: Youth Residential Center