

DEPARTMENT FOR CHILDREN & FAMILIES UPDATE

JOINT COMMITTEE ON CHILD WELFARE SYSTEM OVERSIGHT
SECRETARY LAURA HOWARD | 3/11/2022

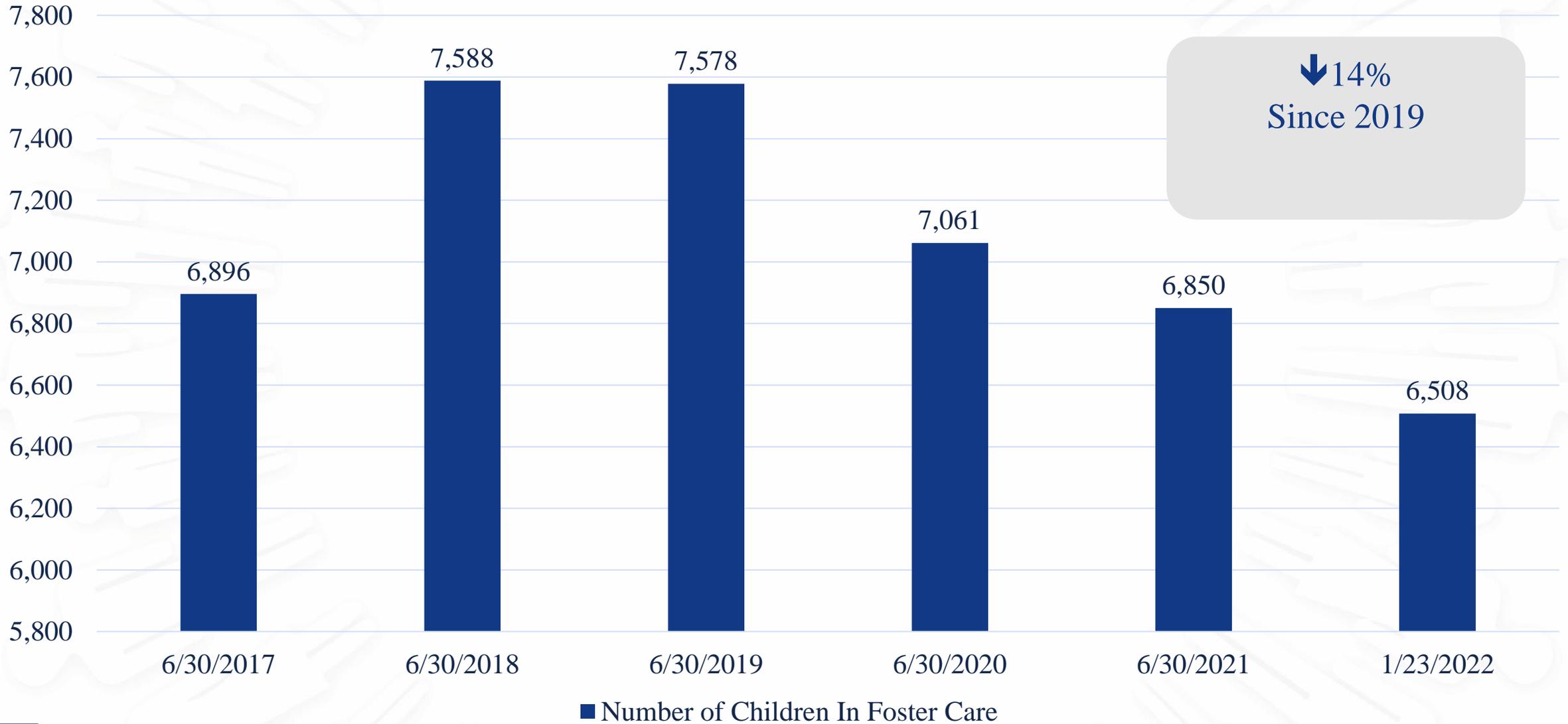
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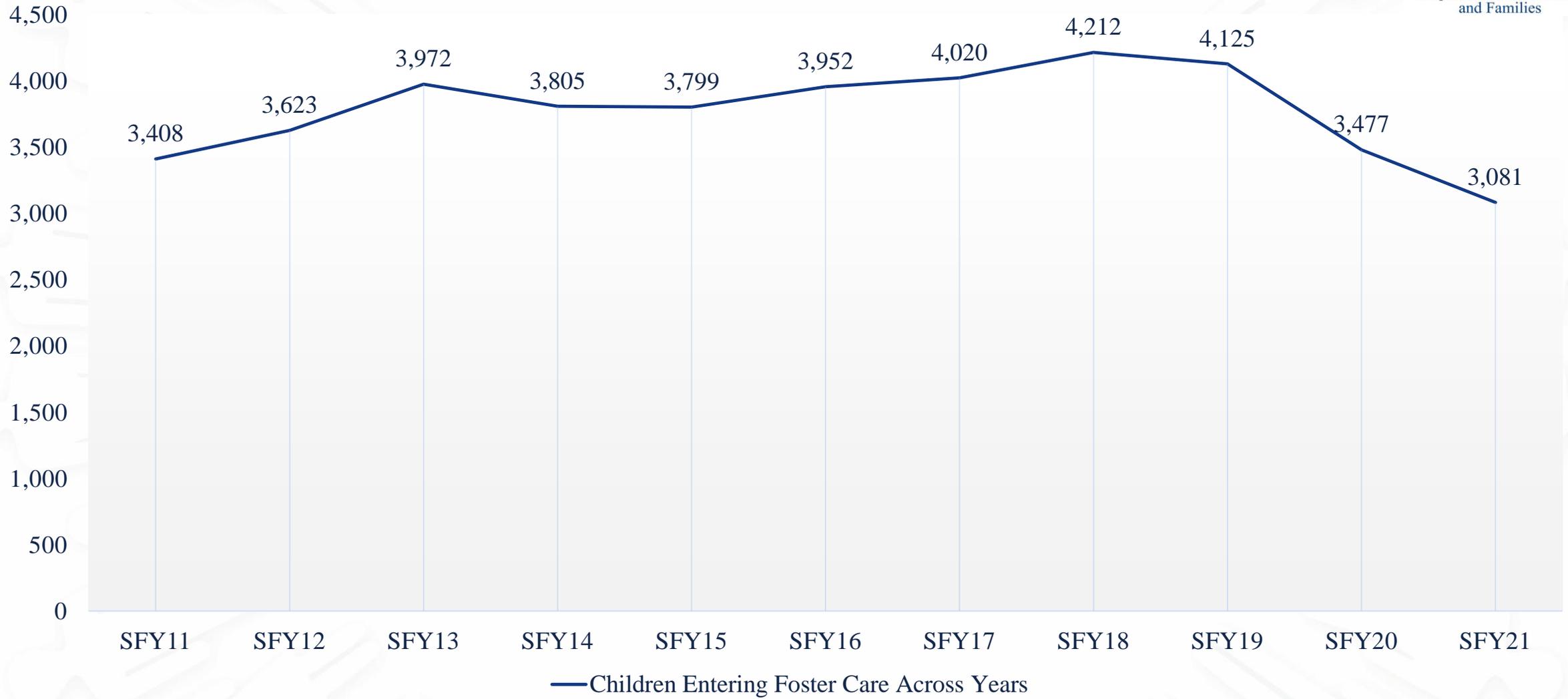
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BY THE NUMBERS

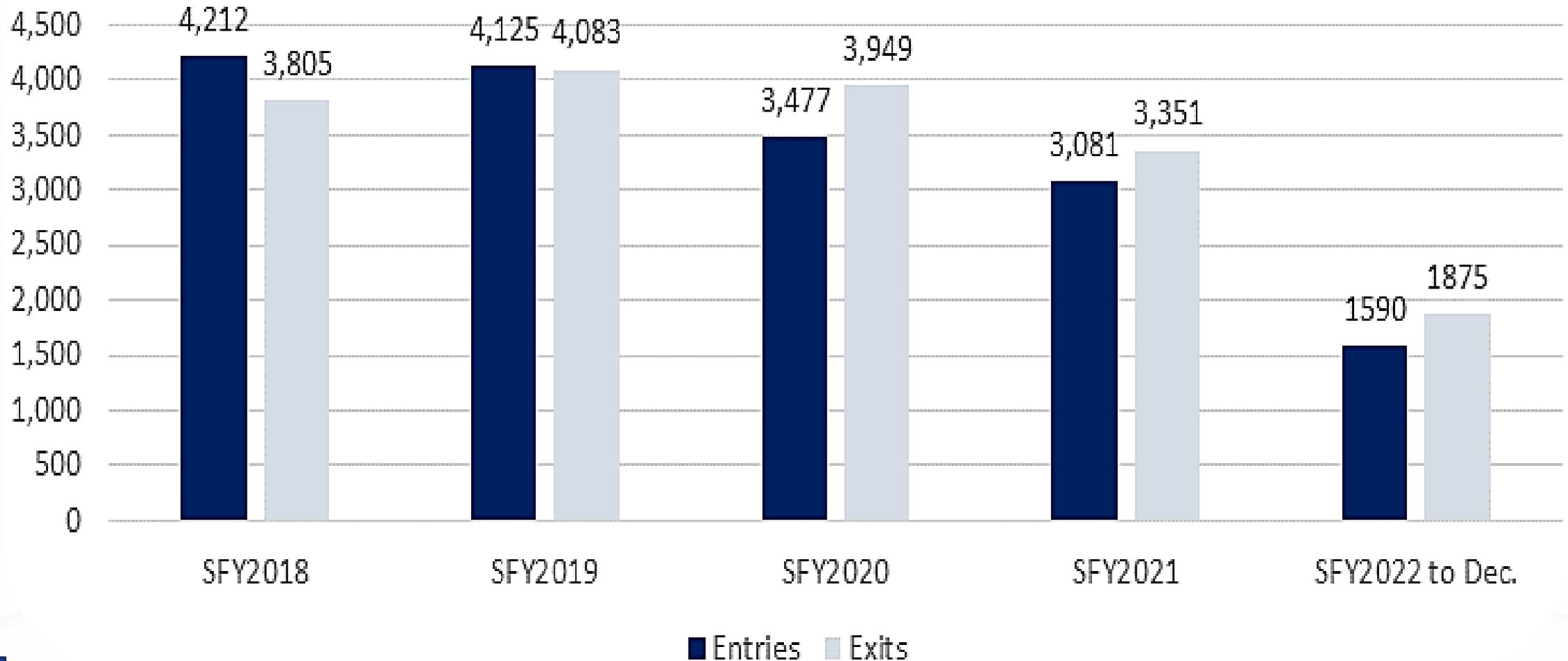
NUMBER OF CHILDREN IN FOSTER CARE



CHILDREN ENTERING FOSTER CARE ACROSS YEARS



Children Entering and Exiting Foster Care Across Years



PERFORMANCE MANAGEMENT



- Quality Assurance
 - 15 Aggregate Data Performance Outcomes
 - Monthly data management reports
 - Quarterly case reviews
- Performance Improvement Plans
 - PIPs may be developed by Regions or Case Management Agencies when performance does not meet standard.
 - Agreed upon progress goals are developed.
- A penalty schedule may be applied at end of year if performance does not meet agreed upon after PIP implementation.
- Incentive schedule for success applied to outcomes met.

PERFORMANCE TRENDS

FEDERAL FOSTER CARE OUTCOME DATA INDICATORS – ACROSS YEARS

Statewide Indicator	SFY2020	SFY2021
Maltreatment in foster care (8.5 or fewer victimizations per 100,000 days in care)	3.76	3.82
Permanency in 12 months of entering foster care (40.6 or more)	35.8%	34.2%
Permanency for children in care 12-23 months (43.6 or more)	40.8%	35.6%
Placement Stability (4.4 or fewer)	5.9	5.4
Children in Care 3+ years (47.8% or less)	28.8%	34.6%



PERFORMANCE TRENDS

TIMELY PERMANENCY ITEM (DATA INSIGHTS: ITEM 6)

- Collaboration and Data Analysis: Achieving 40.5%
 - 4 Largest Counties / Judicial Districts not meeting timely permanency in first 12 months of care in SFY21.
 - Many permanencies are occurring in month 13 or 14.
 - DCF providing data to Office of Judicial Administration
 - Formal local PIPs developed by KVC, Cornerstones of Care and St. Francis Ministries.

Area 3, KVC
32.5%
SN CO

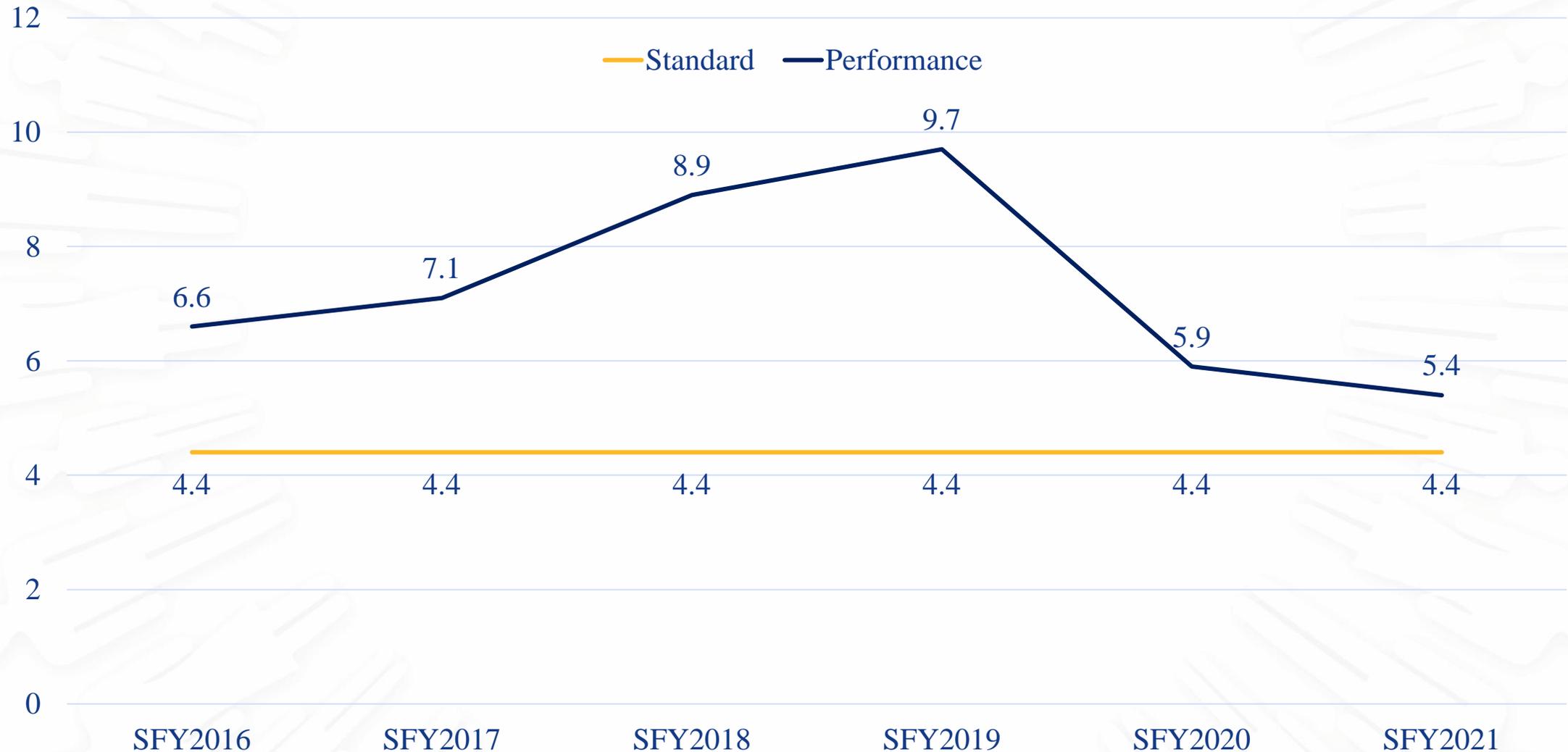
Area 5, COC
24.4%
WY CO

Area 6, KVC
22.7%
SN CO

Area 7, SFM
24.3%
SG CO

PERFORMANCE TRENDS

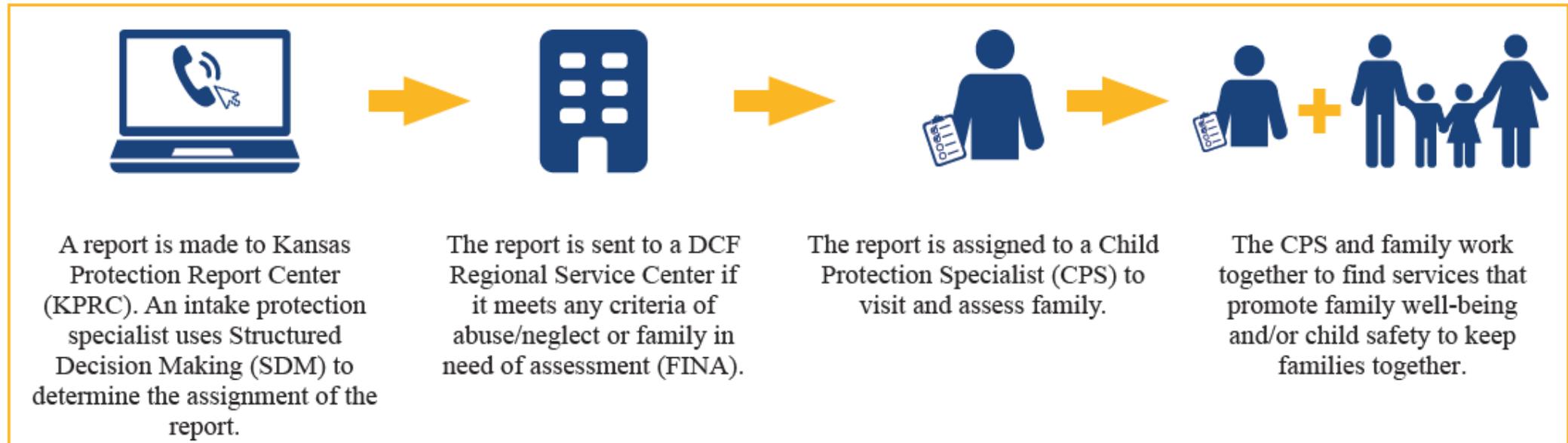
CFSR PLACEMENT STABILITY RATE FOR CHILDREN ENTERING CARE



FAMILY FIRST PREVENTION SERVICES ACT

FAMILY FIRST PREVENTION PLAN

PATHWAY



SERVICE TRACK



FAMILY FIRST PREVENTION PLAN

FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)



Created reimbursement pathway for federal funds to provide services to keep children safely with their families.



When foster care is needed, allows federal reimbursement for care in family-based settings and certain residential treatment programs.

FAMILY FIRST PREVENTION PLAN

FFPSA THEMES

Reinvestment In Prevention

Emphasis On Family-(and Non-related Kin)-
based Placements

Systemic Partnerships

FAMILY FIRST PREVENTION PLAN



STRENGTHENING PREVENTION

Family First Prevention Services

- Mental Health
- Substance Abuse
- Parent Skill Building
- Kinship Navigation

FAMILY FIRST PREVENTION PLAN

WHO CAN RECEIVE PREVENTION SERVICES?

A VARIETY OF LIVING
ARRANGEMENTS QUALIFY:

Formal or Informal Care With Relatives
Post Adoption
or After Care
of Reunification

Pregnant and Parenting
Foster Youth Automatically
Eligible

Children at
Imminent Risk of
Removal Who Can
Remain Safely at
Home With
Services

No Income
Restrictions or
Determinations

Parents And Caregivers

FAMILY FIRST PREVENTION PLAN



FFPSA SERVICES ELGIBLE FOR FEDERAL FAMILYS FIRST FUNDING

MENTAL HEALTH

- Family Centered Treatment (FCT)
- Functional Family Therapy (FFT)
- Parent Child Interaction Therapy (PCIT)
- Multisystemic Therapy (MST)

PARENT SKILL BUILDING

- Healthy Families America (HFA)
- Parents as Teachers (PAT)

FAMILY FIRST PREVENTION PLANS



FFPSA STATE-FUNDED SERVICES

SUBSTANCE USE DISORDER

- Parent Child Assistance Program (P-CAP)
- Seeking Safety

PARENT SKILL BUILDING

- Attachment and Biobehavioral Catch-Up (ABC)
- Family Mentoring Program (Nurturing Parenting Program)
- Fostering Prevention (Nurturing Parenting Program)

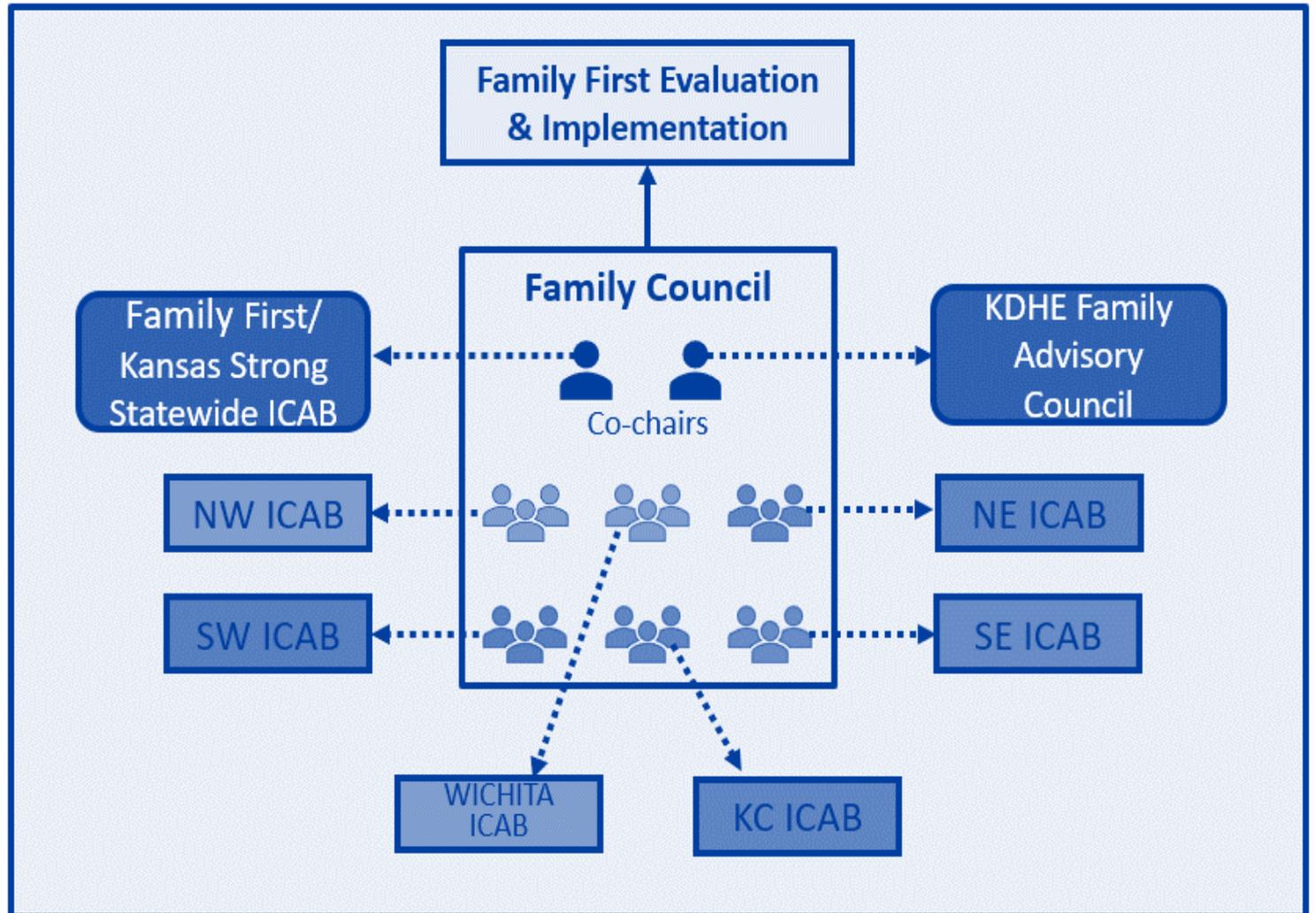
KANSAS KIN-TECH

- Kinship Interdisciplinary Navigation Technologically Advanced Model (KIN-TECH)

FAMILY FIRST PREVENTION PLAN

ADVISORY GROUP GOVERNANCE

- Interagency and Community Advisory Boards (ICAB) includes members of the Family Advisory Council
- Family Advisory Council: 18 Members and 2 Co-chairs
- Members participate in the 1 year membership with compensation



FAMILY FIRST PREVENTION PLAN

UNIVERSITY OF KANSAS WORK – ICAB

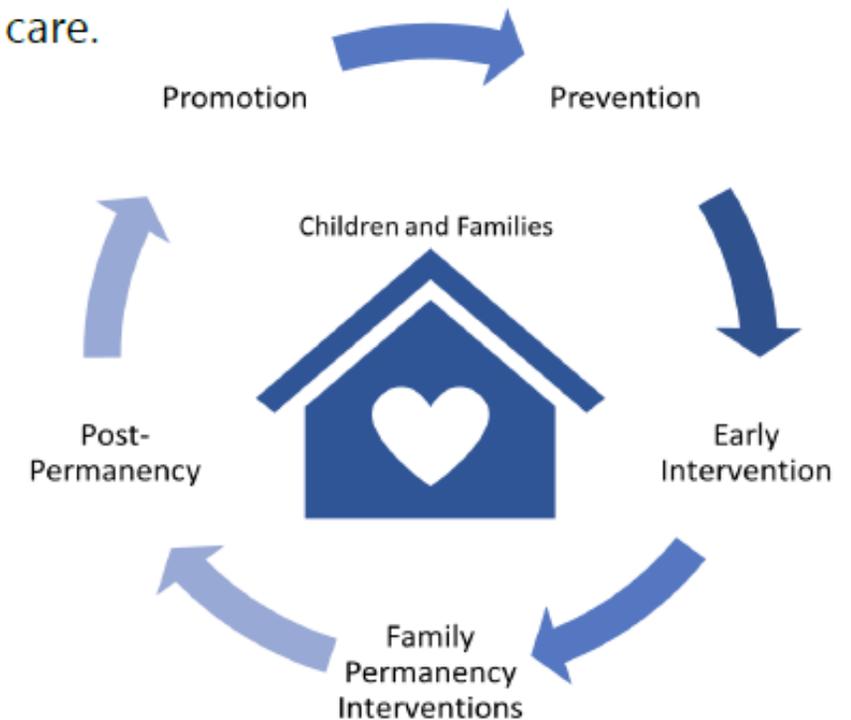
The Interagency and Community Advisory Board (ICAB) is a Kansas cross-system multi-agency and community collaboration that was established to support two statewide implementations: the Family First Prevention Services Act and Kansas Strong for Children and Families.

The ICAB's overarching goal is to support and activate a comprehensive service array that spans a broad continuum of care for families by:

- (1) Building cross-sector knowledge of needs, gaps, challenges, and best practices;
- (2) Using data and continuous quality improvement to monitor processes and outcomes;
- (3) Developing and executing action plans to address service gaps.

Goal of the ICAB

To support and activate a coordinated and comprehensive service array for children and families across the full continuum of care.



FAMILY FIRST PREVENTION PLAN



UNIVERSITY OF KANSAS WORK – Kansas Family First Family Council

The Kansas Family First Family Council is an advisory board of Kansans with experience in the child welfare system and/or prevention services as a caregiver or as a youth. The goal of the Family Council is to integrate family and youth voice into the Family First Prevention Services implementation in Kansas.

The Council is made up of three members from each of the six DCF regions in Kansas (NW, SW, NE, SE, Kansas City, and Wichita), and two co-chairs.

PURPOSE

- Integrate family and youth voice into the Family First Prevention Services implementation in Kansas to identify service gaps, needs, and opportunities from the perspective of families.
- Ensure services that support family well-being are designed with families to align with their needs, priorities, and goals.
- Contribute to statewide planning, development, implementation, and evaluation of prevention services in Kansas.

FAMILY FIRST PREVENTION PLAN

PREVENTION EVALUATION: KU School of Social Welfare and Center for Public Partnerships & Research



Design

- **Process Evaluation:** to document implementation strategies and assess success of service delivery
- **Outcomes Evaluation:** to examine improvements child and family outcomes



Success Indicators

Implementation

- Readiness & Capacity
- Adoption
- Fidelity
- Reach
- System Integration
- Collaboration

Service Delivery

- Service Engagement
- Service Completion



Outcomes

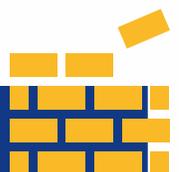
- 90% of children and youth improve **well-being**
- 90% of parents improve functioning in domains of **parenting, mental health, and substance use**
- 90% of children are **maintained safely at home** during the service period and within one year of service referral

FAMILY FIRST EVALUATION

STATUS AND FUTURE DIRECTIONS

PREVENTION EVALUATION: KU School of Social Welfare and Center for Public Partnerships & Research

Current Status

- 
- Ongoing assessment:
 - Placement stability overall and by program, over time.
 - Readiness and collaboration among providers.
 - Timely engagement.
 - Successful service completion.
 - Changes over time to child and family functioning (i.e. child well-being, parenting sense of competency, and parents' mental health and substance use)
 - Preventive legal services as a mechanism for prevention
 - Monthly reporting to DCF and program sites

Key Findings to Date

- 
- Reach: 2,316 referrals received to date, primarily for mental health and parent skill building programs
 - Fidelity: All programs report high rate of staff meeting program-specific fidelity to program models.
 - Outcomes:
 - All program types are meeting 12-month permanency goals.
 - Findings from families and providers reveal that preventative legal services for kin caregivers shows evidence of supporting placement stability.

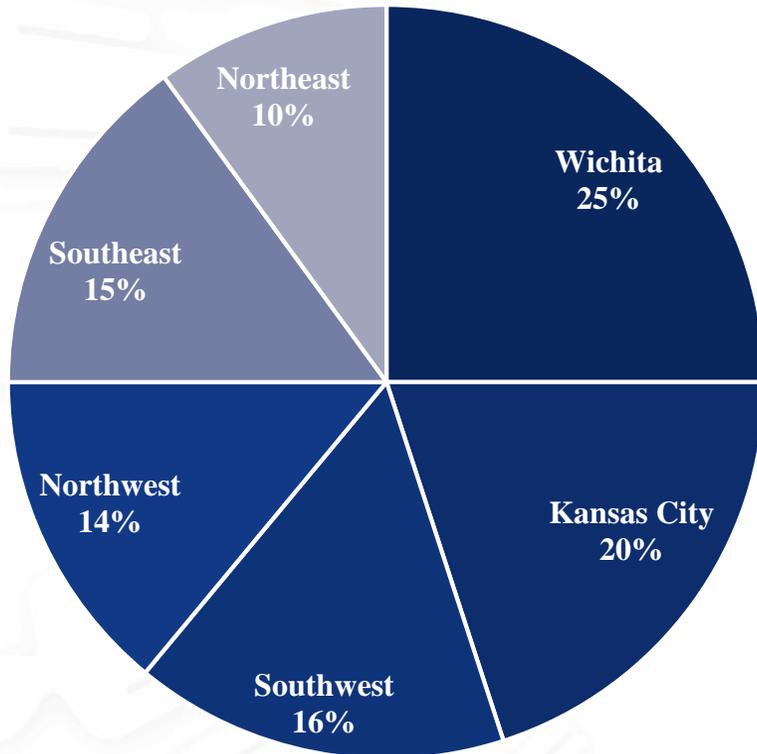
Future Directions

- 
- New evaluation activities:
 - Focus groups with FFPSA providers to understand strengths, challenges, sustainability, & impact
 - Historical comparison of permanency outcomes over time (pre- and post-implementation)
 - Concurrent comparison of permanency outcomes for Family First versus other DCF prevention services (i.e. Family Preservation and Family Services)
 - Analysis of the impact of providing concrete supports with services

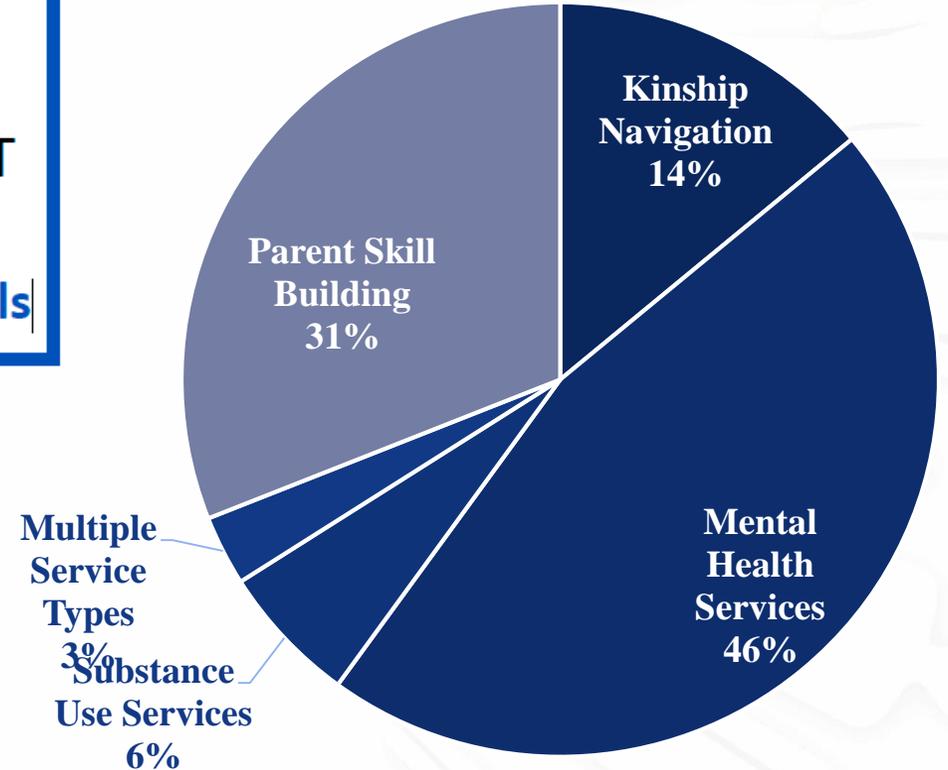
FAMILY FIRST PREVENTION PLAN

ACTIVITY: OCTOBER 2019 – JANUARY 2022

Referrals by Region



Referrals by Service Type



FAMILY FIRST PREVENTION PLAN

OUTCOMES: OCTOBER 2019 – JANUARY 2022



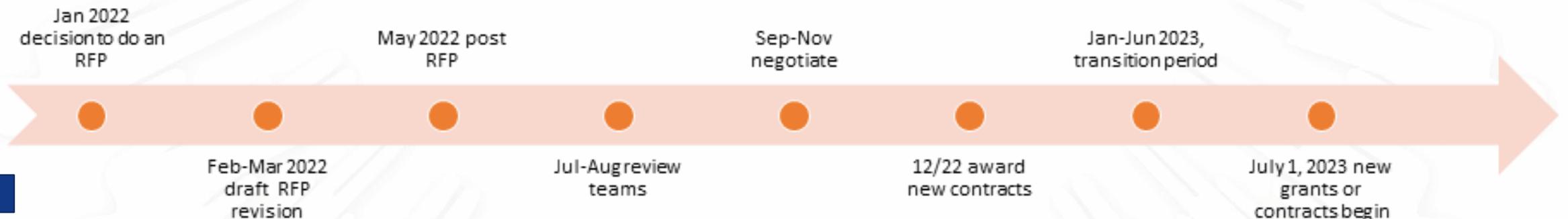
**FAMILY FIRST
REFERRALS**
2,432 Referrals



FAMILY FIRST PREVENTION PLAN

2019 FFPSA RFP BID

- 31 providers across 56 applications with total bid amount of \$29.4M
 - Of the 56, 17 selected for award as budget was limited.
- 33 of 56 applications were well-supported or promising per the California Clearinghouse at that time.
 - 23 of 56 were not a program rated by the Clearinghouse.
- 17 of 56 (at the time of awards) were rated per the Title IV-E Clearinghouse – which is used for Federal Funding.
 - The remaining 39 were not yet rated.
 - 10 were rated as Well-Supported
 - 7 were rated as Promising
- Looking ahead:
 - Next RFP cycle is calendar year 2022 for award 7/1/2023.



UNIVERSAL PREVENTION

UNIVERSAL PREVENTION



STRENGTHENING PREVENTION

Expand legal representation

- Expanded Kin-Tech prevention grant with Kansas Legal Services on Oct. 1
- Pilot program for high quality legal representation for parents at the time they become involved in a report assigned for assessment or investigation in a child in need of care matter
- Pre-petition civil legal advocacy services – housing security, safety, discrimination, family law, debt collection and employment
- Inspired by presentation during last year’s joint committee presentation from Iowa State Public Defender’s Office and National Association of Council for Children

UNIVERSAL PREVENTION

THRIVING FAMILIES

- Partnered with the National Governor's Association and Casey Family Programs
- Child and family well-being national cohort
- Community Supporting Family model

UNIVERSAL PREVENTION

EMPORIA PILOT PROGRAM

- Partnered with schools and community service providers in Emporia
- Partners refer families to needed services before they have formal contact with DCF
- Previously, a DCF intake was necessary to access services

UNIVERSAL PREVENTION



FAMILY RESOURCE CENTERS

July 2021 DCF contracted with KCSL to expand current and create new FRCs and support them in gaining certification from National Family Support Network.

What are FRCs:

- Community based or school-based hub of support and services for families
- Support families with children of all ages to be strong, healthy and successful
- Reduce likelihood of child abuse and neglect

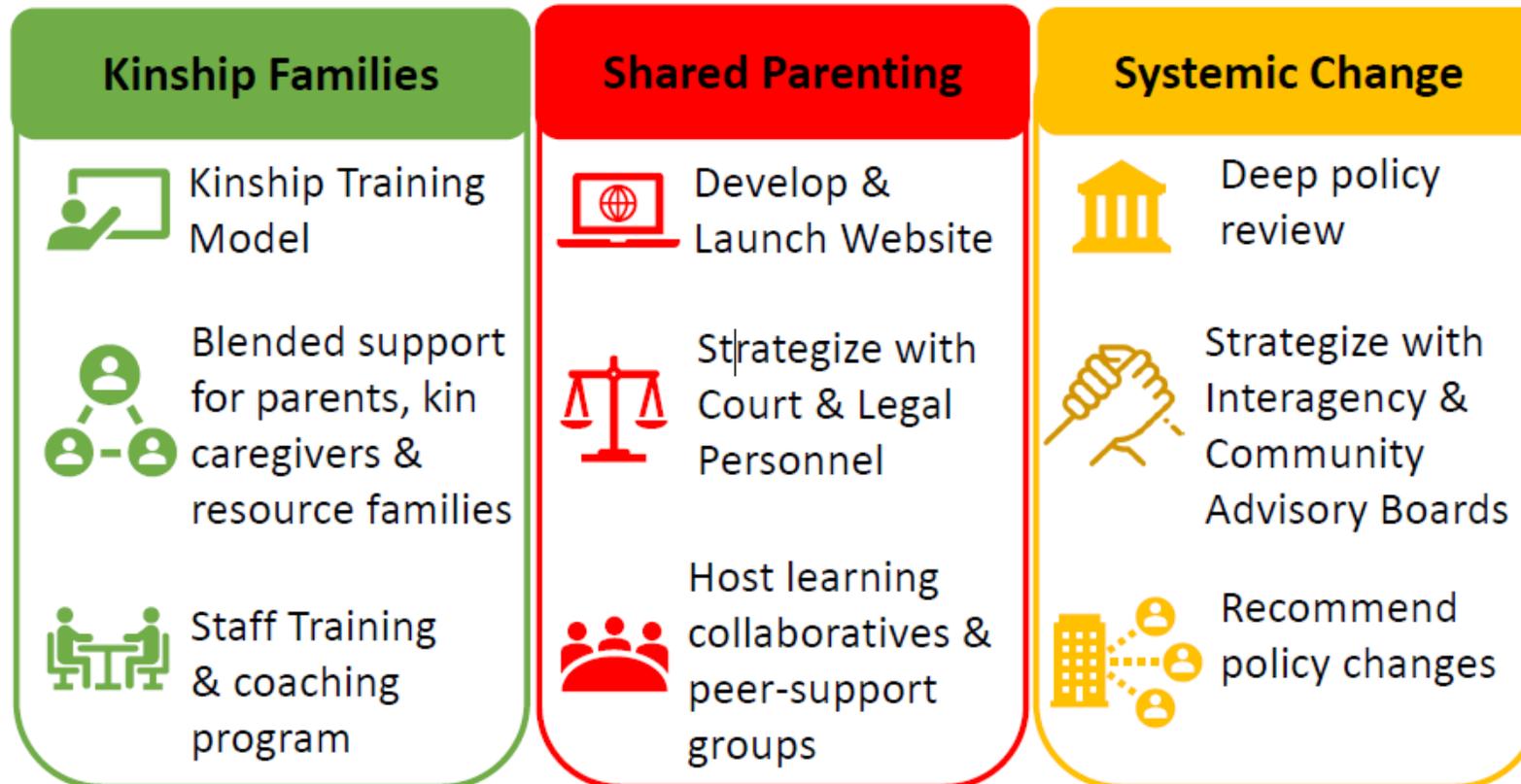
National FRC Outcomes

- Significantly lower rate of child abuse investigations
- 65% reduced rate of substantiated child abuse cases
- 73% reduction in the number of children in foster care
- Improves in children's educational success
- Gains in family self-sufficiency
- \$4.93 social return on investment for every dollar invested

NEW FEDERAL AGREEMENT GRANT AWARDS

KINVEST - Prevention Evaluation: KU School of Social Welfare and Center for Public Partnerships & Research

Purpose: to prepare and support kinship caregivers, promote shared parenting principles, and create systemic change through intentional policy, practice and culture shifts with child welfare workers to promote comprehensive family support and improved outcomes for stability, permanency and family well-being.



NEW FEDERAL AGREEMENT GRANT AWARDS



FAMILY STRONG, Prevention Evaluation: KU School of Social Welfare and Center for Public Partnerships & Research

The Universal Prevention for Strong and Thriving Families, or Family Strong, project aims for all families to get the help they need in order to thrive within their communities. Family Strong seeks to normalize asking for and receiving help within a family-centered and connected community service system. To achieve this goal Family Strong will do the following:

Connected Network for Improved Service Access

- Develop community infrastructure to support primary prevention
- Increase access to necessary supports (i.e. free, quality legal services, response advocates)
- Increase connections among community-based prevention service providers

Support Help Seeking

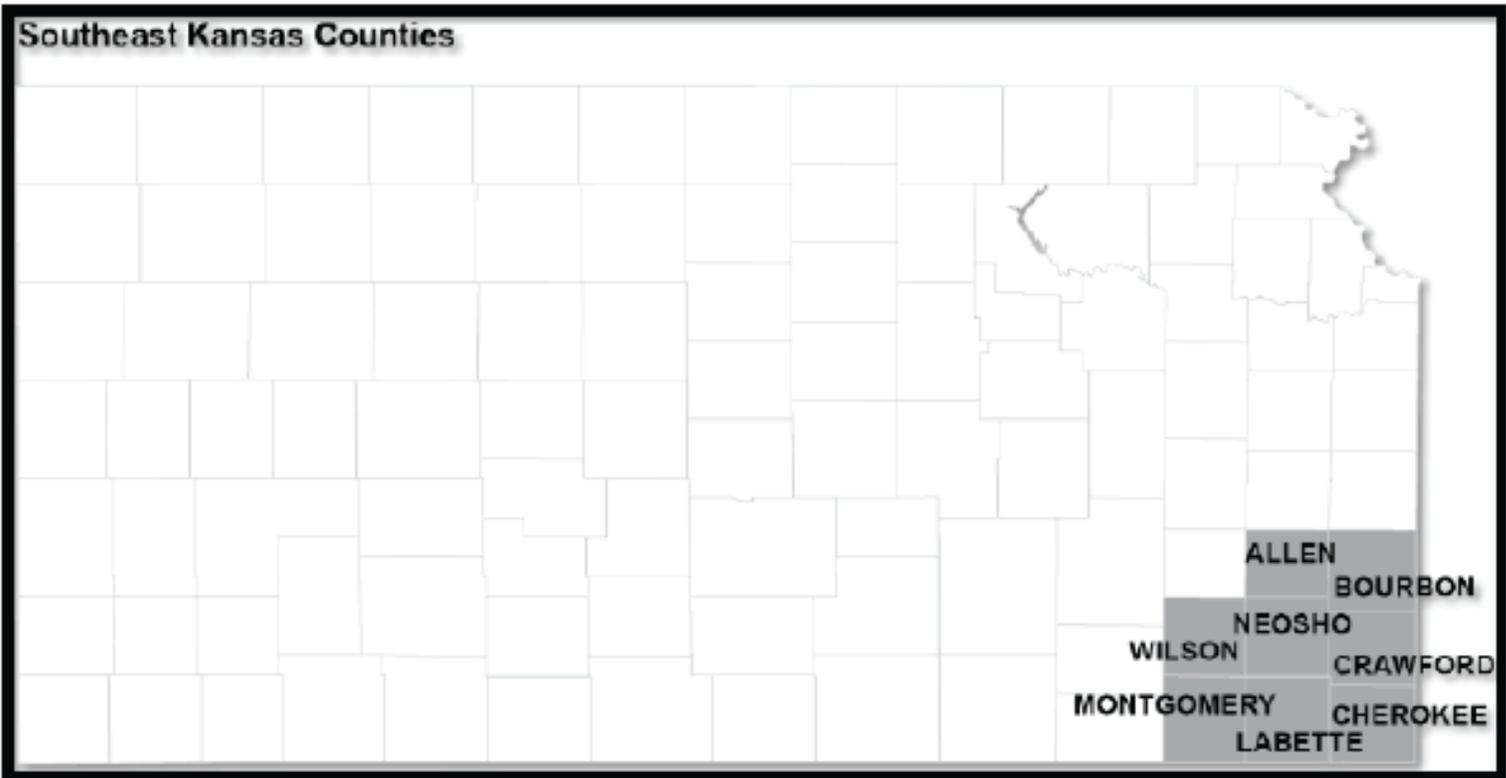
- Decrease stigma related to help-seeking and promote support as a community value
- Improve community and provider awareness of community-based prevention services

Reduce Need for Child Welfare Involvement

- Improve family well-being
- Decrease reports of abuse and removals into foster care
- Eliminate racial/ethnic inequity in child welfare

NEW FEDERAL AGREEMENT GRANT AWARDS

FAMILY STRONG Prevention Evaluation: KU School of Social Welfare and Center for Public Partnerships & Research



Target Population

The Family Strong demonstration project will take place in southeast Kansas, in an 8-county area including Allen, Bourbon, Cherokee, Crawford, Labette, Montgomery, Neosho, and Wilson counties. Family Strong applies a universal primary prevention approach to child and family well-being and will serve a target population of all children and families residing in the target area.

WE KAN DRIVE

WE KAN DRIVE PILOT

FUNDING

- DCF currently has an East Region pilot set to run for two years through June of 2023, our contract has the option for two additional one-year renewals as well.
- We Kan Drive is funded at \$250,000 per FY. The funding stream is Chafee. Chafee is 80% federal (\$200,000) and 20% SGF (\$50,000).
 - It is important to note we don't have additional Chafee to draw down with federal match for expansion beyond the East Region.
- WKD has accepted 57 youth referred for services since the end of November.

WE KAN DRIVE PILOT

BACKGROUND

- Though youth in out of home placement in the custody of DCF currently have access to driver's education and may obtain a driver's permit or license through the same avenues as any other Kansas youth, placements are rarely able to support the required driving practice hours or the costs of insuring a young driver.
- Teens in foster care should have access to the same adolescent experience as every other teenager. Extracurricular activities, working and learning to drive a car should be normal for youth placed in foster care. Unfortunately, it is not.
- Transitioning to adulthood without driver's education or obtaining a driver's license creates real barriers for these young adults to pursue employment and education opportunities, especially in communities without a public transportation system. Completing driver's education and obtaining adequate licensure and insurance coverage allows youth to engage in normal, age-appropriate activities while also increasing a young person's employment and education opportunities through enhanced mobility.

WE KAN DRIVE PILOT

BACKGROUND

- This is also an issue of economic support for youth in foster care and could be an economic opportunity for the state. Increased employment opportunities in turn leads to an improved quality of life and lessens the possibility of future system dependence.
- Creating pathways to legal licensure also creates safer roadways for Kansas
- How much do these types of services cost?
 - Cost for completion of private Driver's Education courses in Kansas ranges from \$300 to \$500 per course
 - Costs to insurance a young person average \$3053.00 per year.
- Youth that get their driver's license will have access to education and career opportunities they simply wouldn't have access to without the mobility of a vehicle. The ability to drive could be the difference between a youth getting a job or not. It could allow them to take a class or enroll in a school they otherwise wouldn't have access to. A driver's license could truly change some of these youth's lives.
- This proposed legislation was based off a program in Florida. Their program is called "Keys to Independence" and has expanded to be a statewide program serving Foster Youth. While KS legislation didn't pass, the funding was approved.

**Average cost taken from the National Keys to Independence website.*

WE KAN DRIVE PILOT



KDOT EISENHOWER LEGACY TRANSPORTATION PROGRAM (ELTP)

- KDOT Eisenhower Legacy Transportation Program (ELTP) established a pilot Driver Education Reimbursement Grant program in state Fiscal Years 2020 – 2023. Expires June 30, 2023.
- 41 school districts currently have a contract with the program. The driver's education provider will receive reimbursement of actual program enrollment fees up to \$200 per eligible student following completion of the program and submission of KDOT's Qualification Voucher & Reimbursement Request (to be provided later).
- All fees and costs above the \$200 are strictly between the driver education provider and the individual student. Providers are required to eliminate the enrollment fee by the lesser of either the cost of the course or \$200 for each eligible student.

WE KAN DRIVE PILOT

SUCCESS STORIES



Youth was referred to the program at the beginning of November. The 17-year-old set goals to receive his Instructional Permit, complete his supervised driving hours, and receive his Non-Restricted License all before the end of the year. He did exactly that.

He put in the hours completing practice tests to prepare for his permit, worked with his foster mom to get several hours a day of supervised driving logged, and passed his Non-Restricted License test his first try.

He completed all of this in under 60 days!

A 14-year-old youth was referred to the program in hopes of receiving her Instructional Permit and enrolling in Driver's Ed. She made a goal for herself to complete several practice tests a week, review the Driver Education Toolkit, and read the "Learning to Drive" book she received from her foster mom for Christmas.

She purchased her first car all on her own. She is now even more motivated to go through the licensing process!

SENATE BILL 77 / K.S.A. 38-2290

K.S.A. 38-2290

BACKGROUND



- The 2019 Senate Bill 77 – now Kansas Statute Amendment 38-2290 requires DCF to take certain actions when the subject of a report of abuse or neglect is a child with sexual behavior problems, and DCF determines a joint investigation with law enforcement is required.
- DCF must provide a referral to a child advocacy center or other mental health provider, and as needed, offer additional services.
- The services shall be voluntary except when the family refuses services and DCF determines there is a high risk of future sexual behavior problems

K.S.A. 38-2290

BACKGROUND



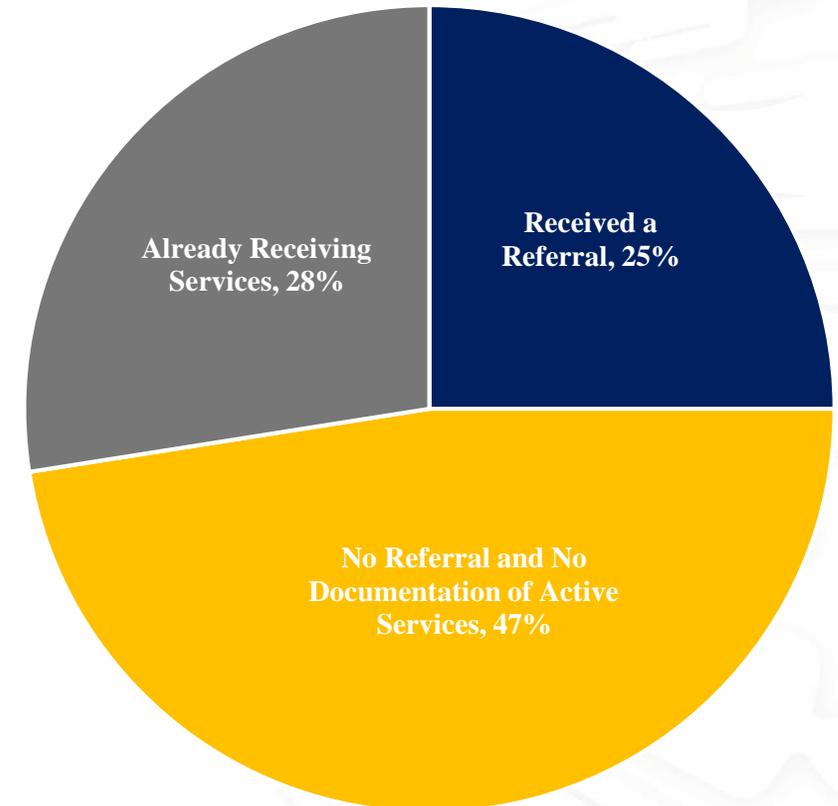
- K.S.A. 38-2290, Child with sexual behavior problems; referral to mental health provider; additional services. DCF established within policy and procedure Section 2090 for implementation of K.S.A. 38-2290 including development of a new form PPS 2014 B: Referral for Services Child Sexual Behavioral Problems that is sent to a local child advocacy center or other mental health provider.
- In communities with child advocacy centers, DCF collaborates with CACs and law enforcement on a variety of physical and sexual abuse forensic interviewing protocols including the addition of children with sexual behavior problems in 2020. DCF appreciates the specific treatment programs for families of children with problematic sexual behaviors implemented by Sunflower House and other CACs.

K.S.A. 38-2290

UPDATE

- SFY20-SFY21 (7/1/19-6/30/21) there were 1,462 reports assigned for further assessment by DCF for reason of sexual abuse where the alleged perpetrator was under the age of 18, related to KSA 38-2290.
- DCF conducted a case review to determine if a referral was made to a child advocacy center or mental health provider if there were documented problematic sexual behaviors of the alleged perpetrator under the age of 18.
- The case review consisted of a sample size of 154 cases and 26% (n=40) had documentation of a problematic sexual behavior. The following information was learned through the review:
 - 25% (n=10) had a referral to a child advocacy center or mental health provider.
 - 28% (n=11) were already receiving services at the time of assessment and did not have a referral.
 - 47% (n=19) had no referral or documentation of active services at the time of assessment.

Children/Youth with a Problematic Sexual Behavior who Received a Referral for Services December 2021 Case Review



QUESTIONS?
