This 2018 Annual Progress and Services Report (APSR) is the third annual report related to the Title IV-B Child and Family Services Plan (CFSP) for the five-year time period FFY 2015-2019. The CFSP details the goals, objectives, services, service delivery strategies, statewide assessment and plan for improvement.
# Table of Contents

I. INTRODUCTION .................................................................................................................................................. 5  
   A. Kansas Department for Children and Families Prevention and Protection Services ............6  
   B. Vision and Mission ........................................................................................................................................... 7  

II. GENERAL INFORMATION ..................................................................................................................................... 8  
   A. Collaboration .................................................................................................................................................... 8  
      1. Kansas Department for Children and Families (DCF) ................................................................. 8  
      2. Governor’s Behavioral Health Services Planning Council ......................................................... 13  
      3. KVC Kansas (KVC)/Saint Francis Community Services (SFCS) Stakeholders Meetings .. 15  
      4. Systems Collaboration ................................................................................................................................. 18  
      5. Collaboration with the Kansas Department of Corrections-Juvenile Services .................. 22  
         (KDOC-JS) .................................................................................................................................................... 22  
      6. Kansas Early Head Start ............................................................................................................................. 23  
      7. Jobs for America’s Graduates-Kansas ................................................................................................. 24  
      8. Community-Based Child Abuse Prevention ................................................................................... 25  
     10. The Kansas Court Improvement Program ..................................................................................... 26  

III. KANSAS TITLE IV-B STATEWIDE ASSESSMENT ........................................................................................... 30  

IV. KANSAS PERFORMANCE IMPROVEMENT PLAN ........................................................................................ 30  

V. TITLE IV-B SUBPARTS 1 AND 2 UPDATES ......................................................................................................... 30  
   A. Promoting Safe and Stable Families Programs ............................................................................ 30  
   B. Kansas Protection Report Center ........................................................................................................ 31  
   C. The Safety/Risk Assessment ................................................................................................................... 33  
   D. Family Services ........................................................................................................................................... 39  
   E. Family Preservation Services .................................................................................................................. 41  
   F. Reintegration/Foster Care/Adoption Services ................................................................................ 47  
      National Fatherhood Initiative .................................................................................................................. 57  
   G. Time-limited Family Reunification ...................................................................................................... 58  
   H. Adoption Promotion and Support ....................................................................................................... 62  
   I. Permanent Custodianship ......................................................................................................................... 67  
   K. Independent Living (IL) Services ........................................................................................................ 72
Housing Partnerships..............................................................................................................134
Education Partnership............................................................................................................135
Employment Partnerships....................................................................................................136
Computer Camp....................................................................................................................137

I. Determining Eligibility for Benefits and Services ..........................................................137
J. Cooperation in National Evaluations NYTD ......................................................................137

XIII. EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM.................................139
XIV. CFCIP PROGRAM IMPROVEMENT EFFORTS .............................................................140
A. Training ............................................................................................................................141

XV. TARGETED PLANS WITHIN THE 2015-2019 CFSP ................................................144
A. Foster and Adoptive Parent Diligent Recruitment Plan ..................................................144
B. Health Care Oversight and Coordination Plan ...............................................................144
  1. Emotional Trauma ........................................................................................................144
  2. Psychotropic Medication .............................................................................................147
C. Disaster Plan ....................................................................................................................153
D. Training Plan ...................................................................................................................154
  1. Training for Department for Children and Family Services (DCF) and Child Welfare Case Management Provider (CWCMP) Staff .........................................................154
  2. Foster Parent and Adoptive Parent Training ...............................................................165

XVI. STATISTICAL AND SUPPORTING INFORMATION .....................................................167
A. CAPTA Annual State Data Report ..................................................................................167
  1. Child Protective Services Workforce ...........................................................................167
  2. Juvenile Justice Transfers ............................................................................................170
B. Sources of Data on Child Maltreatment Deaths ..............................................................170
C. Education and Training Vouchers ................................................................................171
D. Inter-Country Adoptions ...............................................................................................172
E. Monthly Caseworker Visits ............................................................................................172

XVII. HUMAN TRAFFICKING ..............................................................................................172

XVIII. FINANCIAL ................................................................................................................175
Section H (1): Payment Limitations – Title IV-B, Subpart 1 ..............................................175
Section H (2): Payment Limitations - Title IV-B, Subpart 2 ..............................................175
I. INTRODUCTION

This Comprehensive Federal Fiscal Year (FFY) 2018 Annual Progress Services Report (APSR) submitted by the State of Kansas details the assessment and plan for improvement for the seven Children and Family Service Review (CFSR) outcomes and systemic factors and services continuum, coordination and descriptions for the time period FFY 2018.

The Kansas Department for Children and Families (DCF) serves children and families by providing services in offices located throughout the state. Kansas DCF is comprised of Economic and Employment Services (EES), Prevention and Protection Services (PPS), Rehabilitation Services (RS), Child Support Services (CSS), Foster Care and Residential Facility Licensing, and Faith-based and Community Initiatives (FBCI). Services are provided directly by the agency or through contracted providers and/or community partnerships. Work encompasses services to children, families with children, and vulnerable adults or adults who have special needs, and pregnant women using substances. The overarching emphasis is to secure a safe, permanent and self-reliant environment for the individuals and families who are the agencies clients.

Services from DCF are managed statewide from the Administration office, located in the state capitol in Topeka. DCF is divided into four regions, Kansas City, East, Wichita and West, each led by a regional director, a deputy director for programs and an administrator for each program area; assessment and prevention, foster care, and support services. See Attachment 1 for Kansas DCF PPS Organizational Chart.

Kansas Regional Map
A. Kansas Department for Children and Families Prevention and Protection Services

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, assessments of non-abuse/neglect situations, and may provide family services, family preservation services, reunification services, foster care services and adoption services. These services are provided through contracts with Saint Francis Community Services (SFCS) in the West and Wichita regions, and KVC Kansas (KVC) in the East and Kansas City regions.

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

- Title IV-B, subpart 1, Stephanie Tubbs Jones Child Welfare Program;
- Title IV-B, subpart 2, Promoting Safe and Stable Families;
- The Adoption and Safe Families Act, P.L. 105-89;
- Title IV-E, Federal Payment for Foster Care and Adoption Assistance, P L. 96-272;
- The John H. Chafee Foster Care Independence Program (CFCIP), and
- The Child Abuse Prevention and Treatment Act (CAPTA).

The Annual Progress and Services Report (APSR) 2018 will be posted on the PPS webpage at: [http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx](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/](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/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/)

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B. Vision and Mission

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

Motto: Strong Families Make a Strong Kansas

The Kansas Department for Children and Families’ (DCF) initiatives strive to connect children, youth and adults to evidence-based prevention strategies that include safety, permanency and well-being. Such strategies are focused on the family as a whole, by providing services at all levels to meet the needs of individual families. Collaboration occurs between Prevention and Protection Services (PPS) and a wide range of community service providers to ensure timely and effective interventions. Families are included as partners and are at the center of planning efforts, policy development, program implementation and practices. The agency seeks meaningful ways to keep children safe, promote healthy development of children and ensure that youth emancipated from care receive services needed to promote self-reliance.

The agency’s efforts focus on factors to target service delivery to more effectively address the issues that help families and children solve the problems that compromise their functioning and well-being.

The DCF mission drives the agency’s 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 achieving maximum self-reliance;
- Families and individuals living in safe, stable and supportive environments; and
- Families and individuals assisted are satisfied with services.

With the above focus in mind, the agency will continue to emphasize the following measurable results:

- Performance improvements in long-term outcomes for Kansas individuals and families, which are tracked through Children and Family Service Review (CFSR) outcomes;
- Reduction in the need for crisis and intervention-related services, which are addressed through collaboration with the Community Mental Health Center, Medicaid Managed Care Organizations and the Kansas Department for Aging and Disability Services;
- Strengthened partnerships with community organizations, which are assessed through annual site visits conducted with all of the Child Welfare Case Management Providers by PPS.

In SFY 2017 PPS adopted the program Practice Model this fulfills the Performance Improvement Plan (PIP) Key Activity 2.1.3. The Practice Model serves as a blueprint to describe the values underlying the departments work and partnership with families, providers and communities in the Kansas child welfare system. The mission of DCF is to protect children, promote healthy families and encourage personal responsibility. PPS promotes safe and healthy
homes while strengthening children and families. The Practice Model value statements will be provided to families served by the agency beginning in July 2018. Kansas Child Welfare Practice Model Flyer, Attachment 2.

II. GENERAL INFORMATION

The State offers services under each category in Title IV-B, subpart 2; family preservation, family supports, time-limited family reunification, and adoption promotion and support services. The child welfare prevention initiatives, child protection, family preservation, family support, reunintegration/foster care/adoption, permanent custodianship, kinship, independent living services, independent living program, and other planned living arrangements to be provided in the coming year are described in the 2018 Annual Progress and Services Report (APSR).

Meetings and focus groups conducted with internal DCF division staff and external stakeholders provide PPS with valuable opinions, perspectives, perceptions and ideas that are utilized in Continuous Performance Improvement (CPI) activities. Meeting and focus group topics typically include opportunities for improvement identified from sources such as assessments, CFSR Onsite Reviews and Stakeholder Interviews and from activities such as CPI Quarterly Reviews of case read findings and Management Information Systems (MIS) data. Attachment 3 for Kansas Title IV-B Statewide Assessment; Systemic Factor F: Agency Response to the Community page 143.

A. Collaboration

1. Kansas Department for Children and Families (DCF)

Prevention and Protection Services (PPS), a division of the Kansas Department for Children and Families (DCF), coordinates consistently with other divisions within the agency whose services directly impact the families served. The Deputy Secretary of Family Services meets monthly with leaders of the following programs that make up Family Services: PPS, Economic and Employment Services, Rehabilitation Services, Child Support Services and Faith-based and Community Initiatives (FBCI). 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.

Foster Care and Residential Facility Licensing became a division of DCF effective July 1, 2015. This allows PPS to have a cooperative relationship with Foster Care and Residential Facility Licensing ensuring State standards are being met in all areas of foster care licensure.

PPS collaborates closely with DCF’s FBCI team, which has connection within Kansas’ communities. Strong relationships between DCF and local communities can provide better services for at-risk families through supportive mentors for children and their parents to have a better chance of staying together. Loving and stable foster or adoptive homes are recruited making it possible for more siblings to be placed together in foster care. The DCF Diligent Recruitment Plan, Attachment 4; includes an initiative with FBCI to actively recruit foster and adoptive families for children in care to improve permanency outcomes.
Collaboration between PPS and key stakeholders, such as other DCF divisions, State agencies, Child Welfare Case Management Providers (CWCMP), tribes, law enforcement, courts, community and faith-based organizations, as well as, Kansas’ citizens ensure Kansas children and families live in safe, stable and supportive environments in order to achieve maximum self-reliance.

Kansas Tribal leaders are contacted by PPS Administration on a regular basis ensuring 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.

Collaboration continues between PPS and the court system through participation in the Supreme Court’s Task Force on Permanency Planning (SCTFPP), as well as active participation by court personnel on DCF advisory panels. PPS works closely with the court system in all jurisdictions to maintain good relationships and to ensure that processes are completed in a timely manner.

Standing PPS workgroups/committees consist of both internal and external stakeholders, including:

**Prevention and Protection Services (PPS) Administration and Regional Administration meetings** are held every other month. These meetings give the department an opportunity to review outcomes as they relate to safety, permanency, and well-being, as well as the seven systemic factors. Information is shared regarding the Program Improvement Plan, policy changes, upcoming initiative, and legislative topics.

**Assessment and Prevention Workgroup** meets a minimum of four times per year to analyze/evaluate the Assessment and Prevention program, with a focus on safety, permanency and well-being for children and families. The membership includes PPS professionals from all regions, including Child Protective Services (CPS) Specialists, supervisors, program administrators and an attorney. The Assessment and Prevention Workgroup reviews outcomes and utilizes data to identify root causes that inform decisions. As a result, revisions to policy and procedures may be drafted and forwarded to PPS Administration for consideration. For example, when the Preventing Human Trafficking and Strengthening Families Act resulted in a change in the Kansas statutory definition of sexual abuse, the workgroup reviewed current policy and provided input on changes to the assessment and investigation process, resulting in revisions to current policy.

Family Preservation Services (FPS) views communication and feedback loops as key components within the PPS/provider collaboration. Regularly scheduled meetings are facilitated by PPS with CWCMP staff to ensure input and understanding related to policy and practice, to monitor performance outcomes and to stay current on program improvement efforts. These meetings are designed to provide opportunities to discuss agency and/or regional issues that may need to be addressed immediately or referred to the FPS Advisory Workgroup for consideration.
**The Family Preservation Services (FPS) Advisory Workgroup** consists of frontline staff and supervisors from both regional PPS; and the CWCMPs, and PPS FPS Administration staff. Workgroup meetings are held quarterly and facilitated by PPS FPS Administration staff. The purpose of this workgroup is to serve as a forum for data review and analysis, identifying trends, monitoring outcomes, understanding root causes of identified issues and developing and reviewing policy revisions. As a result of feedback received from the FPS focus groups, the FPS Advisory Workgroup developed and implemented into policy, 5122 BB, Family Preservation Case Management Provider Responsibilities ([http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/)) effective July 1, 2016, that included the safety information being submitted to PPS, following a newly-designed format. This policy was revised for additional clarification and will be effective July 1, 2017. The FPS Advisory Workgroup continues to discuss issues identified by the focus groups and the results of the Children and Family Service Review (CFSR) conducted in SFY 2015, developing and/or finalizing recommendations for changes in policy and practice. Agendas and minutes from the FPS Advisory Workgroup meetings are posted on the internal DCF website and distributed to all advisory workgroup members and the FPS Leadership Workgroup; Attachment 5, FPS Advisory Workgroup Meeting Agenda and Minutes.

**The Family Preservations Services (FPS) Leadership Workgroup** was established in fall of 2015. Membership consists of the PPS Program Administrator, PPS Program Manager and Administrators and Program Directors from the CWCMPs; KVC Kansas (KVC) and Saint Francis Community Services (SFCS). Joint leadership meetings address over-arching issues related to new or existing policy, practice improvements, barriers to service delivery, FPS program consistency, and the opportunity to share successful initiatives. Additionally, individual provider leadership meetings occur on-site at each provider’s corporate office to address issues specific to the individual provider. These on-site leadership meetings are held semi-annually for calendar year 2017, due to collaboration with providers and desire to streamline agenda topics. Agendas and minutes from the quarterly joint leadership meetings are posted on the internal DCF website and distributed to the FPS leadership workgroup members; Attachment 6, FPS Providers Leadership Workgroup Meeting Agendas and Minutes.
Permanency Advisory Committee (PAC) is facilitated by PPS and meets six times a year to promote coordination between the PPS and child welfare stakeholders. Membership in the PAC includes: the PPS Permanency Program Administrator, PPS Foster Care Program Manager, PPS Adoption Program Manager, regional PPS staff, CW CMP staff, Tribal representative, a Kansas Family Advisory Network (KFAN) member, a Kansas Foster and Adoptive Parent Association (KFAPA) member and alumni youth via presentations at least two times a year to Kansas Youth Advisory Council (KYAC). The goal of PAC is to discuss and share information about foster care and adoption to increase communication and feedback among stakeholders. Staff from PPS participate as the CW CMPs continue to ensure family involvement at a policy-making level and hold at least one stakeholder-feedback meeting per year to solicit input from families and youth concerning agency policy. The CW CMPs also have foster parent advisory boards where the information from the stakeholder meeting is shared with other foster parents. These groups will receive information and provide feedback about the ongoing development of the Child and Family Services Plan (CFSP) and the strengths and areas needing improvement in coming years.

Adoption Policy and Adoption Assistance Advisory Workgroup meets at least quarterly 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 CW CMPs.

The Interstate Compact on the Placement of Children (ICPC) Workgroup meets quarterly and is facilitated by Kansas ICPC staff. This workgroup consists of Kansas ICPC staff, CW CMP and regional ICPC staff and supervisors. The goal of the workgroup is to review and revise policies related to ICPC issues and to discuss best practices to ensure ICPC cases are being handled uniformly across the state of Kansas.

The Independent Living (IL) Policy Workgroup guides the changes in strengthening the IL program. The workgroup will improve policy and best practice as they relate to older youth in care and youth who have aged out of care and are eligible to be served by the IL program. Membership consists of PPS Administration IL staff, PPS regional IL supervisors, PPS Regional Foster Care Administrators, CW CMP IL program Managers, and CW CMP Tribal KDOC-JS Leadership participate as needed. The KYAC has been consulted in regards to program changes. KYAC is comprised of youth in care and older youth who have aged out of care. Foster parent input is shared by CW CMP staff. Once PPS policy and/or practice changes, PPS IL staff communicate with CMCWP staff to ensure consistency process of youth services in Kansas. The Kansas IL program is currently exploring options to support development of vehicle savings match. The IL Policy Workgroup continues to meet at least monthly to address policy implementation, quality improvement and other issues affecting the State’s IL program.
The Statewide Independent Living (IL) Coordinators Group meets quarterly and includes PPS Regional IL staff, CWCMP representatives and members of the community and other agencies. The IL Coordinators meet for the purpose of updating and informing staff about policies, providing technical and professional support, and keeping IL staff informed about resources for the youth they serve. Attachment 7 for Statewide IL Coordinators Meeting Agenda and Minutes from April 27, 2017. In SFY 2017, PPS IL staff utilized evidence based research to explore IL education/training for licensed staff and concluded curriculum containing Adverse Childhood Experiences and working with youth aging out of foster care would be beneficial and has been purchased. The curriculums are scheduled to be implemented at a Kansas Quarterly Statewide IL meeting during SFY 2018. Kansas is hopeful the new curriculum will assist IL staff to better assist youth aging out to achieve their goals.

Transition Planning and Supports Workgroup was established in January 2017. This workgroup focuses on improving the transition from foster care into adulthood. Membership consists of PPS Administration IL staff, PPS regional IL Supervisors, CWCMPIP IL program Managers and Directors, and CWCMP Tribal KDOC-JS Leadership participate as needed. Foster Club Transition Toolkits were purchased by the PPS IL program for improving transition planning and training purposes. These toolkits were made available to 500 attendees at the Spring 2017 Best Practice Office of Judicial Administration (OJA) trainings for child welfare professionals, such as judges, guardians ad litem (GAL) and other staff. The workgroup identified improvements to the PPS 3059 Transition Plan for Successful Adulthood (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) that will be implemented during SFY 2018. The workgroup identified multiple issues they would like to tackle during SFY 2018: one of these issues includes improving secondary education completion rates for youth transitioning from foster care into adulthood.

Foster Care High Needs/KanCare Workgroup was established on July 8, 2016, as a result of an identified CPI project. This workgroup meets approved PIP goal 2, which is to ensure needs of children and families are addressed by improving needs assessment, case planning and service provision throughout the life of the case, key activities 2.5.1 through 2.5.5. These key activities replace draft PIP Key Activity 2.3.3. The purpose of this workgroup is to identify the behavioral health services needed to increase stability and permanency outcomes for the highest needs children in foster care. This workgroup is comprised of members from DCF, the Kansas Department for Aging and Disability Services (KDADS), the Kansas Department of Health and Environment (KDHE), the Kansas Department of Corrections (KDOC), CWCMPs, Managed Care Organizations (MCO’s), a Community Mental Health Center (CMHC) Representative, a Psychiatric Residential Treatment Facility (PRTF) Stakeholder’s Group, and a Community Developmental Disability Organization for the Intellectually/Developmentally Delayed (I/DD) population. The workgroup will meet regularly during the CPI process. Data from identified solutions for program improvement will be reviewed at monthly Foster Care/KanCare meetings. As the lead of the workgroup, KDHE, in conjunction with DCF, will be drafting a white paper outlining results of the workgroup and proposed solutions. It is hoped the paper can be presented to the Secretary’s of the respective State agencies in SFY 2018.
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.

2. Governor’s Behavioral Health Services Planning Council

The Kansas Department for Children and Families’ (DCF), Prevention and Protection Services (PPS) collaborates with the Governor’s Behavioral Health Services Planning Council (GBHSPC) by sending representatives to serve on subcommittees. Beginning in SFY 2016, the Family Preservation Services (FPS) Program Manager has served as a member of the Subcommittee for Children’s Mental Health.

The Subcommittee on Children’s Mental Health was initiated in 2004, and established a membership that would bring the voices of parents, youth client, caregivers, educators, service providers and 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, 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. The goals for SFY 2017 include:

1) Identify specific, effective practices to facilitate collaboration, coordination and the use of evidence-based practices across all child and family-serving sectors, to address the behavioral and mental health needs of all children across the continuum of care statewide;
2) Continue to promote the education and implementation of trauma-informed practices across all child and family-serving sectors; and
3) Research Autism and Dual Diagnosis.

The subcommittee discussed and developed values and principles to guide policy recommendations, which include:
- Best outcomes result from starting services early in a child’s life
- Priority should be placed on children at risk
- Evidence and best practices inform policy choices
- Efficient and effective uses of public and private funds to implement recommendations
- Continuous improvement and accountability for better outcomes

Objectives for Early Community Mental Health (ECMH) include:
1) Review research, both nationally and from other states, for: a) Evidence-based state policies that can be recommended for Kansas to implement, and b) The most effective
ECMH models, especially those that include family involvement and peer supports, which the subcommittee could adopt as recommended practices in Kansas;

2) Draft and recommend a consistent definition of ECMH to guide best practices in Kansas; and

3) Identify recommended qualifications, competencies, best practices and professional development for Kansas ECMH professionals.

Objectives for School Mental Health (SMH) included:

1) Establish working definitions and identify research informed SMH models and practices to guide best practices in Kansas;

2) Examine the necessary qualifications of both community and school-employed mental health professionals and support personnel serving children in schools;

3) Enhance the capacity of behavioral and mental health staff serving children and their families along a continuum of care; and

4) Implement best practices for transition-age children with behavioral and mental health needs.

The GBHSPC Subcommittee on Children’s Mental Health meets every other month and relies on assessments completed by member practitioners, stakeholders and partners and presentations by expert professionals. During SFY 2017, presentations included:

- Senate Bill (S.B.) 367 statute changes impacting services to the juvenile offender population;
- Autism Spectrum Disorder (ASD) by Sarah Behrens;
- School Social Work, School Psychology, and School Counseling credentials, qualifications, competencies and approaches;
- Trauma Sensitive Children Cross Sector Group, Kansas Department of Education; and
- Trauma models including Trauma Systems Therapy and Adverse Childhood Experiences (ACEs) risk assessment and research.

GBHSPC members led discussions in March and May 2017, on enhancing collaboration among all subcommittees and on the differences between the Systems of Care Committee and the proposed Continuum of Care Task Force for children. At the time of this writing, it remains unclear what the differences are between these two committees, and there is concern that the work of the committees may become duplicative. The subcommittee continues to work on clarifying the differences between the two committees.

Based on the information gathered during SFY 2017, the Subcommittee on Children’s Mental Health is discussing and drafting the following recommendations to be submitted to the GBHSPC:

1) Promote interconnected systems of care that provide an integrated continuum of person and family-centered services;

2) Adopt and support a systemic approach in planning, which many refer to as a “tiered system” to include preventative and universal supports and interventions, targeted and preventative supports and interventions, and intensive supports and interventions;

3) Support-coordinated State data systems to include in the upcoming Request for Proposal for the Managed Care Organizations (MCOs) and a Quality Rating and Improvement
System (QRIS) to support early childhood programs and ensure coordination with various other State programs.

On April 27, 2017, the Governor signed a Proclamation for the State of Kansas to promote Children’s Mental Health Awareness Day, which outlined many of the principles, values and ideals for a children’s continuum of care mentioned above.

3. KVC Kansas (KVC)/Saint Francis Community Services (SFCS) Stakeholders Meetings

Both Community Child Welfare Case Management Providers (CWCMP), KVC Kansas (KVC) and Saint Francis Community Services (SFCS) convene quarterly multi-disciplinary advisory board meetings for the purpose of providing information and feedback on policies and practices. These stakeholder meetings provide a venue to improve communication, identify client needs and assist with solutions.

KVC Kansas (KVC) enriches and enhances the lives of Kansas children and families by providing medical and behavioral health care, social services and education through engaging stakeholders and community leaders.

To obtain more active participation, KVC has combined the Foster Care/Reintegration and Family Preservation stakeholder meetings. Community Advisory Board (CAB) meetings are held by KVC quarterly with locations alternating between Kansas City and Topeka. A call-in option is offered to encourage involvement. The CAB includes participants from courts, law-enforcement, community mental health centers, various school districts and foster parents. The CAB partnerships have led to several exciting opportunities to share resources.

A partnership between KVC and law enforcement has been strengthened that has allowed for sharing of training resources. Currently, KVC staff is attending leadership development training with the Johnson County Sherriff Department. KVC has been able to provide training resources related to secondary trauma/burnout to the Johnson County Sherriff Department.

In southeast Kansas, KVC has partnered with the pregnancy center, where first-time mothers, as well as other pregnant women, may have housing and an array of resources during their pregnancy and after birth. This partnership allows KVC to provide services in the community to pregnant women and first time mothers, with or without affiliation with DCF. For this reason, there is no tracking of this program by DCF.

Historically, inclusion of birth parents and relative/kinship caregivers throughout all aspects of the child welfare system has been attempted in the stakeholder meetings without overwhelming success. In SFY 2017, KVC’s strategic plan has placed an emphasis on increasing outreach to parents and relative/kinship caregivers. This strategic plan includes increased focus on consistent feedback from birth families and relative/kinship caregivers throughout all aspects of the child welfare system. A new group, called KVC Parent Engagement/Developing Leaders Workgroup was formed December 2016, to engage birth parents and relative/kinship caregivers elicit parent and relative/kin involvement and feedback regarding Kansas child welfare programs. The KVC Parent Engagement/Developing Leaders Workgroup meets every four to six weeks and
membership extends to more than 30 members, including a one-third birth parent participation. When this workgroup met in January 2017, the Executive Director of the Kansas Family Advisory Network (KFAN) participated, as did three parents who had personal experience with child welfare. Lunch and gas cards are provided by KVC as incentives to parents who participated in the KVC Parent Engagement/Developing Leaders Workgroup.

Birth parents and relative/kin caregivers’ feedback will be gathered from satisfaction surveys. The methods of gathering information will be enhanced by the addition of focus groups and individual interviews with parents and caregivers. Additionally, KVC is working on developing a comment card and/or phone app that can be used during every agency interaction so parents can provide immediate feedback about how their needs are/are not being addressed.

The KVC Parent Engagement/Developing Leaders Workgroup continues its focus on the following:

- Building a Culture of Respect, Inclusion and Equity
- Listening to and Forming Partnerships with Parents
- Coaching Parents on Competence and Confidence
- Partnering with Other Organizations to Serve the Whole Family

The messages from parents have been powerful and clear: 1. Include us 2. Encourage us 3. Value us.

There have been a few key takeaways that reflect the hopes of parents and reinforce the values of KVC that were recently shared with staff:

- Make developing the relationship with the parents served the #1 priority. Parents of children in foster care have the same innate needs as all parents: to be included and valued.
- Parents and children have a fundamental need and right to be together as often as is safely possible. Frequent contact encourages timely reunification.
  - Visits should occur as frequently as possible and take place in the home unless there is a safety threat that cannot be mitigated.
  - Removal of visitation due to substance use should never happen unless the parent's behavior at the visit places others at risk. Contact with children gives parents hope and encouragement needed to get/stay clean. Removing visits as a punishment to parents only serves as a trigger for continued usage/relapse.
- Parents want and need continuous words of encouragement and reminders that reunification is the #1 goal.
  - Every contact is an opportunity to let a parent know that KVC notices the parent’s efforts. KVC applauds the parent’s courage, and when parents hit a roadblock, KVC will be able to help the parent’s progress.

In December 2016, staff at the Wyandotte KVC office celebrated with three fathers and their families the successful completion of the Championship Fathering course. Not only did these fathers fulfill their commitment to the 12-week course, they spoke to the group about what the course meant to them and announced the commitment they are making to their families moving forward. It is hoped the influence this group had on these fathers trickles down to their children.
and impacts them for years to come. KVC is planning another Championship Fatherhood group in the summer of 2017 that will likely occur in Topeka.

A Resource Family Conference was held by KVC in March 2017. More than 1000 youth and adults attended to hear the guest speaker, Derek Clark, who shared his life story about growing up in foster care. Positive feedback was received from foster parents who attended the event.

**Saint Francis Community Services (SFCS)** has committed to fully integrating a community engagement component into the organization. Efforts to engage clients, stakeholders, community leaders and organizational partners support program success in carrying out best practices for children and families. This vision reflects the obligation to support at-risk populations, based on the belief that support for vulnerable children and families goes beyond DCF and SFCS, and extends to the community level.

The overall goal of SFCS is to obtain feedback and suggestions on how to best meet and overcome the challenges faced by children, youth and families who become involved in the child welfare system. To meet this goal, SFCS has worked to actively involve families and community partners within the contract regions.

In SFY 2017, quarterly meetings were held in the West and the Wichita region. Successful engagement has occurred between SFCS; parents, foster parents, family preservation parents, adoption parents and one child who was in the foster care system. The quarterly meeting participants were helpful in providing feedback about what worked, and what did not. In addition, several participating providers/agencies have also conducted presentations regarding their relationship with SFCS as well as what has worked well and what could improve.

Due to this collaborative feedback, information has been shared with staff to ensure the agency is meeting the needs of youth and families and building relationships with child welfare community partners. As part of the feedback from youth, SFCS added a video training that was done by youth who aged out to utilize with new staff coming on board.

In SFY 2018, the community meetings will move to a different location in each region to build capacity in those communities.

During the third quarter of SFY 2017, the West Region Advisory Board met in Salina. This meeting had representation from, youth alumni (KYAC), foster parent, legal (Judge), juvenile justice, law enforcement, school-age and early-education professionals, substance use treatment professionals, child abuse prevention, PPS, and SFCS leadership. The goal of this meeting was to obtain feedback and suggestions on how to best meet and overcome the challenges faced by children, and youth and families in the child welfare system. This goal is best achieved through open communication, continuous improvements, providing diverse points of view, identifying client needs, identifying/solving concerns, and creating synergy and feedback on programs and policies. During this meeting, SFCS provided information regarding the Fatherhood Grant in Western Kansas and Trauma Systems Therapy (TST).

The Fatherhood Grant targets fathers to promote healthy relationships, responsible parenting/fatherhood and self-reliance through gainful employment that lends to long-term
economic independence. SFCS provided a description of each of the programs offered by the Fatherhood Grant:

1) **24/7 Dad** is a 12-week course that allows fathers the opportunity to gain the skills needed to be involved, responsible and a committed parent.
2) **Love Notes** is a pregnancy prevention program for young men.
3) **Why Knot?** provides marriage readiness for single men and fathers.
4) **Understanding Dad** is an eight-week program designed for mothers to improve their relationships with their children’s father.

Each of these classes are free, and SFCS assists fathers in attending the class by providing gas cards.

Once a referral has been made to the program, the SFCS team will meet with the father individually. After a father attends his first session, he is sent to Kansas WorkforceONE Job Seeker Services. Kansas Workforce offers job search and placement assessments, career counseling, skills upgrade and training, and support services. Not only does Kansas Workforce help individuals find employment, but they will also assist individuals in earning their GED.

In the Wichita region, the Wichita Region Advisory Board met in the third quarter of SFY 2017. This meeting had representation from birth parents, the Sedgwick County District Attorney’s Office, ComCare Mental Health Center, Rainbows, Juvenile Intake and Assessment Center (JIAC), and SFCS. In this meeting, SFCS gave an overview of Trauma Systems Therapy (TST) and how the agency was infusing the practice into daily work.

As TST is integrated across the SFCS it was important to share about the intervention with community partners. Information is provided about TST being a clinical and organizational model focused on stabilizing the social environment and identifying trauma triggers to assist in regulating a child’s emotions and behavior.

The Juvenile Intake and Assessment Center (JIAC) presented information regarding its services and how the agencies partner together to meet the needs of youth who come to the attention of JIAC. SFCS and JIAC work close together to identify youth that might be crossover from the CINC/JO system as well as those youth who might qualify for the Capstone project. When these youth are identified a staffing is set up between agencies to determine the best service delivery to meet the youth and family needs. The agencies work together to secure immediate placement when a youth presents to JIAC.

### 4. Systems Collaboration

In Kansas, the programs and services that impact 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) 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, and
juvenile corrections. As a result, the 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. In 2015, an increased need for systems coordination and collaboration was identified to improve health care oversight and coordination for children in DCF custody. There are two key system collaboration workgroups, both facilitated by KDHE: the first workgroup is the Foster Care in KanCare workgroup, which addresses KanCare issues specific to children in DCF custody. The workgroup is comprised of representatives from DCF, KDHE, KDADS, KDOC-JS, Child Welfare Case Management Providers (CWCMPs), and the three Medicaid Managed Care Organizations (MCOs), and meets monthly. The second workgroup is the State Agency Foster Care in KanCare workgroup only includes the state agency representatives from the first workgroup. This meeting is held at least monthly, and at times twice monthly, to address KanCare issues and barriers, and State agency coordination, specific to children in DCF custody. Both of these multi-state/community agency workgroups are necessary to support ongoing collaboration to ensure children in foster care receive appropriate services.

The Medicaid Liaison position was created by DCF in SFY 2015 to work collaboratively with KDHE, KDADS, KDOC-JS, the CWCMPs, MCOs, and internal DCF staff to develop strategies and resolve coordination issues so that children in foster care have both their medical and behavioral health needs met. The Medicaid Liaison is the point of contact for other State agencies, MCOs and child welfare contractors when they experience Medicaid coordination issues regarding children in foster care. This person oversees the coordination until the issue is resolved. The creation of this position was draft Performance Improvement Plan (PIP) Key Activity 2.3.5, this activity has been met and therefore was not included in the approved PIP. The goal of the position is to improve health care coordination of children in foster care, children returning home and aging out of foster care. In addition, the liaison creates and maintains informational materials and desk aids for both DCF staff and the CWCMPs, from escalation guides that outline steps to follow in order to escalate Medicaid coordination issues to achieve resolution, to dedicated MCO foster care contact desk aids. These materials and desk aids are made available on an internal website for staff to access when needed and serve as a resource when coordination issues arise. These desk aids also outline the process for case managers to communicate directly with MCO’s regarding care coordination issues.

There have been several positive steps forward in SFY 2017 as a result of the collaboration between State agencies:

- KDADS is in the process of adding new policy entitled HCBS Access for Individuals in the Custody of DCF. The policy will provide clarification on the HCBS waiver service criteria exception process for eligible children in DCF custody. The policy will establish processes and procedures for submitting, managing and determining exception requests for children in foster care and will ensure access to the waiver program services that best meet the assessed needs of the child.
- KDHE has requested feedback from DCF regarding the next Request for Proposal (RFP) for the Medicaid/’KanCare contract renewal in 2019. DCF has requested that each child in foster care receive a Care Coordinator from the MCO who serves the child. Care coordination will ensure that children in foster care are receiving medically-necessary services and will remove barriers to accessing services.
• One of the KanCare issues addressed by the workgroups involved the mailing address of each Medicaid members’ card. It is the practice of each MCO to mail the card to the members’ home address. For children in foster care, this meant their current foster care placement. The CWCMPS and DCF requested the cards be mailed to the CWCMPS instead of the placement. This will be fully implemented in SFY 2018.
• DCF is involved in several other workgroups to further enhance the delivery, coordination and access and availability of services for children in foster care.
• In accordance with PIP goal 2, ensure needs of children and families are addressed by improving needs assessment, case planning and service provision throughout the life of the case, key activities 2.5.1 through 2.5.4, improve accessibility of mental and behavioral health services for high-acuity children in foster care to increase stability and timely permanency. To address this PIP goal and key activities, DCF will continue to collaborate with the Foster Care High Needs/KanCare Workgroup members to increase the behavioral health service array for children in care. The Continuous Performance Improvement (CPI) process was utilized with the Children in Foster Care High Needs Workgroup, which was established in SFY 2017 to conduct a root cause analysis and develop causal pathways to improve system collaboration and accessibility of mental and behavioral health services for children with high needs in foster care. This High Needs workgroup was the result of discussion in the Foster Care in KanCare workgroup, and is facilitated by KDHE. The workgroup includes the participants of the Foster Care in KanCare members and additional staff from their respective agencies, and other community stakeholders, including: Community Mental Health Centers (CMHC), Community Developmental Disability Organizations (CDDO), PRTFs, Prairie Band Potawatome Nation, and a child psychiatrist from the Psychotropic Medication workgroup. The first meeting was held in July 2016, and met frequently throughout the year to work through the CPI stages. The CPI process was facilitated by PPS staff trained in the Continuous Quality Improvement process. Subgroups were later formed to research and develop solutions to increase collaboration and improve stability and timely permanency for these children. In SFY 2018, the group intends to work toward prioritizing, approving, and implementing these proposed solutions. One of the first recommendations to be implemented is the ongoing data exchange between stakeholders to continue to identify youth with high needs based on placement stability to assign care coordination with the MCO, complete screenings for an HCBS waiver, and receive appropriate behavioral health services. An MOU is being drafted to allow for the ongoing exchange of data and information. A full list of recommendations from the Foster Care High Needs/KanCare Workgroup Proposed Solution is available in Attachment 8. This attachment serves as evidence to meet PIP Key Activity 2.5.5.
• The Psychotropic Medication Workgroup was established in 2012 by DCF and KDADS to work on the psychotropic medication plan. The workgroup is coordinated and facilitated by DCF and meets bi-monthly. The workgroup has expanded to include the three MCOs, KDHE, CWCMPS, several pharmacists and two community child psychiatrists. The workgroup’s primary role is education for medication providers, families and foster parents, and is drafting best practice medication guidelines to be published on a State agency website, as well as other distribution methods. The Psychotropic Medication Workgroup recently learned of the Mental Health Medication Advisory Committee (MHMAC) headed by KDHE. The purpose of the MHMAC is to
provide recommendations to the Medicaid Drug Utilization Review (DUR) Board for the purpose of developing guidelines. The committee is composed of nine members: the Secretary of KDHE or the Secretary's designee, four psychiatrists, two pharmacists, one physician, and one Advanced Practice Registered Nurse (APRN). A member of the MHMAC recently joined DCF’s Psychotropic Medication Workgroup to help ensure concurrent messaging in regard to medication guidelines for children in foster care. In SFY 2018, the Psychotropic Medication Workgroup will continue to develop strategies to reduce and monitor psychotropic medication usage for children in foster care. A recommendation for SFY 2018 includes KDHE researching the possibility of an electronic health passport to allow multiple agencies access to the medical records of a child in foster care.

- A Complex Case Staffing is held as needed with PPS administration and region, CWCMPS, birth or adoptive parents of the child, KDADS and the MCOs for children in PRTF treatment settings. These requests can originate with any of the aforementioned stakeholders. Discussion often revolves around strategies for discharge, treatment and/or appropriate placement options for youth with high needs.

- The Psychiatric Residential Treatment Facility (PRTF) stakeholder group includes the PRTFs, KDADS, DCF, KDAC-JS, KDHE, CWCMPS, and the three MCOs to discuss issues pertinent to children in foster care who are receiving treatment in a PRTF. This group is coordinated and facilitated by the PRTF providers and meets quarterly.

### Kansas

**Youth in Psychiatric Residential Treatment Facility or Youth Residential Care II Placements SFY 2017**

*(Out of Home on the Last day of each Month Point in Time)*

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Collaboration meetings occur quarterly between PPS, Foster Care and Residential Facility Licensing divisions, and KDAC-JS to address any common issues. In SFY 2017, PPS hired a
new Group Home Program Manager to coordinate with the Foster Care and Residential Facility Licensing Division and KDOC-JS. In addition, the Group Home Program Manager provides technical assistance to the four DCF regions. A new PPS Provider Workgroup was also formed in SFY 2017. The workgroup is standardizing processes and procedures for Provider Agreements (PAs) and Service Agreements (SAs) and will be updating PPS standards in the DCF Handbook in SFY 2018.

5. Collaboration with the Kansas Department of Corrections-Juvenile Services (KDOC-JS)

Prevention and Protection Services (PPS) collaborates with Kansas Department of Corrections-Juvenile Services (KDOC-JS) on areas affecting populations served by both.

Juvenile Intake and Assessment service delivery continues to be addressed through a workgroup to explore how the Kansas Department for Children and Families (DCF) can enhance collaboration with law enforcement when children are taken into police protective custody, by providing information as expeditiously as feasible, regarding safety of available relative placements.

In 2015, an inter-branch Juvenile Justice Workgroup conducted a statewide review of Kansas’ juvenile justice system. The workgroup engaged in an intensive, data-driven analysis of the juvenile justice system and gathered input from those who work directly with youth and their families. https://www.doc.ks.gov/juvenile-services/workgroup

The workgroup’s recommendations were used as the foundation for statutory, budgetary and administrative changes during the SFY 2016 session of the legislature. The expressed intent is that a portion of any cost savings from reforms or averted expenditures will be reinvested in strategies and programs shown to reduce recidivism, hold juvenile offenders accountable and promote public safety.

Legislation for the reform of the Juvenile Justice system in Kansas, Senate Bill (S.B.) 367, was passed and will be implemented over a time period of July 1, 2016 through July 1, 2019, as there are multiple effective dates to various portions of the statutory provisions. Impact to the child welfare system continues to be assessed by PPS, and issues that arise will be addressed on a case-by-case basis. A few revisions were made to the Kansas Code for Care of Children related to the legislation. Kansas Senate Bill 367 includes a requirement to establish a Juvenile Justice Oversight Committee and set out the structure and membership. The committee was established in the Fall of 2016. A representative from DCF is required to participate on the Juvenile Justice Oversight Committee. The committee is charged with overseeing the implementation of the juvenile justice reform legislation. A data sub-committee was implemented which continues to address impact of Kansas Senate Bill 367. DCF participates on said sub-committee. To date, the impact is not believed to be significant, but this is not yet supported by clear data.
6. Kansas Early Head Start

Kansas Early Head Start (KEHS) is a social service and child development program. The intent of this initiative is to provide grants to local Head Start programs to serve pregnant women and 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 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.

DCF awards grants to 11 KEHS programs in 40 counties, with 923 enrollment slots. A recent funding opportunity provides KEHS grantees and families 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-HV service model is:
- Modeled after the federal EHS home visitation program that was 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-CCP service model is:
- A quality initiative that requires KEHS grantees to partner with community child care providers;
- Primarily serves families with infants and toddler 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 child care for infants and toddlers and to increase the quality of child care for all Kansas children;
- Allows KEHS programs to provide quality training to child care providers who partner with them;
- Provides child care for parents who are employed, attending school or are in a job training program;
- Supports child care 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;
• Provides 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 home visiting model provides not only daycare services for young children which provide socialization and educational services, but it also provides an in home parenting component that can be invaluable to prevention. Additionally, this service provides an ongoing outside interaction for these 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 and even Foster Care, and out of home placement remain eligible for KEHS services if they are otherwise eligible.

7. Jobs for America’s Graduates-Kansas

The PPS Independent Living (IL) program facilitates ongoing collaboration with the Jobs for America’s Graduates – Kansas (JAG-K) program. 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. Vice President of JAG-K, Beverly Mortimer, presented program information to approximately 40 IL staff during a Statewide IL Coordinator Meeting on April 27, 2017, Attachment 7. This direct program-to-program partnership will continue to be facilitated in ongoing IL program activities. In preparation for Kansas Youth Advisory Council
KYAC) Summer Conference in July of 2017, JAG-K members will share their personal experiences with DCF older youth in foster care. The collaboration between PPS IL and JAG-K encourage both programs to continuously look for better methods to meet the needs of IL youth.

8. Community-Based Child Abuse Prevention

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

The 1999 Kansas Legislature created both the Kansas Children’s Cabinet and Trust Fund (KCCTF) to manage the Children’s Initiatives Fund (CIF) with a goal of supporting programs that 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 fund. To manage the settlement money, the Legislature established the Kansas Endowment for Youth (KEY) Fund as an endowment for ongoing funding of children’s programs and specified that annual transfers would be made from the KEY Fund to CIF. The Children’s Cabinet is a 15-member committee consisting of appointees of the Governor and Legislature and ex officio members. The cabinet advises the Governor and Legislature regarding the use of money credited to the CIF and assesses programs that receive 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) to create an accountability framework to assess CIF programs. The framework encompasses a multi-phase process of information gathering, assessment of programs and recommendations.

The two agencies, KCCTF and DCF collaborate and work cooperatively together through an inter-agency agreement, establishing 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 Economic and Employment Services Director.

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, 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.

One of the prevention programs partially funded by CIF funds is the Family Preservation Program. This program solely serves families referred by PPS. Other CBCAP and CIF-funded programs are available to children and families receiving PPS services if they otherwise meet eligibility requirements.
9. Citizen Review Panels/Children’s Justice Act

Kansas has three Citizen Review Panels:

1. The Intake to Petition Panel, which also serves as the Children Justice Act Task Force. The Intake to Petition Panel Report and Children’s Justice Act Task Force Report for 2017; outlines the purpose, function, process, membership, goals and recommendations made to the Kansas Department for Children and Families (DCF). Attachment 9 for Intake to Petition Annual Report and Attachment 10 for PPS Director’s response to panel’s recommendations.

2. The Custody to Transition Panel: Custody to Transition Panel Report for 2017, outlines the purpose, function, process, membership, goals and recommendations made to DCF. Attachment 11 for Custody to Transition Annual Report and Attachment 12 for PPS Director’s response to the panel’s recommendations.


Child Abuse Prevention and Treatment Act (CAPTA) funds are utilized by DCF to contract with Connections Unlimited to facilitate the first two panels, write reports and assist with the preparation of the CJA Three-Year Assessment. Connections Unlimited does not facilitate the Child Death Review Panel meetings, but does convene one joint meeting for all panels once per year in July.

10. The Kansas Court Improvement Program

Collaboration continues between the Kansas Department for Children and Families (DCF) and the court system through participation in the Supreme Court’s 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 Kansas State Child Death Review Board and the Citizen Review Board: Custody to Transition.

The Kansas Court Improvement Program (CIP) has been working with the DCF to update the documentation in Child in Need of Care (CINC) case files and ensure that hearings are held in a timely manner. The Court Improvement Program (CIP) staff receives ongoing Reasonable Efforts, Non-Initial Reasonable Efforts and Contrary to the Welfare reports each quarter. The CIP staff then assists in verifying that all journal entries and court orders with the statutorily required determinations and findings are documented and placed in each child’s DCF file. The CIP staff will be contacting judicial districts to obtain any missing documentation of findings and then provide to DCF. DCF is working with field staff to ensure the local court has the information needed to provide journal entries and orders.
Kansas also continues to focus on creating and implementing a data collection system to support compliance with federal and State requirements involving the court system. The federal data analysis grant supports this aspect of the Kansas Court Improvement Plan. Office of Judicial Administration (OJA) completed implementation of the Juvenile Compliance Module across the state in 2009, and continues to work with each judicial district providing technical assistance and support. The Compliance Module allows tracking of children on an individual basis in both juvenile offender and CINC cases. Many districts are able to provide completed journal entries to all parties before they leave the courtroom. Districts are able to print multiple reports, which allow comparison between judicial and executive branch data, enhancing accurate, timely data entry, facilitating data driven decision making and providing an opportunity for healthy discussions between the judicial and executive branches of government about child welfare principles and practices. Kansas Supreme Court Task Force on Permanency Planning and DCF have developed court performance measurements on timelines pursuant to applicable State and federal statutes and regulations.

The reports address:

- Petition to Adjudication;
- Adjudication to Disposition;
- Removal to the initial permanency hearing;
- Permanency hearing to subsequent permanency hearing;
- Filing of petition to permanency;
- Filing of the original petition to motion or petition for termination of parental rights per applicable State and Federal law;
- Motion or petition for termination of parental rights to termination of parental rights; and
- Filing of original petition to the termination of parental rights.

The new timeline reports will assist in driving projects within the collaboration between DCF and the Court. The primary focus is now on quality of data. Work with the judicial districts to improve data collection has been added to the CIP Strategic Plan.

The CIP staff participated in the IV-E peer review which occurred in March 2017. The Court Improvement Program staff (with Kansas Office of Judicial Administration) participated in the IV-E Review April 1-4, 2017. The Kansas Supreme Court Task Force on Permanency Planning (SCTFPP) reviews updates on IV-E Review.

The two branches of government continue the work of comparing, reconciling and following up on information from the judicial and the executive branch information systems. Under the oversight of the SCTFPP, comparison is intended to ensure proper documentation of timely and effective permanency hearings under both the Revised Code for Care of Children and the Revised Juvenile Justice Code. Activities that supported the improvement include the revision of journal entries and orders mandated by Supreme Court Rule 174 (formally known as 155 forms). They are used at every Removal and Permanency Hearing to ensure that the required judicial determinations are made. Also, there are judicial reviews of permanency hearings, and the reviewing permanency hearings on a quarterly basis at the SCTFPPA Joint Committee of the Supreme Court Task Force on Permanency Planning and Judicial Council Subcommittee on JO/CINC issues was formed during the summer of 2015. The purpose of the Joint Committee
was to study the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) and draft applicable revisions to the Kansas Code for Care of Children, the CINC bench cards and Judicial Council forms to align Kansas state law with the federal law. The proposed legislation was drafted and introduced as Senate Bill 418 during the 2016 Kansas Legislative session. Legislation relating to the federal law was passed and went into effect on July 1, 2016.

Coordination with the legislative branch of government is facilitated by the ongoing involvement of a Judicial Council subcommittee, originally responsible for proposing the legislative revision of both the CINC and juvenile offender codes. The subcommittee includes representatives from both the judicial and executive branches of government and continues to assist in the update and improvement of the Supreme Court Rule 174 forms for each code, while providing effective leadership and guidance through the legislative process to ensure that the codes continue to support best practice.

Collaboration continues between DCF and OJA to implement the terms of the Court Improvement Training Grant. Kansas is now conducting two Best Practices in Child Welfare Law Trainings in collaboration with DCF as well as a six-hour institute and workshops at the annual Governor’s Conference for the Prevention of Child Abuse and Neglect. Additionally, OJA conducts four guardian ad litem (GAL) trainings each year. The 2016 Governor’s Conference featured keynote speakers Sandra Bloom, M.D., Drexel University and Pat Stanislaski, Partnering for Prevention LLC.

Both the regional trainings and the conference are multi-disciplinary. The next Governor’s Conference will take place November 1-3, 2017, at the Capitol Plaza Hotel in Topeka. The participants will include judges, county/district attorneys, agency attorneys, parents’ attorneys, GAL’s, social workers, Court Appointed Special Advocate Program staff, and Citizen Review Board Program staff. The training grant has also been used to implement a curriculum to assist foster parents in court expectations. The on-line version was implemented in SFY 2016. The Best Practices in Child Welfare Trainings are held each Spring and Fall. Each training course is used to address pressing topics from across the nation as well as in Kansas.

The Court and DCF continue to work on the “Engaging Older Youth Project”. The project is led by the Kansas SCTFPP, with support from the Capacity Building Center for the Courts and the Kansas Youth Advisory Council (KYAC). For several years, the SCTFPP has provided child welfare stakeholders information on the importance of the engagement of older youth in their CINC cases. While information on the importance of youth engagement provided from the national level was based primarily on information received from youth and child welfare stakeholders, the National Resource Center for Legal and Judicial Issues (NRCLJI) could not provide data or a comprehensive review of a project that demonstrated the impact of youth actively engaged in child welfare cases. After discussion with the SCTFPP, DCF Administration, and KYAC, a project was developed and a workgroup was designated to study the impact of engaging older youth in court. The Engaging Older Youth Project focuses on Wyandotte (urban), Allen (rural), and Finney counties (frontier) and youth 12 years of age in out-of-home care. Throughout the project’s duration, the permanency and review hearings will be reviewed for youth engagement. The goal of the project is to collect data on time-to-permanency, well-being factors (health, sibling visitation and school), youths’ opinions of time in custody, and hearing
length. Baseline data was gathered for the project in December 2012, and January 2013, through youth surveys, court observation, judicial surveys, and well-being data from DCF. Following collection of the baseline data, seven interventions/activities were initiated from May 2013 to May 2014. The interventions were:

- **Court Report:** A youth-friendly court report was developed by the NRCLJI and the workgroup. The report is to be used by the GAL to prepare the youth for court. If a youth is not going to be able to attend court, the GAL must produce a court report that the youth has completed. The judges have added sections to the permanency and review hearing journal entries to document youth attendance and submission of youth court reports. The KS Youth Court Report Form, Attachment 15 provides a suggested template/sample for the youth to complete his/her own report setting out relevant information for the Court regarding his/her case.

- **Notice:** At each permanency and review hearing, a youth-friendly form letter will be generated in court and signed by the judge detailing when the next hearing is and inviting the youth to attend. Kansas Youth Friendly Notice, Attachment 16 is also available in Spanish.

- **Information Packets:** A packet will be developed that contains a sample court report (to highlight information Judges require), the notice, the Foster Child Bill of Rights and the court process calendar or booklet. Youth may prepare their court report using the sample court report as a guide. If the youth is in court, the packet will be handed directly to the youth. If the youth is not in court, the packet will be given to the GAL or service provider to be mailed or hand-delivered to the youth. Attachment 17 for Youth Calendar 2015-2016. There is no prescriptive timeframe to give the packet to the youth, as that will be determined by the Judge presiding over the youth’s case.

- **Train GALs:** The GALs were trained by the NRCLJI on the project and the newly-required court reports.

- **Preparation for Court:** Youth will be prepared to attend court and be debriefed after court by GALS. Distribution of the information packet will also support preparation for court.

- **Judicial Bench Cards:** The judges received the NRCLJI bench cards on engaging youth through the court process. Training was provided in person and by conference call.

After completion of the interventions/activities, data was collected and compared to the baseline data previously collected. A third data collection has been added to the project. The data was gathered in the summer of 2015. The workgroup and the SCTFPP reviewed the data and drafted a report on the findings. The SCTFPP will then develop a project, including the interventions/activities that demonstrate a positive impact for further implementation in connection with the Court Improvement Strategic Plan. This project is ongoing in select counties.

Kansas has demonstrated a commitment to collaboration with the courts which, over time, has created a climate where the shared value of safety, permanence and well-being for all Kansas children provides the framework for delivery of child welfare services. The CIP contains specific identified projects such as a Juvenile Compliance Module; multi-disciplinary training, and an
Engaging Older Youth Project. Judicial leadership as a necessary ingredient to continual improvement of child welfare is ongoing in Kansas at both the state and local level.

III. KANSAS TITLE IV-B STATEWIDE ASSESSMENT

Kansas’ Statewide Assessment was updated for the 2015 Child and Family Services Review (CFSR). It includes data for the safety, permanency and well-being outcomes and the 7 systemic factors. Attachment 3 for Kansas Title IV-B Statewide Assessment 2_2015.

IV. KANSAS PERFORMANCE IMPROVEMENT PLAN

Kansas completed the Children and Family Services Review (CFSR) in SFY 2015; see Attachment 24, Kansas CFSR Round 3 Final Report Reissued 2017. As a result, Kansas is developing a Program Improvement Plan (PIP) in consultation with Children’s Bureau and Region VII, Attachment 18 for Kansas CSFR Performance Improvement Plan (PIP) and Measurement Tool Kansas.

V. TITLE IV-B SUBPARTS 1 AND 2 UPDATES

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B Subpart 1) funding is utilized by the State of Kansas to provide family services, family preservation services and adoption support services. Service delivery is designed to protect and promote the welfare of all children, prevent the neglect, abuse or exploitation of children and support at-risk families through services allowing children to remain with their families or return to their families in a timely manner. Fund utilization also promotes the safety, permanence and well-being of children in foster care and adoptive families and provides training, professional development and support to ensure a well-qualified work force.

A. Promoting Safe and Stable Families Programs

The Kansas Department for Children and Families (DCF) utilizes Promoting Safe and Stable Families (PSSF) funds for prevention, family support, time-limited family reunification and adoption support programs. These 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.

Title IV-B, subpart 2, Promoting Safe and Stable Families (PSSF) 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 Child Welfare Case Management Provider (CWCMC) who offer a full array of services to meet these goals. The PSSF-funded services delivered by the CWCMCs 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.

B. Kansas Protection Report Center

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 statewide, 24 hours per day, and seven days per week, including holidays. The KPRC is fully-consolidated in two locations; Topeka and Wichita. The Topeka location provides around-the-clock availability, and the Wichita location operates seven days a week, during daytime hours. The telecommunication system was updated in SFY 2017. A single, toll-free number is utilized, and during regular business hours, calls are routed to a single queue at both KPRC locations. The next available intake 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 both locations at any step throughout the process, which facilitates timeliness and efficiency.

Reports are received by telephone, email, faxes, online web reporting or by United States Postal Service (USPS) 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 intake staff. In SFY 2017, the new Intake Protection Specialist position was created to replace the traditional Administrative Specialist position. This new position requires a four-year degree in a Human Services-related field, and initial assessments were added to the job function to provide more critical thinking while taking and processing reports. The Administrative Specialists, who currently receive the calls from concerned individuals who wish to report abuse/neglect are being phased out through staff attrition.

Licensed staff conduct an Initial Assessment to determine whether the report meets the statutory/regulation/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, Non-Abuse/Neglect (NAN), and Pregnant Woman using Substances (PWS). The draft PIP, Safety Outcome 2, proposes changes in the Non-Abuse/Neglect assignments. The purpose of the changes is to better align reasons for case assignment and address safety concerns. The NAN workgroup will assess and make recommendations regarding assignments of NAN reports per draft PIP Key Activity 1.1.8. This draft PIP item has been completed and this item is not included in the approved PIP. Draft PIP Key Activity 1.1.11 specifies a change in policy regarding response times, assignments types and definitions completed during the Initial Assessment Decision by the KPRC licensed staff. In SFY 2017 the NAN workgroup met to review and revise the NAN definitions and response times. As a result, changes will be implemented upon the completion of system upgrades. The
anticipated completion date is late SFY 2018. These system and policy changes will meet approved PIP item 1.1.4. Approved PIP item 1.1.4 replaces draft PIP item 1.1.11.

Based on the DCF PPS Policy and Procedure Manual (PPM) section 1330, Timeframe for Initial Assessment (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), KPRC licensed 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.

State Fiscal Year Data available from July 1, 2016 through March 2017, indicates 68 percent of the reports assigned for assessment are assigned for allegations of abuse/neglect. The remaining 32 percent are assigned for Non-Abuse/Neglect allegations.

**Child Protective Services Reports**

Reports Assigned to Investigate Alleged Maltreatment
SFY 2017
(July 2016 - March 2017)

<table>
<thead>
<tr>
<th>Maltreatment Types</th>
<th>DCF Regions</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>East</td>
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<tr>
<td>Abandonment</td>
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<tr>
<td>Emotional Abuse</td>
<td>20.0%</td>
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<tr>
<td>Lack of Supervision</td>
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<td>Medical Neglect</td>
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<tr>
<td>Physical Abuse</td>
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<td>Sexual Abuse</td>
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<tr>
<td>Total</td>
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**Statewide Assigned to Investigate Alleged Maltreatment**
SFY 2017
(July 2016 - March 2017)
Reports Assigned for Non Abuse/Neglect Presenting Situations

SFY 2017
(July 2016 - March 2017)

<table>
<thead>
<tr>
<th>Maltreatment Types</th>
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<th>West</th>
<th>Wichita</th>
<th>Statewide</th>
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<tr>
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<td>3.7%</td>
<td>3.5%</td>
<td>1.8%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Truancy</td>
<td>11.2%</td>
<td>9.8%</td>
<td>6.9%</td>
<td>21.6%</td>
<td>12.7%</td>
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<tr>
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<td>1.2%</td>
<td>4.3%</td>
<td>2.9%</td>
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<tr>
<td>Without Proper Control</td>
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<td>83.1%</td>
<td>88.4%</td>
<td>72.4%</td>
<td>81.4%</td>
</tr>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

C. The Safety/Risk Assessment

Kansas Child Protective Service (CPS) Specialists complete a safety and risk assessment for every report assigned for abuse and/or neglect.

A Safety Assessment is a structured method of evaluating potential danger to a child. The Safety Assessment tool is designed to determine whether imminent danger exists for a child. The Safety Assessment tool is used when considering whether a child should return home from protective custody as well as to determine whether the child may safely remain in the home. The Safety Assessment documents consideration of safety factors, immediate medical concerns, protective action, caregiver protective capacities and the safety decision.

The Safety Assessment tool is used throughout the life of a case to evaluate a child’s safety and may be used at any major decision point in the case. For example, assessing if a child is to
remain in the family home or be returned to the family home after being placed in the custody of the Secretary of the Kansas Department for Children and Families (DCF). For alleged victims under the age of six, PPS policy requires a second in-person contact for the ongoing safety assessment.

Kansas is re-evaluating the safety and risk assessments to ensure the tools continue to meet the needs of the agency and the families served. Kansas’ approved Performance Improvement Plan (PIP) includes an activity to address Goal 1 to ensure safety for children by improving risk and safety assessment and monitoring throughout the life of the case. Item 1.2 of the PIP identifies activities to standardize assessment to provide a consistent point of reference across all levels of service when assessing risk and safety at critical points. As part of this PIP activity, Kansas has explored safety/risk assessment with Casey Family Program as outlined in PIP Key Activity 1.2.1 and reviewed the Structured Decision Making (SDM) model. Once an identified risk and safety instrument is selected, in accordance with PIP Key Activity 1.2.2, the process of developing systems to support the assessments; and a plan for training staff to utilize the assessments will be developed and implemented.

Goal 4 in Kansas’ approved PIP addresses strengthening supervisory capacity (competency and skills), accountability and oversight of child welfare practice. Item 41.2.5 of the PIP requires all safety issues are addressed and thoroughly documented. To address this PIP Key Activity, DCF has revised Appendix 2B Supervisor Consultation Guide, [http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), to include a checklist of items for the supervisor to use as a guide to ensure issues are addressed, assessments are completed and safety services are identified.

Item 4.2.6, of the approved PIP includes activities to require worker and supervisor initial safety consultation. Policy 2310 Safety Determination at Initial Contact [http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was revised for July 2017, requiring a CPS Specialist to immediately consult with a supervisor when safety concerns are identified that may require protective action, or within three working days of the safety determination.

A supervisor consultation is required for all abuse and/or neglect assignments prior to case closure to analyze safety and risk. Item 4.2.5 of the approved PIP, includes development of a staffing protocol for worker and supervisor consultations. To address PIP activity 4.2.5, policy 2760 Supervisor Case Consultation [http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was revised for July 2017, to strengthen the supervisor consultation that occurs prior to case closure by providing elements to consider. These elements include, but are not limited to; identifying safety and risk concerns and follow up actions if needed; determining whether sufficient information has been gathered; determining if all required persons have been interviewed; and discussing DCF, criminal and sex offense history determined to indicate safety/risk concerns for the child. A reference was added to this consultation policy for the July 2017 policy revision, to Appendix 2B Supervisor Consultation Guide, [http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), which provides a checklist of items for the supervisor to use as a guide for this consultation. To address PIP activity 4.2.5, PPS has revised Appendix 2B, Supervisor Consultation Guide, which provides a checklist of items for the supervisor to use as a guide for this consultation.
Risk Assessment is a research-based tool designed to indicate the likelihood of future maltreatment of a child, based on identified risk factors that have been statistically correlated to future maltreatment. Risk assessments are completed by the CPS Specialist. Risk assessments are used to identify potential risk factors that exist within the family and assess for services. This process includes reviewing the family’s strengths and available resources to mitigate the risk factors.

In January 2017, polices throughout the PPS Policy and Procedure Manual (PPM) were revised to change language from Child in Need of Care Non-Abuse/Neglect (CINC/NAN) to Non-Abuse Neglect (NAN). A Non-Abuse or Neglect (NAN) Assessment is completed for NAN cases. The NAN assessment addresses many of the same elements as a risk assessment: substance abuse, mental health, etc. The NAN assessment assists the CPS Specialist in identifying factors contributing to the child’s behavior, such as truancy or runaway, the family’s strengths and resources, and families in need of services.

Kansas’ draft PIP included a Key Activity 1.2.3., to incorporate the child’s self-harming behaviors as a safety and risk concern. In January 2017, a new policy, PPM 2115 Child with Danger to Self/Self-Harming Behaviors (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was implemented for PPS, and CWCMP and family service grant staff to include self-harming behaviors as a safety and risk concern. This policy requires formal and informal comprehensive assessment to determine whether the behaviors are associated with abuse/neglect or safety/risk concerns to ensure the safety and well-being of the child. This policy references Appendix 2F Six Areas of Family Life for Assessment and two new appendices, 2H Safety and Risk Assessment Guide and 2I Interview Guide for Runaway and Truant Children, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) were developed to provide guidance for PPS and provider staff in gathering sufficient information for safety and risk assessments. This draft PIP activity was completed and is not included as an activity in the approved PIP.

During the most recent Children and Family Services Review (CFSR), DCF received a rating of Area Needing Improvement for Item 3, which relates to Risk and Safety Assessment and Management. This specific item is designed to determine whether, during the period under review, the agency made 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. The agency was rated as a strength in 78 percent of the 65 applicable cases. Item 3 was rated as a Strength in 85 percent of the 40 foster care cases and 68 percent of the 25 in-home services cases.

To improve the agency’s performance on this item, PPS has included several activities in the proposed PIP. Goal 1 is specific to risk and safety assessment and safety related services. Goal 1 has been revised in the approved PIP, stating the agency will ensure safety for children by improving risk and safety assessment and monitoring throughout the life of the case. Activity 1.1.3., indicates safety assessments will be required on all assigned NAN reports and will be added in Kansas’ policy and procedures manual. Beginning January 2017, PPS policy, 2700 Assessment of Reports of Non Abuse/Neglect (Family in Need of Assessment) (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was revised to require completion of a safety assessment for all NAN assignments. These assessments will assist staff in identifying
safety services, such as: mental health assessments/treatment, substance abuse assessments/treatment, parenting management training, child care services, homemaking services, etc.

The approved PIP activity 1.1.4., indicates Kansas is actively working on modifying its technology systems to allow NAN changes. This modification will include changing systems and policy regarding the current 20 working day response time to a seven working day response time. In SFY 2018, the NAN name will be removed, and these cases will be assigned as Family in Need of Assessment (FINA). The criteria for assignment of a FINA case will be revised and new categories for Abuse/Neglect case types will be developed. Kansas is currently reviewing a new assignment type of Educational Neglect to be incorporated into systems and policy as a neglect maltreatment type to investigate concerns of children not attending school for reasons associated with a parent/caregiver’s behavior or omission. Truancy issues related to the child’s behaviors will be assigned for a Family in Need of Assessment case type. In addition, Kansas is reviewing a new assignment type of Substance Affected Infant to also be incorporated into systems and policy as an abuse maltreatment type to investigate concerns for infants born affected by substance abuse or withdrawal or a Fetal Alcohol Spectrum Disorder.

Draft PIP Activity 1.1.10, included modifying policy to reflect mandatory in-person contact with the child in all assigned non-abuse/neglect (NAN) assignments. This PIP activity was revised to Activity 1.1.1, in the approved PIP, stating mandatory in-person contact with the child in all assigned NAN cases will be added in Kansas’ policy and procedures manual. In July 2016, PPS staff were required to complete an in-person contact with the identified child for NAN assignments. A new policy, 2703 Reasonable Efforts to Meet Response Time for NAN (FINA) Assessment (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was implemented in January 2017, to include this requirement. The date and time for the in-person contact will be documented and entered in PPS Family And Child Tracking System (FACTS) for data collection that aligns with PIP Key Activity 1.1.2.

During a late 2015 meeting between PPS, ACF and community providers it was determined that all providers were utilizing different safety and risk assessment tools. It was decided that analysis was needed to review the tools to ensure each was aligned with PPS policy. Draft PIP Key Activity 1.2.5, 1.2.6 and 1.2.7 includes work with the family services, family preservation and foster care providers to ensure their risk and safety tools align with agency policy. In September 2016, DCF met with each of the Community Family Service Providers to review the safety and risk assessments utilized by each of the providers. A determination was made by the the Family Service Advisory Workgroup members that the safety and risk assessments utilized align with DCF policy. Since development of the draft PIP, the key activities 1.2.5, 1.2.6, and 1.2.7, were completed. These activities are not included in the current approved PIP.

The approved PIP includes activity 1.3.5, to develop and implement a worker/child visitation tool to prompt discussion and documentation of risk and safety assessments at critical times in the case. To address this item, PPS developed a new policy, 3110 Case Management Safety and Risk Assessment (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), in January 2017, for all programs (Assessment and Prevention, Family Services, Family Preservation Services, and Reintegration/Foster Care/Adoption) requiring completion of formal or informal safety and risk
assessments ongoing and at critical times in the case. Policy 3110 Case Management Safety and Risk Assessment references Appendix 2F Six Areas of Family Life for Assessment and 2H Safety Assessment, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) to be used as tools to prompt discussion and documentation for risk and safety concerns. To support worker and supervisor decisions regarding safety and risk, policy, 2300 Differentiating Safety and Risk (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was revised in January 2017, to provide definitions to differentiate safety and risk; and the definitions for safety decisions (safe, conditionally safe and unsafe) were revised. A new Appendix 2H Safety Assessment, was developed for all programs to provide guidance for identifying safety and risk concerns. A new Appendix 2J Caregiver Protective Capacity Factors, was developed for all programs to enhance safety/risk assessments by providing areas to assess for caregiver protective capacity (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/).

Draft PIP Key Activity 1.2.1 outlines the intent to utilize quarterly supervisor’s meetings to reinforce the use of formal risk and safety assessment tools throughout the life of the case during specific times. It is believed supervisors are an integral part of any change, and their support will be necessary to establish long-term change. This draft PIP Key Activity was updated to activity 4.1.1., in the approved PIP stating the agency will implement quarterly statewide supervisor meetings with DCF and contractors to review outcomes and issues related to safety, permanency and well-being. The Excellence in Supervision Conference was held September 14-15, 2016, for supervisors from PPS and providers. Attachment 19 for Excellence in Supervisor Agenda. The business session included an overview of the draft PIP and discussion of policy revisions specific to strengthening risk and safety assessments. The first quarterly supervisor meeting was held on January 10, 2017, and the second meeting was held May 24, 2017. Attachment 20 for Quarterly Child Welfare Supervisor Meeting Agendas.

Goal 4 in Kansas’ approved PIP addresses strengthening supervisory capacity (competency and skills), accountability and oversight of child welfare practice. Key Activity 4.2.8., addresses supervisory staffing when risk and safety concerns are identified through ongoing assessments and/or supervisory conferences. Revisions were made for PPS and provider staff in January 2017 to policies, 4100 Family Service Case Manager Responsibilities and 5122 Family Preservation Case Management Provider Responsibilities (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) to require at least monthly supervisor consultations and immediate consultations when safety or high risk concerns are identified. Supervisors are required by these policy revisions to provide documentation of the consultation to the next level of supervision for additional oversight. New supervisor consultation logs were developed to enhance documentation of these consultations.

Activity 4.2.9 of the approved PIP, addresses implementing standard criteria for a worker case transfer form. To address this activity, PPS developed a new policy, 3005 Case Transfer Staffing (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), for all programs (Assessment and Prevention, Family Services, Family Preservation Services, and Reintegration/Foster Care/Adoption) for January 2017, to require a transfer staffing when a case is transferred to a new worker and/or supervisor. The transfer staffing provides the new worker with a summary of the case focusing on safety and risk. The purpose of the transfer staffing is to ensure the safety and well-being of the child, engagement with the family and child(ren) and support continuity of
services for the family. A new standardized form PPS 3005 Case Transfer Summary (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was developed to provide guidance for elements that should be discussed, and to document a summary of the case transfer staffing. The policy requires supervisor oversight, by requiring the transferring supervisor review the PPS 3005 Case Transfer Summary to ensure essential safety/risk information has been provided to the new worker. The receiving supervisor signs and dates the case transfer form.

Beginning July 1, 2004, the finding structure in Kansas included two finding options; unsubstantiated and substantiated, using the clear and convincing level of evidence. The agency has received consistent feedback from internal and external stakeholders indicating the case finding structure was confusing for both families and professionals. Based on feedback received, Kansas began evaluating the case finding structure in SFY 2016 and determined a change was appropriate. Prior to the implementation of the new case finding structure, feedback was solicited from citizen review panels, agency workgroups and the Supreme Court Taskforce.

A new case finding structure was implemented by PPS in July 2016. On July 1, 2016, policy and statute revisions were implemented to change the standard of evidence from clear and convincing to preponderance. Policies were revised to implement a three-tiered case finding structure, with case finding decisions of unsubstantiated, affirmed, and substantiated. This changed the current structure which had two finding options; unsubstantiated and substantiated, which was in effect since July 1, 2004. As a result of the changes beginning SFY 2017, an unsubstantiated case finding indicates a reasonable person weighing the facts and circumstances would conclude more likely than not, abuse and/or neglect did not occur. An affirmed case finding indicates a reasonable person weighing the facts and circumstances would conclude, more likely than not, abuse and/or neglect did occur. A substantiated finding indicates that abuse/neglect occurred, and the perpetrator meets the additional criteria in PPS policy required for placement on the Child Abuse/Neglect Central Registry.

A presentation of the new case finding structure was provided to stakeholders and community partners during the 2015 Governor’s Conference held in Topeka, Kansas, in November 2015. During the months of May-June 2016, Finding Structure Discussions were held throughout the state with DCF staff. The Finding Structure Discussions provided an overview of the new three-tiered finding structure and preponderance standard of evidence. The PPS Administration facilitated discussion of the history of the PPS case finding; identified reasons for the current change to the finding structure; discussed the new finding structure and utilized scenarios for the groups to apply the new finding structure. The groups were able to recognize the differences of the new standard of evidence and examined how the new case findings will enhance critical thinking, positively impact engagement with families and provide a clear understanding of the findings for our stakeholder and community partners. In addition to the in-person finding discussions, a live-meeting discussion occurred with PPS staff on June 28, 2016. Feedback received during these discussions provided valuable suggestions for ongoing review and revision of the finding structure policies. Quarterly PPS policy revisions provide a process of continuous review and revision to PPS policies, as needed.
On July 12, 2016, a Case Finding Structure Discussion occurred with Kansas Tribal partners. PPS Administration facilitated discussion of the history of PPS case finding; identified reasons for the current change to the finding structure and discussed the new finding structure.

On September 28, 2016, a Case Finding Structure Update live-meeting was held with PPS staff to discuss and provide feedback on the implementation of the finding structure and evaluate whether revisions to policies are needed. Staff with PPS began using the new three-tiered finding structure and the preponderance standard of evidence on case findings.

Supervisor Case Finding Peer Review is an ongoing venue with PPS supervisors and CPS Specialists to continuously review and evaluate case finding documentation. This process is being utilized to discuss and gather feedback from PPS supervisors and CPS Specialists on the new case finding structure. Case finding documentation is reviewed using a peer review tool.

D. Family Services

Family Services (FS) recognize the inherent integrity and value of the family. Provision of family services is considered when there is a need for 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 CPS Specialist, 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. Family Services 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. Family Services are family centered, culturally informed, and build on the strengths of the family. Family Services 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. Family Service or flex funds may be utilized to alleviate a family crisis that may put a child at risk of maltreatment.

Family Services 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 Service Family Service Grant Provider. There are four providers in the state, one in each region. The grants for Family Services are awarded to DCCCA in the Kansas City region, KVC Kansas (KVC) in the East region, Saint Francis Community Services (SFCS) in the West region and to the Mental Health Association of South Central Kansas in the Wichita region. While two of these providers are the same as the Child Welfare Case Management Providers who provide Family Preservation and Foster Care services, the Community Service Family Service Grants are separate and distinct grants. The Community Service Family Service Grants allow PPS and families to have access to in-home family services in all counties in the state. This is especially important in the geographic regions where community services are limited.
Requests for Proposal (RFP) for the Community Family Service Grant providers was posted in SFY 2017. The subsequent grants are in the process of being awarded to begin July 1, 2017. The new Community Family Service Grant includes assignment of Non-Abuse/Neglect (NAN) assessments to the Community Family Service providers. The Community Family Services Providers will complete a Safety Assessment, Non-Abuse/Neglect Assessment and Family-Based Assessment with the family to determine whether the case will be opened for Family Services. If a higher level of services is indicated, the case is referred to DCF for further assessment. Policies and procedures for DCF have been revised for July 2017, to include these new requirements for the Community Family Services providers.

A Family Service Advisory Workgroup meets quarterly. The Family Services Advisory Workgroup consists of PPS regional Administrators, and Community Family Services provider supervisors and directors from each of the four regions. The Family Services Advisory Workgroup gathers and reviews data pertaining to the Family Services program, and reviews and discusses opportunities and ideas to improve policy and procedure for the family services program.

Community-based Family Service outcome data for SFY 2015- SFY 2017 as of March 30, 2017:

**Children will Remain Safely in their Home During Community-based Family Services**
Performance Standard is 90%

<table>
<thead>
<tr>
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<tbody>
<tr>
<td># of families who did not have a child placed into out of home care at any time during the open community-based family service case.</td>
<td>323</td>
<td>324</td>
<td>207</td>
</tr>
<tr>
<td>Total # families ending community-based family services.</td>
<td>335</td>
<td>329</td>
<td>215</td>
</tr>
<tr>
<td>% of families who did not have a child placed in out of home care at any time during the open community-based family service case.</td>
<td>96.4%</td>
<td>98.5%</td>
<td>96.3%</td>
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**Children will Remain Safely in their Home for 365 days Post Conclusion of Community-based**
Performance Standard is 80%

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<tbody>
<tr>
<td># of families who did not have a child placed into out of home care for 365 days post conclusion of community-based family services.</td>
<td>210</td>
<td>305</td>
<td>228</td>
</tr>
<tr>
<td>Total # families ending community-based family services in prior state fiscal year.</td>
<td>233</td>
<td>335</td>
<td>240</td>
</tr>
<tr>
<td>% of families who did not have a child placed in out of home care for 365 days post conclusion of community-based family services.</td>
<td>90.1%</td>
<td>91.0%</td>
<td>95.0%</td>
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</tbody>
</table>
Families referred to Community-based Family Services will not be referred to Family Preservation Services (180 Days)

Performance Standard is 75%

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<tbody>
<tr>
<td># of families referred for Community-based Family Services who were not subsequently referred to Family Preservation during the first 180 days.</td>
<td>344</td>
<td>322</td>
<td>65</td>
</tr>
<tr>
<td>Total # families referred for Community-based Family Services.</td>
<td>359</td>
<td>336</td>
<td>72</td>
</tr>
<tr>
<td>% of families referred for Community-based Family Services who were not subsequently referred to Family Preservation during the first 180 days.</td>
<td>95.8%</td>
<td>95.8%</td>
<td>90.3%</td>
</tr>
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Safety during Community-based Family Services between referral and 365 days

Performance Standard is 85%

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<tbody>
<tr>
<td># families referred to community-based family services 365 days ago who did not have a substantiated finding of parental maltreatment between referral and 365 days</td>
<td>356</td>
<td>353</td>
<td>250</td>
</tr>
<tr>
<td># of families referred 365 days ago to community-based family services.</td>
<td>363</td>
<td>361</td>
<td>259</td>
</tr>
<tr>
<td>% of families who do not experience parental maltreatment between referral and 365 days</td>
<td>98.1%</td>
<td>97.8%</td>
<td>96.5%</td>
</tr>
</tbody>
</table>

E. Family Preservation Services

The goal of Family Preservation Services (FPS) is to provide a full range of services to the family, in order to keep the child(ren) safe, improve family functioning and prevent the unnecessary placement of the child(ren) into the State's custody for out-of-home placement. The CPS Specialist utilizes safety and risk assessments to assist in determining eligibility for services. Services are home-based, and the intensity level is defined primarily by the assessments completed by the Child Welfare Case Management Provider (CWCMP), with input by PPS staff. Providers administer assessments during the initial phase of the referral to evaluate the family’s strengths and needs, including child safety and risk factors and the family’s protective factors to mitigate these concerns and to ensure safety, permanency and well-being. Supported by the CWCMP, elements of the Family Group Decision-Making Process for case planning encourages the family to directly assist in creating a service plan that meets identified needs and addresses safety. The PPS 3050 Family Service/Preservation Plan form, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) has been revised and will be effective July 1, 2017, to encourage family participation and input. Family input and evidence based assessment tools will be utilized to create case plan objectives and activities. Identified services are coordinated by the CWCMP and are directly provided in the home and/or through other community resources. Ongoing assessments are conducted at critical junctures throughout the duration of the service period, to monitor the safety, needs and well-being of the family, as well as to determine the effectiveness and intensity level of services. Conducting ongoing assessments was rated as an area Needing Improvement in Item 3, which relates to risk and safety assessment, on the Children and Family Services Review (CFSR) in SFY 2015 for in-home services. Policy revisions were developed and implemented, with the input of the Family Preservation Services
Advisory Workgroup, effective January 1, 2017, to address the need for ongoing safety assessments and define critical points in time when formal or informal assessments are needed. Policy and Procedure Manual (PPM) 5124, Family Preservation Services Risk and Safety Assessments (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) as identified in PPM 3110, Case Management Safety and Risk Assessment (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/). The CWCMPs are addressing recruitment and retention of staff, which will improve the intensity and effectiveness of services. Success in these areas will assist CWCMPs to meet PIP item 1.3.2, to develop and implement a caseload reduction plan in targeted areas.

Services provided by FPS are concentrated and clearly defined with an emphasis on intensive, home-based services to families in crisis when children are assessed as being at imminent risk of out-of-home placement. Families utilizing FPS will have a service period of 365 days. Services provided by the CWCMPs are ideally provided as a dyad team of therapist/case manager and family support worker. Key contractual components of FPS include crisis intervention, case management, therapeutic treatment in a natural setting, 24/7 responsiveness, low caseloads, research-based interventions and flexibility in service provision.

Data related to FPS and performance based outcomes include the following:

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<tr>
<td># of families referred to Family Preservation Services</td>
<td>2,621</td>
<td>2,610</td>
<td>1,906</td>
</tr>
<tr>
<td># of families served by Family Preservation Services</td>
<td>2,597</td>
<td>2,598</td>
<td>1,881</td>
</tr>
</tbody>
</table>

*SFY 2017 is not a completed state fiscal year and only represents 9 months of data.

**SFY 2017 Family Preservation Presenting Situation Category**

- Physical Abuse: 19.4%
- Physical Neglect: 11.7%
- Other Maltreatment: 28.8%
- **All Non Abuse/Neglect: 40.2%**
SFY 2017 is not a completed state fiscal year and only represents 9 months of data.

**Families referred for non-abuse/neglect reasons include children with behavior problems, truancy and runaway, and parents abusing substances.

**Family Preservation: Maltreatment After Referral**

Performance Standard is: 95%

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<tr>
<td>Safety during Family Preservation in Home Services between Referral and 90 days</td>
<td>99.1%</td>
<td>99.2%</td>
<td>98.8%</td>
</tr>
<tr>
<td>Safety during Family Preservation in Home Services between Referral and 365 days</td>
<td>96.1%</td>
<td>95.0%</td>
<td>95.4%</td>
</tr>
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</table>

*SFY 2017 is not a completed state fiscal year and only represents 9 months of data.

Note: SFY 2017 (July 1, 2016) finding language changed to include affirmed, substantiated and the standard of evidence decreased from clear and convincing to preponderance.

**Family Preservation: Maintained Safely at Home**

Performance Standard is: 90%

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<tbody>
<tr>
<td># of families with no child placed into foster care.</td>
<td>2,142</td>
<td>2,176</td>
<td>1,651</td>
</tr>
<tr>
<td># of families referred to Family Preservation Services</td>
<td>2,598</td>
<td>2,637</td>
<td>1,997</td>
</tr>
<tr>
<td>% families remaining together</td>
<td>82.4%</td>
<td>82.5%</td>
<td>82.7%</td>
</tr>
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</table>

*SFY 2017 is not a completed state fiscal year and only represents 9 months of data.

The primary reasons that children are removed, while their family is receiving Family Preservation Services, are substance use disorders and substance misuse which affects the parents’ ability to protect their children and/or meet their basic needs. The percentage of children remaining in their homes safely has increased slightly over the past three years, although substance misuse by parents has reportedly been increasing. This successful outcome is most likely due to the wide array of evidence based service assessments and programs that are incorporated into the Family Preservation Services models offered to families in Kansas, to stabilize crisis and change behaviors, including: Structured Decision Making (SDM), North Carolina Family Assessment Scale (NCFAS), UNCOPE substance use disorder screening, Strengthening Families, Motivational Interviewing, Seeking Safety, Theraplay, Parent Empower Program based on the Parent Management Training in Oregon (PMTO) model, Championship Fathers, Teen Connect, Solution Focused Brief Therapy/Crisis Intervention, Safe and Connected, Targeted Case Management, Healthy Relationships, Voices, Choices Program, and Helping Women Recover.

Services provided by the CWCMP are tailored to meet the family’s identified needs and may typically include:

- Initial safety and needs assessments;
- Ongoing assessments to determine family needs, strengths, and well-being;
Ongoing safety and risk assessments; CWCMP staff assess safety during each visit, which includes an interactive, individual visit with each child, at least monthly, effective July 1, 2016, per PPS policy 5122 Family Preservation Case Management Responsibilities, Section N. (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/). Documentation of in-person worker/child visits are tracked by the CWCMP. Formal or informal safety assessments are completed by CWCMP staff at critical points in the case, as defined in policy, 5124, Family Preservation Risk and Safety Assessments and policy 3110, Case Management Risk and Safety Assessment, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) effective January 1, 2017. If identified, risk or safety concerns are addressed immediately with the family or may be communicated to appropriate entities. Law enforcement may be contacted, staff may complete a critical/significant incident form for submission to PPS, call the Kansas Protection Report Center (KPRC) to make a report of abuse or neglect, and/or call or send a written report to the assigned PPS worker to report the concern.

- Assistance in obtaining community support services (day care, respite care, employment, housing, ongoing mental health services, etc.). Separate data is not collected for obtaining community support services. Individual family case logs document community services obtained.
- Child rearing and behavior management coaching for parents: SFCS utilizes Strengthening Families, an evidence-based curriculum for this service. KVC Kansas (KVC) utilizes Parent Management Training Oregon model (PMTO) curriculum. Staff who are certified provide PMTO to parents with specific needs; staff who are trained but not certified provide PMTO informed parent training to families who need enhanced parenting skills.
- Partnering with early childhood coalitions to initiate or collaborate with early childhood intervention when specific needs are identified or a child age three or under has been substantiated for abuse or neglect;
- Assessment and development of family supports;
- Ongoing case evaluation and monitoring to ensure effective service delivery;
- Teaching family living skills, including housekeeping, budgeting and household management;
- Family crisis intervention;
- Case management;
- Individual, couple, and family therapy;
- Healthy relationship training;
- Trauma-informed treatment and services; and
- Concrete support, for such things as payment of utilities or housing deposits, to meet the families’ identified basic needs.

There is a wide network of community partners for resources accessed by FPS staff, including the Global Orphan Project, which developed the CarePortal, https://careportal.org/ through community churches, to meet identified needs in 10 counties, which are served by SFCS and eight counties served by KVC.
In northeast Kansas, a website is available to families at [www.myresourceconnection.org](http://www.myresourceconnection.org) to assist in searching for community resources.

Early childhood assessment and services are provided by the Tiny K programs statewide. Other community resources accessed throughout the state include, but are not limited to, community and private mental health providers, drug and alcohol assessment and treatment, medical/dental services, educational services, churches, housing and food banks.

Networks and relationships with community partners are developed by the CWCMPs, and these resources are shared with families. These connections are encouraged during the year of FPS, so the family is well connected and has support when the family is transitioned to less-intensive services and/or the year of FPS is complete. Staff assist families with completing applications for community resources, providing transportation to appointments, dropping off applications on behalf of families and calling to assist families with accessing resources or to verify that services are being provided to a family.

A pregnant woman using substances may also receive referrals for prenatal care, vocational assistance and case management, along with incentives for remaining drug free. However, the outcome for this component of the FPS program is being evaluated and may be changed to ensure that a pregnant woman using opioids is provided medication-assisted treatment, which is healthier for the unborn child than abstinence from all drugs, based on current research.

As referenced in the 2015 Kansas Title IV-B Statewide Assessment, Attachment 3 FPS demonstrated strength in assessing the needs of the children and providing appropriate services to meet the children’s well-being needs in the areas of educational, developmental, physical and mental/behavioral health.

Due to scoring 68 percent on the 25 in-home service cases read, DCF received a rating of Area Needing Improvement for Item 3 on the CFSR. This item is designed to determine whether, during the period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes. To improve the agency’s
performance on this item for in-home services, PPS has included several activities listed below in the Program Improvement Plan (PIP) that are related to FPS.

Goal 1 in the PIP includes Key Activity 1.2.6 implementing a risk and safety assessment tool with FPS contractors that aligns with the PPS evidence informed risk and safety assessment tool chosen for implementation. Key Activity 1.3.8 is to create a tracking method to capture worker/child visits in FPS. To meet this Key Activity, the FPS providers have each developed a tracking system to submit to PPS documentation of the monthly worker/child alone visits that have occurred. The FPS provider supervisors, as well as PPS Administration and program improvement staff, are monitoring improvements in the rate of completion of monthly visits with each child in the home as defined in policy. Attachment 50, Allowable Reasons for No Individual Alone Visit with Child During Month.

Key Activity 1.3.5 requires a worker/child visitation tool to prompt discussion and documentation of risk and safety assessments at critical times in the case. To improve the agency’s performance on this Key Activity, policy 5122 Family Preservation Case Management Responsibilities, Section V. (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was developed and effective July 1, 2016, which defines documentation that must be included in case activity logs to verify interaction with family members is focused on addressing safety, permanency and well-being and developing or completing case plan activities or goals. In addition, PPS also revised policy 5124 Family Preservation Services Risk and Safety Assessments and 3110 Case Management Risk and Safety Assessment (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) effective January 1, 2017, which relate to ongoing risk and safety assessments at critical times in the case and outline circumstances when formal or informal assessments shall be completed.

Goal 2 includes PIP Key Activity 2.3.5 to develop best practice guidelines for locating, engaging and empowering fathers, utilizing information from quarterly supervisors’ meetings and feedback from the FPS Advisory Workgroup. This item is on the agenda for the May 24, 2017 Quarterly Supervisors’ Meeting, Attachment 20, and the next quarterly FPS Advisory Workgroup scheduled for July 18, 2017. Information obtained from breakout sessions at the May 24, 2017 supervisors meeting will be utilized by PPS at the subsequent quarterly supervisor’s meeting, along with feedback from the FPS Advisory Workgroup, to document improvement efforts on this PIP item. Saint Francis Community Services, shared various brochures from the National Fatherhood Initiative with PPS FPS Administration staff that are utilized with families in FPS to encourage father participation.

Goal 4 from the approved PIP is specific to risk and safety assessment and safety related services for children. Key Activity 4.1.2 of the approved PIP outlines the intent to utilize quarterly, statewide, supervisors’ meetings, as well as the FPS Advisory Workgroup, to reinforce the use of formal and informal risk and safety assessments throughout the life of the case during specific times, such as case opening, transfers and closing. It is recognized that supervisors are an integral part of change, and their support will be necessary to establish long term change. Supervisors have participated in the FPS Advisory Workgroup to provide input on policy changes outlined below. Key Activity 4.2.5 requires the development of a worker and supervisory staffing protocol to include: clear supervisor and worker roles and responsibilities, a discussion checklist
to ensure issues are addressed, ensuring assessments are completed as needed, safety services are identified and provided, documentation meets expectations, and regular supervisory conferences occur. To comply with this Key Activity PPS policy was revised and a form developed to guide discussion and document supervisory consultations, effective January 1, 2017, 5122 Family Preservation Case Management Responsibilities, Section FF. (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) and form PPS 5004, FPS Supervision Session Log for Newly Identified Risk/Safety Concern(s), (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/). These policy revisions also address Key Activity 4.2.8 which requires supervisor staffing when safety and risk concerns are identified through ongoing assessment and/or supervisor conferences. FPS provider leadership staff report that supervisors are using the form to document emergency staffings, as well as routine case staffings, although this documentation is somewhat time consuming. Supervisors reportedly can document staffings on electronic forms using mobile devices, which is most helpful when supervisors are traveling.

The results of the CFSR indicated a lack of supervisory oversight on cases, based on interviews with assigned supervisors, in the absence of assigned workers who had left the agency. Supervisors were reportedly uninformed about cases they were supervising and/or covering in the previous worker’s absence and had a lack of knowledge about safety and risk concerns. Supervisors need to be knowledgeable about the cases they supervise, so they can share this information with new workers who are assigned to these cases. Key Activity 4.2.9 of the approved PIP, addresses implementing standard criteria for a worker case transfer form, to include documentation of supervisory oversight, sharing safety and risk concerns and key information about a case, as well as next steps for follow up, with new workers when they are assigned. To address this activity, PPS developed a new policy, 3005 Case Transfer Staffing (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), for all programs (Assessment and Prevention, Family Services, Family Preservation Services, and Reintegration/Foster Care/Adoption) effective January 2017, to require a transfer staffing when a case is transferred to a new worker and/or supervisor. The transfer staffing provides the new worker with a summary of the case focusing on safety and risk. The purpose of the transfer staffing is to ensure the safety and well-being of the child, engagement with the family and child(ren) and support continuity of services for the family. A new standardized form PPS 3005 Case Transfer Summary (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was developed to provide guidance for elements that should be discussed, and to document a summary of the case transfer staffing. The policy requires supervisor oversight, by requiring the transferring supervisor review the PPS 3005 Case Transfer Summary to ensure essential safety/risk information has been provided to the new worker. The receiving supervisor signs and dates the case transfer form.

F. Reintegration/Foster Care/Adoption Services

Reintegration/Foster Care/Adoption (RE/FC/AD) services in Kansas are privatized. The Child Welfare Case Management Providers (CWCMPs) are responsible for case management activities related to a child in custody of the Secretary of the Kansas Department for Children and Families (DCF) and in out of home placement. The CWCMPs are continually monitored on achieving the Children and Family Service Review (CFSR) and contract outcomes. The CWCMPs are required to adhere to all Federal and State statutes. The six protective factors, as developed by
the Center for the Study of Social Policy and Family Centered Services, were included in the Request for Proposal (RFP) for the RE/FC/AD contracts. The CWCMPS demonstrated commitment to the infusion of these six factors into all aspects of child welfare, Prevention and Protection Services (PPS) Foster Care Liaisons have the responsibility for the care provided to the children in the custody of the Secretary of DCF. The Foster Care Liaisons’ responsibilities include:

- Approving relative placements;
- Approving case plan goals;
- Participating in sibling split staffings;
- Participating in Best Interest Staffings;
- Reviewing aftercare plans;
- Receiving monthly reports during the aftercare period; and
- Reviewing court reports.

The CFSR identified supervisory capacity, accountability and oversight as areas needing improvement. To meet this need, the CWCMPS have put measures in place to improve supervisory oversight and increase accountability. A new supervision log has been implemented by KVC Kansas (KVC) to document timely and accurate supervision. A second level of supervisory oversight is being added at Saint Francis Community Services (SFCS). The SFCS supervisor is required to staff cases monthly with the Director to discuss specific cases that require additional input and how to resolve any service barriers or gaps that might be impeding permanence.

On March 31, 2017, there were 7,048 children in out of home placement.

<table>
<thead>
<tr>
<th>Statewide SFY 2017 YTD</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>YTD Average</th>
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<tbody>
<tr>
<td># of Children in Relative Placement on last day of month</td>
<td>2,206</td>
<td>2,221</td>
<td>2,234</td>
<td>2,309</td>
<td>2,322</td>
<td>2,267</td>
<td>2,262</td>
<td>2,288</td>
<td>2,332</td>
<td></td>
<td></td>
<td></td>
<td>2,271</td>
</tr>
<tr>
<td>Total # of Children in out-of-home on last day of month</td>
<td>6,605</td>
<td>6,628</td>
<td>6,735</td>
<td>6,911</td>
<td>6,846</td>
<td>6,721</td>
<td>6,829</td>
<td>6,936</td>
<td>7,048</td>
<td></td>
<td></td>
<td></td>
<td>6,807</td>
</tr>
<tr>
<td>% of Children in Relative Placement on last day of month</td>
<td>33.4%</td>
<td>33.5%</td>
<td>33.2%</td>
<td>33.4%</td>
<td>33.9%</td>
<td>33.7%</td>
<td>33.1%</td>
<td>33.0%</td>
<td>33.1%</td>
<td></td>
<td></td>
<td></td>
<td>33.4%</td>
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Kansas consistently reviews data related to removals and the reasons for out-of-home placements of children and youth. In SFY 2017, Kansas has seen an increase in the number of children in out of home placement. Kansas consistently reviews data related to numbers of children in out of home placement and the reasons for removal. In SFY 2018 Kansas will continue to review data and will analyze data for removal trends and will look for ways to safely reduce out-of-home
numbers, such as the use of the Structured Decision Making (SDM) Safety and Risk Assessments. Kansas is implementing the approved Performance Improvement Plan (PIP). Kansas continually reviews data related to removals and exits from care. To decrease the number of children in foster care, the number of removals and exits must be even. To date there are fewer exits per removal on average per month. Kansas continues to monitor the data. Please review data found on the public website; http://www.dcf.ks.gov/services/PPS/Documents/FY2017DataReports/FCAD_Summary/FACTSRemovalsExitsOOHSFY17.pdf. Goal 1 is to ensure safety for children by improving risk and safety assessment and monitoring throughout the life of the case. Item 1.2 of the PIP identifies activities to standardize assessment to provide a consistent point of reference across all levels of service when assessing risk and safety at critical points. As part of this PIP activity, Kansas has explored safety/risk assessments with Casey Family Program as outlined in PIP Key Activity 1.2.1 and reviewed the Structured Decision Making (SDM) model. Once selected, the process of developing systems to support the assessments; and a plan for training staff to utilize the assessments will be developed and implemented.

Kansas CWCMP outcome reports encompass several federal data outcome measurements, which include: placement in family-like setting, success indicators of stability in education, connection to relatives and a positive adult role model. The foster care contract includes the provision of all adoption case management activities for a child, such as locating permanent homes for children with no identified adoptive resource. Case planning teams, or the court determine if concurrent case planning is appropriate and applicable to circumstances of a child and family. Case plans are due to the court every 180 days.

The Kansas Assessment Permanency Project (KAPP) is a grant through University of Kansas in collaboration with CWCMPS and PPS. CWCMPS implemented standardized screening and needs assessments, and delivered training to staff in all offices. The goal of KAPP is to identify standardized assessment tools. Successful use of identified tools will allow families to have enhanced capacity to provide for their children’s needs, which is the criteria for CFSR well-being outcome 1. The PIP strategy 2.2 Key Activities 2.2.1 through 2.2.5 relate to KAPP implementation. Key Activity 2.2.1 focuses on revising and implementing case planning documents to better include the KAPP assessment results in the case plan. Policies for Key Activity 2.2.1 were implemented in January 2017. Key Activity 2.2.5 focuses on utilizing survey result information to enhance successful engagement practices and minimize barriers involving, but not limited to: training opportunities, policy modifications, and supervisor feedback on engagement implementation solutions. The KAPP Case Plan Workgroup will be conducting the survey in SFY 2018. Survey results will be compiled and shared with PPS when available. KAPP established a workgroup in SFY 2017 to review the case planning process and make it more streamlined and family friendly. The KAPP Case Plan Workgroup will re-convene in SFY 2018 to review progress on the case plan and make needed modification. The new case planning form, PPS 3051 Child’s Permanency Plan and instructions, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was developed by the KAPP Case Plan Workgroup and became effective January 1, 2017. The KAPP steering committee continues to work with the DCF and provider staff about the new case plan process. As feedback is received, adjustments may be made.
All CWCMPs provide Adoption Case Management, while the Adoption Exchange Contract manages the adoption exchange website, reimburses Child Placing Agencies (CPAs) for adoptive family preparation and assessment and performs generalized adoption recruitment.

Annual Administrative Site Visits are conducted by PPS staff regarding the Family Preservation (FPS) and RE/FC/AD contracts. Administrative Review Monitoring Protocols, forms PPS 8500A and 8500B, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), were revised July 2017; to better align with provider contract requirements. Items assessed include such things as monitoring and notification of subcontractors, qualifications and background checks of staff, participation in mandatory training, accreditation, fiscal reporting, community partnerships and advisory boards, foster parent recruitment and training and client services. Technical assistance is provided by PPS for compliance issues related to the RE/FC/AD contracts. A written report from PPS summarizing results of the site visit is provided to CWCMP, regional staff and the DCF Division of CPAs and Residential Facility. If PPS determines program improvement activities are needed, the CWCMP shall have 30 days to comply. Failure to implement the activities indicated could result in a Corrective Action Plan (CAP) for the SFY 2017 review.

The CWCMPs involve families at the policy-making level with respect to developing Regional Recruitment Plans to recruit foster and adoptive parents. They are required to have an advisory board comprised of adoptive parents, foster parents, a representative from the legal community, DCF, a State legislator, a youth, birth parents, an educational representative, mental health organizations, and developmental disability organizations. Communication and coordination with schools is a part of decision-making for placements.

When a child is referred for foster care placement, the CWCMP immediately begins assessing the family for potential placements, risk and safety, available supports and needed services. Multiple evidenced based tools are used to complete the assessment process, including Structured Decision Making (SDM) or North Carolina Family Assessment Scale (NCFAS), establishing level of risk and safety, the Parenting Stress Index (PSI), Child Stress Disorder Checklist (CSDC), Child Report of Post-Traumatic Symptoms (CROPS), ASQ, Preschool and Early Childhood Functional Assessment Scale (PECFAS) and CAFAS which assess for mental health and well-being of the child. The assessment process is completed within the first 20 days after the referral and prior to the initial case plan. The assessments are meant to guide the case managers in establishing case plan tasks with the family that are personalized to the family’s specific needs. The individualized tasks developed will guide the interactions the case manager has with the children and families. The case plan is the primary foundation between case manager and families. Throughout the life of the case, the case manager and families will discuss changes to the case plan goals and tasks, which allows for successful engagement and completion of services by the family.

Upon referral, the family is assessed and referred for services, such as mental health, medical, developmental and/or educational. Children and families referred will require a wide range of services, supports and resources to successfully achieve their permanency goal. Many of these services and supports will be provided directly by CWCMP staff. Others will require coordination and referral to community agencies. Staff with the CWCMP assist children and
families in accessing family, and kin and community resources to meet the specific needs of each child and family.

The importance of frequent and natural visitation between the child and his/her family is well understood by the CWCMPs. In order to establish frequent visitation, it is necessary to locate a placement that is close to the reunifying family. Relative/Kinship and non-related kinship (NRKIN) placements are prioritized because these placements provide more stability for the child and improve his/her well-being. When relative/kin placements cannot be utilized, the CWCMPs attempt to locate a foster home within the child’s home community. Visitations between the parent and child, child and worker, and parent and worker are facilitated by the CWCMPs.

When a child is referred for foster care placement, the Kinship Coordinators work to locate relatives for potential placement. Relative/Kinship searches occur during the initial referral from PPS, the initial Family Team Meeting, regular contacts with the child and family, during case reviews and anytime there is a change in the family constellation. WCMP staff are aware connections to culture and community are usually best achieved through placement with relatives/kin Relative/kinship searches start during the initial referral process and are revisited throughout the life of the case. To accommodate these connections, CWCMPs are contacting schools to discuss potential NRKIN option for child(ren). Teachers, principals, counselors and coaches, have all stepped forward to be placement options/connections for children coming into care. If there is not an identified option within the school, many times schools are able to provide the names of friends or others who are close to the child and/or family, allowing the child to remain in the same school district.

If the child is of 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, the Indian Child Welfare Act (ICWA) placement guidelines are followed. If the tribe identified elects not to intervene in the Child in Need of Care (CINC) case, the agency is responsible to follow the placement preference as articulated in the ICWA. The case management staff shall provide documentation of their efforts to adhere to the placement preference.

To meet children’s educational needs, CWCMPs have Education Coordinators. These staff members are designated to assist with ensuring children’s educational needs are met while in care. The staff help with gathering and transferring records to the various schools, ensuring children are receiving educational services to meet their needs, completing educational credit checks for older youth and serving as a consultant for the case management teams when questions arise.

The CWCMPs work collaboratively with fathers to ensure children’s needs are met. In December 2016, the Wyandotte KVC office celebrated with three fathers and their families the successful completion of the Championship Fathering course. Not only did these fathers fulfill their commitment to the 12-week course, they spoke to the group about what the course meant to them and announced the commitment they were making to their families moving forward. It is hoped the influence this group had on these fathers trickles down to their children and impacts
them for years to come. KVC is planning another Championship Fatherhood group summer 2017 that will likely occur in Topeka.

The “24/7 Dad” fatherhood course in Salina was held by SFCS. The program is provided through the National Fatherhood Initiative and is a nationally recognized program designed for any dad who wants to improve his knowledge and skills to help him raise healthy children. Participating fathers are referred by community partners or SFCS staff. Classes focus on the characteristics men need to be good fathers, including:

- Increase pro-fathering knowledge, skills and attitudes
- Increase fathers’ frequency of and healthy interaction with children
- Increase in healthy interaction with the mother of the children
- Decrease in habits of poor fathering/father absence
- Decrease in anti-fathering knowledge, skills and attitudes
- Decrease in the social, emotional and physical ills of children

The 24/7 Dad course contains 12 class sessions, each of which are an hour and a half long. The topics include:

- Family History – What it Means to be a Man, My role & Roles of Dad and Mom
- What It Means to Be a Man – Today’s Man, Body Image
- Showing and Handling Feelings – Holding Feelings Inside, Grief and Loss
- Men’s Health – Stress and Anger, Physical Health
- Communication – Ways to Communicate, Talking with Children
- The Father’s Role – The Ideal Father, What Kind of Father and Partner Am I?
- Discipline – Morals and Values, Rewards and Punishment

Participating fathers were provided a meal and incentives for each class. All the fathers gained a great deal of knowledge and skills to utilize in building and maintaining relationships with their children and families. In the third Quarter of SFY 2017, SFCS held three classes in various locations, and nine fathers completed the program.

In SFY 2017, SFCS in collaboration with Kansas WorkforceONE (KF-WF1), developed the SFCS Fatherhood Program in the West region. This innovative project utilizes the National Fatherhood Initiative (NFI) evidence-based programs and serves families in the SFCS Family Preservation Program, Re/FC/Ad as well as families referred through the SFCS community partners or self-referred. The six program components of the SFCS Fatherhood Program include: 1.) 24/7 Dad A.M. Program and supplementary NFI course; 2.) Case Management; 3.) Employment and Economic Stability through Kansas WorkforceOne; 4.) Domestic Violence services through DV/SA shelters; 5.) Family Therapy; and 6.) Alcohol and Drug Outpatient Treatment, provided by SFCS and community partners. The SFCS Fatherhood program will serve clients in the counties of Saline, Reno, Barton, Riley, Ellis, Finney, Ford and Seward.

During the third Quarter of SFY 2017 the SFCS Fatherhood Program is expanded across the region. Program staff continue to meet with community partners in each of the counties. This includes attorneys, community corrections and mental health providers. As a result, the referrals have increased in Liberal, Garden City and Dodge City. This quarter 3 classes ended in Salina,
Garden City and Liberal. The Salina class had seven individuals who completed the program, and Garden City and Liberal each had one individual. There is a class currently being offered in Junction City, and classes are set to begin in Liberal and Dodge City in April and May 2017. For this quarter, there were 40 fathers referred to the program and 11 that participated in the classes. During this quarter, the Fatherhood Program began offering a different version of the 24/7 Dad. This version is more intense and works with fathers on anger management, family ties, power and control, stress, and improving communication skills while being involved in their child’s life.

Kansas WorkforceONE continues to work with fathers on improving their job status and improving their work ethic through the different services they provide. WorkforceONE now has a Fatherhood Coach who attends a couple of classes during each session. The coach informs the participants of the services available through WorkforceONE and teaches a class on financial literacy called the “Money Start Program”.

In the Wichita region, SFCS partners with and makes referrals to a community organization called Dad’s Care 2. The goal of this organization is to empower fathers to play a positive role in their children’s lives. Referrals to this community partner are not tracked.

When a child(ren) is removed from a one parent household, it becomes the responsibility of the CWCMP staff to identify, locate, contact, engage and assess the non-custodial parent. In the majority of these cases, it is the father who is not in the home or not identified. Establishing paternity is an important aspect of reintegration work with children. CWCMP staff must show reasonable efforts to engage both mothers and fathers in all aspects of case planning, services and visits. Engagement is the key to all successful communication and assessment with children, parents and others involved in a case. Open communication with the removal/custodial parent about this process will be essential to ongoing case planning and successful reintegration. The goal of involving non-custodial parents is to maintain, reestablish or create healthy relationships between parents and their children. Staff assess the non-custodial parent’s potential to support or provide appropriate care and/or be a permanency option for the child(ren). If the non-custodial parent is incarcerated, worker contact and involvement in case planning is still expected unless it is determined to be contrary to the best interest of the child(ren).

Kansas is actively engaging with community based organizations that represent birth and foster families. Through increased engagement with contractors, including the Kansas Family Advisory Network (KFAN) and the Kansas Foster and Adoptive Parent Association (KFAPA), the likelihood of reunification is enhanced. These activities meet approved PIP Key Activity 2.4.2, engage contractors, KFAPA, KFAN, Kansas Youth Advisory Council, Children’s Alliance and other community partners.

The CWCMPs are involved in the Permanency Advisory Committee (PAC), this committee meets quarterly to addresses systemic issues and needed policy changes. Other representatives include staff from the regional DCF offices, including administrators, supervisors and line staff, the Kansas Foster and Adoptive Parent Association (KFAPA) and the Kansas Family Advisory Network (KFAN). The members of the PAC are charged with disseminating information throughout their agencies. The PAC is an important part of the policy writing process, as it includes the voice of external stakeholders and resource/birth families.
The PAC will review the approved IV-B State Plan for dissemination throughout the state. In SFY 2016 input received focused on CFSR results and Legislative Post Audit findings. In SFY 2017, the PAC was updated on the status of the PIP and provided input about policies put into place on January 1. The January policy revision cycle included updates to adoption practice, new requirements for relative fingerprinting and background checks, a new case plan form and process, and provisions of the Every Student Succeeds Act (ESSA).

The Kansas Family Advisory Network (KFAN) is a “FAN” of families. Its goal is to provide and/or direct families to the tools they feel they need to develop a strong family unit. The mission of KFAN is to offer support, education, advocacy and training opportunities to at risk families interacting within the child welfare system. The goal of KFAN is to assist parents in rebuilding, restoring and/or reintegrating children into the home.

Kansas utilizes KFAN to provide resources for families whose children are currently in the parental home and in DCF custody but may need support, training or education. The resources provided by KFAN include: child welfare family summits, county family network meetings, Birth Family Navigation Support meeting, Parent-to-parent Mentoring program, and the Family Connection Program that connect families with community resources, family first parent group, a parent handbook and family guide notebooks. Agency staff may also utilize KFAN as a resource and support in working with families involved in the child welfare system.

The Foster Parent Advisory Council was developed by KFAN to assist KFAN in recruiting more families to participate in the Parent-to-Parent Mentoring program. The mentoring program is designed to help birth parents have “shared parenting” with foster parents or community parents.

The Kansas Judicial Center Parent Ally program is supported by KFAN. This has allowed KFAN to provide support for birth families during court hearings and proceedings around the state. Many families have requested this service from KFAN.

KFAN was a presenter at the 2016 Governor’s Conference in Wichita. The panel included birth parents with both past and present experience with the Kansas child welfare system.

KFAN is a member of the Citizen Review Panel, and the Executive Director was one of two Kansas representatives who went to the national conference in Anchorage, Alaska in August 2016.

At the request of PPS, KFAN developed a strategic plan that was reviewed and approved by the KFAN board, Attachment 21 Kansas Family Advisory Network Strategic Plan for 2017-2019.

The Kansas Foster and Adoptive Parent Association (KFAPA) supports families on an individual level and advocates at the state and national level for foster/adoptive and relative/kinship parents of Kansas. A key role of KFAPA is to provide support to foster parents who are needing information regarding foster care and/or adoption, but also to provide support in times of an investigation. Because KFAPA has “been there,” understands, and most importantly, can speak with the families, it is able to provide that support daily to foster/adoptive/relative/kinship
families. KFAPA also provides information to families out of state who have family placed in the Kansas foster care system.

KFAPA provides opportunities for parents to voice their concerns and solutions in a neutral environment through Family Welfare summits, held jointly with KFAN.

KFAPA has recently partnered with KVC Kansas (KVC) to give additional opportunities to parents and workers to gather information regarding issues they are dealing with and solutions they feel will be beneficial to all those involved in child welfare. KFAPA has a dedicated group of parents who have been involved in child welfare and want to make decisions that positively influence the people who care for children in the custody of the Secretary in need of care and those adopted from foster care.

KFAPA began preparing a curriculum that involves training of workers and parents together, as that is one of the issues plaguing child welfare. KFAPA’s goal is to implement that training in the fall 2017.

In June 2017, KFAPA will hold an educational conference in Topeka to allow parents and workers to attend joint training, to address the concern that everyone is not getting the same training.

KFAPA wants to provide foster/adoptive and kinship parents an opportunity to network with other parents involved in child welfare, educational opportunities and knowledge about various supports in child welfare.

KFAPA continues to work closely with Children’s Alliance to be a part of its quarterly training committee meetings.

KFAPA has begun working with Kansas Post Adoption Resource Center (K-PARC) to provide more supports to the parents who have adopted through foster care. We plan to partner with them to provide Trust Based Relational Intervention (TBRI) training to parents through the Kansas City region support group beginning in summer 2017.

KFAPA, along with KFAN, helps facilitate a Caring for Our Own support group that offers support and education for those providing relative/kinship and NRKin care.

KFAPA has been privileged to be a member of the Citizen Review Panel on the Custody to Transition and a guest on the Intake to Petition Panel since July 2015.

KFAPA became involved with Kansas African-American Foster Care and Adoption Coalition in spring 2016, and attends a monthly meeting. KFAPA saw a need that foster/adoptive and relative/kinship parents needed more education on the cultural and ethnic needs for children of color. During the monthly meetings and the conference held in October 2016, KFAPA become more acutely aware of the history and needs of this population.
KFAPA has been privileged to be a part of KVC’s Foster Parent Advisory Board meetings. Although this is for KVC foster parents only, they have allowed KFAPA entrance to their meetings to improve services and supports to foster/adoptive and relative/kinship parents sponsored by their agency in order to be able to bring those concerns to the other child welfare stakeholders.

KFAPA is again teaming with KVC and the Kansas school districts, to make sure that children who do not have a permanent placement can still be attending school until they have a long-term placement.

KFAPA’s plans for 2017-2018 include, but are not limited to:

- Continue to offer support, education and empowerment to Kansas foster/adoptive and kinship parents at all levels;
- Continue to be involved in the current partnerships;
- Hold a new conference in June 2017;
- Provide substantially more information from the entire state of Kansas through social media and website enhancements, as a more thorough resource for those involved in child welfare; and
- Add members to the existing board, to better represent all Kansas foster/adoptive and kinship parents.

At the request of PPS, KFAPA developed a strategic plan that was reviewed and approved by their board, Attachment 21, Kansas Family Advisory Network Strategic Plan for 2017-2019.

The Kansas Department for Children and Families (DCF), at the request of the Secretary, convened a large workgroup in 2016 to address the efficient forwarding of school records per the Every Student Succeeds Act (ESSA), which went into law on December 10, 2016.

A smaller Implementation Workgroup was convened in March 2017 to address the provisions of ESSA, including; conducting a Best Interest Determination (BID) staffing, enrolling a student in foster care in school immediately and without delay, identifying Points of Contact (POCs) for the 286 school district Local Education Authoritics (LEAs) and addressing transportation needs specific to the child to include a Dispute Resolution process. Both workgroups are comprised of members from PPS Administration and regions, PPS Assessment and Prevention, CWCMPs, the Kansas Department of Education (KSDE), and the Kansas School Board Association. Both KSDE and PPS are drafting policies to assist with the implementation of ESSA. Policy was implemented by PPS in January 2017, which addressed certain provisions of ESSA. Implementation of ESSA started in SFY 2017. When a child in foster care must be moved causing potential change in school, an email notification is sent to the School of Origin that a child in foster care may be moving. Implementation of additional components of ESSA will begin at the start of the 2017/2018 school year. The Office of Judicial Administration (OJA) presented on ESSA at the Spring 2017 Best Practice trainings. As part of this training, PPS presented the Kansas ESSA implementation plan.
Implementation of ESSA will be a workshop at the Governor’s Conference for the Prevention of Child Abuse and Neglect presented by PPS, in November 2017, to increase awareness and educate child welfare workers.

National Fatherhood Initiative

Active participation and inclusion of fathers is paramount to strong and healthy families. In SFY 2017, the Department for Children and Families (DCF) contracted with the National Fatherhood Initiative (Fatherhood.org). The aim of the contract is to create an environment to support healthy fatherhood involvement and promote the emotional well-being of children and families across all DCF programs.

Charter Membership for the Fatherhood Initiative Group (FIG) was established and includes representation from each program division of DCF (Prevention and Protection Services (PPS), Child Support Services (CSS), Economic and Employment Services (EES), and Rehabilitation Services). The FIG met initially in April 2017, and developed the Fatherhood Initiative Group Action Plan, Attachment 22 and mission statement: The Kansas DCF Fatherhood Initiative seeks to more intentionally engage fathers in programs and services. The FIG will continue to meet quarterly throughout the year, to follow up on the action plan in an effort to meet the SFY 2018 objectives and goals, which are to:

- Develop a resource guide useful for all staff and clients;
- Develop and implement agency-wide cross training for DCF program staff on the value of fatherhood and how to use the resource guide; and,
- Identify natural overlap between DCF programs in regards to fatherhood initiatives.

As part of DCF's plan to strengthen fatherhood involvement, a Fatherhood Friendly Check-Up Assessment will be conducted across the agency, Attachment 23. Staff from each program, including Child Welfare Case Management Provider (CWCMP) staff, have been selected to participate in the Fatherhood Friendly Check-Up Assessment. Participants will be invited to a webinar that will include an introduction by the Secretary of DCF to support this cross-departmental initiative. This assessment will give DCF a baseline of where the agency, overall, is excelling in fatherhood engagement, and where the agency needs to improve fatherhood engagement. After the assessment is completed, it is anticipated that DCF and CWCMP staff will have a positive perception of the value of fathers and enhanced strategies to engage fathers in all DCF services.

Prior to the establishment of the FIG, PPS collaborated with CSS and EES fatherhood programs in an effort to increase the engagement of fathers in services. This collaboration will address Performance Improvement Plan (PIP) Key Activities 2.3.1 through 2.3.5.

The FIG group activities will meet Key Activity 2.3.1 and 2.3.2, which are to collaborate with DCF Child Support Services to identify partnership opportunities with their Fatherhood Initiative. This activity also requires DCF to utilize and individualize the available services, which include: assistance navigating systems to fulfill financial and parenting needs of children, provide career assessment tools and career counseling services, offer mentoring programs and
support meetings to improve the communication between fathers and children, and incentivize participation through child support arrear write offs, as well as starting 529s for children.

DCF staff member and nationally recognized fathering expert, George Williams, PhD, created the Why Bring Dad’s Into the Picture? continuing education course for DCF and CWCMP program staff that launched at the May 2017 quarterly supervisor meeting, see Attachment 20. After the May 24, 2017 launch, the three-hour course was held in each region across the state during the month of June. Kansas CFSR Case review results from 2015 for Item 13, child and family involvement in case planning was an area needing improvement. Case read results indicated that while some children and parents—more often fathers—were not engaged or involved in case planning. As a program priority, PPS strives to engage all parents in case planning. The most recent actions by PPS are PIP Key Activity 2.3.3 and 2.3.4 utilize a nationally-recognized fathering expert to develop a continuing education course for staff and launch this course at quarterly supervisor meeting which occurred May 24, 2017. Additionally, at this supervisors meeting break-out sessions was included to work on identifying barriers and strategic plans to including fathers in child welfare cases. The work accomplished during these breakout sessions meets approved Key Activity 2.3.5, develop best practice guidelines for locating, engaging, and empowering fathers. Information from the Family Preservation Services (FPS) Advisory Workgroup, scheduled for July 18, 2017, will also meet this PIP Key Activity. The information will also be shared and discussed at the next Assessment and Prevention Workgroup meeting, and Permanency Advisory Committee meeting. PPS will utilize the information obtained from breakout sessions and the three advisory workgroup meetings to document improvement efforts on this PIP item.

G. Time-limited Family Reunification

A family-centered approach that respects families, recognizes their strengths and involves natural and community support systems, continues to be utilized in the provision of reunification services. Families continue to drive the case planning process and play an active role in development and evaluation of the service delivery system.

Family-Centered Practices include:

● Engaging families in service design
● Treating families with respect
● Respecting families’ privacy
● Involving immediate, extended and kin family members as active partners in case planning
● Providing services in the most family-like setting possible
● Linking families to community-based, diverse and comprehensive supports and services
● Strengthening the capacity of families to function independently.

Family-Centered Practice is an overall philosophical approach to serving families, not a specific service. As such, it is not measured.
In SFY 2017, the Kansas Department for Children and Families (DCF) implemented the Child Welfare Practice Model, which embraces child welfare values with statements. The implementation and communication of the Child Welfare Practice Model meets approved Performance Improvement Plan (PIP) Key Activity 2.1.1 through 2.1.3. The practice model includes the following statements:

1. All children deserve to be protected and free from abuse and neglect.
2. Children should be maintained with their family whenever possible.
3. Families are important to the health and wholeness of children.
4. Children need consistent nurturing in a healthy, environment to realize their full potential.
5. Children and families are to be understood within the context of their own family history and culture.
6. All children need and deserve healthy, enduring relationships that provide stability and belonging.
7. Foster care is a temporary intervention, with the primary goal of reintegration and, if reintegration is not possible, a secondary goal is to attain another form of permanency, such as adoption.
8. Kansas child welfare staff should demonstrate integrity, understanding and compassion when addressing and overcoming difficult issues with children and families.
9. Kansas child welfare staff should be committed, qualified, trained and skilled, and supported by an effectively-structured organization.
10. Parents have the primary responsibility for a child’s safety and wellbeing. However, the entire community can contribute to helping families so children reach their fullest potential.

All DCF staff members were trained on the Practice Model in SFY 2017. In addition, the model was presented at a Quarterly Child Welfare Supervisors meeting to introduce it to other child welfare stakeholders satisfying PIP Key Activity 2.1.3.

Kansas promotes healthy families and ensures safety, permanency and well-being of children. In the event, PPS determines a child(ren) is no longer safe in his/her parental home, DCF requests the local county/district attorney to file a petition to place the affected child(ren) into the custody of the Secretary of DCF. When this is necessary, the first goal is to reunify the family as quickly as possible, when safe to do so.

The Reintegration/Foster Care/Adoption (RE/FC/AD) Contractor is synonymous with the Child Welfare Case Management Provider (CWCMP) and they work with families with children placed in the custody of the Secretary of DCF. The CWCMP assists the family with reintegrating the child into their home and in order to maintain the child in the parental home, the CWCMP provide aftercare services for 12 months.

If the child remains in DCF custody, the CWCMP is responsible for completing case plans and monthly in person visits. Kansas was rated as a strength for well-being outcome 1, needs and services of the child, parents and foster parents in 63 percent of the 40 applicable foster care
cases. As a result of Kansas involvement with the KAPP grant the case planning team will be better equipped to develop case plans that identify unique needs and service needs for each child and family. This will lead to improved quality of case planning and ultimately reduced time to permanence for each child. Approved PIP Key Activity 2.2.1 is related to improving the case planning process for children.

Within two business days of a child entering out-of-home placement, an initial team meeting is held. The initial team meeting is attended by birth parents, the child, a PPS representative, CWCMP staff, support persons selected by the birth family and the foster family. This meeting provides an opportunity for the team to clarify each person’s role to facilitate timely permanence. Both birth parents, if available, are asked to identify any available family supports and services. A possible relative or other kin placement is pursued if the child was not originally placed with a relative or other kin. Emphasis is placed on working with both the custodial and the non-custodial parent. Kansas is implementing Icebreaker practice to provide continuity of relationships to help meet the child’s needs and to improve likelihood of reunification in accordance with approved PIP Key Activity 2.4.4.

In order to enhance permanency efficiency and effectiveness with children in out-of-home care, PPS is revitalizing Permanency Round Tables (Roundtables). In September 2016, in collaboration with Casey Family Programs, several staff went to Colorado and met with their Department of Human Services to learn from and experience their use of Roundtables. Kansas received training and utilized Roundtables five years ago, and later incorporated their use into the current CWCMP contracts. As a result, Kansas began a pilot of the Case Family Programs Permanency Roundtable model led by the Kansas City region with KVC Kansas (KVC).

Under the current CWCMP contract, Roundtables continue to be held quarterly and rotate between the two KVC regions. Saint Francis Community Services (SFCS) focus remains on youth who have re-entered foster care during the aftercare period. Staff involved in the Roundtables receive the Achieving Permanency through Roundtables training prior to participating in the Roundtables. The Regional Directors for each case team are acting as the ongoing Support Coaches to follow up on completion of tasks and assist in any way needed to ensure that the items assigned to others outside the teams are completed. The last Roundtables for SFCS were held in Salina on November 13, 2016. Three Roundtables were conducted involving four children. Altogether, SFCS has conducted Roundtables for 26 children, including two sibling sets of four. Of the 26 children, six obtained permanency, all through reunification; 18 have made significant progress toward permanency; and one youth transferred to KDOC-JS.

In SFY 2018, PPS and SFCS will enhance utilization of Roundtables, in preparation of implementation of approved PIP strategy 3.2, Enhance permanency efficiency and effectiveness with children in out-of-home care, and Key Activity 3.2.1, Kansas will strengthen Permanency Roundtables. Cases will be identified for the Roundtables in SFY 2018 by PPS and SFCS.

In SFY 2017, DCF contracted with the CWCMFs for the Kansas Parent Management Training Oregon Model (K-PMTO), an evidence-based intervention with family preservation and foster care, to promote reunification and/or placement stability. In SFY 2018, the intervention will be implemented with identified families who meet specified criteria in order to achieve more timely
permanency. This will meet Kansas approved PIP Key Activities 3.3.1, Transition governing authority for Kansas PMTO to DCF and Key Activity 3.3.2, Identify population to serve based on need, program infrastructure, funding and sustainability factors. Please see Attachment 49, K-PMTO Scope of Work for specific information about the K-PMTO criteria.

In January 2017, a new PPS3051 Permanency Plan form (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was implemented. The Kansas Assessment Permanency Project (KAPP) appointed a case plan steering committee to revise and implement case planning documents to better include the KAPP standardized needs assessment results into the case plan. The goal is to increase family participation and quality of the case planning process with specific tasks associated with removal reasons in order to improve timely permanency outcomes. In SFY 2017 through March, the average length of stay for a child in foster care was 10 months. In SFY 2018, the case planning workgroup will be reconvened to evaluate if modifications to the process are needed, and to make necessary modifications. These activities will meet approved PIP Key Activity 2.2.7, reconvene case planning workgroup after case plan forms and assessments are implemented statewide to evaluate if modifications to the process are needed, and make modifications as necessary.

When children are not able to return home, they may have an identified family, such as the foster family or relative or kin who is willing to become their legal family, either through adoption or permanent custodianship. In these instances, the CWCM works with the child and family to achieve permanency and provide pre-placement, post-placement and aftercare services. Over the past two years, 97 percent of adoptions finalized were by the previous caregiver (relative or foster parent). When parental rights are terminated (PRT) or relinquished and the child’s case plan goal is adoption, the Child Welfare Case Management Provider (CWCM) prepares the child and prospective adoptive family for adoption, and provides needed services to assist the child in achieving permanency through adoption. The CWCM is responsible for a full range of adoption services for adoptive families from the time of recruitment/identification to completion of aftercare, 12 months after the adoption is finalized. The CWCM 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, counseling to address concerns, etc. Services provided to families after the adoption is finalized depend on the child and family needs. In SFY 2018, a resource guide will be developed to explain the difference between adoption and permanent custodianship.

Aftercare services may be provided by the same case manager who worked with the family while the child was in out of home care, or the case may reassigned to an aftercare unit within the agency. In January 2017, PPS strengthened aftercare policy by separating aftercare services for children who are reintegrated from aftercare services for children who are adopted or achieve permanency through permanent custodianship. Once custody is released, a PPS 3070 Aftercare Contact Agreement (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) shall be developed with the family to outline the services and supports needed to maintain the placement and meet the needs of the child. The CWCM shall be actively engaged to meet with the child and family in person, in the home on a monthly basis, as outlined in the aftercare plan. For adoption cases, the agreement is signed at the meeting to complete the Adoption Placement Agreement (APA). If there are questions or concerns about the aftercare plan, the CWCM shall confer with PPS to
resolve them prior to APA. Aftercare reports are required for 12 months following finalization of adoption, and if services or out-of-home placement is required during the life of the contract, the CWCMP is responsible.

H. Adoption Promotion and Support

Over the past two years, 97 percent of adoptions finalized were by the previous caregiver (relative or foster parent). 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, 12 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, counseling to address concerns, etc. 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 2016. Of the 9,531 finalized adoptions, only 6.8 percent (n=648) have dissolved. Of those families with a re-entry, the majority (74.7 percent) occurred two years or more after the finalized adoption. The average age of an adopted child is seven.

When a child in foster care with a case plan goal of adoption and PRT does not have an identified resource, they are referred to the Kansas adoption exchange, Adopt Kansas Kids (AKK) for targeted recruitment services. County/District Attorneys are responsible for filing petitions to terminate parental rights. The CWCMP completes an Individualized Recruitment Plan (IRP) (Appendix 5N is an example of an IRP), and if the child is in agreement, 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, rather than finding a child for a specific family. The Adoption Exchange Contractor also partners with AdoptUSKids to place children on the National Adoption Exchange when appropriate. The PPS 5310 Adoption Exchange Information Form, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), is filled out by the CWCMP, and sent to the Kansas adoption exchange. The adoption exchange in Kansas is located at www.adoptkskids.org.

At the end of April 30, 2017, there were 433 total active children listed on the Adopt Kansas Kids (AKK) website. This number had remained fairly constant over the last five years but is starting to show a steady, gradual increase. The average age of the child listed on AKK is 12 years. The racial demographics for the children are 112 African American (26 percent); 11 American Indian/Alaskan Native (2 percent); 24 Bi-racial (AA/Caucasian) (5 percent); 252
Caucasian (58 percent); 33 Hispanic (8 percent); and 1 Other. The number of Kansas children currently on the AdoptUSKids Exchange is 101.

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. All new foster families and adoption resources must complete a TIPS-MAPP training course. The Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting course is designed to ensure individuals and families make an informed decision about becoming a foster home.

Children’s Alliance of Kansas (CAK) has been working on updating several MAPP curricula. One that will be available in the late spring or early summer is the Fostering or Adopting the Child Who has Experienced Sexual Abuse (CSA). There is a workgroup of national experts who have been involved in this update for more than a year. The SFY 2017 Recruitment Plan for KVC Kansas (KVC) includes having one TIPS-MAPP or three Deciding Together (DT) classes beginning each month per Community Resource Specialist. There are predetermined TIPS-MAPP schedules for the entire year of 2017. The SFY 2017 Recruitment Plan for Saint Francis Community Services (SFCS) includes developing an annual TIPS-MAPP schedule that offers on-going trainings for families throughout the service area. There are 47 CPAs in the state, but only 25 of them license foster homes. The rest of the CPAs are private agencies that provide non-foster care adoption services. All the CPAs that license foster homes work with children with various disabilities and needs. There is one CPA who is of tribal affiliation. Targeted recruitment is necessary for children where there are no matches found on the adoption exchange.

Specialized adoption services are offered by KVC throughout the majority of Kansas. Adoption Specialists are assigned to children who are legally free for adoption. The Adoption Specialist works through the adoption process with the child. Often the child has an identified adoptive resource and efforts begin to finalize this adoption if the team decides this resource remains in the best interest of the child. If the child does not have an identified adoptive resource, the Adoption Specialist works with the Adoptive Resource Coordinator to actively recruit for the child through the use of AdoptKSKids, social media and within faith-based communities. Assessment and preparation of both the child and adoptive resource is important to KVC. Work is being done by KVC to strengthen the adoption program to ensure more successful adoptions and fewer future disruptions.

When adoption becomes the case plan goal and there is no identified adoptive resource, SFCS requires the case manager to do a comprehensive file review to revisit relative options. This is also required if a child disrupts from an adoptive placement. SFCS is implementing a version of Extreme Recruitment differently in the West and Wichita regions. In the West Region, one staff has been hired to focus on finding connections for older youth and youth who have re-entered foster care from either being reintegrated or adopted. In Wichita, the Extreme Recruiter has been in place longer and is being used on cases at the time of referral. The Wichita Extreme Recruiter attends Initial Team Meetings and makes initial calls to relatives to screen for potential placement. There has been an increase in relative placements in Wichita, so it is anticipated there will be more adoption cases with identified relative resources. A process of staffing cases internally for children who could potentially have a case plan goal of adoption has been
developed by SFCS. They discuss potential identified resources, and if there are none, refer the children to the Extreme Recruiter.

Adoption Specialists with SFCS will work with families on helping them understand the strengths and needs of children in foster care who are available for adoption, and assist the families in exploring their ability and desire to adopt children who have these characteristics and needs. If a family meets the established criteria, SFCS will assist them in enrolling in TIPS-MAPP classes and be assessed as an Adopt Only Home. Support is provided by SFCS to the family in helping them continue to grow and learn more about adoption through foster care. SFCS will work to identify children for whom the families may be a good match. SFCS Recruiters will support the Adopt Only Homes through the adoption process. The Adoption Specialists ensure referrals to Adopt Kansas Kids is done timely as well as refers families to Adopt Kansas Kids as required.

Adoptions from foster care in Kansas from SFY 2012 – SFY 2017

<table>
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<th>Finalized Adoptions</th>
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The Department for Children and Families (DCF) and its community and contracted partners have worked together, in collaboration with the National Resource Center for Diligent Recruitment (NRCDR), to develop a cohesive Diligent Recruitment Plan. The first publication of the plan occurred in 2016. Through the first year of implementation of the diligent recruitment plan and program, DCF has served as the child welfare system leader, guiding the development of a systematic and integrated approach to all recruitment and support strategies and messaging across the state.

DCF, alongside its partners, has developed an “adopt-only” track for families interested in adoption from foster care. DCF is committed to developing a strong adoption program for children and families that includes preparation, assessment and support. The newly-formed Kansas Adoption Network will help bring adoption expertise to Kansas to help improve adoption from foster care best practice. In addition, the Kansas Child Welfare Professional Training Program (KCWPTP) has established specialized adoption training for all staff involved with the assessment and preparation of children and families for adoption from foster care. The CWCMP and CPAs provide recruitment, placement and support services of foster and adoptive families for children in foster care. To ensure that all prospective adoptive parents have access to the home study process, two years ago, DCF expanded the adoption exchange contract to include the recruitment, preparation and assessment of adopt-only families.

One of the targeted needs of the SFY 2017 and 2018 Diligent Recruitment Plan includes recruiting adoptive families for the children/youth registered on the adoption exchange. This is in compliance with approved Program Improvement Plan (PIP) Key Activity 3.1.3, which states
implement identified strategies to recruit, develop, support and retain families that can best meet the needs of the children in foster care.

The SFCS Recruitment Plan for SFY 2017 focuses on the recruitment of families to foster and to adopt, with targeted efforts for children/youth in sibling groups, with culture and ethnic connections, or who have special developmental, behavioral or medical needs. The primary objective of the plan is to position SFCS with a recruitment marketing focus that builds awareness about the critical need of foster and adoptive parents while presenting a positive image of child welfare and the children in need of care.

The KVC SFY 2017 Recruitment Plan focuses on the recruitment of foster families with targeted efforts for families interested in teens. Churches, schools and other community organizations are targeted by KVC to increase awareness of the need for families. While working together, the Community Resource Specialist team is committed to finding the best homes and resources for the children KVC serves. Foster parents make the best recruiters and will be utilized to reach the goals that are outlined.

The KCWPTP has established specialized, competency-based, adoption training for all staff involved with the assessment and preparation of children and families for adoption from foster care. The Adoption Assessor training is 72 hours of specialized training for CWMP and Adoption Consortium staff who assess and prepare children and families for adoption. The training was adapted from the Ohio Child Welfare Training Program’s curriculum and was piloted in Kansas during the fourth quarter of SFY 2016 through first quarter of SFY 2017. Three rounds of the training will be provided during calendar year 2017, and will continue in future years under KCWPTP.

As a result of the Adoption Assessor pilot training, an Adoption Policy workgroup was formed in SFY 2017, to review all adoption policy over the next two years. Members include: Prevention and Protection Services (PPS) Administration and regional staff. Some of the changes made for the January 2017 PPS Policy and Procedure Manual include: a new standardized PPS 5318 Family Assessment and Preparation Study, PPS 5318A Adoptive Family Budget, and PPS 5319 Large Family Assessment, a new DCF Administrative Review process for Best Interest Staffing (BIS) decisions, PPM 5341 Approval of BIS Recommendation, utilization of the PPS 5330 Prediction Path Packet, tool assists with predicting behavior associated with certain triggers; an updated PPS 6130, Adoption Placement Agreement (APA), new Adoption from Foster Care and Best Interest Staffing information brochures, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/). The Adoption Policy Workgroup will continue to meet in SFY 2018.

DCF expanded the Adopt Kansas Kids (AKK) contract to form the Kansas Post Adoption Resource Center (K-PARC). Collaboration occurred between PPS and K-PARC to develop and identify the services and supports that address the unique needs of families who have adopted children from foster care, or who are providing permanent care as a result of a relative/kinship placement. Adoptive and relative/kinship families often find the need for support grows in the years after their adoption or placement is finalized. K-PARC services include:
• Adoptive Parent Retreats: In each region, K-PARC provides two-day relationship and parent education programs. In FY 2017, 256 parents have been served to date.

• Parents Circle: Parents attend two-hour classes once a week for 10 weeks, to learn the skills of Trust-Based Parenting (e.g. TBRI - Trust-Based Relational Intervention). The pilot class served 11 adults, representing six families. Of these families, three had children returning from a Psychiatric Treatment Facility. Client outcome data is being collected to identify treatment impact for parents. A total of 218 training hours were delivered (participant attendance x class hours) only one session was missed by one family.

• Kids Club: Children learn the skills of healthy attachment in Kid’s Club, while their parents attend the Parents Circle. Seven children attended Kids Club. Anecdotal evidence indicates positive behavior changes resulted from child and youth participation in Kids Club.

• Workshops: 42 hours of training has been provided across the state for adoptive/kinship families, with an additional 18 hours scheduled in May and June 2017. Workshop topics include TBRI, Children from Hard Places and the Brain, and Strategies for Tough Behaviors.

• Peer Support: Training is provided to experienced adoptive parents, and new or struggling adoptive parents are matched with trained peers who can offer on-going support. To date, 16 peer support matches have been made in SFY 2017.

• Referrals and Information Services: K-PARC assists families seeking therapy, services, educational advocacy, or just an answer to a question they are struggling to figure out. Data collection for this outcome started December 2016. To date, referrals or information services have been provided to at least 81 families.

• The Kansas Adoption Advisory Council: The council was created by parents to provide leadership for K-PARC, volunteer for adoption events, and help staffing of retreats. K-PARC provides support for adoption professionals by identifying resources and training opportunities. The council has met each month, except for March. Council members have organized workshops, passed out congratulations packets, staffed retreats, met with families in crisis and mentored adoptive youth in families who were struggling.

Three staff from Kansas Children’s Service League (KCSL) attended the 2016 Trust Based Relational Intervention (TBRI) training offered by Texas Christian University (TCU) in August-October 2016. All three staff members are now certified as TBRI practitioners. TBRI is an attachment-based, evidence-based, and trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. TBRI is based on the work of the late Dr. Karyn Purvis and Dr. David Cross, both of TCU. KCSL recently purchased copy-righted materials that utilize TBRI in care-giver training. KCSL anticipates utilizing this material to train foster parents, adoptive parents, kinship families, as well as child-welfare staff and professionals.

Specific materials related to TBRI have been “infused” into the K-PARC post adoptive support retreats and personal sessions. K-PARC is also piloting a 10 week “Intensive” that includes Parent Circle and Kids club to teach these Empowering Principles and TBRI techniques. KCSL has held several lunch and learns with child welfare professionals who wanted to learn more
about TBRI. Plans to continue these in the future. KCSL recently met to discuss other ways to get this information dispersed in the child welfare arena.

K-PARC and DCF plan to expand services for families and professionals as resources become available.

I. Permanent Custodianship

In 1999, the Kansas Legislature established State funding for a permanent custodianship subsidy (PCS) to assist families willing to assume responsibility for providing care for a youth to adulthood. Additional funding has been designated for those custodianships established pursuant to K.S.A. Chapter 38, Article 22. 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 Child in Need of Care (CINC) case remains in the same court.

Funding for the PCS program must be available; it is not an entitlement program. The child must meet all of the following criteria:

- Be in the custody of the Secretary of the Kansas Department for Children and Families (DCF), with or without parental rights terminated, at the time permanent custodianship is established;
- Be age 14 or older, part of a sibling group that has one child age 14 or older, have an order of custodianship (Journal Entry or Letter of Custodianship from the court); and
- Not be receiving Social Security Income (SSI).

As of the end of March 2017, 209 children had a permanent custodianship subsidy case open. Many children may be released from custody into a permanent custodian situation without receiving the subsidy. This may be for a number of reasons: the child may have other income, such as social security, SSI, the child may not meet the age requirement, etc. Additionally, some children may only receive the subsidy for a short period of time. For example, the permanent custodianship was established when the child was near 18 years of age, therefore the child only received the subsidy for very few months. In SFY 2015, 214 children exited the States custody with a permanency reason of custodianship, and in SFY 2016, that number was 244.

The Child Welfare Case Management Provider (CWCMP) is responsible to assess whether a permanent custodianship best meets the child’s needs and to prepare the family for the responsibilities associated with custodianship, including an assessment of the family’s capabilities of parenting a specific 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 of DCF, factors considered in the case planning conference are similar to adoption.

Permanent custodianship subsidy ends when a child is 18 (unless still in high school), the child becomes emancipated, dies or otherwise ceases to need support; the child no longer resides with the permanent custodian, or the permanent custodian fails to complete and return the annual review.
Clarification of Permanent Custodianship Subsidy verses Adoption Subsidy is being done with the regions and CWCMP to help determine when Permanent Custodianship is a more appropriate goal than Adoption, and which program will help provide the stability and resources needed to raise each child to adulthood.

The maximum monthly PCS payment cannot exceed $300 for permanent custodianships, and children do not receive subsidy if their countable income exceeds $300 per month. Once established, the subsidy amount does not change unless there is a change in the child's circumstances.

The CWCMPs are responsible for 12 months of aftercare, which includes a full array of services to the family on an as needed basis to ensure the success of the placement. Families or individuals entering into an agreement to provide care for the child until age of majority may need help in understanding the effects of separation, abuse and neglect. Families may need added services such as transportation, respite care, mediation, etc. in order to ensure the success of the placement.

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. The custodian(s) is responsible to:

- Apply for other financial benefits for the child, e.g., SSI or veteran's benefits;
- Notify DCF immediately of any changes in the child's living situation;
- Notify DCF if the custodianship is set aside or they cease to be legally or financially responsible for the child;
- Notify DCF when the child reaches 18 and has completed high school;
- Notify DCF when the child becomes emancipated;
- Notify DCF if the child dies, or otherwise ceases to need support; and
- Cooperate fully with DCF in an annual review.

Kansas implemented policy 6925 Permanent Custodianship Subsidy Overpayments (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was effective July 2016 to address PCS overpayments.

J. Relative and Kinship Care

"Kinship care" is defined as the placement of a child in the home of the child's relative or in the home of another adult with whom the child or the child's parent already has a close emotional attachment Per KSA 38-2202(q). The Kansas Department for Children and Families (DCF) Prevention and Protection Services (PPS) strongly advocates care for children by their kin as the first choice for placement when the child's family cannot provide adequate care. If the kin are not related to the child, they are required to meet DCF Foster Care and Residential Facility Licensing child care licensing laws and regulations in order to provide foster care.

In January 2017, PPS made significant updates to the relative/kin placement policy to increase child safety and well-being outcomes, including expansion of the definition of a relative; this meets approved PIP Key Activity 3.2.4, strengthen policy to clarify who is defined as a relative
for placement purposes, new fingerprinting requirements and background check requirements for a licensed relative home; and the requirement for all members of the household, in a non-licensed relative home, age 10 and older (excluding children in the custody of the Secretary of DCF in out-of-home placement), to complete a Kansas Bureau of Investigation (KBI) criminal background check, Child Abuse/Neglect Central Registry check and fingerprinting.

As of March 31, 2017, 33.37 percent (n = 2,271) of children in out-of-home care were placed with a relative. The expanded definition of a relative now includes: a person who can trace a blood tie to a child; a person who is or was related to the child through marriage or previous marriage (terminated by death or divorce); legally adoptive parents and other relatives of adoptive parents as designated above; birth parents of siblings and half-siblings; adoptive parents of siblings or half-siblings; or a court appointed guardian or permanent custodian of a sibling or half-sibling. Persons related by blood may include parents, grandparents, siblings, great-grandparents, uncles or aunts, nephews or nieces, great-great grandparents, great-great uncles or aunts, first cousins, or a first cousin once removed. Termination of parental rights does not alter or eliminate the blood relationship to other relatives.

Relatives (other than adoptive parents of siblings) are offered the options of receiving Temporary Assistance to Needy Families (TANF) assistance from DCF. If TANF is not chosen or available, financial support from the CWCMP is offered to all relative families. From October 1, 2016 to March 31, 2017, 1782 children were in relative placement homes receiving financial reimbursement from the CWCMP.

Relatives choosing to become licensed, shall meet the same standards as other licensed foster homes. These includes being sponsored by a licensed Child Placing Agency (CPA) in Kansas; completion of the TIPS-MAPP curriculum; clearing the KBI criminal background; and fingerprinting requirements within 30 days after placement occurs and child/abuse neglect registry checks required by DCF Foster Care and Residential Licensing; and meeting annual training requirements. Child Abuse/Neglect Central Registry checks will be completed annually by DCF Foster Care and Residential Licensing.

Relatives choosing not to become a licensed home through DCF Foster Care and Residential Facility Licensing must be approved using PPS standards as outlined in PPS 5144 (Proposed Placement with Relative) and PPS 5145 (Relative Home Study), which is completed by a licensed professional for the CWCMP. The relatives shall be assessed by the CWCMP licensed professional to determine whether their home is environmentally and psychologically safe for the child(ren). Relatives and all members of the household age 10 and older in the home, excluding children in the custody of the Secretary in out-of-home placement, shall complete KBI criminal background checks, Child Abuse/ Neglect Central Registry checks and fingerprinting. Child Abuse/ Neglect Central Registry checks must be completed annually. The assessment of the relative family shall include pertinent social information regarding the family. Completion of Caring for Our Own (COO) or TIPS-MAPP curriculum is at the CWCMPs discretion, but is encouraged. Payments made to these homes are not Title IV-E reimbursable until they become licensed by DCF Foster Care and Residential Facility Licensing. If the adults in the household
lived out of state at any time within the immediate past five years and the permanency plan may become adoption, the CWCMP shall complete out-of-state child abuse checks.

Kinship placement care is considered to be placement of a child in the home of another adult with whom the child or the child's parent already has a close emotional attachment or ties. Care for children by their kin as the first choice for placement when the child's family/relative cannot provide adequate care. Non-Related kin placements shall be required to be in compliance with licensing statutes and regulations and licensed by DCF Foster Care and Residential Facility Licensing in order to provide out of home services.

To expedite placement of children with non-related kin, the requirement for the completion of TIPS-MAPP (the group process or TIPS Deciding Together) is waived prior to a child being placed in the home, the non-related kin shall be required to complete the TIPS-MAPP curriculum and other pre-service training prior to licensure.

Prior to the child's placement with non-related kin, the CWCMP shall request from the local DCF Service Center a Child Abuse/Neglect Central Registry check on all members of the non-related kin home, who are age 10 and older. The CWCMP shall also require the members of the family, who are age 10 and over, to sign a statement, Declaration of No Prohibitive Criminal Offenses (PPS 5143). Signing this form acknowledges a check of the criminal history database required by DCF Foster Care and Residential Facility Licensing will be completed and will not reveal conviction for any offenses, unless they have been expunged, which would prohibit DCF licensure. DCF Foster Care and Residential Facility Licensing shall complete a KBI criminal history background check, Child Abuse/Neglect Central Registry checks and fingerprint background check for anyone age 10 and older in the home. Results of all background checks must be received prior to full licensure. The Child Abuse/Neglect Central Registry checks will be completed annually.

Immediately following placement, the CWCMP shall complete the family assessment and licensing packet. The packet shall be sent completed to DCF Foster Care and Residential Facility Licensing no later than two weeks after the child's placement. Upon review by DCF Foster Care and Residential Facility Licensing, if all requirements are met, a temporary permit will be issued within 30 days after the child's placement. The temporary permit remains in effect for 90 days from the date of issuance. This temporary license may be extended for one additional period not to exceed 90 days, to allow the kin time to complete TIPS-MAPP. No further extensions shall be granted. Non-related kin shall comply with all licensing requirements of DCF Foster Care and Residential Facility Licensing prior to a full foster home license being issued.

A daily payment rate is negotiated with the CWCMP and the non-related kin providers to cover the cost of the child's room and board, pending licensure. They shall also provide the same level of supports and services that are provided to other foster families to ensure the child's needs are met and the placement remains stable.

As of October 1, 2016, to March 31, 2017, there were 858 non-related kin placements.
SFCS has an internal goal to increase the number of relative placements to 35 percent in both the West and Wichita region. To date, relative placements exceed the state outcome measure but are below SFCS expectations. In West region, relative placements are 33.2 percent. Some offices are as high as 47 percent (Liberal-with 47.9 percent and Dodge City with 47.2 percent). SFCS continues to strive for 35 percent in every office and have performance improvement projects in those offices that do not meet the goal. SFCS is scheduling a relative activity based training across the region, starting with those offices that do not meet the goal.

In the Wichita region, relative staffings have been incorporated into daily practice. Local leadership is involved in the staffings, and a tracking mechanism has been developed to monitor the progress. Within 30 days of referral, a relative staffing occurs on all cases where youth have not been placed with relatives. During this staffing, the team looks at all potential options and barriers preventing relative placement. Action steps are developed and reviewed during monthly supervision. These staffings occur every 90 days until a youth is placed with a relative/kin, or until the youth is reintegrated.

SFCS staff continues to diligently explore relative resources for children which is resulting in increased kinship numbers in the Wichita region. SFCS recognizes and appreciates the efforts of PPS in the Wichita region to locate and support relative placements.

With the increase in relative placements, there has been a direct correlation to the increase in family like settings. SFCS recognizes there are still areas to improve upon, such as positive permanency in 12 months and placement stability. The directors for the Reintegration Program are working closely with the supervisors and case teams to ensure there is movement towards permanency.

On March 27, 2017, SFCS and PPS met for the quarterly Regional Leadership meeting. The discussion was tailored to relative and kinship placements. The agencies will be working together to increase relative placements by 3 percent.

Efforts continue with KVC on locating kin placements for children who are referred to foster care. Currently, KVC has 11 Kinship Care Coordinators in the East region and eight in the Kansas City region. In an effort to be better organized and monitor placement efforts, KVC is formalizing the Kinship Care Coordinators under two Supervisors (one in the East and one in the Kansas City regions). The Admissions department at KVC receives all referrals for foster care and is able to focus on placement, while Case Managers work on the assessment of the family. Admissions workers will also be able to complete Family Finding searches through the Accurint database as they look forplacement and/or connections for children in care.

By streamlining the Care Coordinators in the Admissions department KVC is ensuring that all relative placements meet KVC’s safety standards and requirements. This streamlining effort also allows more opportunity for the Care Coordinators to support current relative placements. Financial assistance and resources are provided by KVC to relative placements. There are also discussions related to creating in person and online support groups to provide information and support to those caring for their kin.
All KVC Case Management staff received Family Finding and Genogram/Ecomap Trainings to ensure complete searches for the relatives of children placed in foster care. Their goal is not only to find placement for the children, but also to locate supportive and permanent connections for the child.

Relatives are asked to be a part of a child’s life, instead of only asking the relative to be a placement resource. Kinship Care Coordinators and Case Managers are trained to discuss the opportunities to be a connection for the child rather than just a placement resource, such as tutoring a child struggling in math, helping with transportation to and from visits, medical, or mental health appointments, supporting the parent in his/her effort to complete their reintegration plan, or just being available to that child so he/she know he/she are part of a larger family system.

The Safe & Connected Model is used by KVC as the framework to guide discussions during case specific consultations. The discussions are based on a genogram developed with the family that includes all family members who can be used as resources or connections for the child and family. It is exciting to watch the family tree grow for children in care, which allows everyone in the consultation to visualize the resources and connections available to these children who may have been referred for a consultation because they have “no one.”

**K. Independent Living (IL) Services**

All youth age 16, in out of home placement who are anticipated to remain in care until age 18, participate in transitional planning beginning at age 16 and continues at each case plan every 170 days until release from custody. The DCF IL Coordinator or designee with PPS 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 to adulthood. Transition planning ensures no gaps in services occur when a youth leaves the care of the CWCMP and receives services from the PPS IL program.

The CWCMPs assist youth in planning for their transition from custody and give youth information about resources for housing, employment, health care, education, etc., upon leaving the custody of the Secretary. Youth are assisted in identifying at least one Connection for Success, a person or other resource the youth can call upon for help with everyday living needs. The youth are informed about services provided through the PPS IL program. All eligible youth are assisted in completing the application for the aged-out medical card and are given a postcard to send to their IL Coordinator when their address changes. Youth are provided essential documents for a successful transition, including birth certificate, Social Security card and medical records. Additionally, youth are provided with a laminated card with contact information for PPS Administration and the agency website. Youth may contact PPS Administration for IL services until their 21st birthday, or for help in locating other services if they are over 21 years old.
L. Independent Living (IL) Program

The IL program serves adults age 18 and released from the Secretary’s custody until age 21 or 23, if enrolled in post-secondary education or training programs. The IL program is voluntary, and adults may receive services anywhere in Kansas. Adults ages 18-23 complete the Casey Life Skills Assessment (CLSA) 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 (GED), post-secondary education or training, mentors, career planning, assistance with checking and correcting credit reports, life skills and other services, as identified by the adult.

The Kansas Foster Child Educational Assistance Act, which began July 1, 2006, requires tuition and fees to be waived by educational institutions for DCF youth who meet the eligibility criteria, up until the semester the youth turns 23 years. Youth receive additional funds through Educational Training Vouchers (ETV) to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid option and Aged Out Medicaid coverage to young adults who leave the custody of DCF, KDOC-JS and tribes at age 18, until the month of their 26th birthday. The young adult does not have to participate in any other services to be eligible for the aged out medical card.

M. Another Planned Permanent Living Arrangements (APPLA)

Kansas changed policy in January 2017, and is using the term “Another Planned Permanent Living Arrangement” (APPLA) to match the 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 compelling reasons exist, which make all other permanency options unacceptable. PPS is compliant with Preventing Sex Trafficking Strengthening Families Act (PST SFA) regulations that required youth with APPLA be 16 or older. As of March 31, 2017, 5.97 percent (n=406) of youth in DCF custody had a current case plan goal of APPLA. The compelling reasons may include:

- An older teen requests emancipation;
- A parent with a disability, who even with supports, cannot care for a child, but a significant bond exists between them, and the placement resource is willing to sign a commitment agreement for the child to remain in his/her home, but is not willing to adopt or be a permanent custodian for the child; or
- A tribe has identified a planned permanency living arrangement for an Indian child.

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 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.

Prevention and Protection Services (PPS) posts monthly reports to indicate if children under the age of 16 have a case plan goal of APPLA. As of the end of May 2017, no children under 16 were on the report. A case read question is utilized to indicate whether a commitment agreement has been signed when the child is in a placement that is considered to be permanent.

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-reliance services in the event permanency is not achieved. The PPS regional IL Coordinator or designee continues to attend the youth’s permanency 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 16 for youth with a case plan goal of APPLA and at age 17 for all other youth in care. The youth is assisted in considering and identifying specific options on the transition plan for housing, health care and insurance, education, opportunities for connections for success in each of these areas: continued support services, employment and financial support and services, transportation, and other services needed to maintain self-reliance 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, when applicable, are made. The transition plan identifies Connections for Success: adults and other resources with whom the youth would reach out to for assistance along their path to independence.

N. Adoption Assistance

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, not the resources/income of the family. In determining the type and amount of assistance, Prevention and Protection Services (PPS) reviews the child’s community and family’s resources available to meet the child’s special needs. Children in the Custody of the Secretary of the Kansas Department for Children and Families (DCF), or a licensed nonprofit Child Placing Agency (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 2017, the average subsidy payment was $340.86 a month. At the end of March
2017, there were 9,127 open adoption assistance cases. This represents an increase of approximately 3 percent from SFY 2016 to SFY 2017.

The Child Welfare Case Management Provider (CWCMP) is required to provide services and supports for 12 months following adoption finalization 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 completed and signed at the same meeting as the Adoptive Placement Agreement (APA). Policy regarding Aftercare was strengthened in January 2017 on the APA, to include the parent(s) agreement to work collaboratively with the CWCMP to develop and implement/participate in an Aftercare Plan. Also, the PPS Adoption Specialists will approve the submitted Aftercare Plan. Once the Aftercare Plan is developed, the CWCMP engages with the child and family to provide services and supports, as outlined in the plan, and submits a completed monthly report to DCF. The CWCMP is responsible for Aftercare for 12 months post 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 Kansas Protection Report Center (KPRC) to initiate. The PPS Child Protective Services (CPS) Specialist 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.

The Kansas Department for Children and Families (DCF) expanded the Adopt Kansas Kids (AKK) contract to form the Kansas Post Adoption Resource Center (K-PARC). K-PARC and DCF, worked together to develop and identify the services and supports that address the unique needs of families who have adopted children from foster care, or who are providing permanent care as a result of a relative/kinship placement or Permanent Custodianship (PC). Adoptive, relative/kinship and PC families often find the need for support grows in the years after their adoption or placement is finalized. A monthly list of new families receiving adoption assistance and permanent custodianship payments is sent from DCF to K-PARC for outreach. The families receive a welcome letter, including information about K-PARC services, and any upcoming events in their area. The families are then added to the mailing list for continued outreach.

Adoption Assistance staff from DCF and CWCMP may refer families to K-PARC for the following services:

- **Adoptive Parent Retreats**: In each region, K-PARC provides two-day relationship and parent education programs. In SFY 2017 256 parents have been served through April 2017.

- **Parents Circle**: Parents attend two-hour classes once a week for 10 weeks to learn the skills of Trust-Based Parenting (e.g. TBRI - Trust-Based Relational Intervention). The pilot class served 11 adults representing six families of these families three had children returning from a Psychiatric Treatment Facility. Client outcome data is being collected to identify treatment impact for parents. A total of 218 training hours were delivered (participant attendance x class hours) – only one session was missed by one family.

- **Kids Club**: Children learn the skills of healthy attachment in Kid’s Club while their parents attend the Parents Circle. Seven children attended Kids Club. Anecdotal evidence
indicates positive behavior changes resulted from child and youth participation in Kids Club.

- **Workshops:** 42 hours of training has been provided across the state for adoptive/kinship families with an additional 18 hours scheduled in May and June 2017. Workshop topics include TBRI, Children from hard Places and the Brain, and Strategies for Tough Behaviors.

- **Peer Support:** Training is provided to experienced adoptive parents, and new or struggling adoptive parents are matched with trained peers who can offer on-going support. Through April 2017 16 peer support matches have been made.

- **Referrals and Information Services:** K-PARC assists families seeking therapy, services, educational advocacy, or just an answer to a question they are struggling to figure out. Data collection for this outcome started December 2016. Through April 2017 referrals or information services have been provided to at least 81 families.

- **The Kansas Adoption Advisory Council:** The Council was created by parents to provide leadership for K-PARC, volunteer for adoption events, and help staffing retreats. K-PARC provides support for adoption professionals by identifying resources and training opportunities. The Council has met each month except for March. Council members have organized workshops, passed out congratulations packets, staffed retreats, met with families in crisis and mentored adoptive youth in families that were struggling. In SFY 2018, DCF and K-PARC will expand services for families and professionals as resources become available.

**O. Populations at Greatest Risk of Maltreatment**

Kansas has a universal approach to prevention, incorporating a Strengthening Families and Protective Factors framework to support all families in the state. However, efforts have been made to specifically target those families at greatest risk for abuse and neglect. The Kansas Children’s Cabinet and Trust Fund requires grantees to focus on children birth to five because of the highest risk of abuse and neglect during this period. The Cabinet’s Early Childhood Block Grant and Smart Start funding, both of which provide for primary prevention services to children birth to five, 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, among others. In 2011, Kansas conducted a detailed statewide needs and capacity assessment that utilized a range of health indicators, which are also risk factors for abuse and neglect. Based on the results, Wyandotte and Montgomery counties had the highest needs, and were selected for targeted home visiting services through the Maternal, Infant and Early Childhood Home Visiting Program, (MIECHV). Services are currently in place in both communities. MIECHV programs served a total of 184 families in SFY 2013. This number includes 63 new enrollees and 145 ongoing families. The maximum case load for MIECHV is 159 families. This workload put the program at 91 percent of capacity. The TIES program served 11 families. Montgomery county reports, through the MIECHV program, families are experiencing stability in service provision. The coordinated outreach in both Wyandotte and Montgomery counties continues. The program continued to positively impact families in SFY 2016. The FFY 2015 Benchmark report states
577 families were served including 250 new families. Of the 577 families, 417 continued to be served at the end of the year. This demonstrates a 72 percent retention rate. The national retention is about 50 percent.

In addition, Kansas ensures that services are available to support the specific populations identified by CAPTA, including: racial and ethnic minorities; children and adults with disabilities; homeless families and those at risk of homelessness; unaccompanied homeless youth; adult former victims of child abuse and neglect or domestic violence; and, members of other underserved or underrepresented groups.

Kansas Children’s Service League (KCSL) has the Statewide Primary Prevention Programs grant which consists of mostly universal programs. KCSL continues some initiatives based on targeted areas for prevention. Data from PPS regarding the number of assigned reports and/or substantiated findings of child abuse and neglect by county are used to determine where to establish prevention services.

A local initiative in Wichita, hosted by Kansas Children’s Service League (KCSL) and, the Wichita Child Abuse Fatalities Community Response Team, uses zip codes with the highest incidents of fatalities and substantiated child abuse and neglect to place prevention services.

The majority of the prevention groups that have been most successful historically continue to target the following groups: parents of special needs children, fathers, and kinship. Additionally, the Wichita Community Response Team plans to target single moms in the Bridges program at the Wichita Children’s Home, which are mostly young people who have aged out of foster care. The goal of the Bridges program is to assist young people gain parenting skills and become self-reliant adults. Services include transitional housing programs, assisting youth in developing skills to live independently, referrals and access to medical and mental health services, preparation for obtaining secondary education, vocational training or employment, and parenting education and support services.

**P. Services for Children Under the Age of Five**

Activities to address the developmental needs of children under the age of five 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 mental/behavioral need, the CWCMP refers a child Birth to age two years to the Infant-Toddler or Tiny-K program for further assessment, and children three years and above are referred to their local school districts’ IDEA Preschool Program.

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, to include demographics, developmental and mental/behavioral health issues are tracked through the Kansas statewide data system, Family and Child Tracking System (FACTS). The number of children under five at time of removal who are in Out-of-Home (OOH) care during SFY 2017 July through March was 2,508. As of March 2017, 650 adoptions finalized. Data available for April 2017, shows there are 17 children referred for adoption recruitment. Several of these young children are a part of a larger sibling group and/or have special medical needs.

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<tbody>
<tr>
<td>Percentage of children in out of home placement under the age of 5</td>
<td>32%</td>
<td>30%</td>
<td>30%</td>
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<tr>
<td>Of those the percentage placed with relatives.</td>
<td>40%</td>
<td>38%</td>
<td>39%</td>
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<tr>
<td>Of those the percentage with 2 or fewer moves while in care.</td>
<td>97%</td>
<td>96%</td>
<td>95%</td>
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<tr>
<td>Percentage of children awaiting adoption under the age of 5</td>
<td>26%</td>
<td>23%</td>
<td>23%</td>
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<tr>
<td>Percentage of children on the AdoptKSKids website under the age of 5</td>
<td>2%</td>
<td>0%</td>
<td>4%</td>
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<tr>
<td>Percentage of children with a finalized adoption under the age of 5</td>
<td>43%</td>
<td>43%</td>
<td>36%</td>
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The Children’s Alliance of Kansas (CAK), through a contract with DCF, provides and supports ongoing training for foster parents. Some of the training topics available for foster parents that are geared toward children age five and younger include:

- American Red Cross First Aid/CPR
- Autism Spectrum and other Neurodevelopmental Disorders
- Born 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) is 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 is 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 is currently in year three of a five-year award and is conducted in partnership between the University of Kansas School of Social Welfare, the Kansas Department for Children
and Families (DCF), Kansas Department of Aging and Disability Services (KDADs), Saint Francis Community Services (SFCS), KVC Kansas (KVC), Kansas Head Start Association, Ahearn Greene Associates, and federal cross-site partners. Representatives from these organizations meet monthly as members of KSSAF Steering Committee.

To date, KSSAF has implemented and evaluated the SFP B-3 at six sites, completing Cycles 1-3 and starting Cycle 4. More than 80 staff from these partner agencies have participated in basic training to deliver the SFP B-3 intervention and data collection training, and 30 staff have participated in an advanced SFP B-3 training. KSSAF’s implementation team capacity Cycle 4 consisted of 54 staff: seven staff in Salina, nine staff in both Kansas City and Olathe, 13 staff in Wichita, and 14 staff in Topeka.

The SFP B-3 program was implemented at four sites in Cycle 3, from August to November 2016. In Cycle 4, SFP B-3 is being implemented at five sites from January to May 2017. Eligible cases were randomly selected to the treatment group.

KSSAF has reviewed the preliminary data available thus far and has conducted a formative evaluation of the SFP B-3 program to determine if early evaluation results were sufficiently positive to warrant continued implementation of the program as planned. Participants showed significant pre-posttest decrease in depression scores, legal concerns, and anxiety symptoms. All the trauma symptoms subscales showed improvement. Pre/post differences are strong indicators of the ability to implement SFP-B-3 with this population and potential benefits to the families. Formative evaluation results are encouraging considering that the statistical power to detect changes is small due to a sample size. Summative evaluation results will inform policy and child welfare practice to better serve this vulnerable population.

In SFY 2018, the University of Kansas School of Social Welfare is partnering with the DCF, Haskell University, SFCS, KVC, and other potential partners (e.g., tribes) to submit an application in response to an anticipated Request for Proposal (RFP) 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. 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 goal of improved safety, permanency and child well-being.

**Q. Services for Children Adopted from Other Countries**

In Kansas, when the adoption of a child from another country disrupts and has not been finalized, the Kansas Department for Children and Families (DCF) contacts the original adoption agency to assume responsibility for the child. If no agency is involved, or the child is not here for the purpose of 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 as for other children in DCF custody. If a finalized adoption dissolves, the child is placed in DCF custody, enters foster or relative/kinship care and receives 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 statewide Family and Child Tracking System (FACTS) includes information about whether a child in State custody has had a previous adoption, whether the parents have relinquished their parental rights or if the court has terminated their rights.

During the last year, DCF had three children placed in custody who were adopted internationally. Two of the children are currently in foster care with a case plan goal of reintegration. However, a termination of parental rights (TPR) hearing is scheduled, and there are two potential adoptive resources identified, if TPR occurs. The parents of the third child immediately relinquished their rights after the child came into custody. The case plan goal is adoption, and a family is being recruited for him, as there is not a current identified resource.

Families who adopt children from other countries may access the Kansas Post Adoption Resource Center (K-PARC) for services and supports. The adoption exchange contract, between DCF and Adopt Kansas Kids (AKK), was expanded to form K-PARC in 2015. Partnership between DCF and K-PARC continues developing and identifying services and supports that address the unique needs of families who have adopted children from foster care, from another country, or who are providing permanent care as a result of a relative/kinship placement. Adoptive and relative/kinship families often find the need for support grows in the years after their adoption or placement is finalized. Supporting families remains a service from K-PARC throughout the lifespan by offering a variety of services, including:

- Adoptive Parent Retreats: A two-day relationship and parent education program held throughout the year in each region;
- Parents Circle: Parents attend two-hour classes once a week for 10 weeks to learn the skills of Trust-Based Parenting (e.g. TBRI - Trust-Based Relational Intervention);
- Kids Club: Children learn the skills of healthy attachment in Kid’s Club while their parents attend the Parents Circle;
- Workshops: Workshops are held across the state for adoptive/kinship families. Topics include TBRI, Children from Hard Places and the Brain, and Strategies for Tough Behaviors;
- Peer Support: Training is provided to experienced adoptive parents, and new or struggling adoptive parents are matched with trained peers who can offer ongoing support;
- Referrals and Information Services: Helps families seeking therapy, educational advocacy, other services to address needs of their family, or just an answer to a question they are struggling to figure out.

VI. PROGRAM SUPPORT

Kansas utilized the Capacity Building Center (CBC) Liaison for technical assistance for the Children and Family Services Review (CFSR) Program Improvement Plan (PIP) in SFY 2016 and SFY 2017. Since receiving the CFSR Round 3 Final Report in 2015, Attachment 24; Kansas CFSR Final Report Reissued 2017. Kansas has consulted with the CBC Liaison in multiple forms, including onsite visits, phone conferences and correspondence through email.
Kansas received notification that the Performance Improvement Plan (PIP) was approved April 13, 2017, Attachment 18; Kansas CSFR Performance Improvement Plan (PIP) and Measurement Tool. As Kansas moves forward with PIP measurement case reviews in SFY 2018, Kansas will utilize the CBC Liaison for assistance in first and/or second level quality assurance.

Kansas is seeking assistance from the CBC with implementation of several large initiatives. Kansas met with the CBC on January 30th, 2017, to identify ways CBC could assist Kansas with building capacity. Kansas will meet with the CBC and stakeholders on May 31, 2017 to begin the work plan for Icebreaker implementation and increase quality of worker supervision.

See section XV Targeted Plans within the 2015-2019 CFSP, Section A. Foster and Adoptive Parent Diligent Recruitment Plan regarding work with the National Resource Center for Diligent Recruitment (NRCDR).

See section XV Targeted Plans within the 2015-2019 CFSP, Section D. Training Plan.

Kansas is researching possible safety and risk assessments that may be utilized to replace existing tools. This process will involve gathering and reviewing tools before a final decision is made. Decisions made will best meet Kansas’ specific needs.

**VII. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES**

Kansas has four federally recognized tribes. They are Iowa Tribe of Kansas & Nebraska; Kickapoo Tribe in Kansas; Prairie Band Potawatomi Nation (PBPN) and Sac and Fox of Missouri in Kansas and Nebraska.

The Kansas Department for Children and Families (DCF) has, in collaboration with the tribes, implemented quarterly statewide meetings. The meetings are held in July, October, January and April. The statewide meetings include representatives from the tribes, Child Welfare Case Management Providers (CWCMPs), Office of Judicial Administration (OJA), DCF Child Placing Agency Licensing and Residential Facility Licensing (DCF Licensing), Administration of Children and Families (ACF), Office of the Governor’s Native American Affairs Tribal Liaison/Executive Director interim and DCF Prevention and Protection Services (PPS).

Attachment 25 for Tribes of Kansas and PPS Statewide Meetings in SFY 2017, which outline meeting dates, participants and discussion topics. The last statewide meeting for SFY 2017 was held on April 25, 2017.

Invitations for tribal representation and participation in the State’s Citizen Review Panels, (Intake to Petition and Custody to Transition) were extended by PPS. During the annual onsite tribal social service department visits, the tribes were also asked to participate in the PPS Child Welfare Permanency Advisory Committee (PAC), Foster Care in KanCare, Diligent Recruitment, KanCare High Needs Workgroup and the Psychotropic Medication Workgroup during the October 2016 (for SFY 2017) annual onsite tribal social service department visits.
The PPS regional tribal representative and the Office of the Governor’s Native American Affairs Tribal Liaison/Executive Director Interim have been invited to attend the statewide quarterly meetings. The purpose of site visits and statewide meetings is to further facilitate ongoing 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 Memorandum of Understanding (MOU) with DCF, 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 program areas are discussed.

The site visits provide the opportunity to share information with each other regarding any changes and updates in the child welfare systems. Tribal social services concerns are addressed and follow-up provided. The tribes may ask program questions any time during the year. PPS remains in regular contact with the tribes through emails, telephone calls, requested meetings by the tribes, in addition to the statewide meetings and annual site visit to each tribe.

All tribes have provided a copy of the Tribal Child and Family Services Plan/Annual Progress and Services Report for Federal Fiscal Years 2015-2019. A copy is requested at each site visit. Reminders are emailed later in the fiscal year, when not received.

Once a child is identified as an Indian child, the CWCMP is required to inform the appropriate tribe 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 legal the issue of sending notice to Bureau of Indian Affairs.

The Kansas Protection Report Center (KPRC) has been requested by PBPN to send intakes not assigned for further assessment when an Indian child has been identified. PPS, in consultation with legal continues review and discussion about the process for not assigned reports related to an Indian child/family.

A. Services Provided by the Tribes through the Child Welfare Grants from the State

The comprehensive Social Service Grants with all four tribes for Child Protective 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 scheduled meetings made directly by PPS staff for coordination of child welfare services. Each tribe submits a quarterly status and program report that provides data concerning the number of tribal families and children served, and specifying the provided services under each program. Each program report is reviewed by the PPS program manager in PPS Administration. The regional tribal liaison is available for consultation regarding case specific child protective services and foster care cases. The PPS regional tribal liaison participates in site visits as requested and availability allows.
B. Child Protective Services

The Department has entered into a Memorandums of Understanding (MOU) with Native American Family Services (for the Iowa Tribe in Kansas and 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.

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 the community regarding the alleged abuse or neglect of children. Upon completion of the investigation, the tribal worker will file, if necessary, petitions to the court, refer the family for services, or close the case.

The Native American Indian Tribal agencies may send 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 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 clear and convincing standard of evidence on reports prior to July 1, 2016, and preponderance standard of evidence on reports as of July 1, 2016, and subsequent to such date. 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 that 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.

When PPS is conducting an investigation involving an Indian family not residing on a reservation, the family is informed they may request an American Indian interpreter. Assessment of the family should take into account 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 proceeding, information about the proceeding and of their right to intervene, when the court knows or has reason to know that an Indian child is involved.

The DCF worker provides to the district or county attorney, when known, the following information:

- Full name and birth date of the child or children involved;
- The maiden names of all females (if applicable);
- Tribal affiliation; and
- The identity of a qualified expert witness who can testify 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 Secretary of Interior requesting assistance.

The CWCMP responsibility generally ends for children who reside in out-of-home placement when there is a transfer of the child’s case to 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 five 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 as fully transferred to the tribe until the case is accepted by the tribal court. The CWCMP will continue to provide services until the transfer is completed. Once fully transferred, the regional PPS office shall transfer all files and service responsibility to the tribe.

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.

C. 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.
D. Foster Care Services

Tribes provide services to assist youth in need of out-of-home placement. Each tribe is responsible for the 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 licensed foster homes by the tribe, in conformance with placement practices of 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 to the family and child to assist in reintegration. This service may also be used to provide any out-of-home needs of children who are unable to be returned to their family of origin, such as adoption, custodianship, or another planned permanent living arrangement. Services provided to families may vary from tribe to tribe.

E. Independent Living Services

Tribes assist youth who are age 15-21, 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 the 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 summer youth conference.

F. Memorandum of Understanding

During the fall of 2016 (for SFY 2017) Tribal Social Services site visits, PPS discussed with each tribe any needed language changes to their respective MOUs. PBPN, Kickapoo and NAFS stated there were no needed changes. Later in SFY 2017 PBPN re-examined the MOU in regard to placement in tribally approved foster homes for ICWA cases. The attorney representing PBPN has been in contact with the Assistant General Counsel with PPS in regards to updates to the MOU.

Discussions between DCF and Sac and Fox occurred regarding MOU revisions and specific language changes. As a result, a newly created draft of the MOU was prepared by DCF. A further revised MOU was created by Sac and Fox, signed by the tribal council and sent to DCF for the Secretary’s signature on June 8, 2016. The newly created MOU was forwarded to DCF Legal for review due to change in format and language. When the new MOU is agreed upon between DCF and Sac and Fox, the MOU will be sent for the DCF Secretary’s signature. The
MOU is required to proceed through the DCF concurrence process. PPS continues to work with Sac and Fox to create an MOU that is beneficial to the tribal families, youth and children served that will be approved by the DCF Secretary and Tribal Council.

A copy will be forwarded to Sac and Fox and to the federal partners.

The MOUs 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. When the final MOU(s) are agreed upon, the MOU(s) will be sent through the DCF concurrence process for DCF signature and forwarded to each individual tribe for tribal signature and forwarded to the federal partners with each annual update.

The current MOU with each tribe, Attachment 26 DCF and Iowa Tribe ICWA MOU, signed by DCF Secretary and Iowa tribal council, Attachment 27 DCF and PBPN ICWA MOU, signed by DCF Secretary PBPN tribal Council and Attachment 28 Kickapoo Tribe ICWA MOU, signed by DCF Secretary and Kickapoo tribal council describe the measures taken by the State to collaborate with tribes and to comply with the Indian Child Welfare Act. The MOUs are reviewed annually with each tribe.

The MOU affirms the State’s commitment to prevent unnecessary removal of Indian children from their parents/caregivers, and to secure an emergency placement with an Indian relative or an Indian foster home whenever possible, if placement becomes necessary.

The MOU outlines with each tribe 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 or near the reservation. 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 throughout their childhood 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 based 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 emergency 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
- Assist in the placement of Indian Children in appropriate homes.
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 (CINC) 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.

Effective, January 1, 2018 PPS plans to ensure a government to government letter is drafted and sent to each tribe from the DCF Secretary. 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. The 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. Upon receipt of a petition or referral pursuant to the Kansas Code for Care of Children, regarding a child whom a PPS Child Protection Specialist knows or has “reason to know” that a child is an Indian child, the Child Protection Specialist will immediately contact tribal social services of the respective tribe regarding the child.

The PPS Face Sheet requests ethnic/tribal information for the child(ren) at the time of intake. The PPS Medical and Genetic form requests medical and genetic information on the child and his/her parents and must be completed for each child at the time they enter foster care. The judicial council packet includes certain specific court forms related to cases involving Indian children to facilitate compliance with ICWA and applicable regulations. Information is collected in the Kansas Intake Protection System (KIPS) and Family and Child Tracking System (FACTS). Kansas also monitors ICWA compliance through case reads. State wide results from SFY 2016 quarter 3 through SFY 2017 quarter 2 demonstrate that there are low numbers of cases applicable for these questions making them not statistically significant. However, the numbers do indicate, Kansas needs to make improvements in the areas of communication with the tribes as well as making and/or documenting efforts to meet placement preference requirements. Further analysis is being conducted on the latter.

If the Tribal court decides not to take jurisdiction of the child’s case, Indian children in the custody of the Secretary of DCF receive appropriate services which promote safety, permanency and wellbeing. 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.

G. Other Collaboration, Coordination and Technical Assistance

In SFY 2018, the University of Kansas School of Social Welfare is partnering with the Kansas Department for Children and Families, Haskell University, Saint Francis Community Services (SFCS), KVC Kansas (KVC), and other potential partners (e.g., tribes) to submit an application in response to an anticipated Request for Proposals from the U.S. Department of Health and Human Services Administration for Children and Families Children’s Bureau for the Round 4 of the Regional Partnership Grants to Increase the Well-Being and Permanency Outcomes for Children Affected by Substance Abuse in American Indian/Alaska Native Communities. The purpose of this project is to scale up and evaluate the Strengthening Families Program (Birth-to-
Three, 3-5, and 6-11 age versions) among Native American families of children, ages 0-11, in out-of-home placement, who were removed for reasons associated with caregiver substance use, and who are working toward reunification, to achieve the goal of improved safety, permanency, and child wellbeing.

A new workgroup has been created called PPS Policy Tribal Advisory Workgroup. The purpose of this work group is to assist PPS in reviewing and revising policies for any needed revisions due to new Federal ICWA regulations effective December 12, 2016. The work group consists of at least one representative from each federally recognized tribe in Kansas, the PPS Program Manager for Group Homes and Tribes, the PPS Permanency Administrator, Assistant General Counsel with PPS, a representative from KVC and SFCS. Sac and Fox and PBPN have been very active in participating in the ICWA workgroup. They have been present for the in person or teleconferences held and have made suggestions for policy changes.

On April 19, 2017 Administration for Children and Families (ACF) hosted a meeting for States and Tribes within Region 7. Two tribes, Sac and Fox and PBPN and PPS Administration attended from Kansas. During this meeting further collaboration between the states and tribes was discussed. Each tribe will meet with the Program Manager for Group Homes and Tribes a minimum of once per month. The purpose of these phone calls will be to discuss any technical assistance needed and to keep the tribes updated on workgroups progress and policy revisions. A Tribal section on DCF SharePoint for all Kansas tribes, all tribes shall be granted access. The Tribal section will contain meeting minutes from the quarterly meetings and from other workgroups. Other information may be shared as the Tribal section is developed. This is an effort to keep the tribes included and informed.

Provision of information and technical assistance is available to tribes wishing to pursue Title IV-E funding. Such information and technical assistance 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. A Federal IV-E review instrument mock case review was conducted on March 7, 2017 by ACF. Sac and Fox, Kickapoo, PBPN and NAFS tribes were invited to attend. Chasity Davis from Sac and Fox, Tammy Sweeney and Keirsten Hale from PBPN attended the mock case review. ACF, the tribes and PPS Program Manager met separately from the larger group to focus on gaining an enhanced understanding of Title IV-E requirements.

Staff with PPS worked to improve one form and update two policies in SFY 2017. The PPS 3005, Case Transfer Summary was created to include a section specifically for ICWA and the efforts of the worker to determine the heritage and eligibility. Policy 5339, Best Interest Staffing was updated to include the youth’s tribe as a voting member. Policy 5320, Legal Risk Adoption Situations (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was updated to document that a legal risk adoption shall not be considered in cases involving ICWA.

Currently, workers are required to complete the ICWA training included in Introduction to Child Welfare in Kansas training within 90 days of hire. The course includes information on: An Historical and Cultural Perspective on ICWA; ICWA Myths and Mistakes Applications;
National Indian Child Welfare Association (NICWA) Glossary; NICWA Fact Sheet for KS and Adoption and Safe Families Act (ASFA) ICWA ICPA and a video presentation, which is a presentation on the background and purpose of ICWA by Justice William Thorne, 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. In SFY 2017 with the introduction of the Core Competency Based training, Introducing Child Welfare will cease to be presented but the Core Module I will have an ICWA component.

The Permanency Program Administrator attended the 35th Annual National American Indian Conference on Child Abuse & Neglect with the Prairie Band Potawatomi Nation in 2017. The conference was a rich cultural experience and an opportunity to increase collaboration with the four federally recognized tribes in Kansas. Workshop sessions included topics such as other state coalitions that exist to improve compliance with and implementation of the Indian Child Welfare Act for all Indian children and families. These coalitions address the needs of Native American youth in a holistic manner.

The Tribal collaboration section of the APSR was emailed to the tribal chairpersons and social service directors on May 2, 2017 for review and comments. It will continue to be included on the Resident Tribes of Kansas and PPS quarterly and tribal social services site visit meeting agendas, Attachment 29, Tribes of Kansas and PPS On-Site Visit Meeting Minutes.

VIII. MONTHLY CASEWORKER VISIT FORMULA GRANT AND DATA

Monthly child/worker 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. 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. In SFY 2017, a Worker/Child visitation tool was developed to prompt discussion and documentation of risk and safety assessments throughout the life of a case.

The approved Performance Improvement Plan (PIP) Strategy 1.3 indicates Kansas will reduce caseloads, implement tools and monitoring processes to improve risk and safety assessments and worker child visitation.

To meet this strategy, Key Activity 1.3.5 states Kansas will develop and implement a worker/child visitation tool to prompt discussion and documentation of risk and safety assessments at critical times in the case.

To meet this PIP Key Activity, Kansas implemented policy 2115 Danger to Self/Self-Harming Behaviors which provided guidance to Assessment and Prevention staff to use to assess when a child’s self-harming behaviors become a safety concern. Policy 3110 Case Management Safety and Risk Assessment was added to provide guidance related to when ongoing risk and safety assessments are to be completed. Both policies were implemented for January 1, 2017 PPS Policy and Procedure Manual. These policies reference the following appendices/tools which
may be used to prompt discussions and documentation of risk and safety assessments at critical times in the case:

- Appendix 2F Six Areas of Family Live for Assessment, this is an appendix which was implemented in July 2013 and is used to assist in gathering pertinent and sufficient information for assessing safety;
- Appendix 2H Safety and Risk Assessment was previously provided as a handout to all new staff during pre-service training, this handout was developed into an Appendix for the January 1, 2017 PPS Policy and Procedure Manual which provides staff a tool to prompt discussions to complete the safety and risk assessments;
- Appendix 2I Interview Guide for Runaway and Truant Children was implemented for the January 1, 2017 PPS Policy and Procedure Manual, this appendix is a tool which provides suggestions for questions to gather information from children who have been on the run, or have been absent from school, this appendix assists in determining whether the behaviors are potentially linked to more serious concerns, such as abuse/neglect, human trafficking, etc.;
- Appendix 2J Caregiver Protective Capacity Factors was implemented for the January 1, 2017 PPS Policy and Procedure Manual, this appendix is a tool which provides a guide to gather information from the family to assess the caregivers’ protective capacity for the safety assessment.

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.

The Kansas Youth Advisory Council (KYAC) developed a Monthly Individual Contact Tool to be used every time a visit occurs with a youth. It is a tool to facilitate and support communication with youth and the CWCMP Case Manger’s who have contact with them. Child/worker visits may be completed by the CWCMP case manager or a paraprofessional who is part of the child's case planning team. A primary contact is designated on the visitation form that is completed at the Case Planning Conference.

To measure frequency, the CWCMPs report each out of home monthly case manager visit(s) through encounter codes. Two codes are used, 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 a monthly visit. The encounter codes are entered by the CWCM responsible for management of the case, and each month the results are reviewed for trends and improvements.

Quarterly visitation training is being provided by Saint. Francis Community Services (SFCS) to all staff who work with parents/children. The training is adapted from Visit Coaching by Marty Beyer, Ph.D., and is meant to identify what supports parents need during parent-child visits to be successful in meeting permanency goals and case plan objectives/tasks. Federal funding will continue to be provided to CWCMs for efforts to improve caseworker visit percentages and maintain the successes. Work will continue with the CWCMs to identify which strategies used in the past have been the most successful.

In SFY 2018, Prevention and Protection Services (PPS) will be working with the CWCMs 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 CWCMs already recruit both inside and outside the state of Kansas for licensed professionals, including Nebraska and Oklahoma. The Department for Children and Families (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 social worker staff. A Request for Proposal (RFP) has been submitted to contract with a recruiting agency to better attract qualified licensed staff for DCF. 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.

The KVC Kansas (KVC) leadership team has initiated a new strategic plan that includes an increased focus on staff retention through making KVC a great place to work. KVC leadership are committed to the implementation of Franklin Covey’s 7 Habits of Highly Effective People.

**Habit 1: Be Proactive**
*Responsibility, choice, accountability, initiative, resourcefulness*

**Habit 2: Begin with the End in Mind**
*Vision, commitment, purpose*

**Habit 3: Put First Things First**
*Focus, integrity, discipline, prioritization*

**Habit 4: Think Win-Win**
*Mutual benefit, fairness, abundance*

**Habit 5: Seek First to Understand, Then to be Understood**
*Respect, mutual understanding, empathy, courage*

**Habit 6: Synergize**
*Creativity, cooperation, diversity, humility*

**Habit 7: Sharpen the Saw**
*Renewal, continuous improvement, balance*

KVC Directors are leading by example, posting the Habits in their offices and including discussion and practice of the habits in their supervision of leadership. Staff appear to be energized by these concepts and morale has improved throughout the offices due to leadership’s
continued commitment to Make KVC A Great Place to Work. Staff turnover at KVC has met or been below the goal of 3 percent during the months of January, February and March, 2017 which demonstrates that staff believe in leadership’s commitment. The first Quarterly leadership retreats were held in February to ‘sharpen the saw’ and bring leadership across all departments together to share in some fun and camaraderie.

Approximately 60 licensed staff began employment with KVC over the last several months. An additional trainer was hired by KVC to help support the new staff. A new format for Orientation was implemented through HR to better streamline the first week of employment for new staff at KVC. Trainers were brought together in each office by KVC to enforce a stronger training curriculum for child welfare workers. As KVC becomes fully staffed this has allowed supervisors to focus solely on supporting their staff and supervising the work with families because they are no longer carrying cases. Approximately 60 student interns are hosted by KVC across all departments. The Training Specialists are working to strengthen the experience of our students. Improving the student’s experience in this field will generate more students into the workforce as they carry positive stories back to their classrooms. Incentives are also provided to our field instructors as they work to support students and recruit them into open positions as they graduate.

During the third quarter of SFY 2017, Saint Francis Children’s Services (SFCS) attended career fairs at Washburn University, Kansas State University, Fort Hays State University and a virtual career fair with NASW, a Veteran’s career fair in Manhattan and had a career booth at the Power Conference at Wichita State University. Email blasts and mailings are sent by SFCS to licensed workers on the Behavioral Sciences Regulatory Board (BSRB) list. This will also include the other licensed professionals since they may now perform case management. The Human Resources (HR) Department has been working with the Marketing Department on the development of post cards and emails to send to each of the individuals on the BSRB list. The mailings are scheduled to be distributed sometime in April 2017. In addition, SFCS has changed the case management position from Social Worker to Licensed Permanency Specialist to capture all the different disciplines available to provide services.

Reviews are being conducted of past employee lists and some targeted recruitment is being conducted by SFCS from the list. Interviews are currently being conducted and SFCS had made offers to practicum students graduating in May 2017. Starting in April, individuals who have a relationship with a past employee will be reaching out to see if they would be interested in returning to the agency.

SFCS continues to offer employees the opportunity to provide feedback and solutions around different areas of the organization. This is being done through facilitated work groups that are championed by a Chief Officer or a Vice President. There has been work done around the SFCS on call system in an effort to reduce the work load of staff to help with retention. This group has been meeting for some time, and a final plan was presented and approved third quarter of SFY 2017. The new on call system continues to be piloted in the Wichita Region, and the group is working through some minor challenges that have developed through this process. The On Boarding workgroup presented their final plan to leaders throughout the organization on 3/16/17.
They developed a consistent process to introduce new people to the agency and provide training. Similar to the Wichita Region, the West Region has been approved to hire a training dyad.

Efforts to employ this dyad will begin fourth quarter of SFY 2017, and the On Boarding Program will kick off on May 1, 2017. The final work group came together towards the end of third quarter of SFY 2017. The group is looking at the work load of each position and developing strategies to equally distribute the work throughout SFCS. This group has spent a lot of time looking at data and gathering feedback from employees across the agency. Recommendations from this group have not been presented to leadership. Each of these work groups are led by a staff member, have staff members as participants, and provide recommendations to Leadership. A New Leadership Training for new Supervisors and Directors is being developed by SFCS HR Department. Three trainings were offered, and the feedback from those who participated has been positive.

For SFY 2017, July 1, 2016 through March 31, 2017, a total of 37,036 monthly child visits occurred.

State of Kansas
Prevention and Protection Services
Workers Visits
Federal Reporting Summary - Statewide

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Visits included up to 03-31-2017
The Department for Children and Families (DCF) Prevention and Protection Services (PPS) received an Adoption and Legal Guardianship Incentive Payment Award in FY2016. This was the first in several years. The award amount received is 21 percent of the total award. Adoption Incentive funding is tracked through the DCF budget division. The FFY2016 award amount received was not spent in SFY 2017.

In 2015, the Department for Children and Families (DCF) expanded the Adopt Kansas Kids (AKK) contract to form the Kansas Post Adoption Resource Center (K-PARC). K-PARC, and DCF, worked together to develop and identify the services and supports that address the unique needs of families who have adopted children from foster care, or who are providing permanent care as a result of a relative/kinship placement. Adoptive and relative/kinship families often find the need for support grows in the years after their adoption or placement is finalized. K-PARC services include the following:

- Adoptive Parent Retreats: In each region K-PARC provides two-day relationship and parent education programs. In FY 2017 256 parents have been served to date.
- Parents Circle: Parents attend two-hour classes once a week for ten weeks to learn the skills of Trust-Based Parenting (e.g. TBRI - Trust-Based Relational Intervention). The pilot class served eleven adults representing six families of these families three had children returning from a Psychiatric Treatment Facility. Client outcome data is being collected to identify treatment impact for parents. A total of 218 training hours were delivered (participant attendance x class hours) – only one session was missed by one family.
- Kids Club: Children learn the skills of healthy attachment in Kid’s Club while their parents attend the Parents Circle. Seven children attended Kids Club. Anecdotal evidence indicates positive behavior changes resulted from child and youth participation in Kids Club.
- Workshops: 42 hours of training has been provided across the state for adoptive/kinship families with an additional 18 hours scheduled in May and June 2017. Workshop topics...
• Peer Support: Training is provided to experienced adoptive parents, and new or struggling adoptive parents are matched with trained peers who can offer on-going support. To date 16 peer support matches have been made in FY17.
• Referrals and Information Services: K-PARC assists families seeking therapy, services, educational advocacy, or just an answer to a question they are struggling to figure out. Data collection for this outcome started December 2016. To date referrals or information services have been provided to at least 81 families.
• The Kansas Adoption Advisory Council: The Council was created by parents to provide leadership for K-PARC, volunteer for adoption events, and help staffing Retreats. K-PARC provides support for adoption professionals by identifying resources and training opportunities. The Council has met each month except for March. Council members have organized workshops, passed out congratulations packets, staffed retreats, met with families in crisis and mentored adoptive youth in families that were struggling. K-PARC and DCF plan to expand services for families and professionals as resources become available.

In SFY 2018, PPS will continue to build the capacity of the Kansas Post Adoption Resource Center (K-PARC). Plans include the addition of post-adoption case management services for families at risk of dissolution. This service will be available to all adoptive families in Kansas, regardless of whether the adoption was from foster care, international or private, as a prevention measure to avoid children from a dissolved adoption entering foster care. The ongoing impact of in utero or early childhood trauma can destabilize good placements, challenge solid marriages, and put children at risk even in the healthiest of families. In SFY 2018, K-PARC will work to more fully extend the mission of DCF and AKK to Post-Adoptive Families through expanding 1) parent education, 2) peer support, and 3) resource development and referrals.

Another way PPS plans to utilize Adoption Incentive funds is 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 includes 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 is a group of child placing agencies (CPAs) who assess, develop and support 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 have been served through consortium agencies: 27 families have been added to the Adopt Kansas Kids website, and six others either are matched, have a placement or have finalized their adoption.

A monthly list of first time adoption subsidy and permanent custodian payees is sent to K-PARC by DCF. The Kansas Post Adoption Resource Center then send these families a letter about K-PARC services and supports and encourage them to sign up for continued outreach.
X. QUALITY ASSURANCE SYSTEM

Kansas Department for Children and Families (DCF) Prevention and Protection Services (PPS) reports data using a Federal Fiscal Year (FFY) time frame as well as by the State Fiscal Year (SFY). This approach allows Kansas to be more readily informed of performance as well as report on outcomes and measures based on our state time frame. Kansas utilizes data from the Children and Family Services Review (CFSR) Data Profile which is comprised of data submitted through biannual federal submission of Adoption and Foster Care Analysis Reporting System (AFCARS) and the annual federal submission of National Child Abuse and Neglect Data System (NCANDS).

Kansas has strong data quality as evidenced by consistently meeting the AFCARS standards specified in 45 CFR 1355.40 (e). Kansas has had no required resubmission of AFCARS files since the FFY 2007 file. Kansas has submitted the annual NCANDS file since 1995, meeting all data quality validation standards required.

Kansas also has a robust case review system for a number of PPS programs and processes. Case read instruments are utilized to review a sample of cases each quarter from each of the DCF regions. Cases are reviewed by DCF Regional Continuous Performance Improvement (CPI) staff and as appropriate CPI staff from the Child Welfare Case Management Providers in each region. While CPI case review staff are experienced in the programs and processes under review, they have no direct responsibility for the programs, processes, cases or staff under review.

In SFY 2015, Kansas completed a Title IV-B Statewide Assessment, Attachment 3, in preparation for Children and Families Services Review (CFSR) Round 3 to begin, review Section IV Assessment of Systemic Factors, Item C, Quality Assurance System on page 87-112.

Kansas received its CFSR Round 3 Final Report on December 22nd, 2015, Attachment 24. Since receiving this report Kansas has been diligently working on its Program Improvement Plan (PIP) and received approval on April 13th, 2017, Attachment 18. Kansas will begin the first PIP measurement case reviews with stakeholder interviews in July 2017. Kansas’ regional CPI staff will complete these reviews using the Federal Onsite Review Instrument and the Online Monitoring System. Kansas will continue to the next PIP measurement case review quarter, outlined in Attachment 18, until all of the following case review item goals are met:

<table>
<thead>
<tr>
<th>CFSR Item</th>
<th>Item Description</th>
<th>PIP Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 2</td>
<td>Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care</td>
<td>96.5%</td>
</tr>
<tr>
<td>Item 3</td>
<td>Risk and safety assessment and management</td>
<td>85.0%</td>
</tr>
<tr>
<td>Item 4</td>
<td>Stability of foster care placement</td>
<td>79.3%</td>
</tr>
<tr>
<td>Item 5</td>
<td>Permanency goal for child</td>
<td>74.7%</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Percentage</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>6</td>
<td>Achieving reunification, guardianship, adoption, or other planned permanent living arrangement</td>
<td>72.3%</td>
</tr>
<tr>
<td>12</td>
<td>Needs and services of child, parents and foster parents</td>
<td>66.3%</td>
</tr>
<tr>
<td>13</td>
<td>Child and family involvement in case planning</td>
<td>72.8%</td>
</tr>
<tr>
<td>14</td>
<td>Caseworker visits with child</td>
<td>85.0%</td>
</tr>
<tr>
<td>15</td>
<td>Caseworker visits with parents</td>
<td>63.9%</td>
</tr>
</tbody>
</table>

**XI. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)**

**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:**  
Susan Gile  
DCF Administration Building, 4th Floor  
555 S Kansas Ave  
Topeka, KS 66603  
Phone: 785-296-5254  
Fax: 785-368-8159  
E-mail: susan.gile@ks.gov

**APPLICANT AGENCY’S EMPLOYER IDENTIFICATION NUMBER:**  
48-6029925

**DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS):**  
175-937-804

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state’s eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. (Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.)

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 or Regulations related to prevention of child abuse and neglect in the 2016 legislative session. On July 1, 2016, new legislation went into effect which expands the definition of Sexual Abuse as it
relates to Human Trafficking. In SFY 2017 there have been no substantive changes which would affect eligibility for CAPTA. On July 1, 2016, new legislation went into effect which expands the definition of Sexual Abuse as it relates to Human Trafficking. The full statute for Human Trafficking can be found at http://www.kslegislature.org/li/b2017_18/statute/021_000_0000_chapter/021_054_0000_article/021_054_0026_section/021_054_0026_k/, the specific statute is 21-5426(b). In SFY 2017 there have been no substantive changes which would affect eligibility for CAPTA.

Describe any significant changes from the state’s previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

The 2010 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
- 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.

Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state’s approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2016 (section 108(e) of CAPTA).

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 attendance at;

- Annual Governor’s Conference for the Prevention for Child Abuse and Neglect,
- Finding Words,
- Human Trafficking,

- Kansas implemented the CORE Curriculum in SFY 2017. This is a comprehensive training curriculum consisting of eight modules of training. The primary staff targeted for the training are new staff and their supervisors.
• The Kansas Behavioral Sciences Regulatory Board (BSRB) requires CPS Specialists licensed by said board to maintain their licenses per BSRB rules and regulations.
• One course CPS Specialists utilizes live actors paid by CAPTA funds to give staff the experience of conducting live interviews.
• Federal CAPTA funds are also utilized to provide a home visitor safety course for PPS staff.

A contract continues between DCF and Connections Unlimited 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.

Submit a copy of annual citizen review panel report(s). Include a copy of the state agency’s most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system. (See section 106(c)(6) of CAPTA.)


Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015
As addressed in last year’s APSR PI (ACYF-CB-PI-16-03), the Justice for Victims of Trafficking Act of 2015 included amendments to CAPTA that become effective on May 29, 2017. Key provisions include the following:

The law amended CAPTA’s definition of “child abuse and neglect” and “sexual abuse” by adding a special rule that a child shall be considered a victim of ‘child abuse and neglect’ and of ‘sexual abuse’ if the child is identified, by a state or local agency employee of the state or locality involved, as being a victim of sex trafficking or a victim of severe forms of trafficking in persons, as defined in paragraph (10) and described in paragraph (9)(A), respectively, of section 103 of the Trafficking Victims Protection Act (TVPA) (22 U.S.C. 7102).

As defined in section 103(10) of the TVPA, “sex trafficking” means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

Paragraph (9)(A) of section 103 of the TVPA describes “severe forms of trafficking in persons” to mean in part sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

The amendments also specify that, notwithstanding the general definition of a “child” in CAPTA, a state may opt to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to a person who has not attained age 24.
In addition to expanding the definitions of child abuse and neglect and sexual abuse applicable to the CAPTA State Grant, the law added new requirements to the list of assurances a state must provide to receive a CAPTA State Grant. Each state will now need to provide an assurance that the state has in effect and is operating a statewide program, relating to child abuse and neglect that includes:

- provisions and procedures regarding the identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(10) of the TVPA); and

When a report is received alleging human trafficking PPS policy requires the report be assigned for investigation. The reports are assigned for alleged sexual abuse. In July 2016 Kansas statute was amended to include Aggravated Human Trafficking to the definition of Sexual Abuse. Reports are coordinated with law enforcement agency or agencies having jurisdiction over the criminal activity. Additional policies address making reasonable efforts to locate the alleged victim of human trafficking.

- provisions and procedures for training CPS workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters to serve this population.

Staff completing Human Trafficking investigations are required to complete two online courses regarding sex trafficking within six months of hire. In December 2013, Girls Educational and Mentoring Services (GEMS) trainer Ali Wolf provided a five-hour classroom training for Kansas. A 3 ½ hour online course has been developed with permission from the GEMS course which provides PPS staff an understanding of best practices for establishing an open and honest relationship with youth who are potential victims of sex trafficking. The objectives of this course include:

- Understand basic language and sensitivity when working with victims of commercial sexual exploitation;
- Identify indicators and risk factors for victims;
- Become aware of the pathways and precursors of entry into the commercial sex industry;
- Understand the violence and impact of trauma experienced by victims;
- Learn victim identification and engagement practices;
- Learn some of the practices utilized by GEMS in working with victims.

In September-October, 2013, Stefania Agliano from the State of Connecticut Department of Children and Families Academy for Family, Workforce Knowledge and Development provided a Train the Trainer for Domestic Minor Sex Trafficking. Kansas PPS adapted this course and provided training for all PPS staff and CWCMP staff in the fall of 2013. The content of this course was updated by PPS and an online course was developed and required for PPS staff. This course provides an introduction to human trafficking and the PPS policy and procedures to address this issue. The objectives of this course include:

- Recognize the scope of human trafficking;

In September-October, 2013, Stefania Agliano from the State of Connecticut Department of Children and Families Academy for Family, Workforce Knowledge and Development provided a Train the Trainer for Domestic Minor Sex Trafficking. Kansas PPS adapted this course and provided training for all PPS staff and CWCMP staff in the fall of 2013. The content of this course was updated by PPS and an online course was developed and required for PPS staff. This course provides an introduction to human trafficking and the PPS policy and procedures to address this issue. The objectives of this course include:

- Recognize the scope of human trafficking;
- Define human trafficking including federal legislation, state statutes and regulations, and PPS policy;
- Utilize resources to assess human trafficking, including:
  - Prepare to investigate and assess human trafficking cases;
  - Identify risk factors for human trafficking;
  - Apply engagement and interview strategies to engage with a your where human trafficking may be indicated;
  - Utilize Rapid Response Team when appropriate.

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.

The amendments also add to the list of data elements a state must annually report, to the maximum extent practicable, as a condition of receiving their CAPTA State Grant. Beginning with submission of FY 2018 data, the CB expects to ask states to report the number of children who are victims of sex trafficking through NCANDS. Additional information on NCANDS data reporting will be provided separately from this PI.

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.

As a reminder, states are required to submit new CAPTA assurances relating to sex trafficking on or before May 29, 2017. These assurances are to be provided in the form of a certification signed by the State’s Governor (see Attachment F). If the state has already submitted the signed assurance, there is no need to submit it again. If the state has not yet submitted the assurance, it must do so by May 29, 2017. State officials may contact their CB RO if unsure about whether the assurance has already been submitted.

Kansas submitted the CAPTA assurance on May 12, 2017.

Provide an update on the steps the state has taken to address the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015 since submission of the 2017 APSR and CAPTA Annual Report.

The current agency policy is to identify, assign and assess all reports of alleged child sex trafficking.
The reports are assigned for alleged sexual abuse. 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 services or make referrals for services.

Identify any continued technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

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.

If the state has not submitted the Governor’s Assurance Statement and is not able to demonstrate compliance with the amendments relating to trafficking, the state must coordinate with the CB RO in developing a Program Improvement Plan (PIP). The PIP must address the specific steps the state will take to come into compliance with these provisions by no later than June 30, 2018. The state must submit the PIP for approval by CB with the Annual CAPTA Report.

Kansas submitted the CAPTA assurance on May 12, 2017

Amendments to CAPTA made by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA)

As noted in Section A of this PI, CARA included amendments to CAPTA’s provisions relating to substance exposed newborns and plans of safe care. The amendments became effective upon enactment of CARA (July 22, 2016). (Please see Information Memorandum ACYF-CB-IM-16-05, issued August 26, 2016 and Program Instruction ACYF-CB-PI-17-02, issued January 17, 2017 for additional information and guidance.) In brief, CARA:

- 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 that plans of safe care address the health and substance use disorder treatment needs of both infants and their families or caretakers;

Added a requirement that states develop a system to monitor implementation of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services to infants and affected family or caregivers; and

Added annual data reporting requirements relating to: o the number of infants identified under subsection 106(b)(2)(B)(ii);
- 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.
The Children’s Bureau (CB) intends to collect this data through NCANDS beginning with the submission of FY 2018 data. Information on reporting these data to NCANDS will be provided separately.

In the 2018 CAPTA Annual Report:
Provide an update on the steps the state has taken since submission of the 2017 APSR and Annual CAPTA Report and the passage of the CARA amendments to implement the provisions in section 106(b)(2)(B)(ii) - (iii) of CAPTA, to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

To meet the requirements of CARA legislation, Kansas has implemented new policy 2050 Plan of Safe Care, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), 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 will be 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 will occur 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 will be adding 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.

In SFY 2018 Prevention and Protection Services (PPS) staff will 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.

Provide information on any changes to laws, policies or procedures relating to the identification and referral to Child Protective Services (CPS) of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

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. In the end, the decision was made to include it because 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 NAN. 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 has a pending regulation change which will make a report alleging a substance affected infant an abuse/neglect allegation. It is intended to have this regulation change completed in SFY 2018. This new regulation will not prevent the agency from providing services as a Non-Abuse/Neglect report if a family is requesting services due to substance use after giving birth.

As the CARA changes are implemented, the PPS Program Administrator will be initiating a workgroup to consist of PPS Administrative staff, PPS regional staff and will invite representatives from the medical community including hospital staff, doctors who work with pregnant women and newborns, substance abuse treatment providers, and others identified who will 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.

**Provide an update on the state’s policies and procedures regarding the development of plans of safe care to address the health and substance use disorder treatment needs of substance-exposed infant and their families or caretakers.**

A new policy PPM 2050 Plan of Safe Care ([http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/)) has been 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 two assignment types that will require the Child Protection Specialist to consider whether a Plan of Safe Care is needed: a Pregnant Woman Using Substances, or a NAN assigned for Substance Exposed Infant. 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 will be 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 will occur 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.
XII. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

A. Agency Administering the CFCIP

Prevention and Protection Services (PPS) is a division of the Kansas Department for Children and Families (DCF) and is responsible for administering the State’s child welfare programs, including the John H. Chafee Foster Care Independence Program, according to federal statutes and requirements. The Kansas Chafee Foster Care Independence Program (CFCIP) seeks to provide youth transitioning from custody to independence with support and guidance while they successfully navigate the path to self-reliance. As an agency that places heavy emphasis on data and program evaluation, PPS Independent Living (IL) will participate in national program evaluations of its effectiveness in achieving the purposes of the Chafee Program.

B. Description of Program Design and Delivery

The Kansas CFCIP ensures the life skills that begin at age four continue to be 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 youth participate in identifying tasks for the development of the Learning, which is included in the overall case plan.

Services of the Kansas Chafee Foster Care IL program are available to youth beginning at age 15. All youth in out-of-home placement must have a case plan and receive services that assist in the development of life skills. Transition planning begins at age 16 if the case plan goal is Another Planned Permanent Living Arrangement (APPLA), or at age 17, regardless of case plan goal.

The Child Welfare Case Management Providers (CWCMP), and foster parents, are responsible for teaching or arranging information to be provided to youth regarding all aspects of life skills. As youth complete the CLSA, they identify life skills domains on which to work. The Casey Life Skills domains are as follows:

- Maintaining Healthy Relationships
- Daily Living Activities
- Planning and Goal Setting
- Using Community Resources
- Work and Study Skills
- Budgeting and Paying Bills
- Career Planning
- Computer Literacy
- Permanent Connections to Caring Adults

All youth age 16 with an APPLA case plan goal in out-of-home placement who are anticipated to remain in care until age 18, and all youth age 17, regardless of case plan goal, in out-of-home placement, participate in transitional planning that occurs prior to each case plan every 170
days until the youth is released from custody. The DCF IL Coordinator or designee with DCF 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 transition from foster care services to self-reliance. Transition planning ensures no gaps in services occur between the time a youth leaves the care of the CWCMP and then receives services from the PPS IL program. A transition plan is developed with youth that addresses the areas where they will receive assistance:

- Obtaining identifying documents, such as birth certificate, Social Security card, education and medical records, citizenship/immigration documents, voter registration, state photo ID or driver’s license, medical power of attorney, and selective service registration
- Education: including plans for secondary and post-secondary education completion, including ACT/SAT preparation, tutoring, Free Application for Federal Student Aid (FAFSA) application, completing admission application, placement testing, credit recovery program, vocational rehabilitation referral, Individualized Education Program (IEP), 504 plan, and award of high school diploma upon meeting state minimum graduation requirements
- Housing: including current living situation, plans for where the youth will live when released from custody, assistance in locating housing and completing applications, understanding and signing rental contracts, developing a budget for housing costs, planning for roommates, contacting utilities and paying deposits
- Employment/personal finances: may include assistance in preparing a resume, 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), referral to vocational rehabilitation
- Health: including continuing Medicaid coverage, providers and locations of where the youth will receive medical, mental health and other related services, learning how to schedule appointments, fill prescriptions, learning about medications and the importance of continuing to take medications
- Transportation: including current available and needed transportation, obtaining a driver’s license, bus pass, and owning and maintaining a vehicle
- Connections for success: identifying adults or other resources the youth can reach out to as a connection for success in each of the areas of their transition plans, and obtaining a mentor
- Assessing the youth’s interest in participating in Regional Youth Advisory Council (RYAC) and/or Kansas Youth Advisory Council (KYAC).

The Transition Plan for Successful Adulthood, PPS 3059, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/); provides an opportunity for youth to identify connections with specific adult individuals whom they can rely upon for support and/or guidance in the areas of: overall/everyday living, housing, employment, transportation, finances and education. To be included in the data below and considered a connection for success, a youth is required to identify a specific adult individual for help with overall/everyday living. The overall/everyday living connection is deemed by youth as the most meaningful. During SFY 2017, July 2016 to March 2017, 251 youth ended custody with the Secretary, while 120 of these adults had an Identified Connection for Success. 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 and Wyandotte Counties. YouThrive has begun expanding to Sedgwick County and will begin serving youth starting in October 2017. Plans are underway to further expand YouThrive services to counties with identified need across the state. TANF funds will be used to facilitate this expansion.

Connections for Success July 2016 to March 2017

Youth who leave custody or are emancipated 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 or emancipation. The exit interview is used as another method of verifying the following information has been provided to youth:

- The process to request services after their release from DCF custody along with appropriate referral forms;
- The updated record of dental, eye care, immunizations, medical services, genetic information, and providers;
- Essential identity and other documents noted above;
- Information and application for the Aged Out Medical Card Program;
- Information about the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions;
- 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; and
- The National Youth in Transition Database and the importance of providing feedback through the surveys.
The CWCMPs give youth information about resources for housing, employment, health care, education, etc., upon leaving the custody of the Secretary. The resources include information on services provided through the PPS IL program. All eligible youth are assisted in completing the application for the Aged Out Medical Card and are given a postcard to send to their IL Coordinator when their address changes. All youth are also given laminated cards with the PPS Administration number and website, which youth can contact for IL services anytime up until their 21st birthday or help in finding other resources if they are over 21. Youth are issued State photo IDs starting at age 16. During SFY 2016, a second laminated card was developed for provision to youth who are eligible for aged out medical coverage. The Aged Out Medical Coverage card provides contact information for the clearinghouse and managed care organizations. IL Service Eligibility Card images are on the following page.

**Independent Living Services Eligibility Card**

![Image of IL Services Eligibility Card]

*If interested, contact your local Kansas Department for Children and Families (DCF) office and ask for the Independent Living Coordinator. You may also contact the State Independent Living Coordinator with the DCF Prevention and Protection Services Division at 785-296-4653. To find the DCF office nearest you, or to learn more, visit [wwwDCFksgov](http://wwwDCFksgov). Strong Families Make a Strong Kansas*

**Aged Out Medical Coverage Card**

![Image of Aged Out Medical Coverage Card]

*Annual reviews for youth receiving an Aged Out Medical card are required. Reviews need to be returned timely to the KanCare Clearinghouse by fax or mail.*

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax</td>
<td>1-800-490-1255</td>
</tr>
<tr>
<td>Mail</td>
<td>KanCare Clearinghouse PO Box 2599 Topeka, KS 66601</td>
</tr>
<tr>
<td>Reminders</td>
<td>Youth are responsible for keeping the KanCare Clearinghouse informed of your current address by calling 1-800-763-4944 each time you move. If address changes are not reported, youth are at risk of losing medical coverage.</td>
</tr>
</tbody>
</table>

The IL program serves young adults from age 18 who have been released from the State’s custody until age 21 or 23, if enrolled in post-secondary education or training programs. Independent Living is a voluntary program and young adults may receive services anywhere in the state of Kansas. Young people ages 18 to 23 complete the CLSA and develop an open formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is driven by the young person and identifies his/her goals as well as the steps to achieve those goals. Young
adults involved in the Independent Living 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, assistance with checking and correcting credit reports, life skills and other services as identified by the adult.

The Kansas Foster Child Educational Assistance Act, which began July 1, 2006, requires tuition and fees to be waived by Kansas Board of Regents educational institutions for DCF youth who meet the eligibility criteria, up until the semester the youth turns 23 years. Youth receive additional funds through Education Training Voucher (ETV) to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid option and extended Medicaid coverage to young people until the month of their 26th birthday, for young adults who leave the State’s Custody at age 18. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card.

Eligible youth may receive additional services that have been identified as needs by the youth in order to become independent. All youth who receive self-reliance services, regardless of age, are also required to have a Self-Sufficiency Case Plan; maintain, at a minimum, monthly contact with their IL Coordinator; and participate in case plan reviews held at least every six months.

To strengthen the IL program, the State has identified the need to inform community agencies, schools, faith-based organizations, juvenile justice programs, and businesses of the CFCIP services and resources available to youth formerly in foster care. Materials such as brochures, posters, banners and handouts continue to be developed and are distributed to inform the public about the Kansas IL program. Presentations have been provided at the Governor’s Conference for the Prevention of Child Abuse and Neglect and statewide stakeholder meetings. During August of 2016, the IL program Manager and the Wichita Region IL Supervisor presented at the Kansas Housing Resource Corporation (KHRC) Conference to continue creating awareness and promoting support for youth who have transitioned from foster care to adulthood. The IL program Administration staff shall continue publishing a quarterly newsletter PPS and CWCMP staff and youth.

Technical assistance is provided through the formation of a statewide IL Policy Workgroup, comprised of PPS and CWCMP IL staff who participate in program and policy development. The IL Assistant Program Manager and IL Transition Planning and Supports Coordinator will utilize evidence-based research to explore training curriculums for possible implementation with IL staff. Training materials have been purchased during SFY 2016 that include information on Adverse Childhood Experiences and working with youth aging out of foster care; these materials have been distributed to staff during SFY 2017 for implementation and enhanced education.

The IL Policy Workgroup, over a two year period, has been able to update, revise and improve all forms and Independent Living related policies. The IL Section of the Policy and Procedure manual experienced a significant revision, effective July 1, 2016. This revision has resulted in improved flow of the manual, enhanced practice, a unified collective voice and ease of use. The IL Policy Workgroup, comprised of regional IL supervisors and IL administrative staff, reviewed
existing policy and practice implementation and made changes to reflect best practice protocol for serving the target population. IL regional staff and CWCMP staff have shared positive feedback regarding the manual revisions. Policy is reviewed on an ongoing basis via the IL Policy Workgroup and changes are made as needed.

The IL Transition Planning & Supports Coordinator and IL Assistant Program Manager together have developed multiple communication tools for utilization which include: desk guides, program brochures, quarterly newsletters, post card mailers, PowerPoint presentations, point of contact magnets, tactile education tools for youth groups, resource lists for youth in care, transition packets for youth exiting care, etc. These positions continue to focus on collaboration within the program and with multiple community partners through involvement of community and faith-based groups in exploring initiatives to support youth in care.

Each of the DCF regions are currently implementing a consistent organizational service delivery model that includes PPS IL services. This organization structuring model allocates a regional supervisory position designated as the Independent Living/Adoption Supervisor, with three assigned Regional IL Coordinators. Prior to this implementation, many IL staff members were assigned to multiple service programs. The State of Kansas recognizes a significant opportunity for program enhancement with the development of the two additional positions in Administration and dedicated IL staff within the regions.

**Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Councils (RYAC)**

The Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Councils (RYAC) are designed to empower youth by having an organized structure for them to provide advice and recommendations concerning the child welfare system in Kansas and on a national level.

The Youth Councils are organized by two levels of council participation. Each CWCMP region hosts a RYAC. 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. A Strategic Planning Conference (SPC) is facilitated by KYAC annually. Issues are identified by KYAC members at the SPC which are concerning to older youth in foster care and to youth who have aged out. The work plan developed by KYAC is presented to the PPS Director and the Secretary of DCF or designee. See Attachment 30 Kansas Youth Advisory Council (KYAC) 2016 Work Plan, Attachment 31 Kansas Youth Advisory Council (KYAC) Memo. 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 CFCIP program, as it is a basis for coordinating work on specific projects, such as the passage of Senate Bill 23 regarding high school diplomas for youth in foster care, and mentoring initiatives. Work plan objectives have been manifested through legislation, court improvement initiatives and changes in policy and practice.

Basic Chafee eligible youth ages 15 to 20 are encouraged and offered the opportunity to participate in RYAC and KYAC events.

**Topics PPS IL program requests RYAC cover:**
- Money Management
- Employment/Job Seeking
- Housing
- Healthy Relationships
- Health Care—the group would like to cover basic first aid (have list of CPR classes to get certified); making appointments, refilling prescriptions, etc.
- College/Life Preparations—FAFSA, scholarships, education expenses and college tours; general tasks such as laundry, car repair.

View Attachment 32, Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Council (RYAC) Progress Reports SFY 2017 for update on topics covered.

**Saint Francis Community Services (SFCS) Regional Youth Advisory Council (RYAC) Support and Community Partnerships:**

RYAC participation is open to any current and former foster youth above the age of 15 years old. Though the number of RYAC participants is not limited, only five youth from each RYAC may serve on the KYAC. Twenty-four total youth may serve on the KYAC, including five youth from each RYAC and four youth representing the tribes.

Throughout SFY 2017, the West and Wichita regional RYACs utilized the Healthy Empowering Adolescent Relationship Training (HEART) curriculum from the Children’s Alliance of Kansas. This program focuses on assisting youth to discover more about themselves and the people around them. The HEART curriculum has eight identified characteristics of Healthy Relationships: Mutual Respect, Trust, Honesty, Support, Fairness/Equality, Separate Identities, Good Communication and Caring.

The Primary Colors survey helps youth learn more about their personality characteristics, strengths and weaknesses and how they interact with others.

Reference Attachment 32 Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Council Progress Report SFY 2017 for detailed descriptions of monthly meetings.

- Kansas Kids at Gear-Up continue to partner monthly with SFCS at the RYAC meetings. Staff from Gear-Up regularly connect RYAC youth to resources such as the Oracle Program, Jobs for America’s Graduates and other programs that assist youth in care to complete high school and prepare for college.
- SFCS staff are participating in quarterly staffing’s with PPS IL staff to review urgent and upcoming cases. These days allow staff on both sides to share pertinent information regarding youth preparing to transition from foster care into adulthood.
- SFCS staff participate in multiple community programs, including Young People in Recovery (YPR) and KanCare Public Hearings.
- SFCS staff hold monthly data sharing meetings with their Quality Management department to share and discuss data tracking for youth transitioning from foster care into adulthood.
- SFCS staff frequently present to community partners, such as the Manhattan Lions Club, on the IL program and benefits.
• SFCS staff have initiated a monthly internal IL workgroup to discuss transition planning and other issues facing youth aging out of foster care. These meetings include SFCS staff from both the West and Wichita regions.

• The Kansas Youth Empowerment Academy works closely with the SFCS CWCMP IL department to include I/DD youth involved with RYAC in the My Life workshops held throughout the state.

• SFCS has also partnered with YouThrive in the Kansas City area, referring youth to their mentor program that connects youth with support families and helps youth build a savings account with matched savings.

KVC Regional Youth Advisory Council (RYAC) Support and Community Partnerships:
July 2016 – April 2017

Reference Attachment 32, Kansas Youth Advisory Council (KYAC) and RYAC Progress Report SFY 2017 for detailed descriptions of monthly meetings. Advisors serve on many community boards and committees to address issues with youth aging out of care.

• United Community Services of Johnson County (UCS) fights to end homelessness and poverty. This committee examines local policies and existing services in an attempt to address the needs of youth leaving care.

• Call to Action Committee focuses on keeping teens in school in Unified School District (USD) 500 until graduation. This committee is comprised of service providers, educators and community members that address the issues that cause youth to drop out of school. The goal is to replicate this committee in other areas to increase graduation rates.

• KVC staff participate in the Transitional Age Youth (TAY) Leadership Committee for Johnson County. This committee gathers community members to address barriers of youth aging out of care.

• KVC supported initiation of a mentoring program for youth preparing to age out of foster care. This program was transitioned to YOUTHRIVE, but KVC continues to work closely with them to refer youth for supportive services.

• KVC also has a long established relationship with Church of the Resurrection, which holds various events for youth throughout the year, including a graduation party for high school seniors and a vehicle information workshop.

• KVC staff have been working with Johnson County Community College and a donor to establish a scholarship fund for youth aging out of foster care and are hopeful that it will be available by August.

• Kansas Kids @ GEAR UP now attends every RYAC meeting and provides transportation and staff for the events. This allows more youth to attend and to see the agencies as partners in setting educational goals

C. Serving Youth Across the State

Each DCF region is served by an IL Coordinator with the CWCMP, and by three PPS IL Coordinators, assigned to specific geographical areas within each region. Service to youth under tribal custody is ensured through consultations with the tribes, tribal youth involvement in CFCIP activities, and reporting of the National Youth in Transition Database (NYTD) served
population. Youth in Kansas Department of Corrections-Juvenile Services (KDOC-JS) custody are served through KDOC-JS community supervision officers and residential providers who are informed of IL services from KDOC-JS. Youth in KDOC-JS custody can contact any PPS IL Coordinator to request services. Outreach is conducted with KDOC-JS offices via PPS IL Administration and PPS Regional IL staff.

The SFY 2016 Independent Living /Self-Sufficiency Annual Report provides data by region, age and gender about the number of youth served in each program: ETV, IL subsidy, Basic Chafee, and the tuition waiver. The report indicates the Wichita Region served the largest percentage of young adults with Basic Chafee funds in SFY 2016.
### Table 1: Basic Chafee Funds Youth Served SFY2012 - SFY2017 YTD (July - March)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Adults Served</td>
<td>485</td>
<td>407</td>
<td>369</td>
<td>400</td>
<td>422</td>
<td>387</td>
</tr>
<tr>
<td>Payment Totals</td>
<td>$312,570</td>
<td>$304,897</td>
<td>$286,249</td>
<td>$240,148</td>
<td>$294,829</td>
<td>$277,944</td>
</tr>
<tr>
<td>Annual Average per Young Adult</td>
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<td>$749.23</td>
<td>$613.14</td>
<td>$690.57</td>
<td>$696.75</td>
<td>$666.62</td>
</tr>
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</table>

### Table 2: Basic Chafee Funds Youth Served by Region SFY2012 - SFY2017 YTD (July - March)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>110</td>
<td>98</td>
<td>108</td>
<td>115</td>
<td>118</td>
<td>91</td>
</tr>
<tr>
<td>Kansas City</td>
<td>117</td>
<td>119</td>
<td>99</td>
<td>80</td>
<td>102</td>
<td>69</td>
</tr>
<tr>
<td>West</td>
<td>114</td>
<td>77</td>
<td>58</td>
<td>84</td>
<td>70</td>
<td>77</td>
</tr>
<tr>
<td>Wichita</td>
<td>144</td>
<td>113</td>
<td>104</td>
<td>117</td>
<td>122</td>
<td>150</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>485</td>
<td>407</td>
<td>369</td>
<td>400</td>
<td>422</td>
<td>387</td>
</tr>
</tbody>
</table>

### Table 3: Independent Living Subsidy Youth Served SFY2012 - SFY2017 (July - March)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Adults Served</td>
<td>270</td>
<td>323</td>
<td>344</td>
<td>315</td>
<td>302</td>
<td>247</td>
</tr>
<tr>
<td>Payment Totals</td>
<td>$398,896</td>
<td>$494,460</td>
<td>$590,988</td>
<td>$477,439</td>
<td>$510,808</td>
<td>$539,181</td>
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<tr>
<td>Annual Average per Young Adult</td>
<td>$1,477.39</td>
<td>$1,530.84</td>
<td>$1,587.46</td>
<td>$1,615.68</td>
<td>$1,691.42</td>
<td>$1,413.69</td>
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</table>

### Table 4: Independent Living Subsidy Youth Served by Region SFY2012 - SFY2017 YTD (July - March)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>58</td>
<td>107</td>
<td>124</td>
<td>82</td>
<td>82</td>
<td>49</td>
</tr>
<tr>
<td>Kansas City</td>
<td>52</td>
<td>78</td>
<td>80</td>
<td>95</td>
<td>97</td>
<td>70</td>
</tr>
<tr>
<td>West</td>
<td>92</td>
<td>84</td>
<td>78</td>
<td>87</td>
<td>69</td>
<td>68</td>
</tr>
<tr>
<td>Wichita</td>
<td>56</td>
<td>54</td>
<td>62</td>
<td>51</td>
<td>54</td>
<td>60</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Statewide</td>
<td>270</td>
<td>323</td>
<td>344</td>
<td>315</td>
<td>302</td>
<td>247</td>
</tr>
</tbody>
</table>
ETV Youth Served by Region SFY 2012-SFY 2017 YTD

Table 5: ETV Youth Served SFY2012 – SFY2017 YTD (July - March)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Adults Served</td>
<td>386</td>
<td>402</td>
<td>371</td>
<td>397</td>
<td>357</td>
</tr>
<tr>
<td>Payment Totals</td>
<td>$645,509</td>
<td>$728,236</td>
<td>$715,719</td>
<td>$746,486</td>
<td>$796,528</td>
</tr>
<tr>
<td>Annual Average per Young Adult</td>
<td>$1,672.30</td>
<td>$1,811.53</td>
<td>$1,929.16</td>
<td>$1,880.32</td>
<td>$2,231.17</td>
</tr>
</tbody>
</table>

Table 6: ETV Youth Served by Region SFY2012 - SFY2017 YTD (July - March)

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>83</td>
<td>21.50%</td>
<td>99</td>
<td>24.60%</td>
<td>106</td>
<td>28.60%</td>
</tr>
<tr>
<td>Kansas City</td>
<td>92</td>
<td>23.80%</td>
<td>102</td>
<td>25.40%</td>
<td>100</td>
<td>26.90%</td>
</tr>
<tr>
<td>West</td>
<td>92</td>
<td>23.80%</td>
<td>85</td>
<td>21.10%</td>
<td>76</td>
<td>20.50%</td>
</tr>
<tr>
<td>Wichita</td>
<td>118</td>
<td>30.60%</td>
<td>116</td>
<td>28.90%</td>
<td>89</td>
<td>24.00%</td>
</tr>
<tr>
<td>Out-of-State Education</td>
<td>0</td>
<td>0.00%</td>
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<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>Unable to Determine</td>
<td>1</td>
<td>0.30%</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>386</td>
<td>100.00%</td>
<td>402</td>
<td>100.00%</td>
<td>371</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Foster Care Educational Assistance Program (Tuition Waiver) by Semester SFY 2012-SFY 2017 YTD

Table 7: Tuition Waiver data from SFY2012 - SFY2017 YTD (July - March)

<table>
<thead>
<tr>
<th>Initial Semester of Participation</th>
<th>SFY12</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
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</thead>
<tbody>
<tr>
<td>Fall</td>
<td>130</td>
<td>125</td>
<td>158</td>
<td>138</td>
<td>185</td>
<td>179</td>
</tr>
<tr>
<td>Spring</td>
<td>36</td>
<td>8</td>
<td>46</td>
<td>59</td>
<td>63</td>
<td>57</td>
</tr>
<tr>
<td>Summer</td>
<td>12</td>
<td>23</td>
<td>23</td>
<td>36</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>178</td>
<td>156</td>
<td>227</td>
<td>233</td>
<td>278</td>
<td>236</td>
</tr>
</tbody>
</table>
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 grade level. Data for SFY 2017 through March is below.

<table>
<thead>
<tr>
<th></th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>YTD Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases Opened During Month</td>
<td>30</td>
<td>25</td>
<td>30</td>
<td>15</td>
<td>15</td>
<td>12</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>15</td>
<td>16</td>
<td>16</td>
<td>175</td>
</tr>
<tr>
<td>Cases Closed During Month</td>
<td>14</td>
<td>7</td>
<td>4</td>
<td>37</td>
<td>33</td>
<td>16</td>
<td>11</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>176</td>
</tr>
<tr>
<td>Total Open Cases During Month</td>
<td>44</td>
<td>32</td>
<td>34</td>
<td>51</td>
<td>49</td>
<td>28</td>
<td>23</td>
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<td>Total Served This Fiscal Year</td>
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<td>855.9</td>
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</table>

<table>
<thead>
<tr>
<th>Gender - Cases Opened at Any Time During the Month</th>
<th>Male</th>
<th>Female</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases Opened During Month</td>
<td>204</td>
<td>103</td>
<td>226</td>
</tr>
<tr>
<td>Cases Opened During Year</td>
<td>320</td>
<td>145</td>
<td>465</td>
</tr>
<tr>
<td>Race and Ethnicity - Cases Opened at Any Time During the Month</td>
<td>American Indian/Native American</td>
<td>Asian</td>
<td>Black African American</td>
</tr>
<tr>
<td>Cases Opened During Month</td>
<td>155</td>
<td>113</td>
<td>67</td>
</tr>
<tr>
<td>Cases Opened During Year</td>
<td>335</td>
<td>257</td>
<td>135</td>
</tr>
<tr>
<td>Age (as of last day of the month) - Cases Opened at Any Time During the Month</td>
<td>Age 15</td>
<td>Age 16</td>
<td>Age 17</td>
</tr>
<tr>
<td>Cases Opened During Month</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cases Opened During Year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Highest Grade Level Completed - Cases Opened at Any Time During the Month</td>
<td>High School Diploma</td>
<td>College</td>
<td>Other</td>
</tr>
<tr>
<td>Cases Opened During Month</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cases Opened During Year</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: FACTS
REGIONAL PROGRESS AND SERVICE REPORTS

The Kansas Department for Children and Families (DCF) Independent Living (IL) Program is divided into four regions: East, West, Kansas City, and Wichita. Because of the vast geographical size of Kansas, varying services within each Kansas community, and the different needs of each region, each Independent Living region facilitates unique initiatives designed to serve current and former foster care youth as they transition into adulthood. Each region’s activities include local community-based collaborations and events, in addition to participation in statewide DCF IL efforts. Regional activities are listed below.

EAST REGION

Temporary Employment Positions at Regional DCF Office
The East Region offers work experiences to Independent Living (IL) youth by employing them in temporary positions within the agency. Selected IL participants are offered the opportunity to work at the local Department for Children and Families (DCF) office while working their IL plan. The program was offered to five participants over the past two years. Two participants have become full time DCF employees; both are still working on their educational attainment plans. At the end of the work experience, the region partners with the DCF Administration Personnel Services Department to train the youth in resume writing and interview skills. Once the youth complete their internships, they have work experience to add to their resumes, an employee reference from the agency, and an understanding of how to work in an office setting.

Homelessness/Housing
The three regional IL Coordinators work closely with community resources to assist homeless youth. The IL program has partnered with Chi Alpha in Topeka, a low cost community living opportunity sponsored by First Assembly of God. In Pittsburg the regional IL Coordinator works closely with Wesley House, an organization that provides a food pantry, as well as Catholic Charities and Section 8 Housing as resources for youth. In Parsons, the IL Coordinator works with the Youth Crisis Shelter, a foster care placement and transitional living facility that allows the young men they serve to stay shortly after being released from care to promote a smooth transition into adulthood.

Education and Employment
A regional IL Coordinator meets with the Communities in Schools workers in Pittsburg and Parsons to assist with the needs of IL youth still in high school. In addition, the regional IL Coordinators have met with school counseling staff throughout the region to provide information on IL program benefits. Each of the regional IL Coordinators have referred youth to Kansas Works and the regional IL Coordinator in Pittsburg has participated in meetings with the Kansas Works Youth Advisory Committee.

KDOC/Corrections
The Topeka regional IL Coordinators met with Shawnee County Community Corrections-Juvenile Services staff to discuss IL eligibility and benefits available to youth and how to refer these youth to the IL program. A plan has been developed where Community Corrections staff
will schedule a meeting with the regional IL Coordinator and the youth to discuss IL program benefits if the youth is interested in participating.

KVC Training
Regional IL Coordinators attended unit meetings at KVC local offices to discuss changes in the Independent Living Program and the importance of the transition planning tool with staff. The KVC IL staff participated in the meetings to explain their role in working with youth 16 years and older. Two regional IL Coordinators have been asked to present information about the IL program at a foster parent training.

Participation in Community Groups
The East Region has regional IL Coordinators participating in the following committees/groups:
- One regional IL Coordinator attends Transitioning Young Adults (Topeka) for representatives from a variety of community service organizations that have an impact on youth transitioning to adulthood with mental health issues.
- One regional IL Coordinator attends the Shawnee County Transitional Council where community representatives are working together to address issues of at risk youth in Shawnee County that are transitioning to adulthood.
- One regional IL Coordinator attends Crawford, Cherokee, Labette and Bourbon County Coalition Meetings to better connect the youth she serves with area resources.
- One regional IL Coordinator attends Washburn University Young Alumni Council to advocate for youth who are coming from the foster care system.

WEST REGION

IL Retreats
The West Region held four Independent Living (IL) Retreats for youth in care ages 16 and older. At each retreat, West Regional Director spoke with the youth about being in foster care. She let the youth know that this was their chance to speak out about being in foster care. She allowed the youth to share their concerns and things that they would like addressed, as well she provided feedback on why some things are the way they are, and she offered to address other individual issues privately. She also addressed the importance of youth being involved in their case plans and speaking up in court. Faith Based and Community Initiatives (FBCI) staff also attended each of the retreats and spoke with the youth about not letting their circumstances define who they are, self-worth, and the value that each of the youth holds within themselves. Regional IL staff members shared information about the IL program benefits that youth can access when they are released from care. A combined total of 59 youth attended the four retreats. The four events were held in Garden City, Wichita, Nickerson, and Junction City. ’s events will be held in conjunction with the Wichita Region.

Education/Employment
Two regional IL Coordinators collaborated with Job Corps in Manhattan. Many regional IL youth have successfully completed programs at Job Corps including the high school completion program and other specialized trainings such as certified nursing assistant, carpentry, and others. One regional IL Coordinator also networked with Adult Learning Programs in Concordia, Clay Center, Manhattan, and Emporia. The IL Coordinator spoke with staff at each college about the
IL program. At Kansas State University (KSU), the regional IL Coordinator participated in two meetings that included a local pastor, a church staff member, and two KSU staff to brainstorm ways they could reach out and support youth in care.

**Resource Fairs**
One regional IL Coordinator participated in a Resource Fair in Dodge City to learn about and network with local resources for youth. The IL Supervisor and regional Foster Care Permanency Administrator attended and presented at a local provider showcase hosted by the 12th Judicial District in Cloud County. The IL Supervisor and regional Foster Care Permanency Administrator attended a foster parent resource fair in Emporia put on by Saint Francis Community Services (SFCS).

**Homelessness/Housing**
One regional IL Coordinator has networked with staff at the Manhattan Emergency Shelter. The regional IL Coordinator and IL Supervisor have also participated on conference calls with Housing and Urban Development (HUD) and the Manhattan Housing Authority regarding the Family Unification Program (FUP) and how that program can benefit IL youth. One regional IL Coordinator for the West Region also participated in the Homelessness Summit that was held in Manhattan, KS. The IL Supervisor has collaborated with Catholic Charities of Salina.

**WICHITA REGION**

**Community Presentations**
A regional IL Coordinator presented on IL services to a group of approximately 10 Ember Hope foster resource families on September 13, 2016.

A regional IL Coordinator sponsored five youth presenting at the SFCS Regional Youth Advisory Council (RYAC) Wichita Christmas event on December 17, 2016. The youth shared their stories and their experiences with the IL program and the IL Coordinator shared about IL services available to youth.

The IL Supervisor presented on IL services to the Kansas Kids @ Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) team at Wichita State University (WSU) on January 18, 2017.

The IL Supervisor presented on IL services at the WSU Center for Combatting Human Trafficking Anti-Trafficking Conference on January 27, 2017.

The IL Supervisor presented on IL services at Comcare Children’s Services in Wichita on February 3, 2017.

Regional IL Coordinators met with the USD 259 Wichita Public Schools McKinney-Vento Representative on June 7, 2016 to learn more about how homeless and runaway students can be served in the school district and the supports available to help them graduate high school.
Community Partnerships & Work Groups

The IL Supervisor, a Kansas foster care alumna, filled the “Former Foster Child” seat on the Children’s Justice Act Kansas Citizen Review Panel – Intake to Petition and has attended meetings in July 2016, October 2016, and January 2017.

The IL Supervisor attended two Sedgwick County Judges’ Meetings to discuss IL services.

The IL Supervisor participated in a Continuing Legal Education Panel Presentation Lunch & Learn with a guardian ad litem and a Kansas Legal Services attorney moderator to discuss IL services and transition planning with Sedgwick County Juvenile Court professionals (judges, court service officers, guardian ad litems, district attorneys, and parent attorneys) on July 21, 2016.

The IL Supervisor attended a meeting in Pratt County on August 16, 2016 with a foster care liaison, a district attorney, and a guardian ad litem to discuss IL services and transition planning. The IL Supervisor and three regional IL Coordinators attended a tour of the new Sedgwick County Children’s Advocacy Center facility in Wichita on August 29, 2016.

Three regional IL Coordinators and SFCS IL staff coordinated “staffing days” at SFCS on June 23, 2016; September 30, 2016; January 25, 2017; and May 4, 2017. These events allowed SFCS case managers the opportunity to sit down with regional DCF IL Coordinators to staff through older youth cases and discuss transition planning needs for specific youth.

The Wichita Region has recently received approval to schedule IL Retreats in partnership with SFCS and the DCF West Region to interact with youth in custody and to present to them about the services available through the IL program. These events will take place in SFY 18, beginning in August 2017.

The IL Supervisor has participated in Child in Need of Care (CINC)/Juvenile Offender (JO) staffing’s on October 13, 2016 and April 13, 2017. These staffing’s are meetings to determine how cross-systems youth cases should be addressed. The staffing team is a multidisciplinary team made up of KDOC-JS, court service officers, district attorneys, education professionals, SFCS, and DCF professionals.

The IL Supervisor, in collaboration with the SFCS Training Coordinator, DCF Vocational Rehabilitation (VR), DCF Economic and Employment Services (EES), and Kansas Legal Services organized a training on SSI/VR/EES and IL Transitions for Wichita Region child welfare social workers. Two identical sessions were offered at SFCS in Wichita on October 18, 2016.

The IL Supervisor, with the help of DCF EES, organized a training for the Wichita Region Foster Care Unit, including regional IL staff, about EES services and how EES determines eligibility for various programs on January 17, 2017.
The IL Supervisor is a member of the One Stop Advisory Council for the Wichita Workforce Center and attended a meeting on March 2, 2017. On March 14, 2017, the IL Supervisor, two regional IL Coordinators, and SFCS staff members attended a tour and presentation at the Wichita Workforce Center on youth employment programs and the Workforce Innovation and Opportunity Act (WIOA) programming geared at young adults.


IL Supervisor and all 3 ILCs met with the Mental Health Association (MHA) of South Central Kansas on May 15, 2017 to learn about and discuss referral processes for connecting IL youth with the End Dependence – Kansas Initiative and other available resources to support mental health and employment needs. The team also received information about and met with a representative of MHA’s Cooperative Agreement to Benefit Homeless Individuals (CABHI-Kansas) program, which is a resource to support individuals needing housing assistance.

On May 16, 2017, the 3 ILC’s participated in a Human Trafficking Coalition World Café conversation around the Sedgwick County strengths and areas of needs with regards to Human Trafficking. Primary entities represented were various local units of DCF (A&P - Exploited & Missing Children’s Unit, Independent Living), the Wichita State University (WSU) Center on Combatting Human Trafficking, Local Wichita Law Enforcement, child welfare service providers, etc.

**Practicum Student**
A Wichita State University (WSU) Bachelor of Social Work (BSW) practicum student was placed with the Wichita Foster Care Unit from August 29, 2016 through April 24, 2017 and spent most of his time with the IL Unit during his field assignment. The IL Supervisor and the student met with Meritrust Credit Union on October 28, 2016 to begin exploring opportunities to provide financial education programming to IL youth.

**Miscellaneous Information:**
The Wichita DCF IL team receives regular contacts from district attorneys asking about the status of youth transition plans prior to court dates and requesting updates from the DCF IL team directly about their involvement in the planning process.

The Wichita DCF IL team has received communications from Kansas Department of Corrections-Juvenile Services (KDOC-JS) staff across the state seeking assistance with transition planning for youth who are due to be released from KDOC-JS facilities or custody. The DCF IL team is utilizing the transition plan forms and processes with these youth and KDOC-JS staff.

**Opportunities Offered to IL Youth**
The BSW practicum student coordinated with the Kansas State University (KSU) Sedgwick County Extension Office to offer Cooking & Nutrition Classes to the youth.

The practicum student also arranged for a Tax Preparation Seminar to be offered to youth.
KANSAS CITY REGION

Homelessness
One regional IL Coordinator was invited to represent the Independent Living program in a community planning effort to help local agencies in Johnson County better coordinate direct services for transitional-age youth. This effort has been led by United Community Services of Johnson County with active participation from several local agencies and non-profit organizations.

This regional IL Coordinator has also partnered with Catholic Charities of Northeast Kansas to support transitional-age youth through homelessness. Through the rapid re-housing grant, a few youth on this regional IL Coordinator’s caseload were able to be housed in select places with Catholic Charities paying three to six months of rent.

One regional IL Coordinator has worked extensively with Hillcrest, a program that provides transitional housing and rapid re-housing that helps homeless families, adults, and youth become self-supporting.

This regional IL Coordinator has also worked with two homeless shelters in Kansas City, the Light House and the Nativity House, which offer services specifically for homeless pregnant women.

The regional IL Coordinator has also had contact with the Kansas City Rescue Mission and Restart.

One regional IL Coordinator made contact with Kar Woo from Artists Helping the Homeless, an organization working primarily with men in the Kansas City Metro area with the potential to provide housing and employment assistance to youth.

This IL Coordinator also made contact with Kids TLC Street Outreach Services (SOS), a program that provides street outreach to homeless youth. Both Kar Woo and a representative from Kids TLC SOS program came to an IL unit meeting and presented information on their programs. The IL program has coordinated with an SOS worker regarding several.

DCF entered into an interagency agreement with the Lawrence Douglas County Housing Authority (LDCHA) to be a referring partner for the Next Step program that provides access to a specific public housing building or a Section 8 voucher for Chafee-eligible youth.

This same IL Coordinator has started to attend quarterly meetings at LDCHA to learn about updates with the Housing Authority and connect with service providers and landlords in Douglas County.

The IL Supervisor was invited to be part of the Bi-State Council on Youth Homelessness. The council has a goal to end youth homelessness by 2020 and is made up of a diverse group of public and private service providers, city and state level government representatives and elected officials, federal agency representatives from Administration for Children and Families (ACF),
Housing and Urban Development (HUD), Substance Abuse and Mental Health Services Administration (SAMHSA), and others. The focus is on the Kansas City Metropolitan area.

**Fatherhood, Pregnancy, and Parenting**
Regional IL Coordinators make regular referrals to local health departments regarding Women, Infants, and Children (WIC) and Healthy Families services for IL youth. Referrals are also made to Advice and Aid in Shawnee for parenting classes. One of the regional IL Coordinators has maintained contact with Catholic Charities regarding the Happy Bottoms program.

**KDOC/Corrections**
Regional IL Coordinators have worked with Kansas Department of Corrections- Juvenile Services (KDOC-JS) staff to assist with services for youth who are transitioning into adulthood. One of the regional IL Coordinators has spoken about IL services with DCCCA, an agency that had been providing foster homes for youth in KDOC-JS custody. DCCCA also has drug and alcohol treatment programs in Douglas County.

**Normalcy and Prudent Parenting**
Regional IL Coordinators have referred several IL youth to driver’s education programs. A regional IL Coordinator has made referrals to The Boys and Girls Club which plans various community activities, including visiting the Worlds of Fun amusement park, college tours, and social gatherings with youth, and also assists youth with obtaining employment and internships.

**Mental Health**
Regional IL Coordinators refer youth to local community mental health centers including Johnson County Mental Health, the Elizabeth Layton Center, and the Wyandot Center. One of the regional IL Coordinators has recently had contact with Education Supports and Johnson County Mental Health for youth attending Johnson County Community College.

The IL Supervisor presented information about the IL program to Johnson County Mental Health Young Adult Services, which provides specialized services designed for young adults who have a serious mental illness or a severe emotional disturbance to successfully transition to adult life. IL information was also presented to the Wyandotte Center Playfulness, Acceptance, Curiosity, and Empathy (PACE) program that serves children with severe emotional disturbance.

**Disability Support Services**
One regional IL Coordinator has also made contacts with the Food and Service Team Manager at Jewish Family Services when specifically looking for financial services for youth with disabilities.

**Education**
One regional IL Coordinator has established strong relationships with local community colleges and universities to advocate for IL youth, streamline services and supports, and help youth navigate through many of the processes of post-secondary education, especially financial matters pertaining to college expenses and funding.
This regional IL Coordinator has also established a relationship with the Olathe Step-Up program that is designed to help youth complete their high school diploma online if they previously dropped out or were unable to complete it.

Positive relationships have been established with local high schools in the Johnson County area that have referred several foster youth to the IL program and helped establish relationships and transition the case from a school counselor to a regional IL Coordinator.

A regional IL Coordinator has partnered with Kansas City Kansas Community College (KCKCC) staff Shawn Derritt, the Assistant Dean of Student Services who is also a former foster care youth; Michael Cozart, the director of KCKCC’s TRIO program; and Roger Scruggs, the community Outreach Liaison of KCKCC’s Fringe Benefits of Education (FBOE). The services they offer target youth with the goal of assisting them in successfully navigating the college system in order to complete their self-sufficiency goals for post-secondary education completion.

A regional IL Coordinator based in Johnson County attended a group presentation with the University of Kansas’ (KU) TRIO program to discuss IL services. TRIO and Fostering Jayhawk will be hosting these groups periodically throughout the school year. Also in attendance at the group were representatives from KU, KCKCC, Johnson County Community College (JCCC), KDOC-JS, and an IL youth. Part of the discussion included how to streamline services for former foster youth regarding college enrollment and campus services. This regional IL Coordinator has spoken with several youth who will be attending the University of Kansas (KU) next year regarding the possibility of participating in the group to provide insight from the student perspective.

Additional Community Groups
One regional IL Coordinator attends monthly Community Resource Connection meetings in Johnson County. There are often speakers that present about their individual agency and the group has started meeting at different locations around the county in order to allow service providers to be more familiar with community agencies and tour the agencies to learn about new programs. Recent locations include The Church of the Resurrection, Salvation Army, and the Johnson County Multiservice Center.

Additional Community Education
A regional IL Coordinator presented IL program and eligibility details at a community forum hosted by DCF during this year. The forum was attended by several community agency leaders and professionals; there was positive response to the presentation. The IL Supervisor presented at other community forums in the region. A regional IL Coordinator also gave a similar presentation for social workers in the Prevention and Protection Services (PPS) department at the DCF office.

The regional IL Coordinator based in Wyandotte County spoke to various groups including the Boys and Girls Club and social work and counseling staff from several area high schools.

A regional IL Coordinator based in Johnson County has completed numerous community forums regarding IL services. Some have previously been mentioned, but this has also included speaking
with high school counselors, Johnson County contracted attorneys, the Yellow Brick, Catholic Charities, and several other agencies.

The IL Supervisor spoke to staff with medical services and behavioral health services at Amerigroup and Sunflower managed care organizations regarding IL services.

**Student Interns**
One regional IL Coordinator served as a preceptor for a Kansas State University (KSU) student intern during this academic year. Another regional IL Coordinator was a preceptor for a KU student intern this school year. The student, along with the regional IL Coordinator, attended meetings, case plans, and visits with individual youth in homes and communities. There are plans for this worker to be a preceptor for another KU student during the next school year.

The IL Supervisor served as field instructor for the two students in the unit this year while two of the regional IL Coordinators served as preceptors.

**Future Plans**
One of the regional IL Coordinators based in Johnson County would like to be active in the United Community Services Transitional At-Risk Youth Planning Project to hopefully provide future support services to IL youth in the most collaborative and efficient manner. The regional IL Coordinator would also like to consider future groups for incoming college freshman transitioning from foster care to the IL program to help assist in the documentation and steps needed to streamline services and effectively transition into college. The addition of an intern will also help to provide extra support services for youth who need it.

The two regional IL Coordinator based in Wyandotte and Johnson Counties would like to work with student interns in the coming year to help develop resources specific to the coverage areas. The IL Supervisor would like for efforts to continue for ongoing regular communication and collaboration with other agencies that serve the IL population. IL staff has found the quarterly meetings with the contracted provider, Gear Up, and CASA to be beneficial.

**D. Serving Youth of Various Ages and States of Achieving Independence**

All youth in out-of-home care, age 16 and older, receive services to learn life skills. Youth in out-of-home care with a case plan goal of APPLA are informed of program eligibility and resources by providers, KDOC-JS, Tribal and PPS staff at case planning conferences beginning at the age of 16, and , at age 17 for all other youth, regardless of case plan goal. The IL Coordinator is available to assist in case plans, by phone or email, and attends the final case plan. Transition planning helps build a relationship between PPS and the youth while preparing for the transition to adulthood. Transition planning ensures no gaps in services occur when a youth leaves the care of the case management provider and when the youth receives services from the DCF Independent Living program.

Eligible youth are assisted with completing the application for the Aged Out Medical Program. Youth are informed they are able to contact DCF at any time for services prior to their 21st birthday. Youth are encouraged to work with the staff in their region, but are also encouraged to
call the State Independent Living Program Manager directly. After release of custody, youth can choose the region in which their case will be served, based on their need for access to their IL Coordinator and services.

Youth released from custody who are no longer served through aftercare by the providers may request IL services from any DCF office. In addition, eligible youth may receive services for room and board as well as assistance for post-secondary education or training programs. Eligible youth may receive services, which have been identified as needs by the youth, in order to become self-reliant. All youth, who receive Self-Reliance services, regardless of age, are also required to have a Self-Reliance Case Plan and participate in case plan reviews held every six months, at a minimum.

**Issues Confronting Adolescence**

In SFY 2017, the following courses were made available to all relatives, guardians, foster and adoptive parents, case managers, group home staff, youth and additional support networks in Kansas. These courses are offered by various child placing and other community agencies:

- Healthy Relationships: The course provides a guide to help foster/adoptive parents prepare adolescents for healthy relationships and help foster children develop better decision-making skills for achieving healthy relationships.
- Healthy Empowering Adolescent Relationships Training (HEART) provided a curriculum to be used as a resource tool for the transient population of residential care. HEART is built on existing research of what works in teen pregnancy prevention. HEART activities focus on building decision-making skills through identifying individual strengths, educating about healthy relationship skills, enhancing a sense of personal responsibility, increasing interpersonal communication skills and developing a positive self-image.

The PPS IL program recognizes that a youth’s identity impacts their overall health and well-being. As with most PPS programs, including the IL program, the “best interests” analysis is always conducted in consultation with the youth. At the core of practices within PPS is the belief and understanding that every life matters and that all efforts shall be taken to ensure that every legitimate need is met without causing undue harm or hardship. PPS strives to make certain that with every program and activity impacting the youth, all staff – both PPS and CWCMPs -- are affirming of each youth’s dignity, importance and self-worth as human beings. The IL program works consistently on a youth’s behalf, in a manner that helps to prepare them for adulthood and independent living, by empowering them with the necessary skills, tools and values to not only succeed but to thrive and flourish. The ultimate goal is for all youth, regardless of their background and circumstances, to be prepared to live independently and become productive and healthy members of society.

The CWCMP report monthly on youth who are pregnant and/or parenting. This report during SFY 2017 was shared with PPS IL staff in efforts to assist with better transition planning and risk management for young parents. Data for SFY 2017 through March for pregnant and/or parenting youth is below.
The IL program purchased 840 *On My Own-The Ultimate How-To-Guide for Young Adults* books by Sally Taylor for distribution during SFY 2016 and SFY 2017. These books contain a wealth of knowledge that includes money management, pursuing a career, health, housing, etc. This tool has been provided to PPS IL Coordinators, Supervisors and staff, CWCMP IL staff, and Kansas Tribal Authority (TA) staff. The guide book shall continue to be offered to all interested older youth. These books were also made available to the registered participants in the Office of Judicial Administration (OJA) Spring 2017 Best Practices Training.

E. Youth Under the Age of 16

The Kansas CFCIP provides life skills and transition services to all youth in out-of-home placement, starting at age 15. All youth in out-of-home placement must have a case plan and receive services that assist in the development of life skills and transition services or self-reliance. The need for both formal and informal skills and training opportunities related to developing life skills and independent living skills are to be determined and provided to all youth starting at age 15, regardless of the youth’s permanency goal. Youth participate and identify tasks in the development of a Learning Plan, upon completion of the Casey Life Skills Assessment (CLSA), which is included in the overall case plan.

F. Youth age 16 and Older in Foster Care

Life skills and transition services continue to be provided to youth in foster care ages 16 and older, with the annual Casey Life Skills Assessment and Learning Plan. Youth are given the opportunity and are encouraged to participate in RYAC events and represent their peers as members of KYAC, at the recommendation of their workers. Formal transition planning begins at age 16 if the case plan goal is APPLA or at age 17, regardless of case plan goal. These youth are informed by providers, KDOC-JS, Tribal and PPS staff of program eligibility and resources.
at case planning conferences. Youth are assisted in obtaining their high school diploma, under S.B. 23, which requires school districts to award diplomas to youth in care who have met the State’s minimum graduation requirements. As the result of the collaboration of PPS with the Kansas Department of Revenue, all youth in care at age 16 who do not already have either a state ID or driver’s license are provided with State-issued photo identification cards at no charge to the youth. For SFY 2017 ending March 2017, 120 youth have received photo IDs.

Youth are provided opportunities to visit educational institutions and training programs to help prepare them for decisions regarding their educational options. Youth also receive assistance in completing the FASFA and other financial applications, school applications and assistance in enrolling in educational or training institutions.

All youth should be provided with opportunities to interact and develop relationships with dedicated adults in the community. Transition planning includes assisting the youth with identifying at least one connection for success, an adult to whom they can reach out for help with overall/everyday living. At least one connection for success is required for all youth prior to release of custody. Youth are assisted in identifying connections for success for the other areas of transition planning, such as education, health or transportation. The practice of and requirement for identifying connections for success was initiated in July 2015 as a part of the new comprehensive transition plan.

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 and Wyandotte Counties. YouThrive has begun expanding to Sedgwick County and will begin serving youth starting in October 2017. Plans are underway to further expand YouThrive services to counties with identified need across the state. TANF funds will be used to facilitate this expansion.

The revised transition plan includes prompts for the case manager and youth to discuss engagement in developmentally-appropriate activities such as: taking the ACT, going on a college campus tour, financial assistance covering admissions fees for education, living with friends as an adult, budgeting, volunteering within the community, starting a checking or savings account, joining the military, creating an email account, having a healthy relationship, completing driver’s education, obtaining a mode of transportation, developing relationships with supportive adults, participation in KYAC/RYAC, etc.

Age or Developmentally Appropriate Activities

The Kansas Foster Home Regulations include policies surrounding supporting youth participation in the following activities: staying at a friend’s house, participation in sports, senior pictures, attending prom, class trips, foster family vacations, obtaining a driver’s license,
completion of driver’s education, participation in religious activities and appropriate activities of interest to the youth, etc. The CWCMP contracts also support youth participation in age or developmentally-appropriate activities. The PPS 3051 Permanency Plan for Child in Custody, Section 6: Child Youth Plan, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) includes a summary of the child’s well-being since the last case plan that includes authorizations for sleepovers, self-care, driving or high-risk activities when applicable to encourage regular consideration for age-appropriate activities. The PPS 3052 Permanency Plan for Child, (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) in DCF Custody Administrative Requirements, also requires the CWCMP to list the age or developmentally-appropriate activities the child has had the opportunity to engage in or if there are none to explain.

During SFY 2017, Chafee funds were used to support youth completing driver’s education; assistance with vehicle insurance and registration costs; completion of dual credit classes and advance placement exams; senior graduation pictures; graduation invitations, to include caps and gowns; summer camp participation; study abroad program fees; General Equivalency Diploma (GED) exam fees and class preparatory fees; orthodontia services identified as barriers to self-reliance and not covered by Medicaid; participation in extracurricular activities; citizenship barriers; and addressing barriers to successful employment. Start Up funds are used by youth likely to age out of care. The State of Kansas will continue to support age or developmentally-appropriate activities for youth and collaborate with community entities in assisting youth.

Responsible older youth in care and aged-out youth will be receiving lock boxes for safe storage of their identifying documents and related documents of importance during SFY 2016 and SFY 2017. The IL Administration staff, alongside PPS Leadership, previewed My JumpVault services and is interested in pursuing its feasibility given cost-driven barriers. The IL program Manager has reached out to Cerner in regards to the potential for partnership in the development of an electronic records storage system geared toward youth currently in foster care and aged out of care. Electronic records storage geared toward older youth will continue to be a priority for the IL program during SFY 2018.

Youth are assisted by CWCMP and PPS IL staff to identify a mentor, for financial guidance. The qualifications for mentors include being age 25 or older; the ability to pass Child Abuse/Neglect Central Registry and Kansas Bureau of Investigation (KBI) security clearance; the ability and willingness to work with adolescents and young adults; the knowledge of budgeting and money management; the knowledge of skills necessary to succeed in daily life; support of the goal of self-reliance; and the ability to model responsible behaviors.

Prior to release of custody, youth are provided information about how to contact PPS for services. This includes a laminated card that has a brief description of services available to them, DCF website information and the PPS Administration phone number. Youth are informed they can contact to DCF at any time for services prior to their 21st birthday. Youth are encouraged to work with the IL staff in their region, but they may request services from any region or call the State IL program Manager directly. Eligible youth are assisted with completing the application for the Aged Out Medical Program.
G. Former Foster Youth Age 18 and Older

After their release of custody, youth can decide in which region their case will be served, based on their need for access to their IL Coordinator and services. The State of Kansas has established a variety of services for adults 18 to 21 years of age. All IL services available for youth 15 to 18 can be accessed by eligible former foster youth until their 21st birthday. Agency staff is expected to work with the young person to help him/her locate the resources necessary to achieve individual goals, attain training and reach outcomes. Staff members should also offer encouragement.

Youth who are in out-of-home care served by the contractors are informed of their eligibility for independent living subsidy if they are released from custody at age 18. Independent living subsidy is a time-limited financial plan between a young person leaving foster care and the DCF IL program.

Youth who are leaving foster care to live in their first apartment or other housing arrangement may need a one-time payment for start-up expenses, utility deposits or supplies. A cumulative payment of $600 is allowed for this purpose.

Adults who serve as mentors for youth receiving independent living subsidy may receive a stipend up to $50 per month for their services.

DCF also provides services and financial payments to support a youth’s completion of high school or GED. Non-certified adult education or training that does not qualify through the ETV program can be covered, as needs are identified and requested.

Young adults ages 18 to 21 who are participating in independent living services through DCF may be referred under the DCF contract with Kansas Legal Services for determination of SSI benefits.

Kansas implemented its Medical Card Extension Program in March 2004 for adults who turned 18 on or after July 1, 2003, and/or were in a foster care placement on their 18th birthday. Beginning January 1, 2014, Kansas extended medical coverage through its Aged Out Medical Program to youth up to age 26. Youth who are in the custody of DCF, KDOC-JS or tribal courts are eligible.

There are no statutory or administrative barriers that impede the State’s ability to serve the range of youth who are eligible for the CFCIP program. CFCIP services are available to all young people, regardless of marital status, citizenship, and to a large extent, income status.

H. Collaboration with Other Private and Public Agencies

Staff from PPS and the CWCMP collaborate with faith-based organizations, non-profit community organizations, private businesses and individuals to provide opportunities and resources for youth in foster care and youth who have left care to achieve independence. Events are held by churches to provide youth with items and information needed to start a household.
Business owners, housing resource organizations and health providers participate in the annual
summer youth conference. Efforts continue to secure support from private sources of funding for
providing youth with the resources needed to start college, find employment, transportation or
other items needed to achieve independence.

Collaboration with Faith Based and Community Initiatives (FBCI)

The Administration IL team comprised of the Program Manager, Assistant Program Manager
and the Transition Planning and Supports Coordinator, alongside PPS Leadership, continues to
actively partner with the DCF PPS Faith-Based and Community Initiative’s (FBCI) program. Bi-
weekly meetings have been held throughout the year to facilitate this connection.

This strategic partnership has enabled the CarePortal to be utilized to assist IL program
participants. The CarePortal is an online faith-based engagement tool that connects child welfare
professionals to the local faith-based community. 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 given the opportunity to answer the call. Child
welfare professionals uncover the needs and the CarePortal makes the local faith-based
community aware, giving them a timely, cooperative invitation and opportunity to respond. The
CarePortal provides ownership to the community regarding local social problems needing
support, and creates awareness. For example, during SFY 2017, a young parent was in need of
extermination services. The need was communicated to the community via the CarePortal and
was resolved in a timely manner.

Hope for the Holidays (H4H)

Hope for the Holidays (H4H) was launched on a statewide basis during SFY 2016. Hope for the
Holidays was created to promote stability, offer encouragement, and provide hope during the
holiday season for IL youth who have aged out of the foster care system. Hope for the Holidays
also creates awareness and promotes support of youth who have transitioned from foster care
into adulthood. The Holidays of 2016 represented the 10th anniversary of Hope for the Holidays.
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 either denied
participation in community sponsored drives/events or had transportation barriers that left them
unable to participate. As a result, more than 299 youth were sponsored during the holidays.

Benefit
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.

Hope for the Holidays:
• Recognizes the needs of youth at a vulnerable time in their lives and a vulnerable
time of year.
• Facilitates face to face contact that provides IL Coordinators with insight into the
youth’s physical situation and mental health during the holiday season.
• Builds rapport and promotes trust with the youth while reinforcing a positive image of DCF. Some youth distrust DCF staff after their out of home experiences.
• Creates community connections and resources, as many individuals sponsoring youth indicate they were unaware of this specific population.

Hope for the Holidays allows individual community members and organizations to be involved with a relatively low level commitment.

YouThrive Partnership

The IL program partnered with YouThrive, a non-profit organization, to enhance services for older youth in care and Independent Living Program participants. The IL grant enabled YouThrive to serve 50 participants.

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 foster youth financial literacy education and a matched savings account (IDA) for purchasing productive assets and other critical needs of the youth.
• Provide youth in foster care assistance with driver’s education, driver’s license attainment and car purchases.
• Empower youth in foster care to develop leadership and advocacy skills.
• Provide youth in foster care 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.

A distinct element of the MyPath program is the intentionality that is placed on designing and developing the transition team, which is youth-directed. The Transition Advocate is a trained social work professional that will be dedicated to working with the youth and the Transition Team. In addition to helping the young person build an effective team, the Transition Advocate will also serve as an ongoing assistance to the Support Families.

The key components of the financial literacy program are:

• Financial Education: Participants in the program are encouraged and rewarded for attending financial literacy classes. In addition to acquiring needed financial knowledge, youth will learn about the relationship between money and their attitudes and behaviors. A research-based and proven curriculum designed by Jim Casey specifically for youth in foster care and their unique needs is utilized. Curriculum: Keys to Your Financial Future
• Matched Savings Account: In addition to helping participants learn to use bank accounts, they will also be able to open an Individual Development Account (IDA). The IDA is a matched savings account that helps youth with purchasing productive assets and other critical needs.

Both quantitative and qualitative success measures are utilized. Unless otherwise noted, quantitative metrics will be evaluated monthly. Qualitative measures from surveys will be measured every six months from the start of the program for a minimum of one year or until the one-year anniversary of the youth’s emancipation date.

**Individual Development Accounts (IDA)**

Expanding Kansas Individual Development Account (IDA) Statutory Language to Accommodate Former Foster Youth was introduced by DCF into the House of Representatives’ Children and Seniors Committee. The House unanimously voted it through to the Senate. Unfortunately, the bill has not passed nor been enacted. The IL program does plan to recommend that DCF continue the pursuit of revising the language surrounding the statutory provisions of this program to include household start up savings and vehicle categories for youth that have transitioned from foster care into adulthood.

- Creates a new category for youth “likely to age out of foster care” for participation in Individual Development Accounts for startup costs, vehicle purchases and associated vehicle costs.
- Under this program, savings by youth who have transitioned out of foster care can be matched.
- Individual Development Account participants are required to complete financial education courses.
- The act of saving changes a youth’s thinking pattern from short term impulse-based to more long term stable planning-based.
- Youth participation in saving and financial education programs have demonstrated overall improvement of outcomes when they are transitioning out of foster care into adulthood.

Modifying the language surrounding Individual Development Accounts (IDA) will allow youth transitioning from foster care to have their savings matched for developing a financial cushion when leaving care, getting their homes situated (household start up goods), taking driver’s education and saving for a vehicle. Many youth struggle with financial stability and access to transportation for a lot of years after leaving foster care. This financial education assists IL youth with managing their resources, creates an opportunity for forward thinking and savings and can make the difference in overcoming a crisis.

**Independent Living HOPE Mentoring**

The IL program assisted in the development of a mentoring program for youth as they transition from foster care into adulthood through collaboration with Faith-Based and Community Initiatives (FBCI). HOPE Mentoring is an initiative of Governor Sam Brownback, in accordance with his vision for mentoring programs across all aspects of government, began recruiting
volunteers to provide guidance and encouragement to youth as they exit the foster care system. The IL HOPE Mentoring Program launched on July 1, 2016. First Lady Mary Brownback was the first individual to volunteer as a mentor. Careful consideration is placed into the mentor mentee matching process, such as having common interests. Expansion to Sedgewick County occurred during the fall of 2016. IL Administration staff are constantly assessing; older youth’s needs as they transition into adulthood and the development of services to support youth in becoming successful. Kansas Department of Corrections-Juvenile Services

The IL program works with the KDOC-JS to offer CFCIP services to youth in their custody and in transitional living programs. Outreach is done to inform youth about the Aged Out Medical Program, which has been extended to age 26, engage youth in completing NYTD surveys, and participation in computer camps and youth conferences.

The PPS IL program Manager continues to participate in the Justice Involved Youth and Adults (JIYA) sub-committee. The JIYA sub-committee facilitates three workgroups. These workgroups address: Collaboration and Access to Care, Diversion and Prevention, and Medicaid.

Engaging Stakeholders and Community Partners

The Statewide IL program meetings are held quarterly. Participation at these meetings by KDOC- JS staff, tribal staff, Kansas Kids @ GearUp Providers and CWCMP staff is encouraged. Many community partners have attended, shared program information and facilitated ongoing collaboration. Community Partners include but aren’t limited to: YouThrive Program, Kansas Youth Suicide Prevention Resource Center, Global Orphan Project- Care Portal, Flint Hills Foster Teen Camp, Homes of Hope, Kansas Housing Resource Corporation, 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 (AOK) programs, Jobs for America’s Graduates – Kansas (JAG-K) program, Dream Makers, O’Brate Community Foundation, Project Warm Embrace, Working Healthy, multiple faith-based organizations, Family Preservation Program and the Investigation and Assessment Program. 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.

Housing Partnerships

Many youth exiting the foster care system struggle with housing insecurity. In attempts to be proactive, the PPS 3059 Transition Plan for Successful Adulthood (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), Section 3 My Housing plan promotes having early discussions with youth in regards to housing needs and plans. This plan is updated prior to the youth’s case plan starting at age 16, for youth with a case plan goal of Another Planned Permanent Living Arrangement (APPLA), and at age 17, regardless of the case plan goal.
The IL program is strategically partnering with the Kansas Housing Resource Corporation and the 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. The PPS IL program presented the housing needs of youth at the Kansas Resource Housing Corporation Annual Conference in August 2016.

Kansas has the following programs funded by Runaway Homeless Youth Act (RHYA).

- **Basic Center Program:**
  - Kansas Children's Service League
    Wichita, KS
    Phone: 877-530-5275
    [www.kcsl.org](http://www.kcsl.org)
  - Wichita Children's Home
    Wichita, KS
    Phone: 316-684-6581
    [www.wch.org](http://www.wch.org)

- **Maternity Group Home Program:**
  - None at this time.

- **Transitional Living Program**
  - Wichita Children's Home
    Wichita, KS
    Phone: 316-684-6581
    [www.wch.org](http://www.wch.org)

- **Street Outreach Program**
  - Wichita Children's Home
    Wichita, KS
    Phone: 316-684-6581
    [www.wch.org](http://www.wch.org)

The IL program has partnered with the agencies listed above to improve housing services. The IL program has identified coordination with local housing programs as an area of opportunity for growth in collaboration and development of options for independent living youth.

**Education Partnership**

The Kansas Kids @ GearUp Program is a U.S. Department of Education funded program, with Wichita State University serving as the program administrator. The mission of Kansas Kids @ GEAR UP is to increase the number of students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling children to reach their full potential and consequently improving educational and social outcomes. Children in foster care placements are given top priority for services. Program components for participants include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career option exploration, college scholarships and cultural activities.
Employment Partnerships

The IL program has partnered with the Kansas Youth Empowerment Academy (KYEA) in efforts to provide enhanced opportunities for youth overcoming challenges associated with diagnosed disabilities. The program’s mission is to educate, mentor and support youth with disabilities in Kansas to be contributing members of their communities. Core areas of focus include: community, advocacy, mentoring, education and employment. The KYEA has presented at multiple RYAC meetings and presented at the KYAC Summer Conference in July 2016. The KYEA Program Director will be presenting at the upcoming Summer Conference in July of 2017. Program materials have been distributed across the state, with youth participation being encouraged.

The IL program has been provided an opportunity to better utilize Vocational Rehabilitation Services (VRS), as both programs have been identified within the agency’s strategic plan. The IL program has identified two priority program goals for the 2016 calendar year that include increasing youth participation in the program. Both programs are utilizing the strategic plan as a way to improve successful program collaboration and increase youth participation with VRS and IL program.

The IL program and the Pre-Employment Transition Services (Pre-ETS), a VRS program have been meeting monthly for collaboration. The Pre-ETS program has launched within the agency during SFY 2017. Eligibility for Pre-ETS services includes; student’s ages 16-21 years of age and are participating in secondary, post-secondary, or other recognized education programs and are eligible for, and 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 will be providing information to youth participants at the KYAC 2017 Summer Conference. They are scheduled to share information with various workgroups as they relate to the IL program during June and July of 2017.

The Flint Hills Job Corps program collaborations with the Independent Living Program. Job Corps is a no-cost education and career technical training program administered by the U.S. Department of Labor that helps young people, ages 16 through 24, improve the quality of their lives through career technical and academic training. The Job Corps program is authorized by Title I-C of the Workforce Innovation and Opportunity Act (WIOA) of 2014 (supersedes WIA 1998). Job Corps student government leadership youth shared information with KYAC Summer Conference program participants in July 2016. This youth-to-youth facilitated sharing is planned for the upcoming KYAC Summer Conference in July 2017.

The Children’s Alliance of Kansas received a WIOA grant for provision of youth-driven services specific to older youth in foster care and aged-out youth. On July 23, 2016, DCF and CWCMP IL staff met for increased collaboration in provision of services.

The IL program has identified coordination with workforce centers as an area of opportunity for growth in collaboration and development of options for independent living youth.
Computer Camp

In the Fall of 2016, Instructional Access, Inc. provided one-day computer training camps across the state of Kansas for 150 Basic Chafee-eligible youth, both in care and aged out of care. Participants included DCF, KDOC-JS and the Tribal Authority (TA) youth. Instructional Access has conducted computer camps for Kansas youth since 2003. Youth are provided instruction on word processing, spreadsheets and presentation software. Successful completion of the instruction and camp results in each student receiving a state-of-the-art laptop, multi-function printer, other peripherals, software, carrying bag, warranty, and technical support. Access to technology is key for youth completing secondary education, post-secondary education and gainful employment. Computer Camps are planned for July 2017. Additional services have been added to the July 1, 2017 contract that include the ability for PPS IL staff to procure the computer camp equipment for up to 100 program participants through-out the year, that need access to technology, but don’t require the day long instruction.

I. Determining Eligibility for Benefits and Services

Specific eligibility requirements apply to all services and supports offered through the IL/Self-Reliance Program. Youth in out-of-home placement through their 18th birthday are eligible for all services and supports, as they are considered to have "aged out" of care. Out-of-home-eligible placements include resource homes, relative and kinship placements, group homes, trial home visits, and independent living settings. Youth on run status from a foster care placement on their 18th birthday and youth placed in Secure Care as a Child in Need of Care are eligible for Independent Living/Self-Reliance services and supports. Run status and Secure Care are considered foster care placements for specific eligibility criteria. See individual services and/or supports for specific criteria for eligibility. Youth who have a permanent order of custodianship or finalized adoption after their 16th birthday may be eligible for specific services and supports. Youth who were in out-of-home placement for any length of time on or after their 15th birthday may be eligible for specific independent living/self-reliance services through basic Chafee Eligibility. A youth's marital status does not impact eligibility for services or supports.

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, including ETV, to the youth. The state in which a youth formerly in foster care resides is responsible for providing the 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 he/she remains eligible for the program.

J. Cooperation in National Evaluations NYTD

The Kansas Department for Children and Families will cooperate in any national evaluations of the effectiveness of its programs in achieving the purposes of CFCIP.
The Independent Living Program shared during SFY 2017, and will continue to share during SFY 2018, the Kansas NYTD Data Profile with youth, stakeholders, community partners, the legislature and the general public. Reference Attachment 33 Kansas NYTD Data Snapshot. The State has met with the federally recognized tribes in Kansas in regards to data submissions and the results during the Quarterly Tribal Meetings. The state has also met with the KDOC-JS to improve collaboration and participation rates in the NYTD surveys.

The IL Program Manager and NYTD Program Coordinator met with KDOC-JS staff during SFY17 to improve survey responses for juvenile offender youth. The improved process includes communication with the juvenile services officer and the supervisor for increased accountability in responses. At identified time frames, follow up emails are communicated to KDOC-JS administration staff for further assistance. Collection of supportive connections and social media utilization is now requested from survey participants for use in follow up. The NYTD Program Coordinator has reported that changes made to the data collection process with KDOC-JS have resulted in an increase in completed surveys.

The NYTD Program Coordinator regularly reviews NYTD system logs for quality of information capture. Staff are required to enter additional details that speak to reasonable efforts to survey data cohort participants. These regular reviews have generated discussions with involved staff for continuous improvement.

The NYTD Data Profile shall be utilized during SFY 2018 at the KYAC Strategic Planning Conference, KYAC Summer Conference and at computer camp sites.

**Data Guiding Improvement of Service Delivery**

The IL program has utilized available program data to guide outreach in a strategic manner. The NYTD Data Snapshot was used to promote support and create awareness of the housing need for youth transitioning from foster care into adulthood at the Kansas Housing Resource Corporation (KHRC) Statewide Conference, where the IL program Manager and Wichita Region IL Supervisor presented to an audience of staff members from Kansas Community Action Program’s, local housing authorities and homelessness prevention groups. The conference had over 500 registered attendees, which resulted in follow up referrals for youth needing IL services and the potential for dedicated housing for former foster youth.

The IL program utilizes the PPS Out of Home (OOH’) Last Day of Month Snapshot to analyze data collected for older youth’s diagnosed disabilities for improved collaboration between Vocational Rehabilitation Services (VRS) and the Pre-Employment Transition Services (Pre-ETS) Program. The data prompted the face-to-face collaboration and subsequent monthly collaboration meetings at the administration level, which has resulted in referrals of youth to VRS and Pre-ETS. Both programs shall have resource tables for youth at the upcoming SFY 2018 Summer Conference. This same data was used to guide authoring the IL HOPE Mentoring Curriculum in a manner that supports youth overcoming challenging disabilities. The same aggregate data has been shared with JAG-KS for development and improvement of services for older youth in foster care and youth who have transitioned from foster care into adulthood.
The PPS Foster Care Contract Success Indicators for secondary education completion upon exiting custody and grade level progression have also been used in community outreach to promote support and create awareness of the educational needs of older youth in foster care and youth having transitioned from foster care into adulthood.

The IL program uses the PPS OOH Length of Stay report to follow up with child welfare case management provider (CWCMP) staff to ensure that youth who have exited care recently have been advised about the Independent Living Program, received assistance in transition planning, were provided the opportunity for an exit interview with a DCF ILC, and the CWCMP have assisted the youth in submitting their aged-out Medicaid applications to the appropriate entities.

The KDHE AGO Discontinuance data report is disseminated to regional field staff for targeted intervention with youth who have or are about to experience a lapse in Medicaid coverage.

The PPS OOH Snapshot is also used to provide alerts to regional field staff of how many youth in their regions are ages 15 and above, for purposes of IL eligibility along with youth that are 17 and potentially exiting care within the next year.

Basic OOH demographics are utilized in the decision-making process in assessing locations for best utilized interventions and supplemental targeted grant services, such as YouThrive. During SFY18, expansion of the YouThrive grant is planned for the Wichita region, Sedgwick County, as the OOH demographics data indicates that Wichita has a larger percentage of facilities and a large percentage of older youth in placement from the Wichita and West Regions.

XIII. EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

The Educational and 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 graduate from High School or complete their General Education Diploma (GED) while in a foster care placement and in the custody of the Secretary of the Department for Children and Families (DCF), or
- Youth who were in a foster care placement and in the custody of the Secretary of DCF when they attained the age of 18, or
- Youth with a finalized adoption from foster care after attaining age 16, or
- Youth who have been in a foster care placement and in the custody of the Secretary of DCF between the ages of 16 and 18, with an order of Permanent Custodianship attained after the age of 16 or
- Youth who have been in a foster care placement and in the custody of the Secretary of DCF after attaining age 15

Young adults participating in the ETV program on their 21st birthday continue until they turn 23 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.
Education and Training Vouchers are available to eligible youth for assistance based on need with post-secondary education and certified training programs. Young adults may utilize ETV funds for costs associated with post-secondary education and/or training and cannot exceed $3,500 or the total cost of attendance per youth per plan year, whichever is less.

The DCF Independent Living (IL) Program administers the ETV program. Regional IL Coordinators are trained on ETV benefits and payment information. The PPS IL Coordinator or designee and youth completes the Self Reliance Plan and ETV Plan which assists youth in identifying specific action steps to be taken to prepare for post-secondary education. The ETV Plan provides for detailed budgeting of expenses and expected resources. Documentation of all Federal or State Financial Awards associated with the Education and/or Training Plan must also be attached (i.e. Pell Grant and scholarships). All young adults applying for ETV funds must complete a minimum of three (3) scholarship applications with proof of documentation at the time of completing the ETV Plan. Young adults must complete the Free Application for Federal Student Aid (FAFSA) prior to applying for ETV funds.

The PPSIL Coordinators track all expenses via the Self Sufficiency Information System (SSIS). This ensures ETV funds are appropriately dispensed among eligible adults.

During SFY 2017, the IL program Manager presented information about the ETV program to community and faith-based organizations, juvenile correctional and transitional living facilities, among other entities.

**XIV. CFCIP PROGRAM IMPROVEMENT EFFORTS**

Current and former foster youth are involved with a number of citizen and community groups in an effort to improve Kansas Independent Living (IL) services.

The Kansas Youth Advisory Council (KYAC) which consists of youth in care and older youth who have aged out of care, will continue to develop a work plan each year with priority issues and provide it to the Department for Children and Families (DCF) for collaboration to achieve the council’s objectives. Please reference Attachment 30 and 31, the KYAC Strategic Plan and Memo. Members of KYAC and other youth in care will continue to participate in citizen review panels to provide input about the needs of youth in the Chafee Foster Care Independence Program (CFCIP). Kansas Foster Care Alumni who are also KYAC alumni have been asked to participate in the Office of Judicial Administration (OJA) Supreme Court Task Force on Permanency Planning.

The importance of belonging and the needs of youth transitioning from foster care into adulthood was a presented topic by KYAC at the 40th Annual Kansas Governor’s Conference for the Prevention of Child Abuse & Neglect on October 4, 2016 in Wichita. The presentation was well received and generated many follow up presentations and conversations surrounding improving the transitioning process. There are plans for KYAC to present at this conference again during SFY 2018.
Workshops and conferences for youth will continue to be planned and conducted by KYAC. These workshops and conferences will be intended for youth in care. These conferences are youth driven and provide opportunities for the youth to identify system needs and address these needs by hosting and participating in various events.

The National Youth in Transition Database (NYTD) data will be provided to youth through KYAC’s strategic planning conference and Regional Youth Advisory Council (RYAC) meetings.

Youth will continue to be actively involved in the State’s Citizen Review Panels (CRP). The State’s NYTD data profile was shared with the Custody to Transition CRP, internal and external stakeholders, community partners, and, upon elected officials’ request, the Kansas Legislative Research Department.

Youth will participate in the State’s Children and Family Services Review (CFSR). KYAC’s work plan will be provided to the agency and Child Welfare Case Management Providers’ (CWCMP) leadership each year. The IL program plans to implement case reads during SFY 2018 that will target foster care cases involving older youth and Independent Living Service cases supporting performance improvement efforts. During SFY 2017, the Regional IL Supervisors reviewed case files for compliance and provided feedback to PPS administration on utilizing the proposed case read tool. The constructive feedback shall be utilized for improvement of the Program.

An IL program eligibility tool has been developed for implementation at service initiation to streamline how youth are determined to be eligible for individual service components. This tool shall be added to the Policy and Procedure Manual (PPM) during SFY 2018, as it has been piloted with measurable success during SFY 2017.

Outreach continues between PPS IL Administration and multiple external and internal partners. Opportunities are provided during outreach for these entities to provide feedback on services and suggestions for Program improvement. These types of engagements shall continue during SFY 2018.

Youth at the SFY 2018 Computer Camps and Summer Conference will complete a survey developed in cooperation between PPS IL Administration and CWCMP staff. This survey will ask youth and staff participants for feedback or suggestions on services. The results of the survey will be used in improving practices and policy during SFY 2018.

A. Training

Youth in KYAC conducted normalcy training that included elements of the reasonable and prudent parenting standard during SFY 2017 in a training called “Belonging” at the 40th Annual Kansas Governor’s Conference for the Prevention of Child Abuse and Neglect. Youth will conduct workshops and presentations for agency staff, providers, and advocates about the needs of youth in care. Youth will participate in training foster parents as opportunities occur.
Leadership development curriculums for youth will be explored by PPS and will be implemented during SFY 2018.

The IL program hosted Computer Camps in the fall of 2016 and 150 youth were able to benefit from attendance. Youth received a day of instruction relating to usage of a laptop and various software Programs. At the end of the day, youth in attendance received a laptop, two-year warranty on equipment, printer, backpack, and anti-virus software.

The IL program sent one DCF staff to the 2016 Human Trafficking Conference hosted by the United States Attorney's Office, District of Kansas in July of 2016.

The IL program sent one CWCMP staff to the “7 Habits Leader Implementation” training on July 7, 2016.

The IL program had three DCF staff and one CWCMP staff attend the Child Welfare Virtual Expo to Address Sex Trafficking and Normalcy on July 13, 2016.

The IL program sent one DCF staff to the National Council for Community and Education Partnership Conference with Kansas Kids @ Gear Up staff in July of 2016.

The IL program sent one DCF staff to Field Instructor training on August 5, 2016.

The IL program sent 16 DCF staff to IL HOPE Mentoring training on August 19, 2016.

The IL program sent one DCF staff and two CWCMP staff to the Daniel Memorial Institute’s National Independent Living Conference in Kansas City from August 24, 2016 to August 26, 2016.

The IL program sent one DCF staff to “Trauma, Drama, and Bringing Calm” in September 2016.

The IL program sent one DCF staff to “Your Money, Your Goals” on September 21, 2016.

The IL program sent 13 DCF staff to the Kansas Governor’s Conference for the Prevention of Child Abuse & Neglect in Wichita from October 3, 2016 to October 5, 2016.

The IL program sent one DCF staff to “Why ‘Love Notes’ Works as a Relationship-Based Pregnancy Prevention Program” on October 12, 2016.

The IL program had several CWCMP staff attend a training on assessing services provided by Vocational Rehabilitation on October 18, 2016.

The IL program sent four DCF staff to the Office of Judicial Administration (OJA) Best Practice Training regarding the Indian Child Welfare Act on various dates in fall 2016.

The IL program sent one CWCMP staff to “Adverse Childhood Experiences and the Effects of Trauma” held during January of 2017.
The IL program sent four CWCMP staff to Human Trafficking Training provided by the Salina Coalition on Human Trafficking on January 18, 2017.

The IL program sent one DCF staff to Drug Identification Training on January 26, 2017.

The IL program sent one DCF staff to the Wichita State University (WSU) Center on Combatting Human Trafficking Anti-Trafficking Conference on January 27, 2017.

The IL program sent one DCF staff to the Application of Theory to Social Work in Supervision of Students on February 9, 2017.

The IL program sent one DCF staff to Integrating Ethics Education in Social Work Field Instruction on February 9, 2017.

The IL program sent two DCF staff and one CWCMP staff to Round 1 of the Kansas Child Welfare Professional Core Training Program (KCWPTP) from February 2017 to May 2017.

The IL program sent one DCF staff to the WSU Power Conference for social workers on February 24, 2017.

The IL PROGRAM sent five DCF staff to “Psychology of Brain Development on Children Living in Poverty” at the University of Kansas on February 28, 2017.

The IL PROGRAM had one CWCMP staff participate in Permanency Roundtables on March 7, 2017 and March 8, 2017.

The IL PROGRAM sent eight DCF staff and one CWCMP staff to “A Day with Ruby Payne Training on Poverty & Education” on March 8, 2017.

The IL PROGRAM sent three DCF staff to “Lunchmeat and Life Lessons” with Mary B. Lucas on March 10, 2017.

The IL PROGRAM had one DCF staff and one CWCMP staff attend the Capacity Building Center for States’ Implementing Normalcy Provisions in Group Care webinar on March 23, 2017.

The IL PROGRAM sent one DCF staff to trainings at the Metropolitan Organization to Counter Sexual Assault on March 23, 2017 and April 22, 2017.

The IL PROGRAM sent 10 DCF staff to the OJA Best Practice Training regarding the Every Student Succeeds Act on various dates in spring 2017. The PPS IL program will continue to implement trauma informed training during SFY 2018 for DCF IL coordinators, supervisors and staff, CWCMP IL staff, and Kansas Tribal Authority (TA) staff. The training will be conducted during quarterly statewide IL staff meetings and will utilize written and audio visual materials. Each participant will receive a copy of Macro Perspectives on Youths Aging out of Foster Care by Mary E Collins, PhD. One copy of the book Trauma Systems Therapy for Children and
Teens, Second Edition by Glenn N. Saxe, MD, B. Heidi Ellis, PhD and Adam D. Brown, PhD has been provided to each DCF region, CWCMP, and TA to be shared among staff. A Digital Versatile Disc (DVD) resource will be utilized during the quarterly meetings to increase staff knowledge and awareness of the effects of trauma on children and families involved in the child welfare system.

A mentoring program for youth as they transition into adulthood through was developed through collaboration with DCF Faith Based and Community Initiatives (FBCI) and the assistance of PPS IL staff. This initiative of Governor Sam Brownback, in accordance with his vision for mentoring Programs across all aspects of government, began recruiting volunteers to provide guidance and encouragement to youth as they exit the foster care system. The Independent Living HOPE Mentoring Program launched on July 1, 2016.

The IL program has also provided training to multiple community partners during SFY 2017 to create awareness and promote resources for older youth in foster care and aged out youth. The IL program presented at the 40th Annual Governor’s Conference for the Prevention of Child Abuse and Neglect.

The Wichita Region IL Supervisor and IL program Manager presented on IL services at Youth Transitioning to Adulthood from Foster Care at the Kansas Housing Resource Corporation Conference in Overland Park on August 25, 2016. Outreach will continue to be targeted towards the development of additional housing resources and supports during SFY 2018.

The Wichita IL Supervisor presented on IL services at the Wichita State University (WSU) Center for Combatting Human Trafficking Anti-Trafficking Conference on January 27, 2017.

XV. TARGETED PLANS WITHIN THE 2015-2019 CFSP

A. Foster and Adoptive Parent Diligent Recruitment Plan

Attachment 4 for Kansas Department for Children and Families Diligent Recruitment Plan

B. Health Care Oversight and Coordination Plan

Attachment 34 for Health Care Oversight and Coordination Plan

1. Emotional Trauma

Monitoring and treating the emotional trauma related to children's removal from the home is addressed by Child Welfare Case Management Providers (CWCMPs), as Kansas has privatized Foster Care and Adoption Services. The first step in an appropriate response to treating trauma is early screening and assessment. Both KVC Kansas (KVC) and Saint Francis Children’s Services (SFCS) utilize two trauma assessments; the Child Stress Disorder Checklist (CSDC) and Child Report of Post-Traumatic Symptoms (CROPS). These assessments are completed shortly after the child and family are referred for services. The results of the assessment are used to identify
PTSD symptoms in the child. If identified, referrals are made for treatment and the information is used to ensure case plan activities are inclusive of the child’s need for treatment. The information is also used to help educate the caregivers and educators in an effort to stabilize the child and reduce further trauma and trauma triggers. Both agencies also provide Trauma Systems Therapy (TST) to children and their families. TST works with adults to identify and reduce trauma triggers in the child’s environment, teach emotion regulation skills to children and adults and when possible, assist child and family in moving beyond trauma. See PIP Key Activity per PIP item 2.1.5.

KVC is the RE/FC/AD contractor provider in the Kansas City and East regions of the state. Trauma informed care reduces internalizing and externalizing behaviors in children and adolescents that destabilize placements and delay reintegration and adoption efforts. KVC developed systematic approaches to detect child trauma through early screening and assessment activities that continue throughout the life of a case. All children referred to KVC, ages birth through 18, are screened for traumatic stress by their caregiver within the first 14 days of referral using the Child Stress Disorder Checklist. Children, ages six-18, are also asked to complete a trauma screen, CROPS. These evidence-based instruments help case managers identify children who may be in need of ongoing trauma treatment services.

Children and adolescents who meet partial, or full criteria for traumatic stress, receive a full assessment and ongoing services by home-based KVC therapists, or are referred to other community mental health providers. Since 2009, KVC has partnered with Dr. Glen Saxe, M.D. Dr. Saxe is the Department Chair for the Department of Child and Adolescent Psychiatry at New York University and the model developer of Trauma Systems Therapy (TST). TST is an evidence-based practice approved by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Child Traumatic Stress Network (NCTSN).

All staff in a child-serving division of KVC received training from Dr. Saxe and his team and are engaged in on-going case consultation. Resource parents also receive TST training through instructor led and on-line learning opportunities and coaching and support from their family services coordinators on an on-going basis. Regular TST trainings are held through KVC, with one day of the training used primarily to educate community partners. Multiple KVC leadership are now trained as TST educators and provide the majority of the training to community partners and staff.

The KVC Director of Clinical Services hosts TST phone conferences for children struggling to regulate their emotions. A TST staffing calendar is provided to all staff who can schedule a time to present a child for a team staffing. The Director of Clinical Services facilitates the call, asking questions specific to the child’s trauma history, triggers and behaviors related to dysregulation. Team members on the call may include the case manager, child’s therapist, foster, relative, residential placement, Guardian ad Litem (GAL), Court Appointed Special Advocate (CASA), Managed Care Organization (MCO) Care Coordinator, and any others who know the child best. Next steps are developed and each team member takes responsibility for a task related to improving the child’s safety and well-being. It is frequently noted in critical incidents, for a child that warrants a mental health screen, that he/she has also been scheduled for a TST staffing call. KVC currently has three TST Master Trainers available to facilitate TST consultation calls.
There are six designated times throughout the week for staff to schedule a child for a consultation call. If there is an urgent need, a consultation can be coordinated within 24 hours of a crisis. A TST Master Trainer has recently held a consultation call within 12 hours of the crisis.

SFCS is the RE/FC/AD contractor provider for the West and Wichita regions. SFCS recognizes the need to incorporate trauma informed care within the agency. Through the Kansas Assessment Permanency Project (KAPP), SFCS has been working with New York University to deliver training and consultation on TST. The staged implementation began with the Salina office in the West Region and El Dorado office in the Wichita Region in November 2015. The next installation included teams from the Wichita, Wellington and Hutchinson offices in July 2016. The project funding runs through September 2018 and over the course of the first three years, SFCS has been building an infrastructure of Master Trainers and Consultants to continue providing training and consultation to frontline staff in an effort to create a culture of trauma informed care and treatment for children and families. To date, SFCS has three Master Trainers and Consultants. In May 2017, the remainder of the staff in the Salina, El Dorado, Wellington, Hutchinson and the two Wichita teams will be trained and will engage in consultation moving from trauma informed practice to trauma practice. In the fall of 2017, SFCS will identify areas in the West region to engage in TST training and consultation along with identifying providers (Youth Residential Care (YRC II), Child Placing Agencies) to also participate in training and consultation.

SFCS utilizes a number of initial and ongoing assessments and screening tools to assess, monitor and treat the needs of children and families, all of which have trauma components. Kansas Assessment Permanency Project (KAPP) is a grant through Kansas University in collaboration with CWCMPS and the Kansas Department for Children and Families Prevention and Protection Services (PPS) is implementing standardized screening and needs assessments to be used across the state. Successful use of identified tools will allow families to have enhanced capacity to provide for their children’s needs which is the criteria for CFSR well-being outcome 1. PIP strategy 2.1 activities implement standardized screening and needs assessments across the state. All assessments available for children and families are utilized to develop case plans and provide or refer for ongoing services for children and families. SFCS utilizes multiple evidenced based tools to complete the assessment process, including the Parenting Stress Index (PSI), Child Stress Disorder Checklist (CSDC) and Child Report of Post-Traumatic Symptoms (CROPs), and the ASQ, Preschool and Early Childhood Functional Assessment Scale (PECFAS) and CAFAS which assess for mental health and well-being of the child.

SFCS’s past practice model to address the emotional trauma associated with the child’s maltreatment and removal from the home is known as Comprehensive Trauma Informed Care (CTIC). CTIC is a three-tiered child welfare trauma model comprised of Evidence-Based Practices (EBP) endorsed by SAMHSAs NCTSN and the National Registry of Evidence-based Programs and Practices (NREPP), or meets the standards for Evidence-based Practice as defined by the National Association of Public Child Welfare Administrators. The CTIC model ensures that SFCS employees and foster families are well-trained in advanced trauma-informed practice, assessment and treatment referral to help children and families cope with, and heal from emotional trauma associated with maltreatment or removal from the home.
TST will be initiated through the KAPP grant. PIP strategy 2.2, Key Activity 2.2.1 will address implementation of TST across the state. It will not replace the CTIC model. The three-tier approach will continue and TST will be one of the evidenced based models utilized. TST training will enhance Trauma Informed Practice (tier 1). The assessments incorporated will enhance the identification of both acute (tier 2) and complex (tier 3) trauma and will lead to targeted treatment of trauma with youth and families. Through TST, SFCS will use an evidence-based model for case consultation that will formalize and increase the capacity of trauma based consultations.

Both KVC and SFCS are implementing TST with families. Trainings will continue to be held at both agencies several times each year, allowing new staff to be trained within their first year of employment, per PIP Key Activity 2.2.1. Consultation calls for children with complex trauma are conducted at both agencies. The purpose of these calls is to support the child, family and professionals to identify the next best steps to stabilize the child and reduce trauma triggers.

2. Psychotropic Medication

The oversight of prescription medication includes a review of treatment plans every three months by Community Mental Health Centers (CMHC). Psychiatric Residential Treatment Facilities (PRTFs) have a 24-hour treatment plan, a Master Plan developed by 10 days with a minimum of 14 day reviews. These reviews assess the medication administered and its effectiveness. Some medications require lab work at given intervals. PRTFs adhere to the requirements of the specific drug administered and the reaction to that medication by the individual patient if there are health risks to the patient. PRTF standards, monitored by the Kansas Department of Aging and Disability Services (KDADS) include:

Drugs or medication used for standard treatment of the resident’s medical or psychiatric condition shall not be considered a restraint. Psychiatric Residential Treatment Facilities (PRTFs) using psychopharmacological medications as a restraint would receive a Corrective Action Plan (CAP) by KDADS. The corrective action plan includes actions carried out by the facility to ensure that similar incidents will not occur again. Implementation of these actions is verified and documented by KDADS Quality Assurance Nurse. If the required improvements are not implemented satisfactorily, the PRTF would risk losing their certification as a Medicaid eligible facility. PRTFs are under guidelines per their accreditation processes and federal guidelines to do a medication reconciliation and to ensure that legal guardians and clients are clearly a part of approving their medications.

Standard treatment for the resident’s medical condition shall mean the following:

Medication is used within the pharmaceutical parameters approved by the Federal Drug Administration (FDA) and the manufacturer for the indications it is manufactured and labeled to address, including listed dosage parameters. Off-label use is necessary in some cases. Factors considered include:
• The use of the medication follows national practice standards established or recognized by the medical community and/or professional medical association or organization.
• The use of medication to treat a specific resident’s clinical condition is based on the resident’s symptoms, overall clinical situation, and on the physician’s or other Independent Licensed Practitioner’s knowledge of the resident’s expected and actual response to the medication.
• The standard use of a medication to treat the resident’s condition enables the resident to more effectively, or appropriately function in the world around them than would be possible without the use of the medication.

The use of psychopharmacological medication used in excess of the resident’s standard plan of care should be considered a restraint. This includes:

• All rules, regulations, and guidelines governing the use of restraints apply when these drugs are used as a restraint
• Drugs or medications used to control behavior or restrict the individual’s freedom of movement
• Drugs or medications used in excessive amounts or in excessive frequency
• Neuroleptics, anxiolytics, antihistamines, and atypical neuroleptics, or other medications used for calming rather than for the medications’ indicated treatment

The Psychotropic Medication Workgroup was established in 2012 by DCF and KDADS to work on the psychotropic medication plan. The workgroup is coordinated and facilitated by DCF and meets bi-monthly. The workgroup has expanded to include the three MCOs, KDHE, CWCMPs, several pharmacists and two community child psychiatrists. The workgroup’s primary role is education for medication providers, families and foster parents, they are drafting best practice medication guidelines to be published on a state agency website, as well as other distribution methods. The Psychotropic Medication Workgroup recently learned of the Mental Health Medication Advisory Committee (MHMAC) headed by KDHE. The purpose of the MHMAC is to provide recommendations to the Medicaid Drug Utilization Review (DUR) Board for the purpose of developing guidelines. The committee is composed of nine members; the Secretary of KDHE or the Secretary's designee, four psychiatrists, two pharmacists, one physician and one Advanced Practice Registered Nurse (APRN). A member of the MHMAC recently joined DCF’s Psychotropic Medication Workgroup to help ensure concurrent messaging in regard to
medication guidelines for children in foster care. In SFY 2018, the Psychotropic Medication Workgroup will continue to develop strategies to reduce and monitor psychotropic medication usage for children in foster care. A recommendation for SFY 2018 includes KDHE researching the possibility of an electronic health passport to allowing multiple agencies access to the medical records of a child in foster care.

CWCMPs would like to see information on psychotropic medication shared with the case manager for the child, who is responsible for the case, in addition to the foster parent. The case manager has on-going communication with the foster parent and foster home worker to make sure the needs of the child and family are met. The MCOs usually work with their own Care Coordinator and others who are on the case which includes clinical staff. There is a need to review regulations, policies and statutes regarding the sharing of information. CWCMPs have developed their own procedures, in addition to the statewide monitoring, for the monitoring and use of medication for the children in their care.

KVC Health Systems has developed a sophisticated monitoring and response system to ensure that the more than 3,700 children in foster care and 5,000 children in home-based programs are safe. KVC administrators began work on an oversight system in 2012.

KVC’s medication tracking system allows for broad oversight, as well as the opportunity to drill down to each individual child. Of particular importance is the real-time data generated on each child, as this does not exist within most monitoring systems in Kansas, or the nation. This state-of-the-art notification system enables professionals to take action if a child is prescribed a concerning type, dosage or combination of psychotropic medications. As a child is prescribed or changes medication, this information is entered into the KVC data system. The medication information, along with the child’s age, height, weight and other information, is filtered against the current formulary database in order to check for any safety concerns. When a concern is identified, an alert is sent out to the child’s case management team, clinical and medical directors. Examples of alerts include:

- Medication type or dosage exceeds threshold for child’s age or weight
- Too many total medications
- Medication without use of adjunct mental health therapy
- No lab provided and child is on medication that requires labs
- Child has been stable for six or more months without consideration of safe reduction in medication

The child’s information is reviewed and a response plan is formulated. Responses can range from a phone call to the prescriber to discuss a potential concern, to a same day appointment with a KVC child psychiatrist.

In addition to responding to concerns with an individual child, the KVC system creates a series of aggregate reports that are reviewed by administrators each month. Trends are reviewed and changes in practice are made as needed. Examples of reports include:

- Trends by age
- Trends by gender
Trends by placement type
Trends by class of medication
Trends by number of medications
Trends by prescriber

In addition to the tracking and alert systems, KVC Medical Director and staff psychiatrists/APRNs provide ongoing training to the case management teams about the use of psychotropic medication in children. Armed with valuable information, KVC front line staff is better equipped to advocate for safe reduction and strong oversight of medication. KVC staff is also able to help caregivers and children better understand the role of medication in their lives.

The work done by KVC over the past three years is paying off. The number of KVC children on psychotropic medications across all programs is less than 9 percent, only a fraction of the number that many other foster care programs experience. Other noteworthy outcomes include:

- Less than 1 percent of children on medication are under the age of 5
- Less than 4 percent on two or more medications from the same class
- No children on three or more from the same class
- Less than 1 percent of children on 5 or more total medications
- More than 90 percent of children on medication are also actively involved in mental health therapy

Most Saint Francis Community Services (SFCS) foster care youth are treated in the community at Community Mental Health Centers (CMHCs) SFCS, KanCare MCOs and CMHCs work with the SFCS staff, children/youth, birth parents and foster parents to obtain a complete picture of the child’s history, trauma, family mental health history and needs. The focus is on the family as a whole. When a child is exhibiting behaviors that indicate possible need for medication, the CMHC professionals work with the family to provide referrals to the psychiatrist. It is important to determine if the behaviors existed prior to the removal from the home or if they are related to the trauma of being removed from the home.

SFCS utilizes several levels of medication monitoring:

- SFCS has a number of policies and procedures in place to address psychotropic medication and medication management in our Reintegration Foster Care/Adoption and Foster Care Homes programs.
- Partnership with current MCOs for oversite of high “users”/high need child(ren).
- On-staff Clinical Director as part of the Reintegration Foster Care/Adoption program who builds oversight systems, educates field staff to decision trees regarding medication and mental health needs.
- Mental Health Liaison who coordinates with field staff and CMHCs regarding services for clients.
- Board eligible child psychiatrist and Psychiatric APRN who review cases/child(ren) with high medication cocktails (these two staff work at the PRTF).
- Medication course developed by our APRN for foster families and field staff that eventually was adopted by the Children’s Alliance and made state wide with up to date revisions. The training is available on-line.
SFCS provides foster parents with 24/7 access to a web-based program called SFCS Families. It provides access to information regarding current children in their home. This program is a secure website that has foster parents log in with a username and password. The information includes medication the child is taking. Foster parents can submit requests to change or update medication information with any updates the foster parent has received, which generates an automatic email to assigned staff. If the foster parent does not have access to a computer, they receive a document in the mail with the above information for the children that are placed in their home. Once the information is verified it becomes “official information.” for the child. SFCS Families is the first innovative tool of its kind.

SFCS has a Risk Management Program that collates, evaluates and follows up on critical incidents across the agency. Several patterns specific to medications have been identified. SFCS foster care children are able to be seen by PRTF psychiatrists or APRNs until they are connected to a more permanent practitioner for their medications. This is done through in-person assessment and telemedicine to meet the geographic challenges across 75 counties.

SFCS hosts a sub-contractor meeting three times a year. The agenda of the meeting is varied. However, over the past year one agenda item has remained constant; accurate documentation of all medications and their specific purpose. All CPA’s and residential facilities have had the opportunity to address questions surrounding psychotropic medications during this forum.

In a continued effort to monitor the child’s well-being while in placement, SFCS has added a 1.5 staff to monitor all information submitted on a child’s monthly report. SFCS strictly monitors medication and education. If there are concerns in any of these areas, monthly reports are returned to the sub-contractor for clarification. All this information is uploaded into the SFCS data management system for immediate access.

The SFCS “Client Services Leadership Team” is a small group of lead agency clinicians that includes the APRN and psychiatrist. A targeted goal for this team is to successfully develop and implement the Utilization Review of psychotropic medications for the children in the CWCMP contract. The team is exploring the use of an automatic report to the physical health physician by the prescribing psychiatrist. It would be the same as when a patient is seen by a specialist and there is an automatic report sent to general physician. No release/consent is required, as it is a continuum of care, and HIPAA supports this. The team conducted a literature review including the KU School of Social Welfare study: “Medicaid Children’s Focused Study: Prescribing Patterns of Psychotropic Drugs Among Child Medicaid Beneficiaries in the State of Kansas.”

### 3. Health Care Collaboration

In Kansas, the programs and services that impact children in the custody of the Secretary of the Kansas Department for Children and Families (DCF) are provided by DCF, Kansas Department for Aging and Disability Services (KDADS), Kansas Department of Health and Environment (KDHE) and 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 and juvenile corrections. As a result, the 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 agencies and community organizations has occurred individually and in various workgroups with each of these agencies and DCF for many years. In 2015, an increased need for systems coordination and collaboration was identified to improve healthcare oversight and coordination for children in DCF custody. There are two key system collaboration workgroups, both facilitated by KDHE. The first workgroup is The Foster Care in KanCare workgroup, which addresses KanCare issues specific to children in DCF custody. The workgroup is comprised of representatives from DCF, KDHE, KDADS, KDOC-JS, Child Welfare Case Management Providers (CWCMPs), and the three Medicaid Managed Care Organizations (MCOs) this group meets monthly. The second workgroup is the State Agency Foster Care in KanCare workgroup which only includes the state agency representatives from the first workgroup. This meeting is held at least monthly, and at times twice monthly, to address KanCare issues and barriers, and state agency coordination specific to children in DCF custody. Both of these multi-state/community agency workgroups are necessary to support ongoing collaboration to ensure children in foster care receive appropriate services.

In accordance with PIP goal 2, ensure needs of children and families are addressed by improving needs assessment, case planning and service provision throughout the life of the case, Key activities 2.5.1 through 2.5.4, improve accessibility of mental and behavioral health services for high acuity children in foster care to increase stability and timely permanency. To address PIP goal and key activities, DCF will continue to collaborate with the Foster Care High Needs/KanCare Workgroup members to increase the behavioral health service array for children in care. The Continuous Performance Improvement (CPI) process was utilized with the Children in Foster Care High Needs workgroup which was established in SFY 2017 to conduct a root cause analysis, and develop causal pathways to improve system collaboration and accessibility of mental and behavioral health services for children with high needs in foster care. This High Needs workgroup was the result of discussion in the Foster Care in KanCare workgroup, and is facilitated by KDHE. The workgroup includes the participants of the Foster Care in KanCare members, and additional staff from their respective agencies and other community stakeholders, including but not limited to: Community Mental Health Centers (CMHC), Community Developmental Disability Organizations (CDDO), PRTFs, Prairie Band Potawatomi Nation, and a child psychiatrist from the Psychotropic Medication workgroup. The first meeting was held in July 2016, and met frequently throughout the year to work through the CPI stages. The CPI process was facilitated by DCF staff trained in the Continuous Quality Improvement process. Subgroups were later formed to research and develop solutions to increase collaboration and improve stability and timely permanency for these children. In SFY 2018, the group intends to work toward prioritizing, approving and implementing these proposed solutions. One of the first recommendations to be implemented is the ongoing data exchange between stakeholders to continue to identify youth with high needs based on placement stability to assign care coordination with the MCO, complete screenings for an HCBS waiver, and receive appropriate behavioral health services. An MOU is being drafted to allow for the ongoing exchange of data and information. A full list of recommendations from the High Needs Workgroup Proposed Solutions is available in Attachment 8 serves as PIP Key Activity 2.5.5 evidence.
The Medicaid liaison position was created by DCF in SFY 2015 to work collaboratively with KDHE, KDADS, KDOC-JS, the CWCMPS, MCOs, and internal DCF staff to develop strategies and resolve coordination issues so that children in foster care have both their medical and behavioral health needs met. The Medicaid liaison is the point of contact for other state agencies, MCOs and child welfare contractors when they experience Medicaid coordination issues regarding children in foster care. This liaison oversees the coordination until the issue is resolved. The creation of this position was draft Performance Improvement Plan Key Activity 2.3.5. This activity has been met and therefore was not included in the approved PIP. The goal of the position is to improve health care coordination of children in foster care, children returning home and aging out of foster care. In addition, the liaison creates and maintains informational materials and desk aids for both DCF staff and the child welfare contractors, from escalation guides that outline steps to follow in order to escalate Medicaid coordination issues to achieve resolution to dedicated MCO foster care contact desk aids. These materials and desk aids are made available on an internal website for staff to access when needed and serve as a resource when coordination issues arise. These desk aids also outline the process for case managers to communicate directly with MCO’s regarding care coordination issues.

DCF’s Independent Living Program (IL) has developed policy to assist youth during transition planning with understanding the importance of designating a person to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and there is no relative who would be authorized to make such decisions, through execution a health care power of attorney, health care proxy, or other similar document recognized by Kansas law. Additionally, IL program policy addresses assisting youth on the use of prescribed medication as a part of the transition planning process.

C. Disaster Plan

There were no disasters in Kansas during SFY 2016.

The prime objective of PPS’ Child Welfare System Disaster Plan is to maintain the ability to know the location and situation of children and families receiving service. PPS’ plan is designed to work with Child Welfare Providers, resource parents, service providers and community partners to maintain support, communications and services. This plan is based upon the procedures established in the DCF Disaster Plan (data and communication recovery for operations) and the Adjutant General’s, Division of Emergency Management’s plan for natural and manmade disasters. PPS’ plan also utilizes the planning and best practices from the U.S. Department of Health and Human Services and other states regarding disaster planning.

Methodologies prescribed in the plan are to provide guidance to PPS Administration, Regional Staff and those providing direct services to children and families. These methodologies are to ensure PPS:

- Maintains the capacity to communicate with the child, family and those providing services.
- Has knowledge of pre-existing needs and needs created by the disaster in order to properly respond.
• Maintains a progression of services according to the case plan.

PPS’ plan allows for continual operations in any category, type and geographical coverage of a disaster. Geographical coverage of a disaster can range from localized situations, in which normal operations is maintained, to a disaster affecting a large portion of the state or the entire state. A disaster affecting a large portion or the entire state would dispute operations by requiring relocation and evacuation for PPS operations, staff and all involved in the child welfare system.

In order to accomplish PPS’ prime objective to maintain knowledge of the location and situation for those receiving services, the plan is designed to enhance collaboration and coordination between DCF, Child Welfare Providers, Community Partners, Stakeholders, federal and State agencies and local emergency planning agencies. Implementation will require these organizations to work together to develop flexible strategies. The disaster plan recognizes that service providers have direct contact and information regarding those receiving services.

Therefore, the key to PPS’ Child Welfare System Disaster Plan is for PPS to maintain the information systems, regardless of whether or not operation is relocated, to identify all in services prior to the disaster AND to provide the communication link for the Child Welfare Providers, resource parents, service providers and community partners to receive current information on the welfare, services, needs and location of children and families.

The plan relies on PPS to maintain a focal point for communications. (See Attachment 35, DCF Safety Security Emergency Manual; Attachment 36, IV -B Disaster Plan and Statewide Assessment; Attachment 37, Saint Francis Community Services Environment of Care Manual; and Attachment 38, KVC Kansas Emergency Response Manual.)

D. Training Plan

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 ongoing 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.

1. Training for Department for Children and Family Services (DCF) and Child Welfare Case Management Provider (CWCMP) Staff

The Kansas Child Welfare Professional Training Program (KCWPTP) is a public/private partnership between the DCF and the CWCMPs. In an effort to establish consistency in practice and outcomes, the KCWPTP was launched in January of 2017. The intent of the system is to deliver fiscally responsible training that equips child welfare professionals with knowledge and the ability to transfer that knowledge to the job.

The KCWPTP is a Comprehensive, Competency-Based In-Service Training (CCBIT) System. Key components of the system include; increased collaboration with our private contractors, the
use of competencies to develop curriculum, Individual Training Needs Assessments, recruitment and development of competent trainers, job-specific content, a statewide system for delivery, transfer of learning and a computerized system for administration, monitoring and quality control. Prevention and Protection Services (PPS) and DCF Strategic Development continue to collaborate with the Institute for Human Services (IHS) in Ohio to develop the new training system. The Institute for Human Services has over 30 years of experience in organizational development, program evaluation and in-service training for public and private child welfare staff. The KCWPTP system is modeled after the competency based system developed by IHS for the Ohio Child Welfare Training Program. Significant progress has been made during SFY 2017. Going forward, staff from DCF and the CWCMPs will be trained together. This practice was initiated in the Caseworker Core and Assessor Pilots, which were held in late SFY 2016 into SFY 2017.

In October 2016, the first monthly meeting of the KCWPTP Steering Committee was held. The KCWPTP Steering Committee is the oversight and evaluation, strategic program planning and governance of the developmental activities and operations for KCWPTP. Since October, the bylaws of the Steering Committee have been adopted. Workgroups have completed multiple tasks related to the recruitment of contract trainers, planning for the Caseworker Core and Assessor trainings, recruitment of qualified contract trainers, and completing the application process for Social Work Continuing Education units. The Steering Committee has considered the recommendations of the workgroups to make decisions about the training program.

In November 2016, a Training of Trainers: Stand Up and Take Charge of the Learning Environment was held. An experienced trainer from IHS instructed the course and participants included the DCF regional trainers and training staff from the CWCMPs. The course is designed to explore skills of an effective public speaker, establish a connection between effective public speaking and Transfer-of-Learning, learn how to educate, engage and activate learners, experience a practice opportunity and learn how to manage elements to promote learning. It is an expectation that all KCWPTP trainers complete this course.

In January 2017, the KCWPTP website was established. It provides information related to the training program including course descriptions, competencies, regional training centers, the Steering Committee membership, purpose and mission statement, the training calendar, and resources for the trainer and trainee.

http://www.dcf.ks.gov/Agency/KCWPTP/Pages/default.aspx

Child welfare training in Kansas is provided in several different formats: including online, computer-based, virtual, blended and classroom delivery.

- For PPS and CWCMP staff, online training is primarily provided through Pathlore, DCF Training Center’s Learning Management System (LMS) with a few courses available through KS-Train
- Computer-based training includes courses that are completed on computers that are not connected to a network
- Blended training includes courses that have been created or modified for some activities to be completed online by the individual and some activities to be completed either individually or with a group in consultation with a trainer or supervisor
• Classroom delivery is provided in a face-to-face environment.

The Pathlore LMS serves as the statewide data tracking system for all training within the Kansas child welfare system. During SFY 2017, the CWCMPs, KVC Kansas (KVC) and Saint Francis Community Services, were added to the Pathlore LMS. This allows their staff trained through KCWPTP to be tracked and allows them access to other DCF trainings.

**Child Welfare Staff**

Child Protective Services (CPS) Specialists employed by DCF are required to be a licensed Behavioral Sciences Regulatory Board (BSRB) professional, which includes a minimum of a Bachelor’s degree in Social Work (LBSW), a Master’s degree in Professional Counseling (LPC), or a Master’s degree in Marriage and Family Therapy (LMFT). This provides a baseline of general practice knowledge obtained through a college or university program, which meets the standards required by the Behavioral Sciences Regulatory Board. Graduates who have not completed licensing may be temporarily employed as Child Protection Investigators or as Child Protection Specialists under a temporary license for up to six months, pending full licensure; with reclassification as CPS Specialists at the point of full licensure. Saint Francis Community Services (SFCS) require licensed professionals and Therapists to be an LBSW, Licensed Master Social Worker (LMSW), LMFT or LPC or to have a Temporary license with the State of Kansas BSRB. If they do not have a license, they operate as a Family Support Worker. KVC requires licensed professionals and Therapists to be an LBSW, LMSW, LMFT or LPC or to have a Temporary license with the State of Kansas BSRB.

Initial staff training is required for all PPS CPS Specialists and Investigators. Initial staff training is to be completed within 90 or 180 days upon hire or prior to being assigned cases depending on the training course. With the establishment of the Kansas Child Welfare Professional Training Program (KCWPTP), we are in the process of reviewing the content and completion requirements for DCF Pre-Service Training for DCF staff. Investigation and Assessment and Interviewing Skills for Child Welfare are currently being revised. Introducing Child Welfare in Kansas has been retired as the content is being covered in the Caseworker Core Modules. Passport has been replaced by Shadowing Experiences and the Facilitated Discussions. The Digital Versatile Disc (DVD): Interviewing Children Getting More With Less is being converted to an online format.

Attachment 39 for DCF PPS SFY 2017 Training Report, for course descriptions.

Training attendance from SFY 2010 through May in SFY 2017 are listed below.

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### Facilitated Discussion: Safety Risk Assessments – Required within 6 months (PPGSSI0104)

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### Facilitated Discussion: Self-Care – Required within 6 months (PPGSSI0105)

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### Facilitated Discussion: Time Management – Required within 6 months (PPGSSI0106)

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### Facilitated Discussion: Worker Safety – Required Pre-Caseload (PPGSSI0107)

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### Required Annually

#### Worker Safety: Verbal and Non-Verbal De-Escalation (ODESSS0101 - JAWS version ODESSS0102)

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#### MECAN: Abusive Head Trauma in Infants and Children (PPCOCW0235)

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### Recommended Pre-Service Training

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#### MECAN: Skeletal Injuries / Abdominal Injuries (PPPSCW0120)

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#### The Next Step: Part 1 Domestic Violence: Assessing Risk, Safety and Case Planning (PPCOCW0252)

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#### Teri Zenner Foundation Worker Safety and Self-Defense (PPACCW0307)

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Child Abuse and Neglect (PPSCF0310) | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | SFY 2015 | SFY 2016 | SFY 2017 | SFY 2018 | SFY 2019 | * | * | * | * | * | * | * | * | 0

*Courses are currently being revised by MECAN staff.

### Additional Courses

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### Courses Required for DCF and CWCMP Staff

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### Child Welfare Supervisors

During SFY 2016, Mastering the Art of Child Welfare Supervision training for PPS Assessment and Prevention supervisors was completed. The training was provided by Marsha K. Salus, who specializes exclusively in training child welfare supervisors and has provided training in more than 25 states. A Train the Trainer of this course was provided to aid in development of the ongoing supervisor training. With the establishment of the Kansas Child Welfare Professional Training Program (KCWPTP), moving forward the Supervisor Core Curriculum from IHS will be utilized. The Supervisor Core consists of six modules, including Supervising Casework Practice; Leadership in Child Welfare; Communication, Conflict and Change; Improving Individual Staff Performance; Professional Development of Staff, and Collaboration and Teamwork. The curriculum will be reviewed and adapted to meet the needs of child welfare supervisors in Kansas during SFY 2018. Beginning in January 2018, the Supervisor Core Modules will be available for PPS and CWMP supervisors. Goal 4 in the Kansas approved Program Improvement Plan (PIP) addresses the need for strengthened supervisory capacity,
accountability and oversight of child welfare practice. Kansas has implemented Phase 2 of the Kansas Child Welfare Professional Training Program specific to Supervisor Core curriculum to meet PIP Key Activity 4.2.3.

In September 2016, the Excellence in Supervision Conference was held in Manhattan, KS. Supervisors from DCF, CWCMPS and the tribes attended the two-day conference. The theme was Recharge, Rejuvenate and Redefine your Leadership. Self-care was the focus of the conference speakers and activities.

In an effort to meet PIP Key Activity 4.1.1, Kansas has implemented quarterly statewide supervisor meetings for DCF, CWCMPS, tribes and Family Service grantee staff to review outcomes and issues related to safety, permanency and well-being. The first quarterly meeting was held in January 2017. At the meeting, the supervisors were introduced to the Kansas Child Welfare Practice Model and received training on Successfully Transitioning with Change While Building Resiliency. At the May 2017 meeting, the agenda will focus on fatherhood involvement (this meets PIP Key Activity 2.3.4), “Why Bring Dads into the Picture?, a fatherhood continuing education course by Dr. George Williams (meeting PIP Key Activity 2.3.3), will be launched. The meeting will include breakout sessions to identify strategies for encouraging healthy resident and non-resident father involvement (this meets Key Activity 2.3.5.)

### Supervisor Training (DCF and CWCMPS)

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The online Pre-service Case Management course is required prior to caseload assignment for all CWCMPS staff. At this time, each entity determines the ongoing training requirements for their staff and is involved in identifying training topics and course delivery. Ongoing courses are available for DCF, CWCMPS and tribes.
Specialized child welfare training is conducted by DCF and the CWCMPs for their respective staff. Information about scheduled DCF and CWCMP trainings is shared by email and posted to the training calendar on the public website. Staff from the different agencies, including tribal and military partners, are encouraged to take advantage of training opportunities. In April 2017, DCF partnered with the Fort Riley Family Advocate Program to provide Investigation and Assessment training at the military base in Junction City, Kansas. See Attachment 39 DCF PPS SFY 2017 Training Report; Attachment 40, KVC Kansas Training Plan SFY 2017; Attachment 41, Saint Francis Community Services SFY 2017 Training.

Caseworker Core Modules

A critical component of the KCWPTP are the Caseworker Core Modules. Caseworker Core consists of eight modules, totaling 17 days of training plus five days of learning labs; see Attachment 42, KCWPTP Caseworker Core Course Descriptions. The pilot of the Core Modules was completed in September 2016. Pilot participants included statewide representation of PPS and CWCMP staff. The 25 members of the core pilot were experienced caseworkers, supervisors, Program Administrators, Performance Improvement staff, and trainers. Experienced IHS training staff were the instructors for the core pilot. The IHS staff provided a well-established curriculum developed for the Ohio Child Welfare Training Program (OCWTP). The purpose of the pilot series was to gain information about the content of core modules, evaluate the curricula, and shape it specifically for Kansas.

Upon completion of the pilot, subject matter experts reviewed, revised and updated the IHS curriculum to meet Kansas specific requirements. The calendar was developed and trainers and training sites were secured. Currently, instructors for the Core Modules are PPS trainers or IHS contract trainers. It is our goal to develop a pool of contract trainers who are subject matter experts specific to each module.

The first round of Caseworker Core Modules began on January 10, 2017 with modules being held every two weeks. Eight rounds of Caseworker Core are scheduled during the 2017 calendar year. The rounds begin approximately every six weeks, rotating through the four regions. The eight rounds will be completed by December 14, 2017. Capacity for each round is 30 individuals for a total of 240 frontline staff trained in 2017. Currently, new workers and their supervisors are given priority for attendance. The participants for each session include a combination of new and experienced staff from PPS, KVC and Saint Francis Community Services. The long-term goal is to require all child welfare staff in Kansas to complete the Core Caseworker Modules.
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Assessor Core Training

Kansas identified the need to better prepare CWCMP and Child Placing Agency (CPA) staff to assess and prepare children and families for adoption. To address this need, Assessor Training began in April 2016. This initial Assessor Training was delivered by IHS trainers, and is another OCWTP curricula. The initial participants included PPS, CWCMP and CPA staff who provide foster care and/or adoption services. The training included two Caseworker Core modules that serve as a prerequisite since participants did not have the benefit of completing Caseworker Core: Child Development: Implications for Family-Centered Protective Services (Module 7); Separation, Placement, and Reunification in Family-Centered Child Protective Services (Module 8). The participants completed Tier I of Foster and Adoption Training consisting of six workshops. The topics include Family and Child Assessment, Services for Birth Parents, Post-Finalization Adoption Services, Adoption Assistance, Placement Strategies and Pre-Finalization Services. Based on feedback from the pilot participants and input from PPS Program staff, the IHS curriculum was reviewed, revised and updated as needed.

Three rounds of Assessor Core Training are scheduled during calendar year 2017 and will rotate through the regions. Each round will be limited to 30 participants from PPS and the CWCMP. Currently, participants are limited to PPS, KVC, and Saint Francis Community Service staff doing adoption practice. The long-term goal is for all child welfare staff practicing adoption to be required to complete the Assessor Core Training. The first round began on March 7, 2016. Instructors for the Assessor trainings are DCF staff or IHS contract trainers. The goal is to develop a pool of contract trainers who are subject matter experts specific to each course.

Attachment 43 for KCWPTP Assessor Tier I and II Course Description.

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</tr>
<tr>
<td>KCWPTP Assessor Tier II (PPPSCW0280)</td>
<td>*</td>
<td>*</td>
<td>*</td>
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<td>*</td>
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<td></td>
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<tr>
<td>DCF</td>
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<tr>
<td>KVC</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SFCS</td>
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</tr>
</tbody>
</table>

Simulation Training Lab

Strategic Development and PPS collaborated to develop a simulation lab. Simulation is a technique for education and training that has been used in different disciplines, including the military, medicine and aviation. It offers guided, immersive experiences that replicate aspects of a real-world experience in an interactive fashion. The Kansas simulation lab offers two residential settings, which can be staged to create various “home” environments to enhance the
learning experience of staff attendees. The simulation lab also offers a court room setting, which can be used to simulate a court room experience. The launch of the simulation lab was held on February 16, 2017.

**Play-Based Interactions**

Play based interaction presents the philosophy and rationale for using client-centered interventions for children shortly after they are removed from their home. In addition, the workshop covers the key neural developmental processes and sequences that contribute to critical concepts that are applicable to play based interventions to use while a foster home is identified for the child. This training covers the use of verbal and nonverbal, affective and cognitive directive and non-directive interventions, as well as the role of empathy, and attachment that occurs within the interaction of child and the caseworker. The primary audience for this training is PPS Assessment and Prevention staff who remove children from the home when a judge places them into the custody of the Secretary of DCF and orders out of home placement. The Play-Based Interaction course was developed to teach staff how to engage the child in brief play-based interactions to help minimize the traumatic impact of the initial removal from their home.

**KCWPTP Kansas Child Welfare Practice Model**

In SFY 2017 PPS adopted the program Practice Model. The Practice Model serves as a blueprint to describe the values underlying the departments work and partnership with families, providers and communities in the Kansas child welfare system. The mission of DCF is to protect children, promote healthy families and encourage personal responsibility. Prevention and Protection Services (PPS) promotes safe and healthy homes while strengthening children and families. The practice model value statements will be provided to families served by PPS beginning in July 2018.

The Practice Model Initial Implementation Training focused on exposing all PPS and CWCMP staff to the DCF Child Welfare Practice Model. The sessions discussed all points of the model as well as began unfolding how the values are exhibited and demonstrated in child welfare practice. Attachment 44 for Kansas Child Welfare Professional Training Program Steering Committee By-Laws. The Practice Model Training session is supportive evidence to the PIP Key Activity 2.1.3.
### 2. Foster Parent and Adoptive Parent Training

Kansas requires foster parents to be trained using the nationally recognized pre-service training curriculum, MAPP. A curriculum was developed by Children’s Alliance of Kansas (CAK) for relatives, “Caring for Our Own.” In 2015, PS-MAPP was revised to include trauma informed care. It was titled “Trauma Informed PS-MAPP” and is being referred to as TIPS-MAPP, which is copyrighted by CAK. The National Child Traumatic Stress Network worked with CAK as well as a committee made up of more than 14 professionals from different areas within child welfare to complete the revisions. In order to maintain fidelity with the TIPS-MAPP curriculum, DCF has a contract with CAK for TIPS-MAPP training. This allows DCF to maintain commitment to the standards for TIPS-MAPP leadership training and preparation classes. All CPAs who sponsor foster homes and approve adoptive families are also bound by these standards. The TIPS-MAPP, TIPS-Deciding Together (DT) and COO training programs cannot be revised, edited, or changed in content by DCF or CPAs in any way. The new contract will require review and monitoring by the Children’s Alliance to ensure the training program is delivered in its entirety, with fidelity. These trainings are the first step in preparing foster and adoptive parents to care for children in the custody of the Secretary of DCF. The training curriculum is designed to help families decide if foster parenting or adoption from foster care is right for them including the impact on their own family. Families who are prepared and trained to become placement resources for children in the Secretary's custody are more likely to promote the child’s safety, permanency and well-being.

The TIPS-MAPP curriculum model includes family and individual assessments; ten three-hour meetings designed to mutually prepare, assess, and make selection decisions; a focus on skill building that ensures preparation/selection workers can observe the skills in action in order to document the skills in the home study; TIPS-MAPP Family Consultations that offer private time for the prospective adoptive and foster family and TIPS-MAPP leader to discuss strengths, progress and family needs and plan ways to meet identified needs; a Professional Development Plan for growth while becoming an adoptive or foster family or children welfare advocate; a Summary and Recommendation document that creates a summary of the family’s behavioral struggles and needs at the completion of the program and to clearly state next steps for professional development.

The contract will include funds that CPAs can access for reimbursement for the costs of these training sessions. It is imperative that DCF has a single entity to monitor and document the
training that occurs for foster and adoptive parents statewide and to provide information regarding training opportunities to potential training program participants. Supporting CPAs in their training activities is also a part of this contract. In addition, the contractor will approve and reimburse CPAs providing training for foster parents and residential child care staff.

While TIPS-Deciding Together (TIPS-DT) is an option, it shall be an exception rather than the norm for prospective foster and adoptive families. When group training is not possible, TIPS-DT may be substituted. When a child is placed with a relative/kin, TIPS-DT or COO training is recommended for relatives/kin within the first 90 days. There is added value with a group process led by co-leaders who know current practice. The contractor shall receive funding with the purpose of reimbursing CPAs for Caring for Our Own (COO) classes and training supplies. In addition, the contractor will approve and reimburse CPAs that provide training for relative caregivers of children in foster care.

The contract shall ensure TIPS-MAPP, TIPS-DT and COO training is delivered in its entirety with fidelity and without modifications. Training must be co-lead by a child welfare professional and a foster or adoptive parent. Assuring up to date resumes are kept on file for all Certified Leaders or Approved Trainers. Developing semi-annual refresher sessions for each leader to promote fidelity to the training program and remain current on PPS policies and procedures. To maintain current status as a certified leader, leaders shall participate in group meetings at least annually with CAK to ensure leaders are delivering the training with fidelity and within current policy and practice. Annual training refreshers shall be provided to all leaders. Establishing best practice standards that each training session must meet in order to qualify for reimbursement. The contractor shall develop a list of standards, approved by DCF, that training sessions must meet to be eligible for reimbursement. The Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183, requires states to ensure that reasonable and prudent parenting standards are addressed in training curriculums as appropriate. The contractor shall review and update all on-going training as directed by DCF.

Staff from DCF, KDOC-JS, group homes and other agencies may also attend TIPS-MAPP classes. Foster parents are required by DCF to receive eight hours of additional, ongoing training each year. A web calendar of all on-going training opportunities for foster and adoptive parents and staff in residential treatment settings will be updated at least monthly. In addition, on-line training is available for Medication Administration, Universal Precautions, TIPS-MAPP Update, and Ethical Relationships in Child Welfare.

**Recruitment and Retention**

Kansas is exploring the possibility of using stipends paid to students seeking degrees in the appropriate degree fields to attract students to work for the agency after graduation.
### XVI. STATISTICAL AND SUPPORTING INFORMATION

#### A. CAPTA Annual State Data Report

#### 1. Child Protective Services Workforce

**Information on education, qualifications and training requirements**

<table>
<thead>
<tr>
<th>Position</th>
<th>Education Requirements</th>
<th>Qualification</th>
<th>Pre-Service*</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Workers</td>
<td>Education may be substituted for experience</td>
<td>Two years of experience in general office, clerical and administrative support work</td>
<td>12 hours</td>
<td>1 hour minimum</td>
</tr>
<tr>
<td>Intake Protection Specialist</td>
<td>Bachelor’s degree in Human Services Field</td>
<td>Two years of experience at call center/customer service center; bilingual in English/Spanish preferred.</td>
<td>12 hours</td>
<td>1 hour minimum</td>
</tr>
<tr>
<td>Child Protection Specialists</td>
<td>Bachelors level social worker or Masters level Professional Counseling or Marriage and Family Therapy</td>
<td>License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas</td>
<td>PPS social work specialists = 78 hours KPRC social work specialists = 59 hours</td>
<td>40 continuing education hours every 2 years to maintain a social work license</td>
</tr>
<tr>
<td>Child Protection Supervisor</td>
<td>Bachelors level social worker or Masters level Professional Counseling or Marriage and Family Therapy</td>
<td>License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas plus one year of social work experience</td>
<td>11 additional program-related hours (to above) plus approximately 24 hours of agency-related training</td>
<td>40 continuing education hours every 2 years to maintain a social work license</td>
</tr>
</tbody>
</table>

*Pre-Service occurs within 90 days of employment*
Data on education, qualifications and training

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Intake Workers</th>
<th>Protection Specialists</th>
<th>Protection Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Indicated</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Less than High School</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High School or equivalent</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 Year College</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 Years College</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2 Year College Degree</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Years College</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>15</td>
<td>249</td>
<td>45</td>
</tr>
<tr>
<td>Some Graduate School</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>2</td>
<td>67</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>321</td>
<td>57</td>
</tr>
</tbody>
</table>

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.
Demographic information

### Race

<table>
<thead>
<tr>
<th>Position</th>
<th>Hispanic</th>
<th>American Indian</th>
<th>Black</th>
<th>White</th>
<th>Asian</th>
<th>Not Specified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Workers</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>12</td>
<td>0</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Intake Protection Specialists</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Protection Specialists</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td>233</td>
<td>1</td>
<td>53</td>
<td>318</td>
</tr>
<tr>
<td>Protection Supervisors</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>44</td>
<td>1</td>
<td>3</td>
<td>55</td>
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</table>

### Sex

<table>
<thead>
<tr>
<th>Position</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Workers</td>
<td>3</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>Intake Protection Specialists</td>
<td>5</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Protection Specialists</td>
<td>22</td>
<td>296</td>
<td>318</td>
</tr>
<tr>
<td>Protection Supervisors</td>
<td>4</td>
<td>51</td>
<td>55</td>
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</tbody>
</table>

### Age

<table>
<thead>
<tr>
<th>Position</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60 &amp; over</th>
<th>Not Specified</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Workers</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>10</td>
<td>4</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>Intake Protection Specialists</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Protection Specialists</td>
<td>92</td>
<td>86</td>
<td>61</td>
<td>48</td>
<td>31</td>
<td>0</td>
<td>318</td>
</tr>
<tr>
<td>------------------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
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<td>-----</td>
</tr>
<tr>
<td>Protection Supervisors</td>
<td>2</td>
<td>21</td>
<td>14</td>
<td>15</td>
<td>3</td>
<td>0</td>
<td>55</td>
</tr>
</tbody>
</table>

**Information on caseload**

The table below shows the average and maximum number of cases assigned to CPS social workers and CPS Supervisors in SFY 2017 as of March 2017.

<table>
<thead>
<tr>
<th>SFY 2017 YTD Caseload (Jul. 16-Mar. 17)</th>
<th>CPS Specialists</th>
<th>CPS Supervisors</th>
<th>CPS Staff and Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Cases</td>
<td>13.2</td>
<td>4.7</td>
<td>13.8</td>
</tr>
<tr>
<td>Average Max Monthly Cases</td>
<td>18.8</td>
<td>41</td>
<td>16.1</td>
</tr>
</tbody>
</table>

The average ratio of CPS Specialists to CPS Supervisors in SFY 2017 as of March 2017 was 5.0. Multiply the ratio by the average cases per CPS Specialist (13.2) there were an average of 66.7 cases under supervision for each CPS Supervisor during SFY 2017 as of March 2017.

**2. Juvenile Justice Transfers**

The Kansas Department of Correction-Juvenile Services (KDOC-JS) is the designated State agency for serving juvenile offenders who have been placed in the custody of the Secretary of KDOC-JS by the courts. PPS staff is responsible for determining if juvenile offenders in custody are eligible for IV-E and Medicaid. Staffs from both PPS and KDOC-JS communicate and coordinate work related to these cases. When the court orders that a youth is to be served as a juvenile offender, if the youth is transferred from DCF custody to KDOC-JS custody, a transfer date shall be scheduled with the local KDOC-JS agency. The court order and current case plan are forwarded to the local KDOC-JS agency and agencies from which the youth might receive benefits (SSA, VA, etc.) are notified of the transfer. Transfer to KDOC-JS Custody is a category of “Reason for Ending Out-of-Home Placement” maintained in the Family and Children Tracking System (FACTS) on a monthly basis.


**B. Sources of Data on Child Maltreatment Deaths**

Kansas uses data from our agency child welfare system Family And Child Tracking System (FACTS) to report child maltreatment fatalities to National Child Abuse Neglect Data System (NCANDS). Maltreatment findings recorded in FACTS on child fatalities are made from joint investigations with law enforcement. The investigation from law enforcement and any report
from medical examiner’s office are used to determine if the child’s fatality was caused by maltreatment. The Kansas State Child Death Review Board reviews all Kansas child deaths, Attachment 13. Reviews completed by the state child death review board are completed after all agency investigations, medical examiner’s 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. Kansas is using all information sources currently made available when child fatalities are reviewed by the state child death review board.

Child Fatalities in Kansas known to DCF for SFY 2017 through December 31, 2016. This report is completed twice per year; December and July.

### Kansas Child Fatalities known to DCF

<table>
<thead>
<tr>
<th>SFY Year</th>
<th>Total Fatalities by Year of Death</th>
<th>Maltreatment Fatality by Year of Death</th>
<th>Foster Care Fatality by Year of Death</th>
<th>Foster Care Maltreatment Fatality by Year of Death</th>
<th>Child Maltreatment Fatalities by Year of Substantiation/Affirmed</th>
<th>Kansas Estimated Rate per 100,000 Children</th>
<th>National Estimated Rate per 100,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>17</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>8</td>
<td>1.1</td>
<td>1.96</td>
</tr>
<tr>
<td>2002</td>
<td>13</td>
<td>6</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>0.8</td>
<td>1.98</td>
</tr>
<tr>
<td>2003</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0.8</td>
<td>2.00</td>
</tr>
<tr>
<td>2004</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>10</td>
<td>1.4</td>
<td>2.03</td>
</tr>
<tr>
<td>2005</td>
<td>17</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>1.4</td>
<td>1.94</td>
</tr>
<tr>
<td>2006</td>
<td>27</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>5</td>
<td>0.7</td>
<td>2.00</td>
</tr>
<tr>
<td>2007</td>
<td>34</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>7</td>
<td>1.1</td>
<td>2.28</td>
</tr>
<tr>
<td>2008</td>
<td>61</td>
<td>13</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>1.9</td>
<td>2.28</td>
</tr>
<tr>
<td>2009</td>
<td>22</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>1.1</td>
<td>2.30</td>
</tr>
<tr>
<td>2010</td>
<td>30</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>8</td>
<td>1.0</td>
<td>2.08</td>
</tr>
<tr>
<td>2011</td>
<td>27</td>
<td>7</td>
<td>2</td>
<td>0</td>
<td>10</td>
<td>1.0</td>
<td>2.10</td>
</tr>
<tr>
<td>2012</td>
<td>25</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>7</td>
<td>1.0</td>
<td>2.18</td>
</tr>
<tr>
<td>2013</td>
<td>42</td>
<td>11</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>1.1</td>
<td>2.06</td>
</tr>
<tr>
<td>2014</td>
<td>47</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>12</td>
<td>1.7</td>
<td>2.13</td>
</tr>
<tr>
<td>2015</td>
<td>38</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>1.2</td>
<td>*</td>
</tr>
<tr>
<td>2016</td>
<td>33</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>1.0</td>
<td>*</td>
</tr>
<tr>
<td>2017</td>
<td>(as of 12/31/16)</td>
<td>21</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Total</td>
<td>491</td>
<td>139</td>
<td>54</td>
<td>5</td>
<td>139</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

1. Media tends to track deaths by the year in which the death occurred, rather than the year that DCF substantiated it as abuse.
2. Federal Reporting requires states to report child maltreatment fatalities in the year in which they are substantiated as abuse.
4. Information on national rates is 2001-2002 is for calendar year, and 2003-present is for Federal Fiscal Year. National data for FFY 2015 is not available at this time.

### C. Education and Training Vouchers

See section XIII Education and Training Vouchers ETV Program and CFS 101 Part III.
D. Inter-Country Adoptions

See section V Title IV-B subparts 1 and 2, R. Services for Children Adopted from Other Countries

E. Monthly Caseworker Visits

See section VIII, Monthly Caseworker Visit Formula Grant

XVII. HUMAN TRAFFICKING

In 2013, the Kansas Legislature statutorily established the Human Trafficking Advisory Board (HTAB) as the official board addressing human trafficking issues and set out in statute the structure and membership of the board. Members of HTAB include; law enforcement personnel, prosecutors, court personnel, advocates, legislators, victims of human trafficking, staff from the Kansas Department for Children and Families (DCF) and other pertinent parties who have expertise related to issues of human trafficking. The DCF Prevention and Protection Services (PPS) Deputy Director and Assistant General Counsel for PPS are members of HTAB.

During each legislative session since 2013, legislation to further strengthen laws related to human trafficking have been passed.

During the summer of 2015, a Joint Committee was appointed with combination of members from the Kansas Supreme Court Task Force on Permanency Planning, Judicial Council Juvenile Offender/Child in Need of Care Advisory Committee, DCF and Office of Attorney General staff to review preventing Sex Trafficking and Strengthening Families Act and draft proposed legislation to ensure State’s full compliance with the federal law. The proposed legislation, S.B. 418, was passed by the Kansas Legislature and enacted into law effective July 1, 2016.

New provisions related to human trafficking are:

- Immediately after receiving information that 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 that 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.
- “Child in need of care” definition in the Kansas Code for Care of Children was revised to include “has been subjected to an act which would constitute human trafficking or aggravated human trafficking, as defined by statute or commercial sexual exploitation of a child, as defined by statute or has committed nan act which, if committed by an adult, would constitute selling sexual relations, as defined by statute.
• Definition of “Runaway” was added to Kansas Code for Care of Children: “means a child who is willfully and voluntarily absent from the child’s home without the consent of the child’s parent or other custodian”

• The definition of “Sexual abuse” was revised to include being subjected to an act which would constitute conduct proscribed by all criminal sex crimes statutes set out in article 55 of chapter 21 of Kansas Statutes Annotated and amendments thereto.

• The statutory provisions relating to staff secure facilities which are placement facilities unique for placement of human trafficking victims were revised as follows:
  o to require such facilities, implement written policies and procedures for staff monitoring (previously said “24 hour a day staff observation”) of all facility entrances and exits
  o to require the itemized services of case management, life skills training, health care, mental health counseling, substance abuse screening and treatment and any other appropriate services be provided “as appropriate, for the duration of the placement” (new language as quoted)
  o clarified “A staff secure facility may be on the same premises as that of another licensed facility”

• Provision related to Juvenile Intake and Assessment System (JIAS) records was revised to indicate the JIAS records “may be used in a juvenile offender proceeding only if such records, reports and information are in regard to the possible trafficking of a runaway. Such records, reports and information in regard to the possible trafficking of a runaway shall be made available to the appropriate county or district attorney and the court, and shall be used only for diagnostic and referral purposes.”
Between March 1, 2014 and March 31, 2017, DCF’s contractors have completed 205 Rapid Response Assessments.

<table>
<thead>
<tr>
<th>Program Providers</th>
<th>Program Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>KVC</td>
<td>31</td>
</tr>
<tr>
<td>SCFS</td>
<td>174</td>
</tr>
<tr>
<td>Total</td>
<td>205</td>
</tr>
</tbody>
</table>

*Program Begins in March 2014

Table A: Rapid Response Totals and Average by Provider

<table>
<thead>
<tr>
<th>Placement Outcome</th>
<th>KVC</th>
<th>SCFS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Unavailable</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>1</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Foster Home</td>
<td>6</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>Juvenile Detention</td>
<td>12</td>
<td>26</td>
<td>38</td>
</tr>
<tr>
<td>Relative</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Returned to Home State</td>
<td>1</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Returned to Parents</td>
<td>3</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Secure Case</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Staff Secure Facility</td>
<td>6</td>
<td>79</td>
<td>85</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>174</td>
<td>205</td>
</tr>
</tbody>
</table>

Table B: Rapid Response YTD by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>KVC</th>
<th>SCFS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>27</td>
<td>74</td>
<td>106</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>108</td>
<td>112</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>174</td>
<td>205</td>
</tr>
</tbody>
</table>

Table C: Rapid Response YTD by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>KVC</th>
<th>SCFS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>African American</td>
<td>7</td>
<td>60</td>
<td>67</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Caucasian</td>
<td>23</td>
<td>82</td>
<td>105</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>31</td>
<td>174</td>
<td>205</td>
</tr>
</tbody>
</table>

Table D: Rapid Response YTD by Placement Outcomes

Table E: Rapid Response YTD by Service Outcomes

*Data Source: Providers Tracking Sheet*
XVIII. FINANCIAL

See attachments 46 through 48, CFS-101 Parts I, II, III in excel and pdf document.

Section H (1): Payment Limitations – Title IV-B, Subpart 1

**FFY 2005 Title IV-B, Subpart I & State Match Expenditures**
The Title IV-B, Subpart 1, payment limitations are identified below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Title IV-B</th>
<th>State Match</th>
<th>All Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Foster Care</td>
<td>439,792</td>
<td>146,597</td>
<td>586,389</td>
</tr>
<tr>
<td>Adoption Assistance</td>
<td>95,070</td>
<td>31,690</td>
<td>126,760</td>
</tr>
<tr>
<td>Total FFY 2005</td>
<td>534,862</td>
<td>178,287</td>
<td>713,149</td>
</tr>
</tbody>
</table>

Section H (2): Payment Limitations - Title IV-B, Subpart 2

**FFY 1992 Title IV-B, Subpart 2, Supplantation Requirements Per Section 432(a)(7)(A)**
The 1992 base year and 2013 actual expenditures are identified below.

<table>
<thead>
<tr>
<th>Category</th>
<th>1992</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Services</td>
<td>$ 1,661</td>
<td>$ 1,804,260</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>$ -</td>
<td>$ 1,562,645</td>
</tr>
<tr>
<td>Time Limited Reunification</td>
<td>$ 27,424,568</td>
<td>$ 94,978,936</td>
</tr>
<tr>
<td>Adoption promotion &amp; support</td>
<td>$ 1,072,510</td>
<td>$ 5,452,779</td>
</tr>
<tr>
<td>Total</td>
<td>$ 28,498,739</td>
<td>$ 103,798,520</td>
</tr>
</tbody>
</table>