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.
B. Vision and Mission .......................................................................................................................................................... 6
II. GENERAL INFORMATION .................................................................................................................................................. 7
   A. Collaboration ................................................................................................................................................................. 8
      1. Kansas Department for Children and Families (DCF) ................................................................................................. 8
      2. Governor’s Behavioral Health Services Planning Council .......................................................................................... 12
      3. KVC Behavioral Health Services (KVC)/Saint Francis Community Services (SFCS) Stakeholders Meetings .............................................. 14
         KVC Behavioral Health Services (KVC) .......................................................................................................................... 14
      4. Systems Collaboration .................................................................................................................................................. 17
      5. Collaboration with the Kansas Department of Corrections-Juvenile Services (KDOC-JS) .................................................. 22
      6. Kansas Early Head Start ................................................................................................................................................ 23
      7. Jobs for America’s Graduates-Kansas .......................................................................................................................... 25
      8. Community-Based Child Abuse Prevention ............................................................................................................ 25
     10. The Kansas Court Improvement Program ................................................................................................................ 26
III. KANSAS TITLE IV-B STATEWIDE ASSESSMENT .............................................................................................. 29
IV. KANSAS PERFORMANCE IMPROVEMENT PLAN .................................................................................................. 29
V. TITLE IV-B SUBPARTS 1 AND 2 UPDATES ........................................................................................................ 30
   A. Promoting Safe and Stable Families Programs ........................................................................................................ 30
   B. Kansas Protection Report Center .................................................................................................................................. 30
   C. The Safety/Risk Assessment ........................................................................................................................................ 33
   D. Family Services ............................................................................................................................................................... 37
   E. Family Preservation Services .......................................................................................................................................... 39
   F. Reintegration/Foster Care/Adoption Services ................................................................................................................ 46
      National Fatherhood Initiative ........................................................................................................................................... 55
   G. Time-limited Family Reunification .................................................................................................................................. 56
   H. Adoption Promotion and Support .................................................................................................................................... 60
   I. Permanent Custodianship ................................................................................................................................................... 65
   J. Relative and Kinship Care ................................................................................................................................................... 66
   K. Independent Living (IL) Services ................................................................................................................................... 70
   L. Independent Living (IL) Program ....................................................................................................................................... 71
   M. Another Planned Permanent Living Arrangements (APPLA) .......................................................................................... 71
   N. Adoption Assistance .......................................................................................................................................................... 72
   O. Populations at Greatest Risk of Maltreatment ................................................................................................................ 73
C. Disaster Plan

D. Training Plan

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

   2. Foster Parent and Adoptive Parent Training

XVI. STATISTICAL AND SUPPORTING INFORMATION

A. CAPTA Annual State Data Report

   1. Child Protective Services Workforce

   2. Juvenile Justice Transfers

B. Sources of Data on Child Maltreatment Deaths

C. Education and Training Vouchers

D. Inter-Country Adoptions

E. Monthly Caseworker Visits

XVII. HUMAN TRAFFICKING

XVIII. FINANCIAL

   Section H (1): Payment Limitations – Title IV-B, Subpart 1

   Section H (2): Payment Limitations - Title IV-B, Subpart 2
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 2019.

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 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 or refer family services, family preservation services, reintegration 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 Behavioral Health Services (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) 2019 will be posted on the PPS webpage at: http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx

The current Revised Kansas Code for Care of Children [KSA 38-2201et seq.] may be found at: http://kslegislature.org/li/b2013_14/statute/038_000_0000_chapter/038_022_0000_article/

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

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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-sufficiency.
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-sufficiency;
- 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 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.

In SFY 2018 PPS changed the name of the Practice Model to Child Welfare Philosophy of Care. Adopting the Child Welfare Philosophy of Care fulfills the Performance Improvement Plan (PIP) Key Activity 2.1.3. The Child Welfare Philosophy of Care 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. In July 2017, the agency began providing families The Child Welfare Philosophy of Care value statements see 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, reintegration/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, see 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 every other week with leaders of the following programs that make up Family Services: PPS, Economic and Employment Services, Rehabilitation Services, Child Support Services, and Foster Care and Residential Facility Licensing. These programs work together on a continual basis to ensure families are connected to all services for which they are eligible, thus bringing stability to the family environment.

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 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-sufficiency.

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) Workgroups**

Communication and feedback loops are key components within the DCF/provider collaboration in PPS Family Preservation Services (FPS). To insure input and understanding related to policy and practice, to monitor performance outcomes, and to stay current on program improvement efforts, the PPS FPS Program Administrator and FPS Program Manager facilitate regularly-scheduled meetings with both individual provider leadership and the combined leadership group with both contracted FPS providers. Each of 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.

**Family Preservation Services (FPS) Providers’ Leadership Workgroup**

As a result of feedback solicited from the FPS providers, PPS and FPS Providers’ Leadership Workgroup was developed in fall of 2015 and consists of the FPS Program Administrator and Program Manager from PPS Administration and Administrators and Program Directors from the two Child Welfare Case Management Providers (CWCMPS), KVC Behavioral Health Services (KVC) and St. Francis Community Services (SFCS). Quarterly 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 solicit feedback and/or address issues specific to the individual provider. These on-site leadership meetings have been held semi-annually for the past two calendar years, due to collaboration with providers and a shared 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 Providers Leadership Workgroup members for distribution to FPS staff.

**Family Preservation Services Advisory Workgroup**

consists of Regional PPS staff, CWCMPS staff from both contracted agencies, and PPS FPS Administration staff, including front line staff and supervisors from PPS and both CWCMPS. 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 collaborating on policy revisions. In SFY2018, an example of the work product generated from the FPS Advisory Workgroup was demonstrated through the process of reviewing a list of barriers to father engagement, developed by the DCF and CWCMPS supervisors at the previous Supervisors’ quarterly forum. On July 18, 2017, the FPS Advisory Workgroup developed a list of suggested practice tips for addressing the identified barriers. This list was later reviewed by the FPS Leadership Workgroup on September 19, 2017, and a final list of Best Practice Guidelines and Practice Tips was developed. This list was shared with the PPS Program Manager of Assessment and Prevention and incorporated into a format with permission from the Iowa Department of Human Services, adapted from Father Engagement Practice Bulletin, April 2008. This document became Appendix 3A Fatherhood Engagement Guide in the PPS Policy and Procedure Manual (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), effective January 1, 2018.

The Family Preservation Services Advisory Workgroup continues to discuss issues identified as a result of the CFSR conducted in SFY2015 and the most recent PIP Case Read results, developing and/or finalizing recommendations for changes in policy and practice. For example, at the meeting on 1/16/18, the workgroup reviewed the results of the Case Read for the period July 2016-September 2017, for Safety Outcome 2, Items 2 and 3. The West Region was celebrated for achieving 100% on both items in this case read. (See pages 3 and 4 from Minutes attached.) Then the group was divided into 4 smaller groups and reviewed lists of barriers and strategies to achieving this outcome, which was developed by the supervisors attending the Supervisors’ Forum on 12/5/17. The group developed a list of recommended
strategies for improvement in Family Preservation Services on items 2 and 3. (See page 5 and 6 of the attached Minutes from 1/16/18.) At the next quarterly meeting on 4/17/18, the workgroup reviewed the list of recommended strategies developed for improvement on Items 2 and 3 at the previous meeting and discussed strategies that are being implemented in the regions. (See pages 2 and 3 of minutes for 4/17/18 attached.) 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 Providers Leadership Workgroup for distribution to all FPS staff.

**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, CWCMPS staff, Tribal representatives, 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). This membership allows for input from caseworkers, supervisors, foster parents and relative caregivers (through KFAPA). Although court personnel are not represented at this meeting, general counsel with DCF Administration provides feedback and input as a member of Policy Workgroup and CIP (Court Improvement Program). The goal of PAC is to discuss and share information about foster care and adoption to increase communication and feedback among stakeholders. To increase communication and bring information back to the committee, staff from PPS participate as the CWCMPS 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 CWCMPS 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 CWCMPS.

**The Kansas Adoption Network** meets monthly and is facilitated by staff from the Kansas Children’s Service League, who has the contracts for the adoption exchange, AdoptKSKids and the Kansas Post Adoption Resource Center (KPARC). The workgroup discusses issues in the adoption process that cause delays, makes recommendations regarding policy changes, and develops new ideas to support and expand adoption recruitment. Members include staff from DCF Administration and Regions, CWCMPS representatives, and private adoption agencies/CPAs.

**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, CWCMPS, regional ICPC staff and supervisors, and DCF Child Protection Services staff and supervisors. The goal of the workgroup is to review, clarify, and revise policies and procedures related to ICPC issues and to discuss best practices to ensure ICPC cases are being handled uniformly across the state of Kansas.

**The 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 and PPS regional IL supervisors. PPS Regional Foster Care Administrators, CWCMPP IL Program Managers, CWCMPP, Tribal, and Kansas Department of Corrections – Juvenile Service (KDOC-JS) leadership staff participate as needed. DCF IL Coordinators are periodically asked to participate in the IL Policy Workgroup to provide input on specific processes and policies. The IL Supervisors share information and updates from IL Policy Workgroup with the IL Coordinators in their region. In addition, IL Supervisors gather data, questions, and concerns from the IL Coordinators to discuss during IL Policy Workgroup. IL Administration staff, IL Supervisors, and IL Coordinators are provided the opportunity to discuss policy updates, learn about statewide and regional initiatives, and collaborate regarding specific IL cases at each Quarterly Statewide Independent Living Meeting. The Kansas Youth Advisory Council (KYAC) has been consulted regarding program changes. KYAC youth did not participate in IL Policy Workgroup during SFY 2018. In SFY 2019, transitional age foster youth and young adults who have aged out of foster care will be invited to join as ongoing members of the workgroup. KYAC is comprised of youth in foster care and older youth who have aged out of care. Foster parent input is shared by CWCMPP staff. Once PPS policy and/or practice changes, PPS IL staff communicate with CMCWP staff to ensure consistency of youth services in Kansas. The IL Policy Workgroup continues to meet at least quarterly 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, CWCMPP 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. 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 curricula are scheduled to be implemented at a Kansas Quarterly Statewide IL Meeting during SFY 2019. Kansas is hopeful the curricula will assist IL staff to better assist youth aging out to achieve their goals. Training on Human Trafficking issues among older foster youth and aged out youth will also be presented at a Kansas Quarterly Statewide IL Meeting during SFY 2019.

**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, CWCMPP IL Program Managers and Directors, and CWCMPP Tribal and 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 were implemented during SFY 2018. Due to transition in PPS Administration IL staff, this workgroup did not meet during SFY 2018. The workgroup will resume in SFY 2019.

**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. The purpose of this workgroup was to identify the behavioral health services needed to increase stability and permanency outcomes for the highest needs children in foster care. This workgroup was 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 – Juvenile Services (KDOC-JS), CWCMPPs, 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 met regularly during the CPI process. Data from identified solutions for program improvement was reviewed at monthly Foster Care/KanCare meetings. As the lead of the workgroup, KDHE, in conjunction with DCF, drafted a white paper outlining results of the workgroup and proposed solutions; see Attachment 5 for Foster Care High Needs KanCare Workgroup Proposed Solution. The white paper was presented to the Secretaries of the respective State agencies in April 2018. For additional information on this workgroup, see Section XV.

Targeted Plans B. Health Care Oversight and Coordination Plan.

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

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 PPS Family Preservation Services (FPS) Program Manager has served as a member of the Subcommittee for Children’s Mental Health. When the annual report from the Subcommittee for Children’s Mental Health is completed, it will be shared with the DCF Program Manager and Deputy Director for Reunification Services to share with the Foster Care High Needs/KanCare Workgroup for possible collaboration. The annual recommendations from the Subcommittee on Children’s Mental Health are presented to the Secretary of Kansas Department for Aging and Disability Services (KDADS) and other state department secretaries are invited to attend. DCF will consider appointing a representative to the Subcommittee on Children’s Mental Health, who also works with the Foster Care High Needs/KanCare Workgroup if this workgroup continues to be active in the future.

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

The GBHSPC Subcommittee on Children’s Mental Health meets every other month during the school year and relies on assessments completed by member practitioners, stakeholders and partners and presentations by expert professionals, to develop recommendations, based on the identified goals, to the GBHSPC. The identified goals for SFY 2018 include:

1. Identify a process for our subcommittee to link/communicate well with other subcommittees.
2. Make recommendations regarding caregiver, parent, and family engagement in navigating behavioral health systems.
3. Explore the purpose of the Kansas Children’s Continuum of Care.

4. Identify/describe what data elements we want in an integrated data system.

Activities, assessments and presentations during SFY 2018 for each of the above goals are included below:

Goal 1: Identify a process for our subcommittee to link/communicate well with other subcommittees:
   a. Each subcommittee member researched the minutes and reports from one of the other subcommittees, which included: Rural and Frontier, Housing and Homeless, Justice Involved Youth and Adults, Alcohol and Drug Abuse Prevention, Suicide Prevention, Veterans, Vocational (Transitional Age Group) and presented a summary of that subcommittee’s purpose and recommendations to the GBHSPC.
   b. A subcommittee member attended a joint meeting of all the Governor’s subcommittees and reported back.
   c. A subcommittee member attended the other subcommittee’s presentations to the GBHSPC and reported back.
   d. Contributed to the subcommittees’ newsletter.
   e. Identified topics that overlap with other subcommittees’ work.

Goal 2: Make recommendations regarding caregiver, parent, and family engagement in navigating behavioral health systems:
   a. Hosted a panel discussion of agencies that work with parents to hear their concerns. Panels represented included: CASA, Families Together, Early Childhood, and Johnson County Substance Abuse Treatment program.
   c. Discussed exploring the Family First Prevention Services Act, passed in February 2018, and Kansas’ potential participation.

Goal 3: Explore the purpose of the Kansas Children’s Continuum of Care:
   a. Reviewed the Charter for the Continuum of Care.
   b. Discussed the relationship between the Subcommittee and Clinical Oversight Committee.
   c. Had updates from Clinical Oversight Committee at each meeting.
   d. Reviewed recommendations of the Continuum of Care.

Goal 4: Identify/describe what data elements we want in an integrated data system.
   a. Reviewed information available on various existing data bases, including Managed Care Organizations (MCOs), Medicaid, Kansas State Department of Education.
   b. Presentation by Terry Garska Ph.D, University of Kansas (KU), regarding the IRIS and DAISEY data base systems and what they provide. Dr. Garska also presented a model of how this KU project team can assist with a community decision about what data is needed from a data system.

Based on the information gathered during SFY 2018, at the most recent meeting on March 16, 2018, the Subcommittee on Children’s Mental Health began discussing possible recommendations to be submitted to the GBHSPC by September 2018, including:

Goal 1. Identify the relevant subcommittees to collaborate with and appoint a member of the Subcommittee to review the minutes from each of their meetings.
Goal 2. Review the Family First Prevention Services Act and make recommendations regarding the provisions of the act in relation to evidence based parenting, mental health services and substance disorder treatment.
Goal 3. Provide feedback on the recommendations of the Continuum of Care committee.
Goal 4. Recommend the State work with Terry Garska at the University of Kansas to review data sharing options:
   a. Look at database models other states, New Jersey and Connecticut, have developed.
   b. Recommend a task force to look at process of developing a timeline and elements needed
   c. Identify what EMR’s are in place already
   d. Identify if other state agencies or committees are already working on this or may take the lead and establish communication with them.

The annual Governor’s Children’s Mental Health Awareness Day is scheduled for May 10, 2018.

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

Both Community Child Welfare Case Management Providers (CWCMP), KVC Behavioral Health Services (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 Behavioral Health Services (KVC)
KVC Behavioral Health Services (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.

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. Currently, KVC is not collecting quantitative data on the workgroup itself. The high engagement and participation rate of parents is a good indicator of successful engagement. Parents and staff have provided qualitative feedback that they love the group and enjoy being a member of the group. 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. Great 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.

Kansas City Region Collaborations

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 Sheriff Department. Leadership development provided through this resource presented an opportunity to bring Franklin Covey’s Leadership model to KVC that increased focus on key strategies to reduce the number of children in care by setting up an accountability model that involves weekly check-ins at every level of the agency. KVC has been able to provide training resources related to secondary trauma/burnout to the Johnson County Sheriff Department. This partnership has recently expanded as the Sheriff’s Department has found value in the perspective KVC brings to their learning environment.

Johnson County, Douglas County and Wyandotte County Family Preservation Supervisors participate with the Johnson County Multi-Disciplinary Team in order to staff difficult situations with families and obtain helpful resources and input by a team of professionals. Additionally, Wyandotte County Family Preservation has made partnerships with Avenue of Life in Kansas City KS to refer parents to their parenting program as well as provide housing resources. Carrie Stillian, Leavenworth Family Preservation Therapist, serves on the Behavior Management Committee at Riverside Resources. The Director of Family Preservation (Metro) is an appointed member of the Governors Domestic Violence Fatality Review Board.

Partnership with Johnson County Mental Health has allowed Supervisors from KVC and the Mental Health Center to discuss cases and partner on next steps for the child.
East Region Collaborations

Directors attend a monthly meeting with Parsons DCF, the mental health center and the school district to discuss cases and systemic issues. Partnerships with a Multi-Agency Group in Independence that determines admittance to Southeast Kansas (SEK) academy, a school for children with challenging behaviors. SEK also has strong partnerships with the Parsons school, the Altamont School Safety Meeting, and the Cherokee County Coalition for Children. The safety meetings are also attended by DCF, county attorneys’ office, schools, and KVC. Sheriff of Cherokee County attends the Columbus meeting.

A partnership with Pittsburg State University over the last year has provided nearly 200 volunteer hours from students exploring social work basic helping skills. This partnership has flourished and Pittsburg State University is sending its’ first two students to practicum with the agency.

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 2018, SFCS will be holding specific stakeholder meetings with parents referred for family preservation services, parents working with reintegration services and youth. Stakeholder surveys are sent out per quarter to families involved in all programs.

In SFY 2018, quarterly meetings were held in the West and Wichita regions. 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.

The Wichita Region held meetings in the Wellington office including the surrounding counties of Pratt, Harper, Cowley, Sumner, Barber and Kingman. There was representation from mental health, an adoptive family, reintegration family, youth, school and early head start services. Four meetings were held for the SFY 2018. The first meeting DCF provided an overview of the Child Welfare Philosophy of Care. This was well received and those who participated welcomed the statements of the philosophy and were positive that there was a common practice amongst child welfare agencies. The meetings throughout the year consisted of agencies providing a summary of how they interface with children SFCS serves, positive feedback and what they felt were barriers. To address issues that came up, SFCS and Sumner County mental health set up monthly meetings to staff cases and ensure services are being provided timely and consistently, and to assure agencies had updated phone lists for staff so communication could remain constant. Placement for children and the need to recruit foster parents in the area to serve children in their community was discussed, and SFSC did get one family to start a PS-MAPP class to become a foster parent. All agencies were committed to discuss relative and kinship resources when contacting children and families and reporting them to SFCS to contact for potential placement options.
The overall goal of the West Region Advisory Board is to obtain feedback and suggestions on how to best meet and overcome the challenges faced by children, youth and families in the Child Welfare System. This goal is best achieved through open communication, continuous improvements providing diverse points of view, identifying customer needs, identifying/solving concerns, and creating synergy and feedback on programs and policies.

The West Region Stakeholder meetings began this quarter in Manhattan. Meetings occurred on February 19, 2018; March 19, 2018; April 16, 2018; and May 21, 2018. Those invited to participate include representatives from DCF, Mental Health, Court, Early Childhood, School, Law Enforcement, an older youth, birth parents, foster parents, and adoptive parents. At the first meeting, DCF Regional Director, Pamela Beach, presented the DCF Child Welfare Philosophy of Care to those in attendance. Saint Francis representatives presented information on services and programs provided by the organization. Suggestions from the group included adding the Child Welfare Philosophy of Care to blue books, establishing mentors for new foster families, having older youth explain the process of foster care to youth who are new to the system, and developing more hands-on experience in MAPP class.

At the meeting held on March 19, 2018, SFCS asked community members to present feedback on the services Saint Francis is providing. Saint Francis heard from an older youth and a representative from the school district. The journey through foster care from the perspective of the youth was impactful and inspiring. The youth was open and honest, and they provided a lot of good suggestions. In telling their story, the youth wanted foster parents to know that all youth want to feel like they belong and they are a part of a family. The youth also encouraged adults such as law enforcement officers, teachers, and social workers, to listen to children/youth. The youth stated there is more to the story and more than one side. Finally, the youth expressed concern about the turnover of workers. The youth suggested workers share information more specific to the child such as what they like or dislike when the case transfers. This may help workers to get to know the youth better, and it may help the youth engage and build a trusting relationship quicker.

There are two more meetings scheduled for this group of participants. At the last meeting, Saint Francis intends to have a list compiled of all the suggestions to improve service delivery and share with the participants the plans developed to address the suggestions.

Saint Francis is appreciative of the time commitment from our community partners, and for the feedback to enhance our services to children and families.

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 outlining steps 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 2018 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.

- 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 CWCMNP instead of the placement. This was 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. See updated information in Section XV. Targeted Plans within the 2015-2019 CFSP B. Health Care Oversight and Coordination Plan. A full list of recommendations from the Foster Care High Needs/KanCare
Workgroup Proposed Solution is available in Attachment 5. 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 every other month. 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 (MHHMAC) headed by KDHE. The purpose of the MHHMAC is to provide recommendations to the Medicaid Drug Utilization Review (DUR) Board for developing guidelines. The committee is composed of nine members: 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 MHHMAC recently joined DCF’s Psychotropic Medication Workgroup to ensure concurrent messaging regarding medication guidelines for children in foster care. In SFY 2018, the Psychotropic Medication Workgroup continued 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 paper, “Psychotropic Medication Utilization Parameters (PMUR) for children and youth in foster care, State of Kansas” has been developed by the group to provide prescribers with the information needed to make decisions about psychotropic medications for serving children in foster care. See Attachment 6 for Psychotropic Medication Utilization Parameters (PMUR) for children and youth in foster care, State of Kansas.

• The Difficult to Place Workgroup first convened in June 2017, to discuss the gaps in the system affecting the youth most vulnerable and high-utilizers of behavioral health services. The group consisted of representatives from the Managed Care Organizations (MCOs), Community Mental Health Centers (CMHCs), Nursing Facilities for Mental Health (NFMHs), hospitals, Kansas Department for Children and Families, Kansas Department of Health and Environment, and Kansas Department for Aging and Disability Services staff. The group also discussed the services that do exist that providers might not be aware of. A resource guide was created that listed all the options that were discussed over the course of their meetings and a priority grid that sorted the issues raised by the group into three buckets: Current and In Process, Developing, and Future Development. When the group met in February 2018, a series of six meetings were planned to develop a series of recommendations for how to improve the system and better serve those difficult to place consumers. To best frame their work, they focused on the following barriers:
  • Behaviors.
  • Dual Diagnosis.
  • Violence.
  • Housing.
  • Sex Offenders/Person Felonies.

The main issues discussed during the group’s work to develop their recommendations focused on five key issues:

  • Affordable/available housing options for those discharging from inpatient treatment and/or incarceration.
  • Placement for adults in need of short-term institutional care.
• Placement for children and youth, both in need of short-term institutional care and in-home placement.
• The need for crisis stabilization services, both for youth and adults.
• Most behavioral health facilities are not equipped to handle those individuals with complex medical needs. Conversely, most medical facilities are not equipped to handle those with high behavior needs, either.

To address these barriers and issues, the group settled on these recommendations:
• Open up Medicaid codes for Supported Housing to allow for more services to be provided to those utilizing the services.
• Utilize Intensive Outpatient options for children and youth.
• Creation of Youth Crisis Centers following the Rainbow Services, Inc. model.
• Establish drop-in centers similar to the Healthy Transitions model.
• Implement a Mobile Crisis Response program
• Create a 24-hour, 7-day-a-week Crisis hotline.
• Expansion of peer support: creation of youth peer support and expanding access of parent peer support services to families not on the SED waiver.
• Therapeutic Foster Homes
• Therapeutic Homes

Kansas Department for Aging and Disability Services (KDADS) released a request for proposals (RFP) for Crisis Stabilization Services in May 2018. The RFP included a 24/7 crisis behavioral health hotline, psychiatric hospitalization screens, and mobile response and stabilization services. Contract negotiations are underway; additional information will be made available once the contract is fully executed. Per the RFP: “Mobile Response and Stabilization Services (MRSS) is an intervention service that offers short-term, flexible service coordination to assist in stabilizing an individual in their community setting. Interventions are designed to maintain the individual in their current living arrangement, to prevent repeated hospitalizations, to stabilize behavioral health needs and to improve functioning in life domains. Individuals, based upon need, can receive MRSS following the completion of the Mobile Response Crisis Assessment Tool (CAT) and Individualized Crisis Plan (ICP), for children and families. Plans are to be developed by the mobile response unit during the first 72 hours. Mobile response staff shall ensure that the services identified in the plans should be made available as a transition option from crisis response services to stabilization services, also known as ‘MRSS.’ MRSS should be considered when an individual continues to exhibit patterns of behavioral and emotions needs, which require continued intervention and coordination to maintain typical functioning and prevent continues emotional and/or behavioral escalation. Interventions at this level of care include the delivery of a flexible array of services through the development of a comprehensive and coordinated ICP. Care planning is individualized, collaborative and flexible based on need.”
MRSS is strengths-based, consumer-driven, community based, trauma sensitive, and culturally and linguistically mindful. Interventions may include, but are not limited to, crisis intervention, counseling, behavioral assistance, intensive community-based services, skills building, peer support, medication management, and/or caregiver stabilization interventions, when working with a youth and their family. Coordination of specialized services to address the individual’s needs with co-occurring disorders and/or across systems will also be made available through this service. MRSS interventions can be delivered for up to eight weeks. Use of this intervention will vary by setting, intensity, duration, and identified needs. The objective of MRSS would be to stabilize the current crisis and help facilitate the individual’s transition into identified supports, resources, and services which are consistent with their treatment needs and support a sustainable plan. This may involve referrals to outpatient services, evidence-based services, community-based supports, and informal and natural resources. The individual seeking MRSS determines the physical location of each of their meetings with the mobile response unit; potential meeting locations could include, but is not limited to, their home, school, community center or building, etc.

In addition to the recommendations above, SB179 created a statutory framework for Juvenile Crisis Intervention Centers (JCIC) for children and youth in need of short-term (defined as up to 30 days) behavioral health crisis treatment. On or before January 1, 2019, the Secretary of Health and Environment shall submit to the United States Centers for Medicare and Medicaid services any approval request necessary to implement provisions of the bill. Further, the Secretary of Department for Children and Families, in consultation with the attorney general, shall promulgate rules and regulations to implement certain provisions of the bill on or before January 1, 2019. Youth living at home could receive treatment services at a crisis intervention center, so long as admissions criteria is met.

Over the course of both iterations of the Difficult to Place Workgroup, two themes became apparent when discussing what the State of Kansas needs to best serve our most hard to serve consumers: the role intensive outpatient services needs to play in our system, and how important it is to redirect the conversation from how many beds are needed to how to provide the right services to the individual where they are and when they need them. The ability to do this is as much a workforce issue as a program one. Proper recruitment of staff and proper funding are needed to ensure the ability to retain the staff the system has. Developing the recommendations will assist in moving closer to closing the gaps that exist in the system and providing the needed programs and systems for consumers.

- 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, KDOC-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.

Meetings occur between PPS, Foster Care and Residential Facility Licensing divisions, and KDOC-JS. Collaboration between DCF and KDOC-JS occur ongoing as needed. (For more information, see Section 5 Collaboration with the KDOC-JS.) 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. The Group Home Program Manager continues to provide technical assistance to the four DCF regions. A new PPS Provider Workgroup was also formed in SFY 2017. The workgroup standardized processes and procedures for Provider Agreements (PAs) and Service Agreements (SAs) and will be updating PPS standards in the DCF Handbook in SFY 2018 and SFY 2019.

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

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

KDOC-JS’s Juvenile Intake and Assessment Service (JIAS) delivery was addressed through a workgroup to explore how the Kansas Department for Children and Families (DCF) could 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. A form was jointly created which allows law enforcement with identifying law enforcement agency number to request certain legally allowable information from DCF during PPC, see attachment 7 for Police Protective Custody (PPC) Form to assist law enforcement in making a more informed decision regarding placement during PPC. Ongoing issues which may arise are addressed collaboratively between DCF, KDOC-JS and Law Enforcement.
As the result of work by a multi-agency/entity Juvenile Justice Workgroup appointed by the Governor, there were statutory, budgetary and administrative changes made during the 2016 Kansas Legislative session. 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, and amendments thereto, has been and will be implemented over a time period of July 1, 2016 through July 1, 2019, as there are multiple effective dates set out in the relevant statutory provisions. A few revisions were made to the Kansas Code for Care of Children as a part of the Juvenile Justice system reform Kansas Senate Bill 367 included a requirement to establish a Juvenile Justice Oversight Committee and prescribed the structure and membership. The committee was established in the Fall of 2016. Pursuant to Kansas Statute, a representative from DCF is a member of the Juvenile Justice Oversight Committee. The committee is charged with overseeing the implementation of the juvenile justice reform legislation and determining any further recommendations. A data sub-committee was implemented which continues to address impact of Kansas Senate Bill 367. DCF participates on said sub-committee. The goal is to improve the quality of data to determine and indicate impact of the legislation, both to the Juvenile Offender system and to the Child Welfare system. 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. DCF and KDOC-JS program administrative staff meet on an ongoing basis to address issues related to the juvenile justice system reform including, but not limited to, appropriate and sufficient number of placements for children.

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 an EHS modeled after the federal program. This initiative created a joint federal partnership with the federal Administration for Children and Families, the U.S. Department of Health and Human Services and its Region VII Kansas City Office.

The Department for Children and Families (DCF) awards grants to 11 KEHS programs in 35 counties, with 920 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 child care and home visiting models provide not only daycare services for young children which provide socialization and educational services, but it also provides an in-home 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. All families who are referred to Family Preservation Services, who have a child age 3 years and younger that has been affirmed or substantiated for abuse or neglect, are to be referred to an Early Childhood Education program per DCF policy.
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. This direct program-to-program partnership will continue to be facilitated in ongoing IL Program activities. The collaboration between PPS IL and JAG-K encourages both programs to continuously look for better methods to meet the needs of IL youth. As of August 21, 2018, there are 21 foster care youth on JAG-K’s list for the 2018/2019 school year. JAG-K specialists are continuing to build their rosters.

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 development, prevention and child welfare. Innovation is being fostered in the CBCAP by more closely integrating prevention of child abuse and neglect with the State’s Early Childhood Block Grant program, the child welfare system, and Kansas Strengthening Families. Adverse Childhood Experiences research is being used by CBCAP to inform prevention activities.

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. DCF is working to improve communication by sharing information with CBCAP, to better serve and provide preventative services for the families in Kansas. For information regarding prevention services implemented in the communities. Attachment 49 for April 2018 Annual Report for Community Based Child Abuse Prevention
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 2018; outlines the purpose, function, process, membership, goals and recommendations made to the Kansas Department for Children and Families (DCF). Attachment 8 for Intake to Petition Annual Report and Attachment 9 for PPS Director’s response to panel’s recommendations. In the joint meeting scheduled for 8.24.2018, one of the agenda items is to discuss possible subcommittees to work on the suggestions in collaboration with DCF.

2. **The Custody to Transition Panel:** Custody to Transition Panel Report for 2018, outlines the purpose, function, process, membership, goals and recommendations made to DCF. Attachment 10 for Custody to Transition Annual Report and Attachment 11 for PPS Director’s response to the panel’s recommendations.

3. **The Child Death Review Panel, which also serves as the State Child Death Review Board:** Child Death Review Board report from 2017. Attachment 12 for State Child Death Review Board Annual Report and Attachment 13 for PPS Director’s response to the board’s recommendations. The Department for Children and Families conducts, and will continue to conduct, reviews on cases of severe maltreatment/child deaths and gather data to assist with making changes in policy and practice. Kansas will continue to collaborate with partners in developing and implementing a statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement and the courts. This collaboration will be conducted through the Citizen Review Panels and various other task forces.

Child Abuse Prevention and Treatment Act (CAPTA) funds are utilized by DCF to contract with Kansas State University to facilitate the first two panels, write reports and assist with the preparation of the CJA Three-Year Assessment. Sara Hortenstine, from the Office of Attorney General facilitates the Child Death Review Board meetings. Shanna Jager, Kansas State University, facilitates the Intake to Petition Panel, Children’s Justice Act Task force, and the Custody to Transition Panel.

10. The Kansas Court Improvement Program

Collaboration continues between the Kansas Department for Children and Families (DCF) and the judicial branch 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 Citizen Review Board: Custody to Transition and the Kansas State Child Death Review Board.

Coordination between the three branches of government is facilitated by the ongoing involvement of a Judicial Council Subcommittee, and the Judicial Council Juvenile Offender/Child In Need of Care Advisory Committee. The subcommittee includes representatives from the judicial, legislative and executive branches of government. DCF has a representative member on the Judicial JO/CINC Advisory Committee. The
committee addresses multiple issues related to the juvenile offender system and the child welfare system and “crossover” issues related to such systems. The Committee continues to assist in any needed updates to specific Kansas Judicial Council forms related to both the Juvenile Offender Code and the Code for Care of Children. The committee provides input and guidance during the legislative process to ensure that the Codes and amendments continue to support best practice.

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

Court Improvement Program (CIP)

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

Kansas completed the Child and Family Services Review (CFSR) in 2015. The Case Review Section of the CFSR addressed permanency. Kansas received a designation of “Strength” for Item 22. Permanency Hearings. The statewide assessment indicated that “the majority of children have permanency hearings in the first year and subsequently within the next 12 months. Stakeholders agreed that permanency hearings occur timely, with most occurring every 6 months.” However, under the Permanency Statewide Data Indicator Performance, Kansas did not meet the national standard in two areas:

1) **Permanency in 12 months for children entering foster care.** The indicator is defined as “of all the children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?” Kansas did not meet the national standard of 40.5%. The state’s performance was 38.2%.

2) **Permanency in 12 months for children in foster care 24 months or longer.** The indicator is defined as “of all the children who enter foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?” Kansas did not meet the national standard of 30.3%. The state’s performance was 26.3%.

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

After meeting with DCF staff and judges, the CIP decided to assist in the Rapid Permanency Review to decrease the time to finalize adoptions. The Project is being facilitated by Casey Family Programs. The goal of the project is to identify strengths and weaknesses in the adoption process and then address them through a structured accountability process. This process includes monthly meetings between Regional DCF staff and CWCMP Supervisors. Casey Family Programs is providing support and guidance to establish executive and system level accountability processes. This process is known as the Cadence of Accountability. The target population is children in a stable pre-adoptive home and free for adoption. The counties that will participate in the initial implementation of the project will be Shawnee, Wyandotte, Saline, Sedgwick, Finney and Ford counties. The onsite reviews began in February 2018. 301 cases were reviewed and to date, 78 children have achieved permanency through adoption.

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

Kansas completed the Child and Family Services Review (CFSR) in 2015. The Case Review Section of the CFSR addressed termination of parental rights. Kansas received a designation of “Area Needing Improvement” for
Item 23: Termination of Parental Rights. The findings were established with the completion of the statewide assessment and stakeholder interviews. During the statewide assessment, the state could not provide data on the filing of termination of parental rights. When conducting the stakeholder interviews, individuals suggested that there was not a consistent process to ensure the timely filing of termination of parental rights.

The judicial branch data system, FullCourt Juvenile Compliance System, tracks the filing of the motion for termination of parental rights and the DCF FACTS system tracks the conclusion of termination of parental rights proceedings when the child is available for adoption. However, Kansas requires neither a separate motion for termination of parental rights to be filed when a parent voluntarily relinquishes parental rights or documentation in the court file, by journal entry or report, when compelling reasons are cited as to why a motion will not be filed. Kansas statute requires “compelling interests” are to be documented in the agency records.

CIP and DCF staff met and agreed to request that the Kansas Judicial Council Committee on Child In Need of Care (CINC) and Juvenile Offender (JO) issues review the statutes related to the termination of parental rights and the voluntary relinquishment of parental rights. If the Committee believes the language can be strengthened to provide more consistency and increase timeliness, a revision to the statute will be drafted for proposed introduction during a future legislative session.

CIP and DCF staff will also collaborate to gather data on termination of parental rights as described above.

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

Kansas completed the CFSR in 2015. Child Family Service Review, Item 24, Notice of Hearings and Reviews to Caregivers, received a rating of Area Needing Improvement, Stakeholders reported that inconsistency existed in notification of court hearings and noted that the ability of caregivers to be heard in court is inconsistent across the state. The findings were based on information obtained during the statewide assessment and stakeholder interviews. The CFSR Final Report noted there is no statewide data system for collecting information on type or receipt of court notice.

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

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

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

CIP and DCF planned to work with the Kansas Foster and Adoptive Parents Association to develop a survey. The SCTFPP requested the survey address all types of notices required under statute; whether or not the foster parents attended the hearing, if they were addressed during the hearings, and the use of the foster parent court report.
After the survey was completed, the SCTFPP reviewed the data and identified the following as approved interventions:

- Prepare for training for child welfare stakeholders concerning the requirement for foster parents to receive notice and be heard during permanency hearings.
- Request a letter from the Chief Justice to judges and clerks concerning K.S.A. 38-2265 requirements.
- Request a letter from Secretary of DCF to social worker and foster parents explaining K.S.A. 38-2265 requirements.
- Edit Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G)-Completed.
- Make Foster Parent Report to the Court (Policy and Procedure Manual, Appendix 3G) available on the DCF placement management system-Completed.
- Review notice statute and language requiring the notice to foster parents include the Foster Parent Report to the Court (Appendix 3G) to determine whether revision is needed.
- Review documents in "red book" and consider placing information on the next hearing date and contact information for the guardian ad litem.

After the implementation of the identified interventions, surveys will be reissued and data presented to the SCTFPP. If CIP funding is reauthorized, CIP staff plans to propose the implementation of focus groups. A copy of the survey disseminated by CIP in collaboration with DCF, as well as the results of same are attached. See Attachment 50 for Kansas Foster Parents Notice of Hearings and Rights To Be Heard Survey and Results.

An ongoing commitment to collaboration between DCF and the courts creates a climate where the shared value of safety, permanence and well-being for all Kansas children provides the framework for effective delivery of child welfare services.

### 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 14, Kansas CFSR Round 3 Final Report Reissuued 2017. As a result, Kansas developed a Program Improvement Plan (PIP) in consultation with Children’s Bureau and Region VII, Attachment 15 for Kansas CSFR Performance Improvement Plan (PIP). Kansas’ PIP and measurement plan were approved on April 10, 2017. However, in October 2017 Kansas requested revisions to the measurement plan to allow for breaks in between read quarters to allow more time for Kansas to analyze data. These revisions were approved by the Children’s Bureau on December 4, 2017, see attachment 16 Kansas Revised Measurement Plan.

Since receiving the approved PIP Kansas has completed two rounds of PIP measurement case reviews and interviews. The first case reviews with stakeholder interviews were completed July through September 2017. During this review, Kansas successfully met the PIP goal for the following two CFSR Items: Item 5 Permanency Goal for Child and Item 15 Caseworker visits with Parents. Unfortunately, Kansas did not have the same success during the second PIP measurement review, which occurred January through March 2018. Results
indicate that Kansas is trending downwards and in some areas, is performing lower than in the Children and Family Services Review (CFSR) in 2015. Due to low performance issues, Kansas held a two-day onsite with Children's Bureau and Region VII, internal staff, and provider staff on May 31st - June 1st, 2018 to identify current and future initiatives to improve practice. Additionally, this meeting was used to brainstorm action steps that Kansas can utilize in the PIP due to the delay of Structured Decision Making (SDM), see Attachment 15 for PIP Strategy 1.2. The estimated completion date of SDM is now November 2019, which Kansas recognizes is outside of Kansas' Program Improvement Plan implementation timeframe. Due to this delay and performance in Safety Outcome 2, Kansas is in the process of renegotiating the PIP.

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 (CWCMP) who offer a full array of services to meet these goals. The PSSF-funded services delivered by the CWCMPs aim to:

- Protect and promote the welfare and safety of all children;
- Prevent or assist in the solution of problems that may result in the neglect; abuse, exploitation or delinquency of children;
- Prevent unnecessary separation of children from their families;
- Restore children to their families who may be safely returned by the provision of services to the child and family;
- Ensure adequate care of children away from their homes; and
- Place children in suitable adoptive homes when reintegration with the biological family is not possible or appropriate.

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 three locations; Topeka, Wichita and
Kansas City. The Kansas City location was added in March 2018. The Topeka location provides around-the-clock availability, and the Wichita and Kansas City locations operate 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 all KPRC locations. The next available worker responds to the reporter regardless of their work-place location. The KPRC utilizes a web-based information system to document reports and decisions for further assessment. Reports are accessible to all locations at any step throughout the process, which facilitates timeliness and efficiency.

Reports are received by telephone, faxes, online web reporting or by United States Postal Service (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 staff. KPRC has three positions who receive reports: Administrative Specialist, Intake Protection Specialist (IPS) and Protection Specialist. SFY 2017, the IPS position was created to replace the traditional Administrative Specialist. The IPS position required a four-year degree in Human Services. In SFY 2018, the requirements for the IPS position was changed to reflect two years of college or two years of experience in the KPRC. This allowed for Administrative Specialists who did not meet the original minimum requirements to transition into the IPS positions. The Administrative Specialists, who declined to transition to an IPS position will remain with KPRC assisting in other capacities. In SFY 2018 KPRC changed the model of receiving and assessing reports. Previously, the KPRC Administrative Specialist and IPS received the telephone call, fax or online web report but did not screen for assignment. The Protection Specialist would work the reports the Administrative Specialist and IPS workers had prepared. The new model has the IPS or Protection Specialist who received the call, fax or online web report complete all steps in the intake and screening process of a case. IPS and Protection Specialists are currently training for their new job responsibilities.

In January 2018, the Quality Assurance Review Team was implemented. The Quality Assurance Review Team consists of designated Protection Specialists responsible for reviewing all reports not meeting criteria for further assessment. If the Quality Assurance Review Team member identifies the report was not appropriately screened, a KPRC supervisor will review to make the final screening decision.

IPS and Protection Specialist conduct an Initial Assessment to determine whether the report meets the policy definitions of abuse and neglect under the Revised Kansas Code for Care of Children. Reports meeting criteria for further assessment are assigned with one of the following response types: Abuse/Neglect, Non-Abuse/Neglect (NAN), and Pregnant Woman using Substances (PWS). The approved PIP, Safety Outcome 2, outlines 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 approved PIP Key Activity 1.1.4 specifies a change in policy regarding response times, assignments types and definitions completed during the Initial Assessment Decision by the KPRC staff. In SFY 2017 the NAN workgroup met to review and revise the NAN definitions and response times. NAN definitions will be referred to as Family In Need of Assessment (FINA). Changes are being implemented in July 2018. These system and policy changes will meet approved PIP item 1.1.4.

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 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 (SFY) Data available from July 1, 2017 through March 31, 2018, indicates 70 percent of the reports assigned for assessment are assigned for allegations of abuse/neglect. The remaining 30 percent are assigned for Non-Abuse/Neglect allegations.
Child Protective Services Reports
Reports Assigned to Investigate Alleged Maltreatment
SFY 2018 (July 2017 – March 2018)

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<tr>
<th>Maltreatment Types</th>
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<th>West</th>
<th>Wichita</th>
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<td>0.9%</td>
<td>0.5%</td>
<td>0.8%</td>
<td>0.7%</td>
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<tr>
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<td>20.8%</td>
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<tr>
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<td>17.3%</td>
<td>19.7%</td>
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<td>5.1%</td>
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<td>100.0%</td>
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</tr>
</tbody>
</table>
C. The Safety/Risk Assessment

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. Kansas has selected the National Council on Crime and Delinquency (NCCD) Structured Decision Making (SDM) model. The NCCD had a kickoff for implementation in June 2018. Focus groups with KPRC and Assessment and Prevention field staff occurred in June 2018. Kansas will move forward with implementing SDM and renegotiate the PIP to meet Key Activity 1.2.1.

Goal 4 in Kansas’ approved PIP addresses strengthening supervisory capacity (competency and skills), accountability and oversight of child welfare practice. Item 4.2.5 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/), 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/) 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.

Policy 2310 Safety Determination (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was revised in January 2018, to include an immediate safety staffing with a supervisor when a child has not been seen in-person within the assigned response time. The purpose of this safety staffing is to determine follow-up, to include contacting law enforcement, other ways to engage the family, or searching all available systems to locate the family.

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/) 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/), 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.

The 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, policies 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 a strength in 78 percent of the 65 applicable cases. Item 3 was rated 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. Reports involving substance abuse by parents are assessed to determine if the substance abuse is a contributing factor for abuse and/or neglect. When criteria for abuse and/or neglect assignment is not met, the report may be assigned as a Family In Need of Assessment (FINA) with the sub-type Caregiver Substance Use to assess and engage the family in services to address the substance abuse.
Policy was modified to require mandatory in-person contact with the child in all assigned non-abuse/neglect (NAN) assignments, this meets PIP Activity 1.1.1. 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 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. 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. A presentation of safety and risk was provided to the KAPP Steering Committee on July 19, 2017.

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, effective January 2017, PPM 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), 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.

A root cause analysis meeting was held with PPS and Child Welfare Case Management Providers in May 2018 to discuss PIP measurement case review results to identify root causes for poor performance. Most notably, the analysis reflected and supported the determination that supervisory oversight and accountability is paramount to achieving successful practice in risk and safety assessment and management. A meeting was then held on May 31 and June 1, 2018 with ACF, PPS and Child Welfare Case Management Providers to brainstorm activities to improve practice. As a result, PPS Administration is working on a plan to support supervisors by modeling reflective supervision through facilitated guidance to evaluate safety assessment and management. DCF Administration will visit provider offices in targeted areas to discuss risk and safety assessments and techniques that can be utilized for effective supervision. The purpose and intent of this support is twofold. First, staffing real cases will help ensure safety for vulnerable children remaining in the home. Second, these facilitated guidance sessions will model reflective supervision techniques that supervisors and workers can conduct on an ongoing basis. Kansas is currently working on a detailed plan to implement in SFY 2019. Due to the delay of implementing SDM (PIP Strategy 1.2.1), Kansas is amending the PIP to include the facilitated guidance sessions and submitting to ACF at the beginning of SFY 2019. Kansas is excited to begin these facilitated guidance as it will create a natural transition for the implementation of SDM.

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. The initial grants for Family Services in 2016 were awarded to DCCCA in the Kansas City region, KVC Behavioral Health Services (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. 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.

The grants with DCCCA, KVC, SFCS and Mental Health Association of South Central Kansas ended June 30, 2017. Requests for Proposal (RFP) for the Community Family Service Grant providers were posted in SFY 2017. The subsequent grants were awarded in July 1, 2017. The Community Family Service Grant included assignment of Non-Abuse/Neglect (NAN) assessments to the Community Family Service providers. The Community Family Services Providers 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 were revised in July 2017, to include these new requirements.

Community Family Service grants were awarded to three providers for three of the four regions in Kansas. A provider was not selected for the West region. The West Region may enter into Client Service Agreements with community service providers to purchase services for children and families. The grantees for Community Family Services beginning July 1, 2017 are Cornerstones of Care for the Kansas City Region, The Shelter, Inc. for the East Region and Wichita Children’s Home for the Wichita Region. The Community Family Services providers were provided training on DCF policy and procedures in August 2017. They began taking Non-Abuse/Neglect (Family In Need of Assessment) assignments in September 2017. The Wichita Children’s Home withdrew from the Community Family Services grant on March 30, 2018.

Requests for Proposal (RFP) for Community Family Service Grant providers for the West and Wichita Regions were posted in SFY 2018. The subsequent grants are in the process of being awarded to begin July 1, 2018. Training on DCF policy and procedures will be provided to the new grantees upon selection.

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 2018 as of March 30, 2018:

**Children will Remain Safely in their Home During Community-based Family Services**

Performance Standard is 90%

<table>
<thead>
<tr>
<th>Statewide</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
<th>*SFY 2018</th>
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<tbody>
<tr>
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<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>348</td>
<td>12</td>
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<tr>
<td>Total # families ending community-based family services.</td>
<td>335</td>
<td>329</td>
<td>358</td>
<td>12</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>97.2%</td>
<td>100.0%</td>
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* Contract has changed which has caused the population to decrease.

**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>305</td>
</tr>
<tr>
<td>Total # families ending community-based family services in prior state fiscal year.</td>
<td>233</td>
<td>335</td>
<td>329</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>92.7%</td>
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**E. Family Preservation Services**

The goal of Family Preservation Services (FPS) is to provide a full range of services to the family 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 Child Protective Services (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 (CWCM), 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 CWCM, elements of the Family Group Decision-Making Process for case planning encourages the family to directly assist in creating a case plan that meets identified needs and addresses identified safety concerns. The PPS 3050 Family Service/Preservation Plan form, ([http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/)) was revised and became effective July 1, 2017, to encourage family participation and input. Family input and evidence based assessment tools are utilized to create case plan objectives and activities. Identified services are coordinated by the CWCM and are directly provided in the home and/or through other community resources. Ongoing assessments are conducted at critical points in time throughout the duration of the service period, to identify and 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. Initial and ongoing assessments and safety plans are defined in Policy and Procedure Manual (PPM) 5124, Family Preservation
Services Risk and Safety Assessments ([http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/)) and examples are provided for each in PPM 3110, Case Management Safety and Risk Assessment ([http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/)). This policy was reviewed and discussed with the FPS Leadership Workgroup on March 20, 2018 and the FPS Advisory Workgroup on April 17, 2018 for possible revisions and/or additions.

The CWCMPs have been addressing recruitment and retention of staff, which should improve the intensity and effectiveness of services. Success in these areas should assist CWCMPs to meet PIP item 1.3.2, to develop and implement a caseload reduction plan in targeted areas. Both CWCMPs have developed and are implementing a caseload reduction plan with several strategies including: providing student intern practicums at the Bachelor and Master level for social work students, especially in rural areas, stipends for employees that pursue a Master’s degree and commit to continuing employment with the agency, presenting at student career fairs, holding an open house for social work students in a rural area which historically has difficulty hiring licensed staff, and increasing starting salaries for licensed staff.

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 have a service period of 365 days, which includes intensive services until the safety concerns have been addressed then a period of less intensive services to address and monitor the family’s ability to manage risk factors. 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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<tbody>
<tr>
<td># of families referred to Family Preservation Services</td>
<td>2,621</td>
<td>2,610</td>
<td>2,630</td>
<td>2,000</td>
</tr>
<tr>
<td># of families served by Family Preservation Services</td>
<td>2,597</td>
<td>2,598</td>
<td>2,601</td>
<td>1,989</td>
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*SFY 2018 is not a completed state fiscal year and only represents 9 months of data.
SFY 2018 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.**

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**Family Preservation: Maltreatment After Referral**

Performance Standard is: 95%

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<tbody>
<tr>
<td>Safety during Family Preservation in Home Services between Referral and 90 days</td>
<td>99.1%</td>
<td>99.2%</td>
<td>98.7%</td>
<td>98.4%</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>94.8%</td>
<td>92.0%</td>
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*SFY 2018 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.

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**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>2,175</td>
<td>1,583</td>
</tr>
<tr>
<td># of families referred to Family Preservation Services</td>
<td>2,598</td>
<td>2,637</td>
<td>2,628</td>
<td>1,910</td>
</tr>
<tr>
<td>% families remaining together</td>
<td>82.4%</td>
<td>82.5%</td>
<td>82.8%</td>
<td>82.9%</td>
</tr>
</tbody>
</table>

*SFY 2018 is not a completed state fiscal year and only represents 9 months of data.
The percentage of children remaining in their homes safely has maintained over the past three years, although substance misuse by parents has reportedly been increasing. This successful outcome over a 365-day time span is most likely due to the wide array of research or evidence supported service assessments and programs that are incorporated into the Family Preservation Services model offered to families in Kansas, to stabilize crisis and change behaviors, including: Structured Decision Making (SDM) by KVC, North Carolina Family Assessment Scale (NCFAS) by SFCS, UNCOPE universal 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. DCF worked with the PEW Charitable Trusts Organization to assess the consistency of the use of these programs and how fidelity is assured. It was decided that the programs are not delivered consistently between the two providers of Family Preservation Services, and fidelity is not currently being assured by the providers. The utilization of the specific programs chosen by the providers could not be easily measured.

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/](http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/)), unless the child meets an identified allowable reason not to meet alone that month. 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/](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 referred and/or obtained.
- Child rearing and behavior management coaching for parents: SFCS utilizes Strengthening Families, an evidence-based curriculum for this service. KVC Behavioral Health Services(KVC) utilizes Parent Management Training Oregon model (PMTO) curriculum or an amended model based on PMTO. 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. Ellis county and surrounding counties in the West Region were added in 2018. In Kansas, a total of 3,794 children have been served through 206 churches for an economic impact of $1,494,458 since the program began.

In northeast Kansas, a website is available to families at 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. The Mount in Wichita is adding an Early Headstart program and the staff are willing to provide transportation. SFCS is exploring opportunities for families in FPS to participate. The Kansas City region is utilizing Protective Service Day Care for a limited number of FPS families.

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. There is a new community integrated referral system called IRIS, developed by the University of Kansas, now operating in Geary and Reno counties, and SFCS in the West Region is participating. This is a computer system that allows workers to refer families to participating community resources and receive a response regarding the status of the referral almost immediately. This system saves time and paperwork for the workers and may be a demonstration project for the rest of the state. The Subcommittee for Children’s Mental Health has explored this computer system and is recommending to the Secretary of the Kansas Department for Aging and Disabilities that it be considered for use in other communities. It is a system that is developed by community partners within specific communities and may not be compatible for a statewide system.

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. KVC has two licensed Master’s level Clinicians who can complete substance disorder assessments and currently has three facilities in Johnson, Crawford and Shawnee counties that are licensed to provide substance abuse treatment. SFCS has two facilities licensed to provide substance abuse treatment in Saline and Barton counties.

There are several FPS staff with KVC and two staff with SFCS clinical department who are certified to provide the Parent Management Training Oregon (PMTO) model of parenting education to a limited number of FPS families. Additional PMTO training for additional staff with both providers was scheduled to begin in May.
2018. KVC is providing Seeking Safety program services to some families individually and beginning a group in Leavenworth and Wyandotte counties in the Kansas City region.

SFCS staff in the Wichita region is participating in Crossover Youth staffings, targeting youth with moderate to high assessment scores involved in Juvenile Intake programs and offenders with re-arrest plans for possible in-home services.

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. DCF PPS is in the planning stages of implementing the Structured Decision Making (SDM) risk and safety assessment tool. KVC currently utilizes this assessment tool for formal assessments. SFCS utilizes the NCFAS-R in Family Preservation Services and will need to incorporate the SDM assessment tool to align with DCF and the FPS provider in the rest of the state, once SDM is implemented. This should assure statewide consistency. 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 a monthly report to PPS documenting the monthly worker/child alone visits that have occurred or have an allowable reason for not having an alone visit. The list of allowable reasons was developed in collaboration with the FPS Leadership Workgroups and finalized in September 2017: Attachment 17, Allowable Reasons for No Individual Alone Visit with Child During Month. The FPS provider supervisors, as well as PPS Administration and Program Improvement staff, are monitoring the rate of completion of monthly visits with each child in the home as defined in policy. KVC worker-child alone visits, including allowable reasons, have increased steadily during the past quarter, as evidenced by the monthly reports submitted to DCF. However, PPS Administration has been working with KVC to refine their report format to more clearly depict the percentages of visits completed and with SFCS to improve consistency of worker-child alone visits. The data for this monthly report is currently being reported consistently for both providers and appears to be reliable. Scores are consistently improving each 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. 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 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. A list of barriers to father engagement, developed by the DCF and CWCMP supervisors at the Quarterly Child Welfare Supervisor Meeting in May 2017, was reviewed on July 18, 2017, by the FPS Advisory Workgroup. The workgroup developed a list of suggested practice tips for addressing the identified barriers. The list of practice tips was later reviewed by the FPS Leadership Workgroup on September 19, 2017, and a final list of Best Practice Guidelines and Practice Tips was developed. This list was shared with the PPS Program Manager of Assessment and Prevention and incorporated into a format with permission from the Iowa Department of Human Services, adapted from Father Engagement Practice Bulletin, April 2008. This document became Appendix 3A Fatherhood Engagement Guide in the PPS Policy and Procedure Manual (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), effective January 1, 2018. This guide has been reviewed and discussed with the FPS workgroups at subsequent quarterly meetings. SFCS has developed a desk aide utilizing this guide and incorporated it into their policy and procedure manual.

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. At the FPS Providers’ Leadership meeting on 6/26/18, SFCS reported that a checklist was developed for Directors to monitor that Supervisory Staffings with their staff are occurring and Directors are providing staff supervision when supervisors are carrying cases. KVC reported that more staffings with DCF are being held in the Shawnee County area when there is a safety concern, and random cases are also being staffed during group supervision in the East Region. (See page 2 of minutes from 6/26/18 meeting attached.)

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 universal 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. This policy and form have been reviewed at several FPS Advisory Workgroup meetings and FPS Providers’ Leadership Workgroup meetings to remind staff of the requirement to complete this form when cases are transferred and to solicit feedback. 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 reportedly somewhat time consuming. CWCMP supervisors document staffings on electronic forms using mobile devices, which is most helpful when supervisors are traveling.

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 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:

- Providing notification of any subsequent reports;
- Approving relative placements;
- Approving case plan goals and monitoring and approving timely goal changes;
- Reviewing service delivery;
- Participating in Sibling Split Staffings;
- Participating in Best Interest Staffings;
- Reviewing aftercare plans;
- Receiving monthly reports during the aftercare period;
- Reviewing court reports; and
- Reviewing processes and outcomes e.g. timely achievement of permanency, re-entries into foster care, and multiple placement moves.

The DCF regions received funding for Foster Care Enhancement Administrator positions in SFY 2017. The positions have been used differently in each of the Regions. Some of these staff have been focusing on adoption permanency through the Rapid Permanency Review (RPR) tracking process. The East Region is currently recruiting for Human Service Assistants (HSA) who can follow up on the action items from the reviews as part of a structured accountability process. The Kansas City and Wichita Regions have been using the Foster Care Enhancement Administrators to assist with locating relatives, both prior to DCF custody and out of home placement, and at the time of referral to the CWCMP. DCF will explore the feasibility of having the same infrastructure in the each of the regions.

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 Behavioral Health Services (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.

Per PIP Item 4.2.5, in January 2018, Appendix 5D Supervisor Consultation Guide (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was added to the DCF Policy and Procedure Manual to assist CWCMP supervisors to staff cases with case managers. It is referenced in 5212, and covers assessing risk and safety as well as other elements of the case that need to be thoroughly evaluated during supervisor/case manager consultations.

Kansas consistently reviews data related to removals and the reasons for out-of-home placements of children and youth. On March 31, 2018, there were 7,540 children in out of home placement.

<table>
<thead>
<tr>
<th>Statewide SFY 2018 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>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of Children in out-of-home on last day of month</td>
<td>7,130</td>
<td>7,056</td>
<td>7,199</td>
<td>7,316</td>
<td>7,347</td>
<td>7,200</td>
<td>7,324</td>
<td>7,394</td>
<td>7,540</td>
<td></td>
<td></td>
<td></td>
<td>7,278</td>
</tr>
</tbody>
</table>

In SFY 2018, Kansas has continued to experience an increase in the number of children in out of home placement. In SFY 2019 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 must be less than the number of exits. To date there are fewer exits than removals on average each month. Kansas continues to monitor this data. Please review data found on the public website: http://www.dcf.ks.gov/services/PPS/Documents/FY2017DataReports/FCAD_Summary/FACTSRemovalsExitsOHSFY17.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 explored safety/risk assessments with Casey Family Program as outlined in PIP Key Activity 1.2.1 and selected the Structured Decision Making (SDM) model. The SDM kickoff meetings began in June 2018 and workgroups will begin in August 2018.

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 deliver
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. KAPP conducted the survey in SFY 2018; see attachment 18 for KAPP Parent Engagement Survey. 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 Case Plan Workgroup reconvened on July 19, 2017, to receive training on risk and safety assessment, review drafts of the suggested changes to the case plan form, and discuss issues regarding the case plan completion and approval process. Changes were made to the PPS 3051 [Child’s Name] Permanency Plan and instructions for the January 2018 Policy and Procedure Manual (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/). The KAPP steering committee continues to work with DCF and provider staff about the new case plan process. As feedback is received, further adjustments may be made.

The KAPP Steering Committee also approved updates to the Practice Tips for Child Report of Past Post-Traumatic Symptoms (CROPS) and new case plan activities for the CROPS and Child Stress Disorder Checklist (CSDC), see attachment 19 for CROP and CSDC for updates. These changes further enhance the tools case managers may utilize while conducting case planning conferences. KAPP discussed possible changes to the due date of the initial case plan to allow additional time to assess children and families, thus improving case plans. These suggestions are currently under consideration.

In SFY 2018, Kansas piloted Rapid Permanency Review (RPR) in five counties (Shawnee, Sedgwick, Wyandotte, Ford and Finney), see Attachment 20 Rapid Permanency Review Pilot Data. DCF identified children with a case plan goal of adoption, who have been in care 15 of the last 22 months, are legally free for adoption, and have been in a stable family-like setting for six months or more, as the target population. In SFY 2019, the cohort will continue to be tracked through the review tool for decreased time to permanency. RPRs utilize a tool designed by Casey Family Programs (Casey) and modified specifically for Kansas to assist child welfare and the court system to move quickly to achieve timely permanency for children in out-of-home care. While there are several types of reviews used in jurisdictions, RPRs are designed to simultaneously identify and mitigate case level and system level bottlenecks and barriers. Simplicity and efficiency are key to success; these reviews are focused less on information derived from focus groups or extensive interviews with everyone involved in the case and more on case/court record information such as completion of home studies, TPR date, continuances, length of stay, visitation plan, etc. The purpose in reviewing these milestones is to ensure case activities are aligned with permanency outcomes. These reviews should be done in rapid succession and take less time than a more intensive review such as a Qualitative Service Review. In SFY 2019, a statewide implementation plan will be developed. Additional case plan goal types and new cohorts of children will be considered to improve Permanency Outcome 6.
Annual Administrative Site Visits have been 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 was provided by PPS for compliance issues related to the RE/FC/AD contracts. A written report from PPS summarizing results of the site visit was provided to CWCM. If PPS determines program improvement activities are needed, the CWCM shall have 30 days to comply. Failure to implement the activities indicated could have resulted in a Corrective Action Plan (CAP) for the SFY 2017 review. The DCF Audit Division is now responsible for assuring the Administrative Requirements outlined in the RE/FC/AD and Family Preservation contracts are monitored. Policy in 8500 (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) is being updated in July 2018 to reflect this change. DCF Audit Division completed a site visit in June 2017.

The CWCMs 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 CWCM immediately begins assessing the family for potential placements, risk and safety, available supports and needed services. Multiple evidence-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 family discuss changes to the case plan goals and tasks, allowing 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 CWCM staff. Others will require coordination and referral to community agencies. Staff with the CWCM 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 CWCMs. To establish frequent visitation, it is necessary to locate a placement that is close to the reunifying family. Relative 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/NRKIN placements cannot be utilized, the CWCMs 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 CWCMs.
When a child is referred for foster care placement, the Kinship Coordinators work to locate relatives for potential placement. Relative/NRKIN 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. CWCMP staff are aware connections to culture and community are usually best achieved through placement with relatives/kin. Relative/NRKIN 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 relative/NRKIN options 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, often schools provide 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 CWCMPs 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. All youth age 16 and older with a case plan goal of APPLA, and all youth 17 and older regardless of case plan goal, develop a transition plan to prepare for their release from foster care custody. Youth discuss their transition plans with DCF and child welfare case management provider staff during case plan meetings scheduled every 170 days. Independent Living Coordinators participate in these meetings to discuss which program benefits the youth will be eligible for upon their release from foster care custody, including the Education and Training Voucher (ETV) Program and the Kansas Foster Child Assistance Program (Tuition Waiver). During the exit interview, each youth is provided with a summary of Independent Living services and the contact information to enroll in the Independent Living Program.

KVC participated in a problem-solving discussion around father engagement with DCF and other providers during one of the Quarterly Supervisor Meeting in SFY 2017. The feedback from the training was shared with provider staff and integrated into new hire trainings with more emphasis. KVC’s participation in parent engagement groups in various offices allowed KVC the opportunity to partner with a previous father whose children were reintegrated. KVC brought this father, James, into the KVC family part-time as a parent advocate in Wyandotte county. James has participated in media campaigns and videos to help inspire other fathers and families who have had a limited role in their family prior to DCF involvement.

KVC’s partnership with the Family Preservation Advisory Board helped to identify how initial referrals could be closely reviewed to put more importance and significance on gathering the absent parents’ contact information, more widely fathers, in order to promote early engagement.

KVC invites Incarcerated parents to initial and ongoing case planning conferences even though they are unable to attend the conferences in person. Case Managers speak with the prison officials prior to the case plan about how or if an inmate can participate in the conference via video or telephone. If it is determined that the incarcerated parent is unable to participate in person, by video, or by phone due to prison regulations, the Case Manager will schedule to meet with the parent following the case plan going over the permanency goal and tasks that need to occur to achieve the goal. The Case Manager will schedule monthly
worker/parent visits with the incarcerated parent in person if distance allows or by phone to discuss and encourage his/her participation in opportunities provided while incarcerated (i.e. parenting classes, acquiring a GED, substance abuse treatment, etc.). The Case Manager works with the child(ren)’s therapist(s) to determine how visits with the incarcerated parent should occur each month. If the prison is able to accommodate the visit in a child-friendly environment within proximity of the child then in person visitation is encouraged. If in person visitation is not in the best interest of the child, the incarcerated parent is encouraged to write letters to the child. Phone calls can also be arranged if in person visits are not feasible.

The Fatherhood Initiative Program is offered by Saint Francis Community Services Outreach Services. 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 in raising 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 A.M. P.M. courses contain a total of 24 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
- Dealing with Anger – Dealing with Hurt and Anger in Healthy Ways
- Family Ties – Building Family Closeness
- Stress, Alcohol, and Work – Daily Actions to Help Manage Stress
- Improving My Communication Skills – Focusing on Strengths, Differences and Solving Problems

“The Inside Out Dad” course contains a total of 12 class sessions, each of which are an hour and a half long. Classes focus on the topics listed above with additional focus on the Father’s Role, Working with Mom and Co-Parenting and Fathering from the Inside. This program allows St. Francis to enter jails and prisons with focus on fathers that are within 180 days of being released. St. Francis is currently offering Fatherhood Initiative services at the Hutchinson Correctional Facility, Norton Correctional Facility and the Reno County Jail. They have completed two classes at the Hutchinson Correctional Facility that served 24 fathers. Currently, they are offering a class at Norton Correctional Facility with 5 fathers. They have completed three classes at the Reno County Jail and served a total of 35 fathers. Their focus at each facility is for fathers that are within 180 days or less from release. Programs provided at each is a combination of 24/7 Dad A.M. and P.M. programs and Inside Out Dad. They also provide services through Kansas Workforce and Connections to Success that focus on providing skills for these fathers to become financially successful once
released. All data is collected through surveys and self-reports. Because this population has limited contact with their child, no other data is feasibly collected by this agency.

The “Understanding Dad” course is an awareness and communication program for moms. This course consists of 8 class sessions of which are an hour and a half long. Our focus is on the mothers who are connected to the fathers we serve. This program works with moms to teach them the importance of having the child’s father involved in the child’s life and understand the impact this brings. Focus is also on patterns of communication and ways to have open, safe communication and listening techniques.

Participating fathers were provided a meal and incentives for each class. SFCS also assists with transportation to and from each class. This helped with class attendance. Childcare was also available at each location. All participating 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 2018, SFCS held three classes in various locations, and nine fathers completed the program.

In SFY 2018, SFCS, in collaboration with Kansas WorkforceONE (KS-WF1), developed the SFCS Fatherhood Program in the West and Wichita regions. 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. SFCS has also expanded into other cities such as Colby, Concordia and Phillipsburg.

For SFY 2018 SFCS received over 568 referrals for the SFCS Fatherhood Program in both regions. Program staff continue to meet with community partners in each of the counties. This includes attorneys, community corrections and mental health providers. This outreach has resulted in an increase in referrals in Liberal, Garden City, Dodge City, Wichita, Hays and Hutchison. To date, 89 fathers have completed the program. Fathers are currently enrolled in classes in all locations. Data is still being collected on the mothers who are connected to these fathers and have completed the “Understanding Dad” classes.

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 Smart Program”. SFCS has also started training facilitators to teach the “Money Smart Program” to help cover more of our rural fathers or fathers who may need more one on one services.

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.

In November 2017, Saint Francis Community Services applied for and received an expansion grant with the National Fatherhood Initiative that would allow the agency to offer the Fatherhood Program in the Wichita area to our Family Preservation and Reintegration fathers. As a self-report evaluation, each father completes a pre and post test for both the 24/7 AM and 24/7 PM programs. SFCS
offered the first class in January 2018. Five Reintegration fathers completed the first class. Based on over 26 referrals submitted, SFCS started the second class and currently there are 12 Reintegration fathers attending.

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 six times a year 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, 2017. 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). Policies to strengthen parental participation in case planning (3207), supervisor consultations (5212), placement with non-related kin (5235) and sending the PPS 3056 to the County/District attorney (3241) were reviewed by the committee and implemented in the January 2018 Policy and Procedure Manual.

Kansas Family Advisory Network (KFAN)

The Kansas Family Advisory Network, Inc. (KFAN) is a result of the Family Centered Systems of Care (FCSOC) initiative that encompasses six principles of:

- interagency collaboration;
- individualized strengths-based care
- cultural competence
- family and youth involvement
- community-based services
- accountability
This is a foundational piece and pillar of all that KFAN does. As a nonprofit organization, KFAN will continue to actively strive to influence child welfare policy and practice through non-adversarial and collaborative relations in the arena of prevention and intervention with the focus being on restoring the family unit.

In working with parents and kinship caregivers as the primary focus, and by also providing support to these individuals through prevention and intervention services, KFAN believes that these relatively small shifts with the family can have an enormous impact on Kansas child welfare outcomes such as out of home placement rates and lengths of stay in foster care. Through the education of Kansas communities, and as they become aware of the potential positive impact their partnership can have with Kansas families, positive perceptions of child welfare services are likely to increase.

KFAN has the unique opportunity to continue to provide Support, Education, Advocacy and Training to family and community partners and encourage implementation of the six guiding principles through the services provided.

KFAN provides relief to children and families suffering from (or at risk to suffer) loss of safety, permanency and well-being through the promotion of collaboration with the child welfare services for children, their birth parents, and other care givers, including but not limited to foster parents, adoptive parents and kinship caregivers.

KFAN encourages and supports partnerships between these families and the child welfare system for the purposes of restoring families and by promoting shared parenting, permanency, safety, and well-being for children and families.

KFAN has the unique opportunity to represent birth and kinship parents in statewide meetings to ensure community partners, organizations, child placing agencies and policy makers incorporate best practices and policies on behalf of these families.

**Kansas Foster & Adoptive Parent Association (KFAPA)**

The Kansas Foster & Adoptive Parent Association (KFAPA), since its inception in 2007, has worked diligently to represent the foster, adoptive, and kinship families of the state of Kansas. Their relationship with child welfare partners has strengthened every year by participating in a variety of events and programs. Some of those include:

- the Governor’s Conference for the Prevention of Child Abuse and Neglect planning committee,
- the state of Kansas Citizen Review Panel,
- regional parent summits across the state, partnering with KFAN,
- the Healthy Life Choices project via the Healthy Relationships and Heart training projects, partnering with Children’s Alliance,
- Children’s Alliance Foster Care Collaborative and Training Work Group,
- Kansas Foster Parent Bill of Rights work group in previous years

One of the hurdles the association has been challenged with over the years is how to attract and maintain membership. Initially, it was difficult to get the word out to families about the association and get families to recognize the importance of KFAPA and how KFAPA can support them. KFAPA now has printed brochures that were given to DCF licensing and go out to each newly licensed and re-licensed home (renewals). KFAPA developed a membership tier and presented it to the CPAs, who were enthusiastic. Multiple CPAs became corporate members and shared their sponsored families’ contact information, so KFAPA could keep a master list updated and consider each CPA’s homes as members. Members are added to an email list and newsletters are distributed through this list. They also distribute training opportunities and other information foster/adoptive families may be interested in.
As KFAPA grew, funding was received for a part-time executive director. This position allowed for more visibility and stronger advocacy for Kansas foster and adoptive families. Throughout recent years membership and awareness grew by having a virtual presence. The organization’s webpage and online newsletters have been well received. Engagement with families and stakeholders has increased steadily. The Association relies upon volunteers to help navigate the changing needs of the membership base.

Every Student Succeeds Act (ESSA) –

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 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 Authorities (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 began at the start of the 2017/2018 school year. Several members of the workgroup presented a workshop about the ESSA at the Governor’s Conference for the Prevention of Child Abuse and Neglect in October 2017. The workshop was well attended and received positive feedback. The Implementation Workgroup met six times over the school year to discuss progress and barriers. The shortage of placements and other system challenges has made full implementation of the Act difficult in SFY 2018. The workgroup staffed individual cases as needed which enabled several students to remain in their school of origin. A Frequently Asked Questions (FAQ) document has been developed by KSDE and is posted on the KSDE website. The workgroup will meet monthly during the summer of 2018 to discuss possible policy and process changes. Presentations about ESSA are scheduled for this summer at the KSDE Leadership Conference and the annual CASA Directors meeting. In SFY 2019, the workgroup will continue to meet to identify barriers and solutions to increase educational stability for children in foster care.

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 21 and mission statement: The Kansas DCF Fatherhood Initiative seeks to more intentionally engage fathers in programs and services. As a matter of follow-up, the FIG continued to meet quarterly throughout the year, 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 regard to fatherhood initiatives.

As part of DCF’s plan to strengthen fatherhood involvement, a Fatherhood Friendly Check-Up Assessment was conducted across the agency. Results of the Fatherhood Friendly Check-Up Assessment are in Attachment 22. Staff from each program, including Child Welfare Case Management Provider (CWCM) staff, were selected to participate in the Fatherhood Friendly Check-Up Assessment. Participants were invited to a webinar that included an introduction by the Secretary of DCF to support this cross-departmental initiative. This assessment gave 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 was completed, it is anticipated that DCF and CWCM staff 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 to increase the engagement of fathers in services. This collaboration addresses 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 CWCM program staff that launched at the May 2017 quarterly supervisor meeting. 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 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 were 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, held July 18, 2017, also meet this PIP Key Activity. PPS will utilize the information obtained from breakout sessions and the three advisory workgroup - Family Preservation Services (FPS) Advisory Workgroup, Assessment and Prevention Workgroup meeting, and Permanency Advisory Committee (PAC) 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 name of the Practice Model has been changed to the Child Welfare Philosophy of Care.

The Child Welfare Philosophy of Care 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 reunification and, if reunification 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 Child Welfare Philosophy of Care 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 back into their home. Once reunification happens, the CWCMP provides aftercare services for 12 months to help maintain the child safely in the parental home.

For the duration of the child’s stay 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. Because 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.

DCF, with consultation from the Capacity Building Center for States (CBC), formed a Steering Committee (SC) to work on Icebreaker Implementation. The SC began meeting in November 2017, and have held monthly meetings since January 2018. Icebreakers will be piloted in the four Regions of the state during June, July and August 2018. After evaluating the pilots, plans are in place to implement statewide in January 2019. Theories of change, logic models and planning for evaluation have all been addressed through work with the CBC.

Case Managers from the CWCMPs will be trained to facilitate icebreaker meetings, which will be held within 10 days of the child’s placement in a home that is not temporary. The timeframe was selected due to the need to have an Initial Team Meeting within 2 business days of the referral to the CWCMP. The Icebreaker Implementation Plan is Attachment 23.

To enhance permanency efficiency and effectiveness with children in out-of-home care, PPS has revitalized 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. Thus, Kansas began a pilot of the Casey Family Programs Permanency Roundtable model led by the Kansas City region with KVC Behavioral Health Services (KVC).

An overview of the Permanency Round Table process for the Kansas City Region, which has been occurring since March 2017.

- PPS Administrative Staff and DCF Regional Staff visited Boulder Colorado to observe and gain knowledge about the Permanency Round Table Process. Boulder had been conducting Permanency Round Tables since 2010 with over 63% of their cases achieving permanency.
- The key to the effectiveness of the entire process is the facilitator’s ability to keep the meeting on time, per schedule, ensuring all participants remain focused on the permanency of the child as their number one goal.
• PPS Regional Staff received approval from DCF Administration to bring the Boulder Colorado Permanency Roundtable Facilitator to the Kansas City Region to provide training for the entire state.

• The Colorado PRT Facilitator conducted a 2-Day PRT Skills Training in Overland Park on March 7th and 8th, 2017 with Regional Directors, Assistant Regional Directors, Program Administrators, Facilitators, and Contractors in attendance from all 4 Regions.

• After the training, potential cases were identified by the Foster Care Administrator and Liaisons in the Kansas City Region. These included cases from: the PIP Target Groups; youth who had Parental Rights Terminated; and youth who had been in custody for over 18 months and permanency efforts had stalled due to internal and external factors.

• Wyandotte County piloted this model of roundtables, with the first roundtable held on March 8, 2017. Since then roundtables in Kansas City Region are being held monthly.

• In SFY 2017 into SFY 2018, a total of 5 permanency roundtable cases took place for a total of 9 children.

Under the current CWCM 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.

In SFY 2017, DCF contracted with the CWCMs 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 was implemented with identified families who meet specified criteria 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 24, K-PMTO Scope of Work for specific information about the K-PMTO criteria. In SFY 2018, an additional cohort of trainees was started to expand the capacity of K-PMTO.

In January 2017, a new PPS3051 Permanency Plan form (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/) was implemented. See updated information on KAPP in Section F. RE/FC/AD.

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. For additional information, see Section H. Adoption Promotion and Support. In SFY 2019, 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 be 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 and/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 CWCMP shall be actively engaged to meet with the child and family in person, in the home 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 CWCMP 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**

In 2018, 98 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. For DCF staff responsibilities related to adoption, see Section F. Reintegration/Foster Care/Adoption Services.

If a disruption (child leaves the home before the adoption is finalized) or 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 2017. Of the 10,289 finalized adoptions, only 7.6 percent (n=782) have dissolved. Of those families with a re-entry, the majority (77.5 percent) occurred two years or more after the finalized adoption.

When a child in foster care with a case plan goal of adoption and PRT does not have an identified resource, 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 agrees, attempts are made to find a match for the child through the Adoption Exchange. The goal of the IRP is to widen the circle of adults who may be a potential adoptive resource. The focus is on finding the right family for the child, 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, 2018, there were 463 total children listed on the Adopt Kansas Kids (AKK) website. This number has steadily increased within the last year and only recently had a small decline. It had reached 470 at one point. The average age of the child listed on AKK is 12 years old. The racial demographics for the children are as follows: Caucasian – 261 (56%), African American – 103 (22 %); Bi-racial (AA/Caucasian) – 46
Of the 463 children listed on the Adoption Kansas Kids; 101 children are also listed on the AdoptUSKids Exchange.

In SFY 2019, AKK plans to continue to utilize social media to promote adoption from foster care. They plan to continue to provide professional photos and video interviews of children on the website and available to share on social media, and will utilize adoption success stories on news segments and on the website to promote adoption specifically of teens and sibling groups.

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 Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP) training course or equivalent. The TIPS-MAPP course is designed to ensure individuals and families make an informed decision about becoming a foster home.

Children’s Alliance of Kansas (CAK) is in the process of adapting the TIPS-MAPP program to allow flexibility in the delivery of TIPS-MAPP by offering prospective foster and adoptive parents alternatives in addition to the 10-week program to include providing 30 hours of training over weekends and twice a week for five weeks. In January 2019 CAK will begin the implementation of an updated version of TIPS-MAPP with content updates, including information on ACEs and best practices for alternative methods of delivery. In January 2019 CAK will have a plan established for increasing the number of TIPS-MAPP trainers by making leader training more accessible through alternative delivery methods. Through a partnership with The Call to Care and the Kansas Children’s Service League, the first pilot of providing TIPS-MAPP to prospective foster parents in two full weekends completed in May 2018. CAK will be taking the experience from this pilot to guide the development of a set of guidelines to be used across the state.

The SFY 2018 Recruitment Plan for KVC Behavioral Health Services (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 2018. The SFY 2018 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. 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. The current contract expires June 30, 2018. A new scope of work and performance outcomes will be developed for the next fiscal year.

Specialized adoption services are offered by KVC throughout most 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 using the KVC adoption webpage, AdoptKSKids, AdoptUSKids, social media and within faith-based communities. Assessment and preparation of both the child and adoptive resource is important to KVC. KVC has started an Adopt Only program for families who are not interested in becoming a foster parent but desire to adopt from foster care. They have not finalized any adoptions yet, but have preliminarily matched five children with three families. There are two families who have home studies completed and are waiting to match, and other families who are in the home study process or are currently in TIPS-MAPP. 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 are done timely and complete. They also refer families who are interested in adopting a child from foster care but have yet to be matched with a child to Adopt Kansas Kids.

### Adoptions from foster care in Kansas from SFY 2012 – SFY 2018

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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. The plan is updated annually and posted to DCF’s website. DCF submitted a request to continue to receive technical assistance from the NRCDR after it became part of the Capacity Building Center for States. The updated workplan was approved. 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, see attachment 4 for Diligent Recruitment Plan.

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 Kansas Adoption Network (KAN) helps bring adoption expertise to Kansas to 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. The need for more home study writers has been identified as a barrier to this process and possible solutions will continue to be explored in SFY 2019.

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 complies 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 2018 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. Unique to the current recruitment plan is the collaboration with a robust internal marketing/communications department to execute a strategic marketing campaign to increase public awareness and call individual and couples to action, in addition to partnering with the State of Kansas to support the statewide diligent recruitment plan. The focus and intent of the state plan is to increase minority foster homes, and those who are willing and able to foster older youth, sibling groups, and those with high emotional, mental, and behavioral challenges.

The KVC SFY 2018 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 CWCMP 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 were provided during calendar year 2017, and will continue in future years under KCWPTP.

In SFY 2018, adoption policies have been reviewed by the Kansas Adoption Network group. No major changes to policy were made in July 2017 or January 2018, but there are several being considered for July 2018 that would enhance preparation of children for adoption (5311), and streamline the Best Interest Staffing process (5339, 5340, and 5341).

In SFY 2018, PPS partnered with Adopt Kansas Kids (AKK) to form the Kansas Post Adoption Resource Center (K-PARC). K-PARC supports families who have adopted children from foster care or who are providing permanent care as a kinship placement. Adoptive and kinship families often find the need for support grows in the years after their adoption or placement is finalized. The ongoing impact of early childhood trauma can destabilize good placements, challenge solid marriages, and put children at risk even in the healthiest of families. K-PARC strives to extend the mission of DCF and AKK to Post-Adoptive Families through 1) parent education, 2) peer and community support, and 3) resource development and referrals.

In SFY 2018, K-PARC staff and partners completed the following:
Parent Education

- 76 adoptive parents completed Parent Circle – a 10-week, 20-hour curriculum focused on developing the skills of trust-based parenting. This process has helped many parents develop good friendships, connect to in-person and online communities of parents who are parenting children from hard places. For some of these families this psycho-social education group has stabilized families at the edge of giving up.
- 82 kids completed the Kids Club curriculum while their parents attended Parent Circle. This curriculum and intervention is designed to teach children the same skills their parents are learning in class to increase the opportunities for successful use of the new skills at home.
- Completed four Strong and Stable Families Retreats one in each region of the State. These retreats served 201 adoptive/kinship parents
- Distributed nearly 600 “Congratulations Packages” full of parenting information, a magnetic photo frame, and information about K-PARC to families with a recent adoption.
- Developed and disseminated marketing materials to encourage participation in K-PARC at Adoption Month events and adoption trainings/conferences held by other organizations in Kansas.
- Identified or developed curriculum for: retreats, peer-support training, and for monthly workshops.
- Posted educational content and event notices on website and Facebook, as well as disseminated information by email.

Peer and Community Support:

- Held six peer support trainings resulting in the addition of 26 new approved and background checked volunteers and peer support families. This brings us to 52 active volunteers.
- Made 8 peer-to-peer matches in FY2018 to date. Peer support has evolved to be more fluid and informal than we anticipated. When K-PARC staff gets a call with a request for information, staff are often able to meet the request and then match them with a family who has dealt well with the same issue. Those informal matches have benefited several families each month though no data is tracked for this effort.
- Provided staff support for the Kansas Adoption Advisory Council who assists with a variety of K-PARC initiatives including the Strong Families Adoptive Parents Retreats, Trust Based Parenting Workshops, and the Parent Circle/Kids Club program.

Resource Development and Referrals

- K-PARC worked with adoption professionals to include them in the TBRI® Caregiver trainings for K-PARC families at no cost. Students and professionals are recruited and trained to match up with one child in Kids Club. They work over 10 weeks of Kid’s Club training to teach their “little buddy” self-regulation skills (calm themselves by themselves), how to have an effective voice (get their needs met), and how to connect with their family and friends (give and receive care).
- K-PARC began hosting quarterly TBRI© Practitioner meetings to encourage networking among trauma informed therapists, adoption professionals, and parent educators.
- K-PARC continues to develop adoptive parents as teachers and mentors through the AKK Speakers Bureau.

K-PARC develops curriculum and programming for a Teen Camp. Respite opportunities for parents caring for teens from hard places are few and far between. To meet this need and to help some adopted teens have a meaningful and useful camp experience K-PARC hopes to hold a three-day camp in July 2018.

K-PARC staff are working to identify how to get families who are most in need of services to Parent Circle and Kids Club. In the coming year, it is believed attendance can be increased by 25% without a noticeable impact.
on budget. To address more serious situations where families are at risk of dissolution, K-PARC would like to be able to offer clinical services for families attending Parent Circle. This is key to integrating new parenting skills for families in crisis.

A monthly list of first time adoption subsidy and permanent custodian payees is sent to K-PARC by DCF. The K-PARC sends these families a letter about services and supports. Families are encouraged to sign up for continued outreach.

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 copyright materials that utilize TBRI in caregiver training. KCSL anticipates utilizing this material to train foster parents, adoptive parents, kinship families, as well as child-welfare staff and professionals. In SFY 2019, funds will be utilized to expand TBRI an evidenced-based practice for families caring for children who have experienced trauma.

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 held several lunch and learn sessions with child welfare professionals who wanted to learn more about TBRI. KCSL recently met to discuss other ways to get this information dispersed in the child welfare arena. There are plans to expand TBRI in SFY 2019. KCSL presented a proposal for expansion that was included in the SFY 2019 budget.

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 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 March 2018, 187 children were receiving a permanent custodianship subsidy. Some children may be released from custody into a permanent custodianship without receiving the subsidy. This may be for several reasons such as the child may have other unearned income (e.g. social security income, child support, etc.) or the child may not meet the age requirement. Additionally, some children may only receive the subsidy for a
short period. For example, if the permanent custodianship were established when the child was near age 18, the child may only receive the subsidy for a few months. In SFY 2017, 213 children exited custody into a permanent custodianship; and in SFY 2018, as of March 31, 2018, that number was 174.

The Child Welfare Case Management Provider (CWCMP) is responsible for assessing 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 the 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 and home study evaluation are similar to factors considered in adoption.

Permanent custodianship subsidy ends when a child is 18 (unless the child is still in high school); the child becomes emancipated, dies or otherwise ceases to need support; 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 compared to adoption subsidy is being done with the regions and CWCMP to help determine which case plan goal is more appropriate and which program will help provide the stability and resources needed to raise the child into adulthood.

The maximum monthly permanent custodianship subsidy payment cannot exceed $300, and children do not receive a subsidy if their countable income exceeds $486 per month. Once established, the subsidy amount does not change unless there is a change in the child’s circumstances.

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 permanent custodianship. Families or individuals entering a permanent custodianship may need help understanding the effects of separation, abuse and neglect. Families may also need added services such as transportation, respite care, mediation, etc. to ensure the success and stability of the custodianship.

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 for:

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

Kansas implemented policy 6925 Permanent Custodianship Subsidy Overpayments (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), effective July 2016, to address 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, 2018, 32.33 percent (n = 2,353) of children in out-of-home care were placed with a relative, which has been consistent across the past several years. 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, 2017 to March 31, 2018, 1890 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), (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), 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 the 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 comply with licensing statutes and regulations and licensed by DCF Foster Care and Residential Facility Licensing in order to provide out of home services. In SFY 2019, the ESSA workgroup plans to explore putting a process in place to identify school personnel who may be interested in being NRKIN placement for children in their school.

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 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, 2017, to March 31, 2018, there were 664 non-related kin placements.

SFCS centralized Kinship services under one Kinship Director for the entire organization in January 2018. Blending coverage areas gained efficiencies in serving families. It allows for standardized Kinship services across both regions and assures that all kinship families receive the same quality and timely services provided by staff located in their area. A supervisor was added in Wichita to supervise Kinship Support Workers which allows the current supervisor to focus on ensuring assessments are completed timely and thoroughly. The primary goal is to increase the number of children successfully placed in kinship by focusing on timely approval of initial placements and by improving placement stability once children are placed.

Along with the centralization of Kinship services, SFCS is restructuring the duties of the Xtreme Recruiters. The Xtreme Recruiters will now automatically focus on finding kinship placements for children that are not
placed with relatives or kin at the time of initial referral. The Xtreme Recruiters have been added to Initial Placement e-mail groups to begin searching for relatives on day two of placement out-of-home. The Intake Team will provide the Xtreme Recruiters with the Maternal/Paternal Relative form within 72-hours of referral to provide additional information for searching for relatives. Xtreme Recruiters are also searching for relatives for any children on the disruption/in need of placement list. They will contact any relatives/kin located to ask about interest in being placement. Kinship staff will also ensure background checks, walkthroughs, and the request for Kinship Support Services are completed if relatives are interested in placement.

SFCS has an internal goal to increase the number of relative placements to 35 percent in both the West and Wichita region. Performance improvement projects have been developed for those offices and areas that do not meet the goal. SFCS held relative activity based training across both regions.

West Region PPS staff work hard to locate relative/NRKIN prior to a referral to SFCS. If a child has not already been placed with relative/NRKIN at the time of referral, there is relative/NRKIN information listed on the 5110A. This allows SFCS to begin recruitment efforts for relative/NRKIN placements.

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 until a youth is placed with a relative or kin, or until permanency is achieved.

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. The work between DCF and SFCS has reduced duplicate paperwork to expedite the relative approval process at the time a child is entering foster care. When DCF completes background checks the results are sent to SFCS to add to the packet to avoid duplication. The PPS staff are using SFCS approved walk-through assessment and adding it to the background checks so an additional walk-through by SFCS does not have to occur. The SFCS Intake Supervisor met with PPS teams to talk about the intake process and how the organizations can team together to expedite the initial relative placement process. The organizations continue to have open communication with each other at all levels to ensure timeliness of identifying and completing initial assessments for relative placements.

Efforts continue with KVC on locating kin placements for children who are referred to foster care. Currently, KVC has 10 Kinship Care Coordinators in the East region and eight in the Kansas City region. To be better organized and monitor placement efforts, KVC increased leadership within the Kinship Care Coordinators under two Supervisors (one in the East and one in the Kansas City regions) and adding 2 CPA Directors to bring CPA and Kinship together. The Admissions department at KVC receives all referrals for foster care and can 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 for placement and/or connections for children in care.

By streamlining the Care Coordinators in the CPA 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 in Orientation and Safe and Connected Framework training 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 who are in out of home placement and are anticipated to remain in care until age 18 participate in transition planning beginning at age 16 and continue 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 to 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 who have been released from the Department for Children and Families Secretary’s custody until age 21, or until age 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 Education 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 old. Youth receive additional funds through Education and Training Vouchers (ETV) to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid Option as Aged Out Medicaid coverage to young adults who leave the custody of DCF, Kansas Department of Corrections – Juvenile Services (KDOC-JS) and tribes at age 18, until the month of their 26th birthday. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical card.

M. Another Planned Permanent Living Arrangement (APPLA)

Kansas changed policy in January 2017 to use the term “Another Planned Permanent Living Arrangement” (APPLA) to match federal language. The permanency goal of APPLA is appropriate only for youth age 16 or older, and when documentation has been provided to the court that compelling reasons exist that make all other permanency options unacceptable. PPS is compliant with Preventing Sex Trafficking and Strengthening Families Act (PST SFA) regulations that require youth with a case plan goal of APPLA to be 16 or older. As of March 31, 2018, 5.17 percent (n=390) of youth in DCF custody had a current case plan goal of APPLA.

Choosing this option is appropriate only when there is a plan for a specific, long-term placement for the child. Long-term, out-of-home placement is not an acceptable permanency option and is not to be chosen as a planned permanent living arrangement. When the child is in APPLA, the plan for the child to stay in the placement resource until achieving permanency is documented. The youth and the placement resource sign a commitment agreement indicating their understanding of the plan.

A planned permanent living arrangement is subject to ongoing review at later permanency hearings. Other permanency options for the child continue to be explored throughout the time the child is placed out of the home. The permanency option of APPLA does not rule out other more permanent options.

The PPS regional Independent Living (IL) Coordinator or designee attends scheduled case plans for all youth in out-of-home placement with a case plan goal of APPLA, beginning at age 16. The IL Coordinators attend case planning conferences for all other youth in care age 17 and older to begin discussion and preparation for self-sufficiency services when permanency is not achieved. The PPS regional IL Coordinator or designee continues to attend the youth’s permanency case plans until attainment of permanency or transitioning from foster care into adulthood. Continued involvement assists with engaging the youth and ongoing rapport building.
A transition plan is initiated, beginning at age 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, continued support services, employment and financial support and services, transportation, and other services needed to maintain self-sufficiency for the youth and, if applicable, for any minor child of the youth. Information on available resources from internal and external programs is provided. Referrals to supportive services are made, when applicable. The transition plan identifies Connections for Success, adults and other resources to whom the youth would reach out to for assistance as they travel 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 and not the income/resources of the family. In determining the type and amount of assistance, Prevention and Protection Services (PPS) assesses the community and family’s resources available to meet the child’s ordinary and special needs. Children in the Custody of the Secretary of the 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 2018, the average subsidy payment was $335.76 a month. At the end of March 2018, there were 9,334 open adoption assistance cases. This represents an increase of approximately 2.27 percent from SFY 2017 to SFY 2018.

The Child Welfare Case Management Provider (CWCMP) is required to provide services and supports for 12 months following finalization of an adoption or permanent custodianship. These services, referred to as Aftercare, are provided to ensure safety and stability of the placement for the child and to assist all family members in obtaining needed resources. The Aftercare Contact Agreement is 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 an assessment for services. 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 supports families who have adopted children from foster care or who are providing permanent care as a kinship placement. For additional information on K-PARC see Section H Adoption Promotion and Support.
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 Grants provide for primary prevention services to children birth to five, and are targeted to at-risk and underserved populations. Services are targeted to at-risk communities, which are identified through the presence of multiple risk factors, including low-income, unemployment, low educational attainment, substance abuse, births to teen mothers, single parent homes, child welfare involvement, homelessness and crime, 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, as well as 4 additional rural counties neighboring Montgomery County in southeast Kansas including, Cherokee, Labette, Neosho, and Wilson. MIECHV programs served a total of 661 families in SFY 2016. Of the families screened for depression, 20% indicated positive results and 75% of mothers who screened positive for depression were referred for treatment. 77% of families reported positive family functioning before services and 82% at follow-up. 99% of children 30 months and older were on track with their social-emotional development (ASQ-SE).

The Kansas Home Visiting Landscape (www.kshvlandscape.org) reports that in 2016, 15,191 families received home visiting services by evidenced-based home visiting models in Kansas. This includes the MIECHV funded programs, as well as other evidence based programs operating across the state. An estimated 182,700 families with children under 6 years of age could have benefited from home visiting, including 37,500 infants under 1 year of age. Home visits were provided in 92 of 105 Kansas counties, from 264 program sites. 93,384 home visits were provided in 2016. Families served included 18% Hispanic and 82% Non-Hispanic.

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.

Historically, the majority of the prevention groups that have been most successful continue to target the following groups: parents of special needs children, fathers, and kinship.
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. Head Start/Early Head Start programs have policies that place children in foster care at the top of the list for admission. Kansas children under the age of 5 are not placed in congregate care or Psychiatric Residential Treatment Facilities. For children in foster care, the CWCMPs provide support for appropriate day care. Reducing the length of time for children under the age of 5 was a topic at the KAPP meeting on June 6, 2018. PPS will be working with CWCMPs to develop procedures to reduce the length of time for children under the age of 5 in foster care without a permanent family.

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 Kanas 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.

<table>
<thead>
<tr>
<th>Statewide</th>
<th>SFY 2015</th>
<th>SFY 2016</th>
<th>SFY 2017</th>
<th>SFY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jul. 14-</td>
<td>Jul. 15-</td>
<td>Jul. 16-</td>
<td>Jul. 17-</td>
</tr>
<tr>
<td></td>
<td>Jun. 15</td>
<td>Jun. 16</td>
<td>Jun. 17</td>
<td>Mar 18</td>
</tr>
<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>
<td>30%</td>
</tr>
<tr>
<td>Of those the percentage placed with relatives.</td>
<td>40%</td>
<td>38%</td>
<td>39%</td>
<td>37%</td>
</tr>
<tr>
<td>Of those the percentage with 2 or fewer moves while in care.</td>
<td>97%</td>
<td>96%</td>
<td>95%</td>
<td>88%</td>
</tr>
<tr>
<td>Percentage of children awaiting adoption under the age of 5</td>
<td>26%</td>
<td>23%</td>
<td>23%</td>
<td>23%</td>
</tr>
<tr>
<td>Percentage of children on the AdoptKSKids website under the age of 5</td>
<td>2%</td>
<td>0%</td>
<td>4%</td>
<td>-</td>
</tr>
<tr>
<td>Percentage of children with a finalized adoption under the age of 5</td>
<td>43%</td>
<td>43%</td>
<td>36%</td>
<td>-</td>
</tr>
</tbody>
</table>

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
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 four 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 for Aging and Disability Services (KDADs), Saint Francis Community Services (SFCS), KVC Behavioral Health Services (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.

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

KSSAF is implementing a developmentally appropriate version of the Strengthening Families Program (SFP) Birth-to-Three, in partnership with the Kansas Department of Children and Families (DCF), KVC, St. Francis Community Services (SFCS), the Kansas Department for Aging and Disability Services (KDADs) and the Kansas Head Start Association. SFP B-3 is a family-based evidence-informed parenting intervention that seeks to positively impact the following domains: parenting, family attachment, parental substance use, understanding risk and protective factors to avoid substance use, and child behavior. KSSAF is preparing to enter its fifth and final year of successful implementation throughout Kansas. KSSAF has delivered SFP B-3 training to 239 families to date (81% retention rate). These families have been served in the Kansas communities of Wichita, Salina, Hutchinson, Topeka, Kansas City, and Olathe.

Preliminary findings suggest significant pre-test/post-test improvements in child well-being, including (as measured by the Ages and Stages Questionnaire-3 and Ages and Stages Questionnaire- Social Emotional: 2), including communication, gross motor, fine motor, problem solving, and social emotional skills. Significant pre-test/post-test improvements were also found in two subscales of the Adult Adolescent Parenting Inventory (AAPI), including empathy (i.e., parent demonstrates empathy and values children’s needs) and expectations (i.e., realistic expectations of the developmental capabilities of children). Additionally, there were significant improvements in parental depression (Center for Epidemiological Studies CESD-12) and
trauma symptoms (Trauma Symptoms Checklist-40, including the Trauma total scale, depression, and sleep disturbance) and in legal and psychological issues (Addiction Severity Index, ASI). Lessons learned, cost study, and implementation outcomes and resources, such as fidelity evaluation, will also be described. Although KSSAF is currently conducting a randomized controlled trial where eligible children and families are randomly assigned to the SFP group or to services as usual, the project also serves families receiving aftercare or family preservation cases. In the final six months of implementation (April 2019), KSSAF will receive referrals within and outside child welfare, transitioning from a research study to full SFP implementation and long term sustainability.

In SFY 2018, the University of Kansas School of Social Welfare partnered 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 goals of safety, permanency and well-being.

Q. Services for Children Adopted from Other Countries

In Kansas, when an 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 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 one child placed in custody who was adopted internationally. The child is currently in foster care with a case plan goal of reintegration/adoption and is being served by KVC.

Families who adopt children from other countries may access the Kansas Post Adoption Resource Center (K-PARC) for services and supports. For additional information about K-PARC, see Section H.

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 14; 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 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 met
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 has selected Structured Decision Making (SDM) as the safety and risk assessments to be used to replace existing tools. The SDM kickoff meetings occurred June 2018 and workgroups will begin in August 2018.

Kansas began working with the CBC in November 2017, to facilitate a workgroup to establish policies and procedures for Icebreakers. The workgroup is comprised of representatives from DCF Administration, DCF Regions, CWCMPS, KFAPA and KFAN, and meets monthly (November 13, 2017, January 9, 2018, February 13, 2018, March 13, 2018). Topics have included an Introduction to Icebreakers, Theories of Change, the Logic Model Process, and plans for implementation. Sites have been selected, and plans are in place for Icebreakers to be piloted in the spring of 2018, with a statewide roll out in the fall. The pilot sites are in Crawford, Butler, Shawnee, Finney, and Johnson Counties. Training for the case managers will occur the last 2 weeks of May, with the launch of the pilot projects June 1, 2018, see attachment 23 for Icebreaker Pilot Implementation Plan.

The Capacity Building Center (CBC) is assisting Kansas with determining whether establishing a Title IV-E Stipend program is feasible and would assist with technical assistance to implement the project if Kansas moves forward. The CBC assisted in the facilitation of a meeting between DCF program and fiscal representatives and the child welfare program leadership of the following Universities: Fort Hays State University, Kansas State University, Kansas University, Pittsburg State University, and Wichita State University. The CBC also facilitated a call with Minnesota to gain a better understanding of how another state’s stipend program is structured and operated.

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 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 meeting includes representatives from the tribes, Child Welfare Case Management Providers (CWCMPS), Office of Judicial Administration (OJA), DCF Foster Care 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).

Quarterly DCF PPS and the four federally recognized tribes of Kansas hold statewide meetings. The meetings occurred on October 24, 2017, January 24, 2018, April 11, 2018 and next meeting is scheduled for July 25, 2018. Discussion topics include technical assistance for the tribes, grants, ICWA policy, DCF policy updates,
tribal updates, general DCF updates, invites to participate in DCF workgroups, training opportunities, APSR/CFSP updates and PIP updates.

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 on-site tribal social service department visits, the tribes were also asked to participate in the Permanency Advisory Committee (PAC), Foster Care in KanCare, Diligent Recruitment, KanCare High Needs Workgroup, Psychotropic Medication Workgroup and the Icebreakers Implementation Group during the 2017 (for SFY 2018) annual on-site tribal social service department visits. Invitations will continue to be extended to the tribes to increase collaboration between DCF and the tribes.

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 on-going tribal and state communication and collaboration related to tribal child welfare programs and to offer technical assistance. The site visit includes meeting new tribal staff, reviewing the MOU with DCF, 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 CWCMAP 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) sends intakes to the tribes that are not assigned for further assessment when there is “reason to know” a child may be an Indian child.

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 Protection Services, Family Preservation and Foster Care Services are funded through State General Funds (SGF). Independent Living (IL) services are funded through Chafee Foster Care Independence Act. Regular contact with tribal staff is conducted through scheduled meetings made directly by PPS staff for coordination of child welfare services. Each tribe submits a quarterly status and program report which provides data concerning the number of tribal families and children served, and 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.

Provision of information and technical assistance (TA) is available to tribes wishing to pursue Title IV-E funding. Such information and TA can include; Title IV-E requirements, data collection, reporting, and general process information. The tribes receive the information and option of obtaining the funding directly through the federal government with the assistance from ACF or request a Title IV-E agreement directly with the state.

In the fall of 2017, the PPS program was notified of budget cuts for the tribes. The Governor’s budget reported that the tribes would lose a total of $100,000 from the foster care portion of their Child Welfare Grants. The thought behind the budget cuts was that the tribes could obtain Title IV-E funds. PPS advocated for reinstatement. On February 28, 2018 Sac and Fox tribe requested a meeting with Secretary Meier-Hummel to discuss the budget cuts. The meeting occurred on April 3, 2018. Attendance at the meeting consisted of DCF Secretary, PPS Group Home Program Manager, PPS Permanency Administrator, Assistant General Counsel for PPS, the Chief Financial Officer and representation from Sac and Fox. Sac and Fox explained that they are not eligible for Title IV-E because they accept jurisdiction of all their youth. Following the meeting, DCF Secretary and Budget Finance requested the funds be reinstated. This request was approved.

B. Child Protection Services

The Department has entered a Memorandums of Understanding (MOU) with Native American Family Services (for the Iowa Tribe in Kansas & Nebraska), PBPN and the Kickapoo Tribe in Kansas Social Services regarding provision of protective and/or family services to Native Americans of the tribes located in Kansas.

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 which indicates a child is or may be a member of an Indian tribe or eligible for tribal membership and is the biological child of a member of an Indian tribe, the available supporting information is documented in the case record. It is presumed a child is an Indian child if the child or any other person informs PPS that the child is Indian or there is “reason to know” the child is an Indian child.

When PPS is conducting, an investigation involving an Indian family not residing on a reservation, the family is informed they may request a tribal representative. Assessment of the family should consider the prevailing social and cultural conditions and way of life of the Indian community.

Determination of the child’s heritage and eligibility is made at the earliest possible time it appears likely the child will come into the custody of DCF, or whenever a child has been placed in DCF custody by a court. DCF staff asks whether the child or parent is enrolled in a Native American Tribe. The tribe shall be notified by DCF as soon as there is “reason to know” the child may be an Indian child. The state court notifies the parent, Indian custodian and the Indian child’s tribe of any pending 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:
   A. Full name and birth date of the child or children involved;
   B. The maiden names of all females (if applicable);
   C. Tribal affiliation; and
   D. 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 tribal court of a federally recognized tribe. The CWCMP shall promptly notify regional PPS staff of the change in jurisdiction and venue to a tribe by sending PPS the Reintegration/Foster Care/Adoption (RE/FC/AD) Acknowledgement of Referral/Notification of Move/Placement Change Acknowledgement form indicating case closure due to change of jurisdiction and venue of court case. Staff from PPS shall forward the information to the tribe within 5 working days of the receipt of information from the receiving court documenting the acceptance of the change of jurisdiction and venue of the child’s case. The tribe should promptly acknowledge the receipt of the information by e-mail.

A transfer of the child’s case is not considered 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. The Department for Children and Families collaborates with the tribes when requested or as needed.

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 the Indian Child Welfare Act (ICWA), case planning, reporting to the court on the progress of the case, assisting with child care costs, and the direct provision of or referral to services 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 ages 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 CWCMC’s.

Regular contact with tribal staff is conducted through scheduled meetings made directly by PPS staff to tribal staff for coordination of child welfare services. All youth currently in out of home care or custody are informed of program eligibility and resources by contractor, Kansas Department of Corrections–Juvenile Services (KDOC-JS), tribal and PPS staff at case planning conferences. Tribal youth are invited to participate in the Regional Youth Advisory Council (RYAC) and Kansas Youth Advisory Council (KYAC), PPS Computer Camps and the annual summer youth conference. There are five youth from the Prairie Band Potawatomi Tribe who currently participate on the Kansas Youth Advisory Council. There are four youth from the Prairie Band Potawatomi Tribe who regularly participate in Regional Youth Advisory Council meetings. No other tribes are represented on the councils, at this time.

F. Memorandum of Understanding

During the Fall2017/Winter 2018 (for SFY2018) Tribal Social Services site visits, PPS discussed with each tribe any needed language changes to their respective MOU’s. PBPN, Kickapoo and NAFS stated there were no needed changes.

Discussions between DCF and Sac and Fox occurred regarding MOU revisions and specific language changes. DCF created a draft MOU. Sac and Fox submitted a newly created MOU. Language from both documents has
been combined and DCF and the tribe will work to come to an agreement. When the new MOU is agreed upon, the MOU will proceed through the DCF concurrence process and be submitted for the Secretary’s signature. The goal is to enter into an MOU that is beneficial to the tribal families, youth and children served that will be approved by the DCF Secretary and Tribal Council, no later than December 31, 2018. An MOU (not the identical document) has been reviewed each year from 2011 to 2016 but the tribe has not signed which must be a voluntary execution of contract. The Pending MOU has been under discussion since the Fall of 2016.

The MOUs for all federally recognized tribes in Kansas will continue to be reviewed annually with each tribe. Each individual tribal MOU will be emailed to the tribal chairperson(s) and Tribal Social Service Directors for review, comments and questions. The tribe should submit any comments, suggestions, and questions to be reviewed and discussed at the on-site visit. If language changes are warranted and agreed upon by DCF and the tribe, a draft of the revised MOU will be sent for tribal review. When the final MOU(s) are agreed upon, the MOU(s) will be sent through the DCF concurrence routing process for DCF signature and forwarded to each individual tribe for tribal signature and subsequently forwarded to the federal partners with each annual update.

The current Memorandums of Understanding (MOU) with each tribe are attached, see attachment 25 DCF and Iowa Tribe ICWA MOU signed by DCF Secretary and Iowa tribal council, attachment 26 DCF and PBPN ICWA MOU signed by DCF Secretary PBPN tribal Council and attachment 27 Kickapoo Tribe ICWA MOU signed by DCF Secretary.

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

The MOU 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 tribal lands and/or under the jurisdiction of the tribal court. In addition, each MOU indicates DCF is the single state agency designated for the purpose of receiving and distributing federal funds for the protection of children, prevention of child abuse and neglect, provision of safe and stable homes for children in foster care 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 placement with an Indian relative or an Indian foster home whenever possible.
- Assist with needed information to meet the notification requirements of the Indian Child Welfare Act.
- Assist in securing reliable identification of Indian children, and
  - if not possible, assist in the placement of Indian Children in appropriate homes.
  - Strive to ensure compliance with ICWA and related regulations and guidelines.

Each MOU outlines the understanding between DCF and the tribal government in relation to the identification of Indian children and tribal affiliation, children in need of care assessments, services to prevent out of home
placements, the decision to request filing a child in need of care petition, transfer of jurisdiction of child in need of care, adoption and funding for Indian children in foster care and licensing requirements for foster homes.

A letter from the Secretary of DCF was sent to the tribes confirming commitment to effective collaboration and consultation with the four federally recognized tribes in Kansas. PPS plans to ensure a government to government letter is drafted and sent to each tribe from the DCF Secretary on an annual basis. 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 referral for Kansas Code for Care of Children (CINC) petition or receipt of a copy of a petition whichever occurs first, pursuant to such code. 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. Information is collected in the Kansas Intake Protection System (KIPS) and Family and Child Tracking System (FACTS).

The Kansas Judicial Council maintains certain specific court forms related to cases involving Indian children to facilitate compliance with ICWA and applicable regulations and guidelines. A Judicial Council sub-committee commenced work in the spring of 2018 to update all Judicial Council ICWA forms. The workgroup included DCF and tribal representation.

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

The Kansas Serves Native American Families (KSNAF) is a statewide public-private collaborative partnership between the University of Kansas, School of Social Welfare (KUSSW) and social services at Prairie Band Potawatomi Nation, Sac and Fox Nation, Iowa Tribe of Kansas and Nebraska, and Kickapoo Nation, as well as Haskell Indian Nations University (Haskell), KVC Behavioral Health Services (KVC), Kansas Department for Children and Families (DCF), Kansas Department for Aging and Disability Services (KDADS), Kansas Native American Affairs Office, and the Administration for Children and Families (ACF) Region VII. KSNAF seeks to improve the wellbeing, safety, and permanency outcomes for Native American children affected by parental substance abuse. KSNAF will implement and assess a culturally adapted version of an evidence-based parenting skills training program (Strengthening Families Program [SFP]). Eligible Native children and families are referred to KSNAF by child welfare agencies, courts, behavioral health agencies, and other social services. KVC, in collaboration with Haskell students, will implement the 15-week SFP in five sites across Kansas, including reservations, to positively impact the following core areas: family bonding, communication, and parental supervision. Funding for this project is provided through a Regional Partnership Grant (Round 4) from the Children’s Bureau, ACF, U.S. Department of Health and Human Services. This project is part of a national cross-site study conducted by ACF, Children and Families Futures, and Mathematica.

The target population of the Kansas Serves Native American Families (KSNAF) is Native American children ages 0-18 who are:
- In, or at risk of, out-of-home placement
- Affected by parental substance use
- Case plan goal: reunification or guardianship

A culturally responsive adaptation of SFP which will be implemented by the joint efforts of Haskell students and KVC staff and guided by tribes and child welfare agency partners, and supported by our partners. KSNAF also seeks to develop cross-systems collaboration and infrastructure to build culturally sensitive and trauma-informed capacity across agencies who provide services to Native American families affected by substance abuse and involved with the child welfare system in Kansas.

Different age versions of different SFP cultural adaptations (tribe specific and overall adaptation for urban areas) will begin to be implemented in the fall 2018. KSNAF plans to serve between 8-12 families per group and 5 groups per year. By the end of the grant, KSNAF plans to serve between 180-270 Native families. KSNAF has a strong prevention component and will include several sources of referrals. Potential participants will be identified from state and tribal child welfare administrative data and through referrals from agencies and systems such as:

- Child welfare agencies (e.g., aftercare, family preservation, and family services);
- Behavioral health centers, including rehabilitation centers, women’s treatment centers, and methadone clinics
- Courts
- Tribal health and social services
- Other community services (e.g., domestic violence, early childhood, Indian centers, health, etc.)

The Program Manager for Group Homes and Tribes will attend the Regional Partnership Grants Round 3 and 4 Annual Meeting on June 28-29, 2018. A new workgroup was created in 2016 called PPS Policy Tribal Advisory Work Group. 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 Behavioral Health Services (KVC) and St. Francis Community Services (SFCS). Sac and Fox and PBPN were very active in participating in the ICWA workgroup. They were present for the in person or teleconferences held and made suggestions for policy changes. The workgroup was suspended in 2017 to await finalization of updated Kansas Judicial Council forms related to ICWA cases. Upon completion of such forms, additional input from the tribes will be requested and considered to complete any needed revisions of PPS policies.

On April 25, 2018 Administration for Children and Families (ACF) hosted a meeting for States and Tribes within region 7. PPS Administration and all four tribes attended from Kansas, Sac and Fox, NAFS, Kickapoo and PBPN. During this meeting, further collaboration between the states and tribes was discussed.

Each tribe was to meet with the Program Manager for Group Homes and Tribes a minimum of once per month. The tribes and DCF Program Manager for Group Homes and Tribes decided that phone calls with individual tribes were not needed and that the tribes and DCF have monthly phone calls together. The purpose of these phone calls is to discuss any technical assistance needed and to keep the tribes updated on workgroups progress and policy revisions. The phone calls occurred on three occasions and began after the start of SFY 2018. The calls occurred on September 18, 2017, February 21, 2018 and March 28, 2018, the next call is scheduled for May 25, 2018. Sac and Fox representation attended all of the calls. PBPN representation attended two of the phone calls.
PPS created and granted access to a Tribal section on DCF SharePoint for all Kansas tribes. The Tribal section contains meeting agendas from the quarterly meetings and meeting agendas from the technical assistance phone calls. Other information may be shared as the Tribal section is developed. This is an effort to keep the tribes included and informed.

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. There is an activity in Module 2 of Caseworker Core, which reviews the Indian Child Welfare Act. The following articles are used as handouts for the class: ICWA Myths and Mistakes Applications; National Indian Child Welfare Association (NICWA) Glossary; NICWA Fact Sheet for KS; Setting the Record Straight: The Indian Child Welfare Act Fact Sheet; NICWA FAQ.

Participants in Caseworker Core include DCF, KVC, and St. Francis Community Service staff.

The Program Manager for Group Homes and Tribes has been working with the Organizational and Strategic Development Manager to grant access to Pathlore, DCF’s training site, to the tribes. The Tribal collaboration section of the APSR was emailed to the social service directors on February 21, 2018 for discussion on the monthly technical assistance call 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 and monthly technical assistance calls.

**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/NRKIN, 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 CWCMP responsible for management of the case, and each month the results are reviewed for trends and improvements.

Saint Francis Community Services (SFCS) has made caseworker visits with children a priority focusing on safety, permanency and well-being. The quality assurance department send bi-weekly reports to all staff that include what visits have not been done for the month and when they are do. Documentation is required to happen 48 hours after the visits occurs.
Federal funding will continue to be provided to CWCMPs for efforts to improve caseworker visit percentages and maintain the successes. Work will continue with the CWCMPs to identify which strategies used in the past have been the most successful.

DCF Recruitment/retention activities include:
- increased advertising at universities and career fairs in KS and some surrounding states;
- creating part time benefits eligible positions to attract applicants that may not be able/willing to work full time;
- paying practicum students with hopes to recruit them (currently 80 across state);
- paying current workers CEU’s and license renewals;
- purchasing exam study guides for practicum students; and
- holding social worker appreciation events.

Kansas began reviewing the number of graduates from the universities with social work programs and it became obvious that there are not enough licensable graduates to meet the staffing needs. The agency consulted with a national expert to evaluate what other states are doing to ensure adequate staffing. Kansas was one of ten states that required both a social work degree and license to conduct the work. The child welfare experts recommended that Kansas should hire individuals with a four-year degree in social work, or a related field, such as psychology, sociology, family development and should hire for the necessary skills to work in child welfare. To address this issue, the Kansas Department for Children and Families (DCF) has worked hard to implement necessary changes to hire from an expanded pool of potential candidates by including these additional professionals to work in child welfare positions that previously required licensure.

Providers also have recruitment/retention campaigns and some activities include:
- increasing salaries;
- improved technology;
- monthly outreach to all employees by leadership;
- conducting "stay interviews";
- enlisting a recruitment/retention consultant;
- employee engagement surveys;
- targeted recruitment in difficult to place areas by obtaining BSRB list;
- referral policy for employees that refer someone in hard to place positions; and
- implementing an onboarding process to increase first year retention rates.

In SFY 2018, Prevention and Protection Services (PPS) will be working with the CWCMPs to improve case manager recruitment, retention and training and to develop a plan for utilizing the professional resources available in Kansas to serve children and families. The CWCMPs already recruit both inside and outside the state of Kansas for licensed professionals, including Nebraska and Oklahoma. 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 Behavioral Health Services(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.

KVC has increased training staff to three full time Training Specialists. A new format for Orientation was implemented through HR to better streamline the first week of employment for new staff at KVC in 2017. At the end of 2017 the Orientation trainers and coordinators evaluated the effectiveness of the new Orientation format and decided to add some additional pieces of training to strengthen the readiness of field staff. Trainers were brought together in each office by KVC to enforce a stronger training curriculum for child welfare workers. The Training Workgroup works to prioritize training needs, strengthen training skills, problem solve barriers to accessing training and creating diverse methods of presenting training materials. Through 2018 the training team will prioritize web-based video trainings, streamlining and tracking new hire training checklists to make monitoring training easier for Directors, Supervisors, team trainers and the training department. Increases in accessible training data will assist KVC in tracking trends in turnover and compare them to training and support provided. At the end of 2017 KVC created a coaching program that staff can voluntarily request or Supervisors can recommend. Coaches are recruited from long term staff and supervisors who have exception skills in mentorship and child welfare challenges. Coaching has been occurring since November of 2017 and to date there have been over 100 coaching requests fulfilled. Good Coaching priorities for 2018 include recruiting more Supervisors to increase their coaching skills, as well as begin various small group coaching sessions where available, such as home study writing, case plan writing, Parent Empowerment Program, etc.

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.

To date in SFY 2018, SFCS has been actively recruiting in many areas. The following are the events that have been attended: recruitment days at the Junction City Workforce Center, Junction City career fair, Kansas State University-Manhattan Social Work Panel Discussion, Washburn career fair, Kansas State Polytechnic
Social Work Panel Discussion, speaking to social work classes at Fort Hays State University in Garden City and social work classes at NWOSU in Woodward/Enid/Alva, Oklahoma, Career for a Cause at Wichita State University, Power Conference at Wichita State University, Newman University Practicum Fair, Spring Career Internship Fair at Fort Hays State University, Social Work Field Day at Fort Hays State University, spoke at social work classes at Bethel University, spoke at social work class at the KU Master’s class in Western, KS, career fair at Northwestern Oklahoma State University, Networking Fair at K-State Polytechnic, Networking fair at Kansas Wesleyan, Career fair for social services students at Kansas State University, Workforce Mingle and Interview pop-up event at Junction City Kansas Workforce Center, Mock interviews for Active Duty Military at Ft. Riley, KU Internship Fair.

SFCS was also part of the NASW Student Legislative Education Advocacy Day (L.E.A.D). This allowed us to speak to a large number of the students from across the state of Kansas. Students were brought to Topeka and allowed to talk to the different organizations before spending time at the Capital.

Directors and Supervisors in our Garden City office hosted an Open House providing an informational session. This allowed those interested in our organization to come in, talk to employees, ask questions and interact with our current staff.

SFCS purchased the most recent BSRB list and did targeted e-mail blasts. The licensing list was purchased from Oklahoma and BSW/MSW’s were targeted if they were located close to an office in Kansas.

SFCS continues to work closely with schools to place practicum students. In July 2017, a team was put together to evaluate the practicum process and to assure the students were having the best experience possible. The hope is students will want to become SFCS employees.

SFCS has rolled out an Employee Referral policy. If a current employee refers a candidate in an eligible position and they are hired, the employee will receive a bonus. A portion is paid upon hire, after 6 months and finally, a year of employment in good standing.

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. SFY 2018 efforts include:

Onboarding Team efforts throughout SFY 2018 include: successfully onboarded hundreds of new employees with a reduction in first year turnover of approximately -4 percentage points; delivered periodic Key Performance Indicators (KPIs) related to onboarding process to SFCS leadership; and initiated Phase II efforts, using feedback from New Hire and Supervisor surveys and team members to identify 10 specific areas of additional improvement. Examples of Phase II work to be done include: develop plan for new equipment training; identify and deliver additional training plans for specific roles; and define process improvements for New Hire ID/badge provision and business cards delivery.

Case Load Team items identified by the team with efforts made during Quarter 2 SFY 2018 include; centralized transportation process enhancements; hiring pipeline review of ‘floater’ resources; continued trialing of Dragon Dictation software to ease efforts in support of case workers; and identification of Kinship case management redesign inputs/requirements.

Immigration Research Team efforts in late Quarter 1 and early Quarter 2 centered around surveying the organization and compiling responses for an Independent Research Project titled “Caring for Child Migrants from the Northern Triangle: A Case Study of a U.S. Child Welfare Provider”. Three areas were identified for focus: Communications; Training; Program Expansion. Initiatives in these areas are under consideration.
Journal Entry/Court Order Team efforts throughout the year have been focused on improved capture and comprehensive delivery of journal entries in a timely fashion. Improvements were identified and changes made to: journal entry collection process and tools used during the process; storage of and access to journal entries; reduction in timelines for components of the process; and success metrics reporting.

Placement Support Plan Workgroup: this workgroup implemented a placement support plan to be initiated at the beginning of each long-term placement. Implementation found an increase of placement stability and longer time to disruption when placement support plan was used v. when it was not.

Adoption Transfer Workgroup: This workgroup worked on the transfer to adoption policy, which was updated to include initiating the adoption checklist earlier, assigning an adoption worker at the time of severance, and strengthening how the adoption team will learn of upcoming termination hearings. This is for Wichita region only. The West region has not made any changes yet.

Ekidz Education Data Input Workgroup: This group worked to improve the data entry process for entering school change and grade level change information in Ekidz. The group recommended an automated process for Ekidz to update grade level information every year in June, when most kids change grades.

After Hours Services Workgroup: This workgroup was tasked with creating a service framework that would reduce or eliminate the need for on-call services across the state of Kansas, to increase retention and provide better customer service. The workgroup presented the recommendation of a 2\textsuperscript{nd} shift and 3\textsuperscript{rd} shift workforce that ran through Care Center at the end of April, and was approved for all cost neutral changes. The workgroup is waiting for a budget analysis, before crafting an implementation and communication plan.

The Onboarding Program was developed in an effort to assist new employees in feeling comfortable and competent in their roles, thus reducing first year turnover. A committee convened in October 2016 to design and implement the program, which was rolled out in May 2017. Surveys were sent and data was collected on a monthly basis. In February 2018, the data was analyzed and, in March 2018, a survey was sent to every employee who had been involved with the program to solicit feedback about and set the priorities for the future of the program. In April 2018, additional direct care employees were added to the committee to assist in creating the improvements suggested in the survey with a deadline of July 2018. The graphics below include an outline of the steps involved in the Onboarding process. While overall turnover remains high, first year turnover is beginning to trend downwards.
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 Human Resources Department. Three trainings were offered, and the feedback from those who participated has been positive.

For SFY 2017, July 1, 2016 through June 30, 2017, a total of 74,683 monthly child visits occurred.

**IX. ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS**

The Department for Children and Families (DCF) Prevention and Protection Services (PPS) received an Adoption and Legal Guardianship Incentive Payment Award in FFY2016. This was the first in several years. The award amount received is $442,500. Adoption Incentive funding is tracked through the DCF budget division. The FFY2016 award amount received was not spent in SFY 2017. In SFY 2019, funds will be utilized to expand Trust-Based Relational Intervention (TBRI) an evidenced-based practice for parents parenting children who have experienced trauma.

Another way PPS utilized Adoption Incentive funds was to explore ways to increase the specialization of adoption from foster care practice, and build capacity of agencies and mental health providers who work with adoptive families. This included increasing the reimbursement rate for agencies working with ‘adopt-only’ families. In SFY 2015, DCF established the Adoption Consortium through the expansion of the adoption exchange contract. The Adoption Consortium was a group of child placing agencies (CPAs) who assessed, developed and supported adopt-only families. During SFY 2017, eight CPAs sub-contracted with the adoption exchange provider (Kansas Children’s Services League-KCSL) to receive referrals of these families who were interested in adopting a child from foster care, but not interested in becoming a licensed foster family. A total of 56 families were served through consortium agencies: 27 families were added to the Adopt Kansas Kids
website, and six others either were matched, had a placement or finalized their adoption. In SFY 2018, the number of CPA’s participating in the Consortium decreased significantly as a result of changes in the home study process, reimbursement rate, and workforce shortages. Kansas will be reconsidering the Consortium’s role as it relates to the Kansas Adoption Network (KAN). The Kansas Adoption Network meets monthly to review adoption best practice and policy. KVC Behavioral Health Services (KVC) has initiated an Adopt Only program like Saint Francis Community Services (SFCS). KCSL serves adopt only families as well.

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 14. Since receiving this report Kansas has been diligently working on its Program Improvement Plan (PIP) and received approval on April 10th 2017, see Attachment 15. Since receiving approval of the PIP Kansas has completed two PIP measurement reviews and is preparing for the third review to occur in July 2018. In all reviews, Kansas’s CPI staff use the Federal Onsite Review Instrument and the Online Monitoring System.

The first case reviews with stakeholder interviews were completed July through September 2017. During this review Kansas successfully met the PIP goal for the following two CFSR Items: Item 5 Permanency Goal for Child and Item 15 Caseworker visits with Parents. Unfortunately, Kansas did not have the same success during the second PIP measurement review, which occurred January through March 2018. Preliminary results of the second review indicate that Kansas did not pass any additional CFSR Items. Kansas will continue to the next PIP measurement case review quarter, outlined in Attachment 16, 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 6</td>
<td>Achieving reunification, guardianship, adoption, or other planned permanent living arrangement</td>
<td>72.3%</td>
</tr>
<tr>
<td>Item 12</td>
<td>Needs and services of child, parents and foster parents</td>
<td>66.3%</td>
</tr>
<tr>
<td>Item 13</td>
<td>Child and family involvement in case planning</td>
<td>72.8%</td>
</tr>
<tr>
<td>Item 14</td>
<td>Caseworker visits with child</td>
<td>85.0%</td>
</tr>
<tr>
<td>Item 15 *</td>
<td>Caseworker visits with parents</td>
<td>63.9%</td>
</tr>
</tbody>
</table>

*Kansas successfully met Item 5 and Item 15 PIP Goal in the first PIP Measurement Period.

**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:**

Tina Abney  
DCF Administration Building, 4th Floor  
555 S Kansas Ave  
Topeka, KS 66603  
Phone: 785-291-3665  
Fax: 785-368-8159  
E-mail: Tina.Abney@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 related to prevention of child abuse and neglect in the 2016 legislative session specifically tied to Preventing Sex Trafficking and Strengthening Families Act. Policies were revised as needed. On July 1, 2016, new legislation went into effect which expands the definition of Sexual Abuse as it relates to Human Trafficking. In SFY 2017 there have been no substantive changes which would affect eligibility for CAPTA. 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/](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 2018 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 improving skills, qualifications, of individuals and supervisor in child protection system. This would include availability and improvements in the recruitment and retention of the case workers.

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 training services, supporting staff in maintaining their social work license and attendance at conferences. Examples include, but are not limited to the following:

- Annual Governor’s Conference for the Prevention for Child Abuse and Neglect,
- Finding Words,
- Human Trafficking,
- CORE Curriculum implemented in SFY 2017
- Training course utilizing live actors to give staff the experience of conducting live interviews.
- Home visitor safety course for PPS staff.

A contract continues between DCF and Kansas State University which provides payment for a facilitator for two of the Citizen Review Panels. The facilitator has been invaluable in organizing the panels, coordinating between members, and facilitating communication and focus. In addition, the facilitator coordinates the
development of the three-year assessment and annual report for the Children’s Justice Act (CJA) taskforce responsibilities of one of the citizen panels.

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;
- 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. DCF is in the process of hiring a Program Manager to work specifically with Human Trafficking issues.

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 or make a referral 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:

- 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 were multiple statewide conference calls held in June 2017 with Assessment and Prevention, Family Preservation and Family Service staff to discuss how and when to utilize the Plan of Safe Care. Follow-up in person meetings 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. New policy 3890 Entering Plan of Safe Care and Related Services (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), was implemented for January 2018 requiring the Plan of Safe Care and related services be entered in the Kansas Child and Family Tracking System.
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. DCF Administration will begin discussions with local hospitals in SFY19 regarding reporting to the Kansas Protection Report Center and collaboration with regional PPS staff. A Comprehensive Addiction and Recovery Act (CARA) workgroup is being formed in SFY19 to begin collaboration efforts with community agencies. In SFY 2018 Kansas DCF representatives began participating in the Kansas Prescription Drug and Opioid Advisory Committee and Neonatal Abstinence Syndrome Sub-Committee. The vision of the Kansas Prescription Drug and Opioid Advisory Committee is to build capacity, mobilize resources, and enhance the quality and availability of data to support data-driven strategic planning at the state and local level, and to implement best practices associated with prescription drug misuse and illicit opioid use across the State. The Neonatal Abstinence Syndrome (NAS) is a sub-committee of the advisory committee and is focusing on education, prevention and state-level policy. The goal is to reduce the number of NAS cases in Kansas through education, prevention and intervention while also enhancing the care of affected babies and mothers through implementation of clinical best practices.

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. Kansas made the decision to include it based on when an event is assigned as an abuse/neglect category, the agency has some statutory authority that we don’t otherwise have when a report is assigned as a FINA. Being assigned as an abuse/neglect case type does not increase or decrease the likelihood of removal. The service provision remains the same. A safety and risk assessment are still completed and if possible the child should be maintained in the home safely.

Kansas 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. Kansas is adding the assignment type of Substance Affected Infant as a neglect assignment type for July 2018.

As the CARA changes are implemented, the PPS Program Administrator 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.

In SFY 2018 Kansas DCF representatives began participating in the Kansas Prescription Drug and Opioid Advisory Committee and Neonatal Abstinence Syndrome Sub-Committee.

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/) 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 were multiple statewide conference calls held in June 2017 with Assessment and Prevention, Family Preservation and Family Service staff to discuss how and when to utilize the Plan of Safe Care. Follow-up in person meetings occurred in July/August 2017 with the above-mentioned participants to discuss the implementation of the Plan of Safe Care policy. It is the intention that families in need of a Plan of Safe Care will be offered and referred to Family Preservation Services for intensive in home services to meet the needs identified on the Plan of Safe Care and for those services to be monitored.

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-sufficiency. 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 that life skills 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. The Kansas CFCIP ensures life skills are provided to all youth in out-of-home placement. Upon completion of the CLSA, youth participate in identifying tasks for the development of their learning, which is included in the overall case plan.

Services of the Kansas CFCIP are available to youth beginning at age 15. All youth in out-of-home placement must have a case plan and receive services assisting them in developing 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.

During the last quarter of SFY 2018, the Kansas CFCIP began applying the changes to the John H. Chafee Foster Care Program for Successful Transition to Adulthood, as prescribed by the Family First Prevention Services Act. Department for Children and Families (DCF) Independent Living (IL) Administration staff and the Independent Living Policy Workgroup will continue to review and update eligibility guidelines and program services to ensure consistency with the amended Chafee and ETV programs, including the use of Chafee
funding to serve eligible youth ages 14 to 26. Training on the updated program components will be provided to all Independent Living staff during SFY 2019.

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 in out-of-home placement, regardless of case plan goal, participate in transition planning. Transition planning occurs prior to each case plan every 170 days until the youth is released from custody. The DCF IL Coordinator or designee is available to assist in case plans and attends the final case plan. Transition planning helps build a relationship between PPS and the youth while preparing for the transition from foster care services to self-sufficiency. Transition planning ensures no gaps in services occur between the time a youth leaves the care of the CWCMP and receives services from the PPS IL Program. A transition plan is developed with youth addressing the areas they will receive assistance:

- Obtaining identifying documents, such as birth certificate, Social Security card, education and medical records, 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, including 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 Services;
- 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 and 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, obtaining a bus pass, and owning and maintaining a vehicle;
- Connections for Success, including identifying adults or other resources the youth can reach out to as a connection for success in each of the areas of their transition plans, and obtaining a mentor; and
Assessing the youth’s interest in participating in a Regional Youth Advisory Council (RYAC) and/or the Kansas Youth Advisory Council (KYAC).

The 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 2018, through April 2018, 311 youth ended custody with the Secretary, 257 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, Wyandotte, and Sedgwick Counties. Youthrive has begun expanding to additional counties with identified need across the state. TANF funds are being used to facilitate this expansion.

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 health 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 provide youth with information about resources for housing, employment, health care, education, etc., upon leaving the custody of the Secretary. Resources include information on services provided through the PPS IL Program. All eligible youth are assisted 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 until their 21st birthday or for 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. This card provides contact information for the KanCare Clearinghouse and managed care organizations. IL Service Eligibility Card images are below.

**Independent Living Services Eligibility Card**
Aged Out Medical Coverage Card

The IL Program serves young adults who have been released from the State’s custody from age 18 until age 21, or until age 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 youth.

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. Youth receive additional funds through Education and Training Vouchers (ETV) to help offset other costs of post-secondary education.

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

Eligible youth may receive additional services if identified as needed by the youth to become independent. All youth who receive self-sufficiency 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 conferences and statewide stakeholder meetings. During SFY 2019, IL Administration staff shall continue publishing a quarterly newsletter for PPS staff, CWCMP staff, and youth.

IL Administration staff has developed multiple communication tools, including: 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. The IL Administration team continues 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 is currently implementing a consistent organizational service delivery model that includes PPS IL services. This organizational structured model allocates a regional supervisory position designated as the Independent Living/Adoption Supervisor, with three to four assigned regional IL Coordinators. Prior to this implementation, many IL staff members were assigned to multiple service programs. The IL Program Manager and Transition Planning and Supports Coordinator will utilize evidence-based research to explore training curriculums for possible implementation with regional IL staff.

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

The youth councils are organized by two levels of 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 of foster care. The work plan developed by KYAC is presented to the PPS Director and the Secretary of DCF or designee. See Attachment 28 Kansas Youth Advisory Council (KYAC) 2018 Work Plan, Attachment 29 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 offered the opportunity and encouraged to participate in RYAC and KYAC events.

The PPS IL Program requests that RYAC cover the following topics:

- 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 30, Kansas Youth Advisory Council (KYAC) and Regional Youth Advisory Council (RYAC) Progress Reports SFY 2018 for updates 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 2018, 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 2018 for 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 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, with the help of the Anne E. Casey Foundation, a monthly internal IL work group 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 Wichita and Kansas City areas, referring youth to their mentor program that connects youth with support families and helps youth build a savings account with matched savings.
- DCF’s Pre-Employment Transition Services (Pre-ETS) partners with SFCS to provide one-on-one services to youth with disabilities to work on job skills and gain employment.
- SFCS has met with Dream Makers to refer youth to have their ‘dreams’ fulfilled, whether they be simple requests for birthday parties or bigger dreams such as laptops, cars, etc.
KVC Regional Youth Advisory Council (RYAC) Support and Community Partnerships:
July 2016 – April 2017

Reference Attachment 30, Kansas Youth Advisory Council (KYAC) and RYAC Progress Report SFY 2018 for descriptions of monthly meetings. Advisors serve on many community boards and committees to address issues with youth aging out of care.

- KVC staff participate in a committee with United Community Services of Johnson County (UCS), which fights to end homelessness and poverty. The committee examines local policies and existing services to address the needs of youth leaving care.
- 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 works with the You thrive Corporation to refer youth for supportive services in the areas where You thrive is established.
- KVC 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 worked with Johnson County Community College and a donor to establish a scholarship fund for youth aging out of foster care.
- 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.
- KVC attends the Southeast Kansas Works quarterly meetings. These meetings provide an opportunity to learn about resources available in the community and how they may benefit youth aging out of care.
- KVC participates in the Transitioning Young Adults quarterly meetings in Topeka. This is an opportunity to provide agency updates, discuss barriers for transitional age youth (18-24), and identify resources.

C. Serving Youth Across the State

Each DCF region is served by one or two IL Coordinators from the CWCMP, and by three or four 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 Chaffee Foster Care Independence Program (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 may 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 2017 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 2017.
## Chafee Foster Care Program Youth Served by Region SFY 2013-SFY 2018 (July 1, 2017 – March 31, 2018)

### Table 1: Basic Chafee Funds Youth Served SFY2013 - 2018 (through March)

<table>
<thead>
<tr>
<th>Region</th>
<th>SFY2013</th>
<th>SFY2014</th>
<th>SFY2015</th>
<th>SFY2016</th>
<th>SFY2017</th>
<th>SFY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Adults Served</td>
<td>407</td>
<td>369</td>
<td>410</td>
<td>422</td>
<td>457</td>
<td>510</td>
</tr>
<tr>
<td>Payment Totals</td>
<td>$814,955</td>
<td>$861,49</td>
<td>$941,748</td>
<td>$943,039</td>
<td>$900,961</td>
<td>$960,000</td>
</tr>
<tr>
<td>Annual Average per Young Adult</td>
<td>$749.23</td>
<td>$613.14</td>
<td>$600.37</td>
<td>$656.75</td>
<td>$675.63</td>
<td>$666.65</td>
</tr>
</tbody>
</table>

### Table 2: Basic Chafee Funds Youth Served by Region SFY2013 - 2018 (through March)

<table>
<thead>
<tr>
<th>Region</th>
<th>SFY2013</th>
<th>SFY2014</th>
<th>SFY2015</th>
<th>SFY2016</th>
<th>SFY2017</th>
<th>SFY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>94</td>
<td>28.1%</td>
<td>103</td>
<td>29.8%</td>
<td>119</td>
<td>29.8%</td>
</tr>
<tr>
<td>Kansas City</td>
<td>119</td>
<td>29.2%</td>
<td>99</td>
<td>26.8%</td>
<td>88</td>
<td>23.0%</td>
</tr>
<tr>
<td>West</td>
<td>77</td>
<td>18.9%</td>
<td>58</td>
<td>15.7%</td>
<td>84</td>
<td>20.0%</td>
</tr>
<tr>
<td>Wichita</td>
<td>113</td>
<td>28.7%</td>
<td>154</td>
<td>28.2%</td>
<td>117</td>
<td>29.2%</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>467</td>
<td>100.0%</td>
<td>369</td>
<td>100.0%</td>
<td>460</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

## Youth Served through IL Subsidy by Region SFY 2013-SFY 2018 (July 1, 2017 – March 31, 2018)

### Table 3: Independent Living Subsidy Youth Served SFY2013 - 2018 (through March)

<table>
<thead>
<tr>
<th>Region</th>
<th>SFY2013</th>
<th>SFY2014</th>
<th>SFY2015</th>
<th>SFY2016</th>
<th>SFY2017</th>
<th>SFY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Adults Served</td>
<td>333</td>
<td>344</td>
<td>315</td>
<td>302</td>
<td>247</td>
<td>255</td>
</tr>
<tr>
<td>Payment Totals</td>
<td>$496,460</td>
<td>$564,088</td>
<td>$557,659</td>
<td>$510,086</td>
<td>$551,284</td>
<td>$600,000</td>
</tr>
<tr>
<td>Annual Average per Young Adult</td>
<td>$1,530.94</td>
<td>$1,527.46</td>
<td>$1,515.68</td>
<td>$1,691.42</td>
<td>$1,598.71</td>
<td>$1,592.29</td>
</tr>
</tbody>
</table>

### Table 4: Independent Living Subsidy Youth Served by Region SFY2013 - 2018 (through March)

<table>
<thead>
<tr>
<th>Region</th>
<th>SFY2013</th>
<th>SFY2014</th>
<th>SFY2015</th>
<th>SFY2016</th>
<th>SFY2017</th>
<th>SFY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>107</td>
<td>32.1%</td>
<td>128</td>
<td>36.0%</td>
<td>122</td>
<td>35.0%</td>
</tr>
<tr>
<td>Kansas City</td>
<td>78</td>
<td>24.3%</td>
<td>88</td>
<td>26.1%</td>
<td>95</td>
<td>30.0%</td>
</tr>
<tr>
<td>West</td>
<td>78</td>
<td>24.0%</td>
<td>78</td>
<td>22.7%</td>
<td>87</td>
<td>27.8%</td>
</tr>
<tr>
<td>Wichita</td>
<td>54</td>
<td>16.7%</td>
<td>62</td>
<td>18.0%</td>
<td>51</td>
<td>16.2%</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Statewide</td>
<td>323</td>
<td>100.0%</td>
<td>344</td>
<td>100.0%</td>
<td>315</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

107
ETV Youth Served by Region SFY 2013-SFY 2018 (July 1, 2017 – March 31, 2018)

Table 5: ETV Youth Served SFY2013 – 2018 (through March)

<table>
<thead>
<tr>
<th></th>
<th>SFY2013</th>
<th>SFY2014</th>
<th>SFY2015</th>
<th>SFY2016</th>
<th>SFY2017</th>
<th>SFY2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Adults Served</td>
<td>402</td>
<td>371</td>
<td>397</td>
<td>357</td>
<td>352</td>
<td>330</td>
</tr>
<tr>
<td>Payment Total</td>
<td>$726,236</td>
<td>$715,719</td>
<td>$745,468</td>
<td>$795,528</td>
<td>$695,789</td>
<td>$520,596</td>
</tr>
<tr>
<td>Annual Average per Young Adult</td>
<td>$1,811.53</td>
<td>$1,929.13</td>
<td>$1,880.32</td>
<td>$2,221.17</td>
<td>$1,876.67</td>
<td>$1,677.56</td>
</tr>
</tbody>
</table>

Table 6: ETV Youth Served by Region SFY 2013 - 2018 (through March)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>99</td>
<td>106</td>
<td>89</td>
<td>24.3%</td>
<td>35</td>
<td>26.6%</td>
</tr>
<tr>
<td>Kansas City</td>
<td>102</td>
<td>100</td>
<td>101</td>
<td>25.2%</td>
<td>84</td>
<td>23.5%</td>
</tr>
<tr>
<td>West</td>
<td>75</td>
<td>76</td>
<td>113</td>
<td>29.9%</td>
<td>95</td>
<td>26.3%</td>
</tr>
<tr>
<td>Wichita</td>
<td>116</td>
<td>89</td>
<td>80</td>
<td>20.3%</td>
<td>83</td>
<td>21.3%</td>
</tr>
<tr>
<td>Out-of-State Education</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>402</td>
<td>371</td>
<td>397</td>
<td>357</td>
<td>352</td>
<td>330</td>
</tr>
</tbody>
</table>

Foster Care Educational Assistance Program (Tuition Waiver) by Semester SFY 2013-SFY 2018 (July 1, 2017 – March 31, 2018)

Table 7: Tuition Waiver data from SFY2013 - 2018 (through March)

<table>
<thead>
<tr>
<th>Initial Semester of Participation</th>
<th>SFY13</th>
<th>SFY14</th>
<th>SFY15</th>
<th>SFY16</th>
<th>SFY17</th>
<th>SFY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>125</td>
<td>158</td>
<td>138</td>
<td>185</td>
<td>179</td>
<td>238</td>
</tr>
<tr>
<td>Spring</td>
<td>0</td>
<td>46</td>
<td>59</td>
<td>63</td>
<td>61</td>
<td>60</td>
</tr>
<tr>
<td>Summer</td>
<td>23</td>
<td>23</td>
<td>36</td>
<td>30</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>156</td>
<td>227</td>
<td>233</td>
<td>278</td>
<td>256</td>
<td>299</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 2018 through March; see Attachment 48.

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 Position’s 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 has been offered to eight participants over the past three years. Three participants have become full-time DCF employees and are still working on their educational attainment plans. Only one intern who has completed the program is not employed. 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. One of the Topeka Coordinators participates in the Homeless Task Force. In Pittsburg, the regional IL Coordinator works closely with Wesley House, an organization who 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
Topeka IL staff have participated with Washburn University Center for Student Success and Retention staff to develop resources and supports for foster youth attending the school. Washburn has started a support group for foster youth and has a social worker who is available to help with individual issues. Washburn has dedicated staff in housing and financial aid to assist youth from foster care with issues in these areas, such as housing during school breaks. Regional IL staff have worked with Kansas Kids @ Gear Up on a form to connect youth working with Gear Up with an IL Coordinator. A Statewide Job Fair and Young Adult Summit was held in Chanute, Kansas. Fifty-seven youth, three IL Program participants and one Regional IL Coordinator attended.

KDOC/Corrections
The Topeka regional IL Coordinators have worked closely with the Discharge Planner for the Kansas Juvenile Correctional Complex to assist in screening incarcerated youth who are about to be released, for eligibility in
the IL Program. KDOC-JS provides information to connect statewide IL Coordinators for youth being released to other areas of the state.

Disability Support Services
The IL Coordinators and Supervisor meet quarterly with Vocational Rehabilitation and Pre-Employment Transition Services (Pre-ETS) to share program information and client collaboration. The IL Supervisor participates in statewide meetings with supervisors from the other programs to work on service delivery between the programs.

Participation in Community Groups
The East Region has regional IL Coordinators participating in the following committees/groups:

- Transitioning Young Adults (Topeka)
- Shawnee County Transitional Council
- Crawford, Cherokee, Labette and Bourbon County Coalition Meetings
- Washburn University Young Alumni Council

WEST REGION

IL Retreats
The West Region held two Independent Living (IL) retreats for youth in care ages 16 and older. A speaker 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. Two retreats were held, one in Hutchinson and the other in Salina.

Education/Employment
Regional IL staff have collaborated with Pre-Employment Transition Services (Pre-ETS) and Vocational Rehabilitation Services to discuss how they can work together to better serve youth.

Homelessness/Housing
The IL Supervisor participated in a work group developed by Saint Francis Community Services (SFCS) to address homelessness issues among IL youth. SFCS is in the process of developing a facility in Wichita to provide housing for youth in and out of care.

WICHITA REGION

The Wichita IL Supervisor is a regular participant in statewide DCF policy workgroups and planning committee activities for the Kansas Youth Advisory Council. The IL Supervisor has also begun participating in workgroups for IL services and Vocational Rehabilitation (VR)/Pre-Employment Transition (Pre-ETS) programming, advocating for youth in foster care and youth who have recently been released from state’s custody who may be eligible to receive VR and Pre-ETS services and supports.

The Wichita IL team has begun a partnership with Youthrive, an organization dedicated to working on matching youth with support families, providing relationship, mentoring, and ongoing support with daily life skills and decision making. Most recently, the two groups met in August 2017, October 2017, and January 2018.

The Wichita IL team has heard presentations from or has participated in relationship-building opportunities with community partners to better understand the variety of services available in the Wichita Region for
youth 15 to 23 years of age. Many of these presentations have led to greater partnerships, increased understanding and efficiency of referral processes, and enhanced communication between partners in the region. SFY 2018 efforts have been heavily focused on the Wichita/Sedgwick County area, as this is where approximately 80% of youth served by the Wichita IL team reside. SFY 2019 plans include expanding these efforts to the Butler County and Cowley County areas, as these areas house the next highest population counts of youth served by the program. Our community partners include:

- Wichita Children’s Home Bridges Transitional Living Program
- Saint Francis Community Services Independent Living Committee
- Saint Francis Community Services – The Mount Project
- Wichita Children’s Home MOMS Program
- Wichita Children’s Home Street Outreach Services/Opportunity Zone Youth Drop-In Center
- Kansas Kids @ Gear Up
- Wichita State University TRIO Program
- USD 259 Chester Lewis Academy
- Upward Bound
- Kansas Works – Wichita Workforce Center
- Mental Health Association
- Kansas Air National Guard
- Breakthrough Club
- Kansas Department of Corrections – Juvenile Field Services (CINC/JO Case Staffings)
- A Way Home America, Megan Kline
- City of Wichita Housing Authority – Youth Employment Training Program (YETP III)
- Wichita-Sedgwick County Continuum of Care – Community Homelessness Initiatives
- Wichita-Sedgwick County Continuum of Care – Youth Subcommittee
- Novus Orsa
- Mid-CAP of Kansas (homelessness service provider in Butler, Cowley, Sumner, and Harvey Counties)
- YMCA of Greater Wichita – a brand new partnership was developed which will allow youth served by the DCF IL team to receive memberships to 9 YMCA locations across the Metro at a rate of 70% off the published membership rates.

**Community Presentations by the Wichita IL team**
Members of the Wichita IL team provided community education presentations to the following collaborative partners during fiscal year 2018:

- DCF Vocational Rehabilitation and Pre-Employment Transition (Pre-ETS) Specialists
- Wichita Children’s Home Street Outreach Services/Opportunity Zone Youth Drop-In Center
- Kansas Kids @ Gear Up
- Leadership Wichita
- Regional Youth Advisory Council and older youth in foster care in the Wichita Region
- KS Housing Conference
- Kansas Department for Corrections – Juvenile Services
- Derby High School, USD 260 Student Support Services

**Specific Target Areas of Focus:**
Housing/Homelessness: Since December 2017, the IL Supervisor has been an active participant on the Youth Homelessness Subcommittee of the Wichita/Sedgwick County Continuum of Care (WSC-COC). This group prepared and submitted for a US Department of Housing & Urban Development Youth Demonstration Project grant opportunity in April 2018, which has the potential for up to $15,000,000 in funding for the area, if awarded. The grant funds would allow for the development of specific programming to address youth homelessness (ages 18-24) in the Wichita/Sedgwick County area.
Participation on the WSC-COC has opened the door for several new partnerships with local homelessness intervention programs, which has led to referrals for at least four youth to community programs that are able to directly, and urgently, assist with youth’s housing needs.

Communication and advocacy with the local Housing Authority led to an agreement with the Housing Choice Voucher (Section 8 program) that Saint Francis Community Services can now submit applications for Section 8 when a youth is 17 ½ years of age, in preparation for the youth’s release from custody. A special process was developed for these applications to be submitted, avoiding any unnecessary delays or denials by the website technology declining the application due to the applicant’s age.

Discussions with the City of Wichita Housing Authority – Housing & Community Services Block Grant program led to the development of the Youth Employment Training Program, which is being offered by the City of Wichita for youth transitioning from foster care.

Fatherhood initiative: The Wichita IL team has been more intentional about services and supports offered to young fathers participating in the IL Program. Two youth have been working with their IL Coordinator to seek services to assist them in establishing paternity and securing their rights to visitation and parenting opportunity with their children. One of these young men was recently awarded custody of his child and is now a single father, working to overcome co-parenting difficulties with the child’s mother.

IL Retreat: The Wichita IL Supervisor, in coordination with Saint Francis Community Services, presented a half-day retreat for older youth in care. Information about IL services and supports, transition planning guidance and direction, and opportunities for participation in youth-oriented fun activities were provided to the youth. Approximately 40 youth in foster care attended the event.

Partnership with Saint Francis Community Services: CWCMP Saint Francis Community Services (SFCS) in the Wichita and West DCF regions has recently embarked on a process that will allow them to increase and improve services to youth transitioning out of foster care. The DCF IL Supervisor, IL Coordinators, and several youth participating in the IL Program are active participants on the SFCS IL Committee and Sub-Committee planning teams.

KANSAS CITY REGION

Homelessness
Last year, 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. The Coordinator continues to attend the TAY (Transitional Age Youth) Leadership Team through United Community Services and those meetings have moved from monthly active work on implementation and planning to quarterly meetings to review progress and maintain connections in the group to help with ongoing implementation. Several local agencies and non-profit organizations are involved in the TAY Leadership Team.

The IL Supervisor is a member of the Kansas City Bi-State Council on Youth Homelessness and has been attending regular meetings since April 2017. 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. Progress with the council has been slow and we have taken a step back to focus on planning for the remaining of the group’s work period (2018-2020). Work has been completed with a skilled facilitator and surveys have been
completed by council members with attention being given to how feasible potential work items are and how likely the potential work item is to make a significant impact.

The IL Supervisor attended a work session for the Greater Kansas City Coalition to End Homelessness (GKCCEH). The Coalition applied for the Youth Homelessness Demonstration Program. The IL Supervisor provided information regarding youth aging out of foster care and helped obtain support from regional and statewide DCF leadership to sign a Letter of Support and Memorandum of Understanding with GKCCEH.

Two regional IL Coordinators attended a recent community meeting to learn more about the new Transitional Living Program (TLP) being offered by ReStart in the Johnson County area. ReStart, along with Hillcrest Transitional Living, is offering or will be offering TLP beds to transitional age youth in Johnson County.

Last year, 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. KC Region IL staff have referred a few youth to this program and will continue to refer appropriate youth that will likely be able to maintain the housing once obtained in the future.

One IL Coordinator has been attending quarterly meetings at LDCHA to network with the housing professionals at that agency, learn about updates at the housing authority, and connect with service providers and landlords in Douglas County.

**Kansas Department of Corrections (KDOC)**

The IL Supervisor continues to receive calls from the discharge planner for the Kansas Juvenile Correctional Complex inquiring about possible IL benefits for youth being discharged. The Supervisor provides information to the discharge planner to schedule transition meetings between youth and an IL Coordinator as appropriate. IL Coordinators occasionally field calls from various corrections agencies and staff regarding IL services for youth and provide information on available benefits and eligibility.

**Mental Health**

Regional IL Coordinators refer youth to local community mental health centers, including Johnson County Mental Health, Bert Nash Mental Health, and the Wyandot Center for Community Behavioral Healthcare. Unfortunately, many youth are not actively engaged in mental health services and are resistant based on their past experiences while in foster care. Some youth have been hospitalized at the Osawatomie State Hospital or experienced other significant acute or involuntary hospitalizations and are set up with ongoing mental health services upon discharge.

The Kansas City region has observed that they are serving many youth in Independent Living Services with significant mental health concerns who are resistant to services. IL Coordinators provided written summaries hiding the identity of several of these youths. These summaries were compiled by the IL Supervisor and shared in a Difficult to Place Workgroup held in Topeka, consisting of representatives from DCF Administration, Managed Care Organizations, KDADS, KDHE, etc. There has been some discussion of holding complex case staffings to identify other ways to assist some of these youth as they have a difficult time maintaining their participation in IL services and adhering to program requirements.

**Disability Support Services**

The IL team is meeting quarterly with Pre-Employment Transition Services (Pre-ETS) and the IL Supervisor maintains regular contact with the Vocational Rehabilitation Services Program Administrator. This communication allows the two programs to collaborate on shared cases and discuss appropriate referrals.
Education
The three regional IL Coordinators have established relationships with local community colleges and universities to advocate for IL youth, streamline services and supports, and help youth navigate through the myriad of post-secondary domains, especially those related to financial aid, college expenses, and funding.

The regional IL Coordinator that attends the TAY Leadership Group has made connections with staff from Johnson County Community College (JCCC) and there have been increased efforts by JCCC to work with youth involved in the IL Program.

A regional IL Coordinator has connected with the TRIO program at the University of Kansas (KU) and has attended group meetings. The TRIO group was instrumental in providing technical assistance and guidance to the IL Coordinator and an IL youth so that the youth could withdraw from the university with the fewest complications and minimal negative impact after a mental health crisis.

IL Coordinators in the Johnson County area have developed positive relationships with some of the high schools in the area who sometimes refer youth to the IL Program.

IL Coordinators continue to refer students needing to complete secondary education to the Olathe Step-Up program as they have developed a good relationship with that provider. Youth are able to complete their high school diploma online if they were unsuccessful in obtaining their diploma or dropped out of high school.

Overall, the regional IL Program is seeing increased efforts by community colleges and universities to help IL youth, and former foster youth in general, succeed at their institutions.

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 meets at different locations around the county to allow service providers to be more familiar with community agencies and tour the agencies to learn about new programs.

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 two other community forums in the region.

Immigration Issues
IL Coordinators in the region continue to address immigration issues with youth still in care or upon release from custody. IL Coordinators seek guidance as necessary and appropriate from agency legal staff. IL staff have also developed a good relationship with a local immigration attorney who will often work with youth that are referred for little to no cost.

D. Issues Confronting Adolescence

In SFY 2018, 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, the IL Program conducts “best interests” analysis 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 CWCMPS report monthly on youth who are pregnant and/or parenting. This report during SFY 2018 was shared with PPS IL staff in efforts to assist with better transition planning and risk management for young parents. Data for SFY 2018 through March for pregnant and/or parenting youth is below (a single youth is included each month he/she is pregnant/parenting).

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The IL program purchased 840 copies of *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, CWEMP IL staff, and Kansas Tribal Authority (TA) staff. The guide book continued to be offered to all interested older youth during SFY 2018 and will be offered during SFY 2019.

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/self-sufficiency. 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. 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. As of April 2018, 131 youth have received photo IDs during SFY 2018.

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 with completing the FASFA and other financial applications, school applications, and assistance with enrolling in educational or training institutions.

Revised transition plans include prompts for case managers 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, and participation in KYAC/RYAC.

Age or Developmentally Appropriate Activities

The Kansas foster home licensing regulations address 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, appropriate activities of interest to the youth, etc. The CWEMP 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 form, PPS 3052 Permanency Plan for Child in DCF Custody Administrative Requirements
directs the CWCMP to list the age or developmentally-appropriate activities the child has had the opportunity to engage in.

During SFY 2018, Chafee funds were used to support youth completing driver’s education; assists 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-sufficiency 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.

Responsible older youth in care and aged-out youth receive lock boxes for safe storage of their identifying documents and related documents of importance. Electronic records storage geared toward older youth will be a priority for the IL Program during SFY 2019.

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-sufficiency; and the ability to model responsible behaviors.

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. An additional cumulative payment of $600 is allowed for rent or room and board.

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 DCF Independent Living services may be referred to Kansas Legal Services, under the DCF contract, 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 CWCMPs 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, Transition Planning and Supports Coordinator, and NYTD Coordinator, alongside PPS Leadership, continues to partner with the DCF PPS Faith-Based and Community Initiative’s (FBCI) program. Meetings are held as necessary to collaborate on program objectives.

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 their local faith-based communities. When a child welfare professional identifies a need, he/she can access the CarePortal online and submit a request for assistance. The local faith-based community is informed of the need and is given the opportunity to answer the call. The CarePortal provides ownership to the community regarding local social problems needing support and creates awareness. Since the beginning of DCF’s relationship with CarePortal, three Independent Living Program participants in the Kansas City Region have been served through CarePortal requests. One youth received a crib and two youth received assistance with car repairs. Two youth in the Wichita Region have been served. One youth received a refrigerator and the other received gift cards to purchase food. Independent Living youth in the West Region have been served three times. To date, the CarePortal has not been accessed by the Independent Living Program in the East Region.

Hope for the Holidays (H4H)

Hope for the Holidays (H4H) was launched on a statewide basis during SFY 2016. H4H 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. H4H also creates awareness and promotes support for youth who have transitioned from foster care into adulthood. This endeavor was initially developed as community services did not recognize the needs of youth who had transitioned from foster care into adulthood. These youth were often denied participation in community sponsored drives/events or had transportation barriers that left them unable to participate.
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.

H4H allows individual community members and organizations to be involved with a relatively low level of commitment. Due to staff and organizational changes among DCF programs, H4H was not offered during SFY 2018. DCF Independent Living staff are currently planning for H4H for the SFY 2019 holiday season.

Youthrive Partnership

The IL Program partnered with Youthrive, a non-profit organization, to enhance services for older foster youth and IL Program participants. As of March 2018, Youthrive is serving 55 Chafee-eligible youth in Johnson, Wyandotte, and Sedgwick Counties. Youthrive is currently funded by two DCF grants using Chafee and TANF funds.

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 is 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. Keys to Your Financial Future, a research-based and proven curriculum designed by Jim Casey specifically for youth in foster care and their unique needs, is utilized.
• 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. Youth will be surveyed upon entry into the program, at the time of their exit/graduation from the program, and one year after the youth exits/graduates from the program. During SFY 2018, Youtherve has been working on revising the survey to better capture program outcomes. The revised survey will be implemented in May 2018, along with offering youth an incentive for completing the survey.

Engaging Stakeholders and Community Partners

Statewide IL Program meetings are held quarterly. Participation at these meetings by KDOC- JS staff, Tribal staff, Kansas Kids @ Gear Up providers, and CWCMP staff is encouraged. Many community partners have attended, shared program information, and facilitated ongoing collaboration. Community partners include, but are not limited to: Youtherve; 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); Dream Makers; O’Brate Community Foundation; Project Warm Embrace; Working Healthy; university student support programs for former foster youth; multiple faith-based organizations; the 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 Section 3: My Housing Plan (http://content.dcf.ks.gov/PPS/robohelp/PPMGenerate/), 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.

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
  - Wichita Children's Home
    Wichita, KS
    Phone: 316-684-6581
    www.wch.org
Maternity Group Home Program:
- None at this time.

Transitional Living Program
- None at this time.

Street Outreach Program
- Wichita Children’s Home
  Wichita, KS
  Phone: 316-684-6581
  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 @ Gear Up 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 foster students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling youth to reach their full potential and consequently improving educational and social outcomes. 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 hosted a resource table at the Summer Conference in July 2017. Program materials have been distributed across the state, with youth participation being encouraged.

The IL Program and the Pre-Employment Transition Services (Pre-ETS), a Vocational Rehabilitation (VR) Program, have been meeting monthly for collaboration. The Pre-ETS program launched within the agency during SFY 2017. Eligibility for Pre-ETS services includes: students ages 16 to 21 years of age who are participating in secondary, post-secondary, or other recognized education programs and are eligible for and are receiving services under an Individualized Education Program (IEP) based on disability, or the student is an individual with a disability for purposes of Section 504. Services provided by Pre-ETS include job exploration counseling, self-advocacy, workplace readiness training, counseling on comprehensive transition or post-secondary education, and work-based learning experiences. The Pre-ETS program will be providing information to youth participants at the 2018 KYAC Summer Conference. The Pre-ETS Statewide Manager shared program information at the Statewide Independent Living Quarterly Meeting in January 2018. In addition, the Pre-ETS Statewide Manager, IL Program Manager, and IL Transition Planning and Supports Coordinator have created and facilitated a Continuum of Services work group and an Outreach work group to encourage partnership between Pre-ETS, VR, Independent Living, and CWCMP staff. Pre-ETS, VR, and
Independent Living staff will hold quarterly meetings during SFY 2019 to continue collaboration efforts and increase the number of youth who access each program.

The Flint Hills Job Corps program collaborates 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 hosted a resource table at the KYAC Summer Conference in July 2017 and has been invited to host a table again at the 2018 conference.

During SFY 2018, the IL Program has connected with Workforce Centers across Kansas to communicate regarding the employment assistance needs of older foster youth and youth who have aged out of care, and to collaborate in promoting services available to youth. Collaboration will continue during SFY 2019.

Computer Camp

In July 2017, Instructional Access, Inc. provided three one-day computer training camps across the state for 148 Basic Chafee-eligible youth, both in care and aged out of care. Participants included DCF, KDOC-JS, and Tribal Authority youth. Instructional Access has conducted computer camps for Kansas youth since 2003. Youth are provided instruction on word processing, spreadsheets, and presentation software. Instruction incorporates life skills training, such as searching for a job, creating a resume, and building a budget. Successful completion of the instruction and camp results in each student receiving a laptop, multi-function printer, software, carrying bag, warranty, and technical support. Access to technology is important for youth completing secondary education, post-secondary education, and gainful employment. Computer camps are planned for July 2018. During SFY 2018 and SFY 2019, PPS IL staff have the ability to procure the computer camp equipment for up to 100 program participants throughout each fiscal year that need access to technology, but do not 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 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 foster 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 IL 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 eligibility criteria. Youth who have a permanent order of custodianship or finalized adoption on or 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 IL 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 to the youth, including ETV. 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 the CFCIP.

The Kansas NYTD Data Profile will be shared during SFY 2018 and SFY 2019, with stakeholders, see Attachment 31. The State has met with the Federally Recognized Tribes in Kansas regarding 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 NYTD Coordinator regularly reviews system logs to ensure quality information. These regular reviews have generated discussions with involved staff for continuous improvement.

The NYTD Data Profile shall be utilized during SFY 2019 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 continues to be used to promote support and create awareness of the housing need for youth transitioning from foster care into adulthood.

The IL Program utilizes the PPS Out of Home (OOH) Last Day of the Month Snapshot to analyze data collected for older youth’s diagnosed disabilities for improved collaboration between Vocational Rehabilitation (VR) and the Pre-Employment Transition Services (Pre-ETS) Program. The data prompted monthly collaboration meetings at the DCF Administration level, which has resulted in referrals of youth to VR and Pre-ETS. Both programs shall have resource tables for youth at the upcoming SFY 2019 Summer Conference.

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 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 IL Coordinator, and the CWCMPs 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 Out-of-Home (OOH) Snapshot is also used to provide alerts to regional field staff regarding how many youth in their regions are ages 15 and above, for purposes of IL eligibility, along with youth who are 17 and will potentially exit foster care within the next year.

Basic OOH demographics are utilized in the decision-making process in assessing locations for interventions and supplemental targeted grant services, such as Youthrive. During SFY 2018, Youthrive expanded to Sedgwick, Barton, Reno, McPherson, Rice, and Saline Counties, as the OOH demographics data indicates that these areas have a larger percentage of older youth who will age out of foster care. Expansion will continue during SFY 2019 in Shawnee and Douglas Counties.

XIV. CFCIP PROGRAM IMPROVEMENT EFFORTS

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

The Kansas Youth Advisory Council (KYAC), which consists of current and former foster youth ages 15 to 21, developed a five-year work plan to guide their efforts as they continue to advocate for the needs of older foster youth and youth who have aged out of the Kansas foster care system. KYAC officers presented their work plan to the Secretary of the Department for Children and Families (DCF) on April 23, 2018 and will continue to collaborate with DCF to achieve the council’s goals. Please reference Attachment 30 and 31, the KYAC Strategic Plan and Memo.

KYAC youth presented on the Importance of Positivity and Worker Appreciation at the 41st Annual Governor’s Conference for the Prevention of Child Abuse and Neglect on November 2, 2017 in Topeka. The presentation was well-received and generated invitations for additional presentations and conversations surrounding the importance of youth’s relationships with child welfare professionals. KYAC will present at this conference again during SFY 2019.

KYAC members have presented at several additional conferences during SFY 2018, including the 2018 Kansas Governor’s Public Health Conference on April 4, 2018 in Wichita, the Sunflower Health Plan Foster Care Summit on April 12, 2018 in Lenexa, and the 2018 Governor’s Forum for the Well-Being of Children and Families on April 20, 2018 in Kansas City. KYAC youth participated in a focus group facilitated by the Annie E. Casey Foundation on April 10, 2018 in Topeka, and one KYAC member and his foster family attended the Foster Families Dinner at the Governor’s Mansion on April 3, 2018.

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. 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).

The Statewide IL Program Manager, the Youthrive Founder/CEO, and a KYAC alumnus presented testimony to the Working Group on Reintegration and Permanency Placement, a subcommittee of the Kansas Child Welfare Task Force, at the State Capitol on February 16, 2018. Testimony included information, data, and recommendations regarding the needs of older foster youth as they transition from foster care to self-sufficiency.

The IL Program plans to implement case reads during SFY 2019 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. During SFY 2019, the case read tool that was tested in SFY 2017 will be revised. The regional IL Supervisors will review case files again using the updated tool, and their feedback will be used to draft the final version of the tool. Independent Living case reads will be implemented with larger samples during SFY 2020. Information will be used to ensure youth are involved in the decision-making process of their cases and that case planning is in compliance with federal guidelines and agency policy. Information will also be used in the areas of improving processes and training for DCF and child welfare case management provider staff, enhancing transition planning and ensuring normalcy activities are provided for older foster youth, monitoring youth’s education outcomes, improving data collection methods, understanding the scope of youth’s mental health and housing needs, and improving services for youth co-involved in the child welfare and juvenile justice systems.

The Independent Living Eligibility form has been developed for implementation at service initiation to streamline how youth are determined to be eligible for individual service components. This tool was added to the Policy and Procedure Manual (PPM) during SFY 2018, as it was piloted with measurable success during SFY 2017.

Youth at the SFY 2018 Computer Camps and Summer Conference completed surveys that were developed in cooperation between PPS IL Administration and CWCMP staff. There are two versions of the survey: one for youth currently in foster care and one for youth who have aged out of foster care. These surveys asked youth for information on the services they have received and for their suggestions for service and system improvements. IL Administration staff is working on compiling the results of these surveys. Results will be used in improving policy and practices during SFY 2019.

During SFY 2019, the DCF IL Policy Workgroup plans to implement usage of the Self-Sufficiency Matrix as a self-assessment, case management, and data collection tool for youth who participate in the DCF Independent Living Program. The Self-Sufficiency Matrix will provide both youth and IL Coordinators with data that accurately reflects where youth are on their journey to self-sufficiency, which will lead to the development of more useful and engaging case plans.

Outreach continues between PPS IL Administration and multiple internal and external partners. Opportunities are provided during outreach for these entities to provide feedback on services and suggestions for IL Program improvement. These types of engagements will continue during SFY 2019.

A. Training

DCF IL Administration staff partnered with the Kansas Children’s Service League to provide a Speaker Training for KYAC youth. Trainings were held on March 10, 2018 in Topeka and March 31, 2018 in Wichita. Participants learned about various aspects of public speaking and had the opportunity to develop and share their personal stories with the group. Additional leadership development curricula for youth will be explored by PPS and will be implemented during SFY 2019.

KYAC youth will continue to conduct workshops and presentations for agency staff, CWCMP staff, and advocates about the needs of youth in care. As a part of their work plan, KYAC youth will attend PS-MAPP training during SFY 2018 and SFY 2019 and provide recommendations for curriculum improvement surrounding the needs of older foster youth. Youth will participate in training foster parents as opportunities occur.
The IL Program hosted Computer Camps in July 2017. One hundred and forty-eight total youth received a day of instruction relating to usage of a laptop and various software programs. Youth in attendance received a laptop, two-year warranty on equipment, wireless mouse, printer, backpack, and anti-virus software.

DCF, KVC, and Saint Francis Community Services IL staff participated in the DCF Policy Venues in December 2017 and March 2018 to review substantial changes made to the DCF PPS Policy and Procedure Manual.

In January 2018, Anne E. Casey Foundation staff from the Jim Casey Youth Opportunities Initiative presented a training for SFCS staff, DCF staff, and community members on “Supporting Older Youth, What’s the Brain Got to do With It?” There were approximately 50 SFCS staff and 15 DCF Administration and regional IL staff that attended this training. SFCS staff, DCF staff, and community members working directly with IL youth met with Anne E. Casey Foundation staff to discuss the roles Kansas currently plays in providing services for youth as they age out, as well as addressing areas of concern to focus on for improvement.

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 32 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 Behavioral Health Services (KVC) and Saint Francis Community 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 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.

KVC uses a variety of tools to assess children’s needs both in placement and if/when they are reintegrated with their family. 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. Parents complete a CSDC assessment that also
screens the children 0-18. By assessing the parents understanding of trauma their child may have
experienced and resulting behaviors, KVC staff can assist in setting up the interventions that work for the
specific family. These interventions could include mental health services, parent education, child education,
social groups, etc. These evidence-based instruments help case managers identify children who may need
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).

Regular TST trainings are held through KVC, with one day of the training used primarily to educate staff and
community partners on the basics of trauma and it's impact on healthy development. The second day of
training is focused on direct intervention strategies and applying the TST model in daily practice. Multiple KVC
leadership are now trained as TST educators and provide much 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, with a possibility of a no cost
extension to go to through September 2019, and over the course of the first four years, SFCS has been
building an infrastructure of Master Trainers and Consultants to continue providing training and consultation
to frontline staff 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 were trained and engaged in consultation
moving from trauma informed practice to trauma practice. The 2018 TST training schedule has been
structured to be accessible to staff across the SFCS service region. Six training sessions are scheduled through
2018. SFCS has a continuing partnership with NYU and the TST Training Institute to increase the TST
infrastructure to include TST Certified Trainers, Experts/Coaches, Clinical Providers, and Treatment Teams.
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 (DCF) Prevention and Protection Services (PPS). KAPP has implemented 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 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 Substance Abuse Mental Health Services Administration’s (SAMHSA) National Child Traumatic Stress Network (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. 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.

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 for 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 Psychiatric Residential Treatment Facility (PRTF) stakeholder group includes the PRTFs, the Kansas Department for Aging and Disability (KDADS), the Kansas Department for Children and Families (DCF), the Kansas Department of Corrections-Juvenile Services (KDOC-JS), the Kansas Department of Health and Environment (KDHE), a representative from the Child Welfare Case Management Providers (CWCMPs), and the three Managed Care Organizations (MCOs) to discuss issues pertinent to children in foster care who are receiving treatment in a PRTF. This group meets quarterly and is coordinated by the PRTF providers. This group works in tandem with the Foster Care High Needs KanCare workgroup to improve health care coordination of children in foster care, children returning home, and aging out of care, per PIP Key Activity 2.3.5

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 every other month. 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 regarding medication guidelines for children in foster care. In SFY 2018, the Psychotropic Medication Workgroup continued 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 act 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 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.
- On-going Psychotropic Medication & Administration training for Foster Care Home staff provided by SFCS APRN.

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 can 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

DCF plans to meet with the Kansas Department of Health and Environment and the Kansas Department for Aging and Developmental Services in SFY 2019 to address preventing the inappropriate diagnosis of children in foster care. For additional information on health care services, see Section II. General Information A. Collaboration 4. System Collaboration.

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 was facilitated by KDHE. The workgroup included participants of the Foster Care in KanCare workgroup 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), Psychiatric Residential Treatment Facilities (PRTF), Prairie Band Potawatomie 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 (CQI) 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 large group reconvened so each subgroup could present their proposed solutions. In addition, a brief outline of how to implement each solution, a proposed timeframe, and potential barriers were shared for each solution. A full list of
recommendations from the High Needs Workgroup Proposed Solutions is available in attachment 5 serves as PIP Key Activity 2.5.5 evidence. One recommendation to be implemented is the ongoing data exchange between DCF and KDHE to identify youth with high needs based on placement stability, so the MCOs can better assist in coordinating medical and behavior health services. A MOU is being drafted to allow for the ongoing exchange of data and information. In SFY 2018, DCF and KDHE leadership created a white paper document titled Improving Services and Supports for High Needs Youth in Foster Care available in attachment 5, which summarized the work of the group did and prioritized a list of recommendations. The white paper document was presented to and approved by the secretaries of DCF, KDHE, KDADS, and KDOC. The white paper document has also been released to the Child Welfare Task Force and presented to the Mental Health Medication Advisory Committee May 8, 2018.

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 continues to create and maintain 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 MCOs 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 of 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 2017.

In April 2018, KVC Behavioral Health Services (KVC) experienced a significant computer virus incapacitating all technology systems.

In spring 2018, Kansas experienced wildfires with no known impact to children in the custody of the Secretary.

In June 2018 Kansas experienced a tornado in Greenwood county impacting 7 foster children. The agency made contact with providers timely to ensure the safety and well-being of the children. The agency confirmed the providers would be assisting the foster families with any needs.
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 per 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 operation is relocated or not, 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 33, DCF Safety Security Emergency Manual; Attachment 34, IV -B Disaster Plan and Statewide Assessment; Attachment 35, Saint Francis Community Services Environment of Care Manual; and Attachment 36, KVC Behavioral Health Services 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 on-going training provided to foster (including kin) and adoptive parents. All other eligible training will be claimed at the regular 50 percent administrative FFP rate. Total computable costs subject to the 75 percent FFP is estimated to be less than $1.0 million dollars.
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. 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 with the development of the 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 was made during SFY 2018. Staff from DCF and the CWCMPs are trained together during Caseworker Core and Assessor Training. A Caseworker Core Overview for supervisors has been developed and two sessions have been delivered by an IHS trainer. Going forward the overview will be trained by DCF staff. The Managing the Art of Child Welfare Supervision pilot began in October 2017, participants include supervisors from DCF and the CWCMP staff.

The KCWPTP Steering Committee meets monthly. Participants include the Prevention and Protection Services (PPS) regional trainers, Strategic Development representatives, a PPS representative from each of the four DCF regions, PPS administrative representatives and a representative from each of the CWCMPs, KVC and SFCS. The KCWPTP Steering Committee is the oversight and evaluation, strategic program planning and governance of the developmental activities and operations for KCWPTP. 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, completing the application process for Social Work Continuing Education units, and exploring the use of simulation and coaching in the training system. The Steering Committee considers recommendations from the workgroups prior to making decisions about the training program.


In November 2016, Presentation Skills 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, newsletter and resources for the trainer and trainee. [http://www.dcf.ks.gov/Agency/KCWPTP/Pages/default.aspx](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, including the use of simulation.

The Pathlore Learning Management System serves as the statewide data tracking system for all training within the Kansas child welfare system. Staff from DCF, KVC, and Saint Francis Community Services are entered into the Pathlore system. This practice allows for the documentation and accurate tracking of all child welfare staff trained through KCWPTP.

Child Welfare Staff
Prior to May 2018, Child Protective Services (CPS) Specialists employed by DCF were 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 provided 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) required 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 did not have a license, they operated as a Family Support Worker. KVC required licensed professionals and Therapists to be an LBSW, LMSW, LMFT or LPC or to have a Temporary license with the State of Kansas BSRB.

Beginning in May 2018, changes were made to the hiring requirements for Child Protective Services (CPS) Specialists employed by DCF. A person with a four-year degree in a Human Services or Behavioral Sciences field of study may be employed as a CPS Specialist. DCF has completed a contract amendment for the CWCMPs to allow for unlicensed Case Management position. This change is currently in place and is due to significant staff shortages experienced within the child welfare system.

Initial staff training is required for all PPS CPS Specialists and Investigators. Initial staff training is to be completed within 90 or 180 days of 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 currently reviewing the content and completion requirements for DCF Pre-Service Training for DCF staff. Investigation and Assessment and Interviewing Skills for Child Welfare are being revised. Passport has been replaced by Shadowing Experiences and the Facilitated Discussions. The Digital Versatile Disc (DVD): Interviewing Children Getting More with Less has been converted to an online format.

With the addition of unlicensed CPS Specialists, the Prevention and Protection Services (PPS) Training Academy has been established. The Academy is a four-week process which includes the completion of required online training, shadowing experiences, pre-training assignments, and two face to face courses. All new hires or current staff who are transitioning to the unlicensed CPS Specialist positions are required to complete the Academy prior to carrying a caseload. The first group of new hires will complete the PPS Academy by the end of June 2018. Additional groups will be scheduled as needed.

The first face to face course is Investigation and Assessment. The second face to face course focuses on the
following topics: ethics, confidentiality, documentation, interviewing, critical thinking and decision making, the assessment process, testifying in court, ICWA/ICPC/MEPA, worker safety, and mandated reporting. The Academy participants are expected to complete the remaining initial training requirements within 90 to 180 days of hire.

Attachment 37 for DCF PPS SFY 2017 Training Report, for course descriptions.

Training attendance from SFY 2010 through April in SFY 2018 are listed below.

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*Courses are currently being revised by MECAN staff.

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138
Combating Human Trafficking in Kansas (SDPSHT0102) | * | * | * | * | * | * | 890 | *

Courses Required for DCF and CWCMPS Staff

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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.

Pre-Service Training for CWCMPS

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Specialized child welfare training is conducted by DCF and the CWCMPS for their respective staff. Information about scheduled DCF and CWCMPS trainings is shared by email and posted to the KCWPTP website: www.kcwptp.ks.gov. Staff from the different agencies, including tribal and military partners, are encouraged to take advantage of training opportunities. See Attachment 37 DCF PPS SFY 2018 Training Report; Attachment 38, KVC Kansas Training Plan SFY 2018; Attachment 39, Saint Francis Community Services Training Plan SFY 2018.

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 twenty-five states. A Train the Trainer of this course was provided to aid in development of the ongoing supervisor training. The decision to continue using this curriculum for supervisors in Kansas was made early in SFY 2018. A pilot, consisting of supervisors from DCF, KVC, and SFCS began in October 2017 and was completed in June 2018. The Supervisor Core consists of seven modules covered over twelve days of training, including Effective Leadership: Making the Transition from Social Worker to Supervisor; Building the Foundation for Unit Performance; Building the Foundation in Staff Performance; Promoting the Growth and Development of Staff; Case Consultation and Supervision; Managing Effectively Within the Organization; and Supportive Supervision. The curriculum is being reviewed and adapted to meet the needs of child welfare supervisors in
Kansas. Classes have been scheduled for SFY 2019. Going forward the Supervisor Core Modules will be available for DCF and CWCMP 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 2017, the Annual Excellence in Supervision Conference was held in Manhattan, KS. Supervisors from DCF, CWCMPs, the tribes and Family Service grantee staff attended the two-day conference. The theme was Strengthening our Leadership with Courage, Commitment and Confidence. Self-care, motivation and maximizing leadership through strengths was the focus of the conference speakers and activities. A post conference event, open to all child welfare professionals, was presented by Dr. Monique Mitchell, an interdisciplinary professor in the College of Social Work at the University of South Carolina. Her presentation focused on “Promoting Healthy Transitions for Children and Youth Entering Foster Care.” The next Supervisor Conference is scheduled for September 19-21, 2018.

In an effort to meet PIP Key Activity 4.1.1, Kansas has implemented quarterly statewide supervisor meetings for DCF, CWCMP, tribes and Family Service grantee staff to review outcomes and issues related to safety, permanency and well-being. At the May 2017 meeting, the agenda focused 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), was launched. The meeting included breakout sessions to identify strategies for encouraging healthy resident and non-resident father involvement (this meets Key Activity 2.3.5.) Information gathered from supervisors during the breakout sessions was compiled into a Fatherhood Involvement Guide, which is Appendix 3A in the policy and procedure manual as of January 2018. The Appendix provides best practice guidelines for locating, engaging and empowering fathers. Although the guide focuses on fatherhood involvement, it may also be used to address absent mothers.

The December 2017 quarterly meeting focused on a review of the Children and Family Service Review (CFSR) results and the Program Improvement Plan (PIP). Supervisors were given an opportunity to ask questions and express concerns. In the afternoon, a breakout session was held. The focus of the breakout session was discussion related to CFSR items 2, 3, 4, and 6. Supervisors were asked to discuss the challenges caseworkers face in meeting outcomes and strategies/suggestions for improvement.

The May 2018 quarterly meeting focused on DCF Child Support Services (CSS) Fatherhood Initiative Grant: Work for Success. An overview of the grant was provided by CSS staff and then the participants met with the grantee for their location to learn more about the individual programs, the referral process and given an opportunity to ask questions. The afternoon session focused on how to improve documentation and motivate staff. The next quarterly supervisor meeting is scheduled for July 12, 2018.

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Caseworker Core Modules

A critical component of the KCWPTP are the Caseworker Core Modules. Caseworker Core consists of eight modules, totaling 16 days of training; see Attachment 40, KCWPTP Caseworker Core Course Descriptions. The pilot of the Core Modules was completed in September 2016. 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. The first round of Caseworker Core Modules began on January 10, 2017 with modules being held every two weeks. Eight rounds of Caseworker Core were scheduled during the 2017 calendar year. The rounds began approximately every six weeks, rotating through the four regions. It was the initial plan to complete eight rounds of Core by December 14, 2017. Initially, new workers and their supervisors were given priority for attendance. The participants for each session included a combination of new and experienced staff from DCF, 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. Based on feedback from the participants, a few changes were made to the plan for delivery in early FY2018. The eight modules are now covered in 16 days of training with modules held once a month. The capacity for each round continues to be 30 individuals with priority given to new workers. A condensed Caseworker Core Overview has been developed for supervisors. Currently instructors for the Core Modules are PPS regional trainers or contract trainers who are subject matter experts specific to each module. Since January 2017, 11 rounds of Caseworker Core have started with five rounds completed, participants in four rounds are needing to complete Module 3, and two rounds are currently in progress.

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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 thirty 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 41 for KCWPTP Assessor Tier I and II Course Description.
Simulation Training Lab Creative

In SFY 2017, 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. During SFY2018 the simulation lab has been used during demonstrations for stakeholder groups and during Interviewing Skills training. A workgroup was established to gather ideas and set priorities for the development and delivery of simulation training topics. Topics under consideration include documenting conditions of the home related to safety concerns, testifying in court, interviewing perpetrators, non-offending caregivers, and other professionals. In SFY2019, Strategic Development(SD) and PPS will begin collaboration with the Social Work program at Kansas State University to expand the use of simulation in the KCWPTP.

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. Initially, the primary audience for this training was 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. During SFY 2018, a second phase of this course was offered to CWCMP staff at KVC and Saint Francis Community Services. Phase three of the course will be provided to foster families. The Play-Based Interaction course was developed to teach participants 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 Philosophy of Care

In SFY 2017 PPS adopted the Practice Model, which is now known as the Child Welfare Philosophy of Care. The Child Welfare Philosophy of Care 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 Kansas child welfare value statements are provided to families served by PPS.

The Initial Implementation Training focused on exposing all PPS and CWCMP staff to the DCF Child Welfare Philosophy of Care. The sessions discussed all points of the model as well as began unfolding how the values are exhibited and demonstrated in child welfare practice. During SFY 2018, training for CWCMP staff and other community partners has continued. The Philosophy of Care 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” (COO). 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. 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; 30 hours of training 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. When possible, 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 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 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 ongoing 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

The Kansas child welfare system is experiencing significant staff vacancies due to limited numbers of qualified applicants and high turnover. To address these issues, multiple strategies are being employed. The Department has purchased study guides and paid for exam preparation courses for current staff, who are planning to take the licensing exam. Changes have also been made to the hiring requirements for DCF CPS Specialists and KVC/SFCS Case Management professionals. Beginning in May 2018, a person with a four-year degree in a Human Services may be hired as an unlicensed CPS Specialist or Case Management professional. Kansas is also 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**

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<td>Administrative Specialist</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 (IPS)</td>
<td>Two years of college or two years of work experience in the Kansas Protection Report Center</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>
</tbody>
</table>
| Child Protection Specialists      | Four-year degree in a Human Services or Behavioral Sciences field of study, or education determined relevant by the agency | License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas | PPS social work specialists = 78 hours  
KPRC social work specialists = 59 hours | 40 continuing education hours every 2 years to maintain a social work license |
| Child Protection Supervisor       | Bachelors level social worker or Masters level Professional Counseling or Marriage and Family Therapy | License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas plus one year of social work experience | 11 additional program-related hours (to above) plus approximately 24 hours of agency-related training | 40 continuing education hours every 2 years to maintain a social work license |

*Pre-Service occurs within 90 days of employment*
### Data on education, qualifications and training

<table>
<thead>
<tr>
<th></th>
<th>Intake Protection Specialist (IPS)</th>
<th>Protection Specialists</th>
<th>Protection Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Indicated</td>
<td>7</td>
<td>19</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>6</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1 Year College</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2 Years College</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2 Year College Degree</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 Years College</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>14</td>
<td>198</td>
<td>39</td>
</tr>
<tr>
<td>Some Graduate School</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Master’s Degree</td>
<td>6</td>
<td>51</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>42</strong></td>
<td><strong>282</strong></td>
<td><strong>48</strong></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>Admin Specialists</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Intake Protection Specialists</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>17</td>
<td>1</td>
<td>15</td>
<td>42</td>
</tr>
<tr>
<td>Protection Specialists</td>
<td>12</td>
<td>3</td>
<td>14</td>
<td>184</td>
<td>1</td>
<td>68</td>
<td>282</td>
</tr>
<tr>
<td>Protection Supervisors</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>38</td>
<td>0</td>
<td>3</td>
<td>48</td>
</tr>
</tbody>
</table>
### Sex

<table>
<thead>
<tr>
<th>Position</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin Specialist</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Intake Protection Specialists</td>
<td>5</td>
<td>37</td>
<td>42</td>
</tr>
<tr>
<td>Protection Specialists</td>
<td>17</td>
<td>265</td>
<td>282</td>
</tr>
<tr>
<td>Protection Supervisors</td>
<td>1</td>
<td>47</td>
<td>48</td>
</tr>
</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>Admin Specialist</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Intake Protection Specialists</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>10</td>
<td>4</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>Protection Specialists</td>
<td>96</td>
<td>84</td>
<td>53</td>
<td>35</td>
<td>14</td>
<td>0</td>
<td>282</td>
</tr>
<tr>
<td>Protection Supervisors</td>
<td>3</td>
<td>18</td>
<td>9</td>
<td>14</td>
<td>4</td>
<td>0</td>
<td>48</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 2018 as of March 2018.

<table>
<thead>
<tr>
<th>SFY2018 YTD (Jul-Mar) Caseload</th>
<th>CPS Social Workers</th>
<th>CPS Supervisors</th>
<th>CPS Staff and Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Monthly Cases</td>
<td>14.4</td>
<td>2.1</td>
<td>13.7</td>
</tr>
<tr>
<td>Average Max Monthly Cases</td>
<td>21.9</td>
<td>3.1</td>
<td>20.8</td>
</tr>
</tbody>
</table>

The average ratio of Child Protection Specialists to CPS Supervisors in SFY 2018 as of March 2018 was 4.7. Multiply the ratio by the average cases per CPS Specialist (14.4) there were an average of 67.2 cases under supervision for each CPS Supervisor during SFY 2018 as of March 2018.
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. Attachment 43 for Crossover Youth Report SFY 2005 – SFY 2017.

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 2018 through December 31, 2017. 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>6</td>
<td>1.1</td>
<td>1.96</td>
</tr>
<tr>
<td>2002</td>
<td>13</td>
<td>8</td>
<td>5</td>
<td>0</td>
<td>6</td>
<td>0.8</td>
<td>1.98</td>
</tr>
<tr>
<td>2003</td>
<td>6</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>19</td>
<td>10</td>
<td>5</td>
<td>0</td>
<td>10</td>
<td>1.4</td>
<td>7.03</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>8</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>35</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>2.09</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>2.14</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>2.26</td>
</tr>
<tr>
<td>2016</td>
<td>33</td>
<td>8</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>1.0</td>
<td>2.36</td>
</tr>
<tr>
<td>2017</td>
<td>41</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>15</td>
<td>2.1</td>
<td>*</td>
</tr>
<tr>
<td>2018</td>
<td>21</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Total</td>
<td>532</td>
<td>149</td>
<td>57</td>
<td>5</td>
<td>150</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/affirmed it as abuse.

2 Federal Reporting requires states to report child maltreatment fatalities in the year in which they are substantiated as abuse. This also includes the finding of affirmed. The finding of affirmed began July 1, 2015.


4 Information on national rates is 2001-2002 is for calendar year, and 2003- present is for Federal Fiscal Year. National data for FFY 2017 and FFY 2018 are not available at this time.

### C. Education and Training Vouchers

See Attachment E- PI-18-01 ETV chart 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 passed legislation which addressed many aspects of human trafficking. The Human Trafficking Advisory Board (HTAB) was established as the official board to oversee human trafficking issues. Statute defines the structure and membership of the board. Members of HTAB include, but are not limited to; law enforcement personnel, prosecutors, court personnel, advocates, legislators, victims of human trafficking, staff from the Kansas Department for Children and Families (DCF) and other 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 has been passed.

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

- If a child is brought into police protective custody and believed to have been subjected to human trafficking, the agency is to complete an assessment to determine safety, appropriate and timely placement and appropriate services to meet the immediate needs of the child. (The most current report is attached.)
- 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.
- Tracking and taking necessary steps to ensure any children who run away are located and receive appropriate assessment and services upon their return.
- Engage in cross collaboration with other systems/agencies to combat Human Trafficking and ensure safety of children in care.

DCF has created a new position titled Anti-Human Trafficking Coordinator and is the process of interviewing to hire for such position. The Anti-Human Trafficking Coordinator will be responsible to lead DCF’s initiative to develop a comprehensive response and service system in Kansas for youth who are victims or are in DCF custody and at risk of becoming victims of Human Trafficking.

DCF licenses Staff-secure Facilities which are statutorily created facilities for placement of human trafficking victims. There is currently one staff secure facility centrally located in Wichita, Kansas, the Wichita Children’s Home (WCH). DCF has an agreement with WCH for placement of victims of HT in such facility hen appropriate. The facility is to provide certain services, based upon the duration the youth remains in the facility.

Between March 1, 2014 and February 28, 2018, DCF’s contractors have completed 342 Rapid Response Assessments.
### Table A: Rapid Response Totals and Averages by Provider

<table>
<thead>
<tr>
<th>Program Providers</th>
<th>Program Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>KVC</td>
<td>101, 30%</td>
</tr>
<tr>
<td>SCFS</td>
<td>241, 70%</td>
</tr>
<tr>
<td>Total</td>
<td>342, 100%</td>
</tr>
</tbody>
</table>

*Program Began in March 2014

### 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>95</td>
<td>94%</td>
<td>236</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>6%</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100%</td>
<td>241</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>African American</td>
<td>18</td>
<td>18%</td>
<td>92, 38%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2</td>
<td>2%</td>
<td>1, 0%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0%</td>
<td>2, 1%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>78</td>
<td>77%</td>
<td>109, 45%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>3%</td>
<td>35, 15%</td>
</tr>
<tr>
<td>Unable to Determine</td>
<td>0</td>
<td>0%</td>
<td>2, 1%</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100%</td>
<td>241, 100%</td>
</tr>
</tbody>
</table>

### Table D: Rapid Response YTD by Placement Outcomes

<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>1%</td>
<td>9, 4%</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>10</td>
<td>10%</td>
<td>15, 6%</td>
</tr>
<tr>
<td>Foster Home</td>
<td>27</td>
<td>27%</td>
<td>39, 16%</td>
</tr>
<tr>
<td>Juvenile Detention</td>
<td>35</td>
<td>35%</td>
<td>33, 14%</td>
</tr>
<tr>
<td>Relative</td>
<td>1</td>
<td>1%</td>
<td>6, 3%</td>
</tr>
<tr>
<td>Returned to Home State</td>
<td>5</td>
<td>5%</td>
<td>2, 1%</td>
</tr>
<tr>
<td>Returned to Parents</td>
<td>14</td>
<td>14%</td>
<td>20, 8%</td>
</tr>
<tr>
<td>Secure Care</td>
<td>0</td>
<td>0%</td>
<td>7, 3%</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100%</td>
<td>241, 100%</td>
</tr>
</tbody>
</table>

### Table E: Rapid Response YTD by Service Outcomes

<table>
<thead>
<tr>
<th>Service Outcome</th>
<th>KVC</th>
<th>SCFS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed-No Further Services</td>
<td>20</td>
<td>20%</td>
<td>29, 12%</td>
</tr>
<tr>
<td>Referred for Services</td>
<td>77</td>
<td>76%</td>
<td>181, 75%</td>
</tr>
<tr>
<td>Referred to HIAS</td>
<td>2</td>
<td>2%</td>
<td>2, 1%</td>
</tr>
<tr>
<td>Data Unavailable</td>
<td>2</td>
<td>2%</td>
<td>29, 12%</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100%</td>
<td>241, 100%</td>
</tr>
</tbody>
</table>

Data Source: Providers Tracking Sheet
XVIII. FINANCIAL

See Attachments 44 through 47, 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 Expenditures</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 2016 actual expenditures are identified below.

<table>
<thead>
<tr>
<th>Category</th>
<th>1992</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Services</td>
<td>$ 1,661</td>
<td>$ 2,054,234</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>$ -</td>
<td>$ 1,576,503</td>
</tr>
<tr>
<td>Time Limited Reunification</td>
<td>$ 27,424,568</td>
<td>$ 81,601,156</td>
</tr>
<tr>
<td>Adoption promotion &amp; support</td>
<td>$ 1,072,510</td>
<td>$ 6,427,739</td>
</tr>
<tr>
<td>Total</td>
<td>$ 28,498,739</td>
<td>$ 91,659,632</td>
</tr>
</tbody>
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