



DCF Legislative Testimony

January 21, 2026

TESTIMONY OF: Tanya Keys, Deputy Secretary Department for Children and Families

TESTIMONY ON: Informational Briefing for HB 2329

DCF | HB 2329 AND CROSS-OVER YOUTH INFORMATIONAL HEARING

Chair Warren and members of the committee, thank you for the opportunity to provide child welfare perspective related to the informational briefing on topics contained in HB 2329 that intersect families receiving supports through a child and family well-being service continuum and youth who meet the cross over definition. The Department for Children and Families' (DCF) values drive the focus on positive well-achieving outcomes, specifically, that:

- A parent's capacity be supported to prevent the need to enter foster care.
- Children and youth not be separated from their family into custody of either Secretary for the DCF or Kansas Department for Corrections (KDOC) for placement outside their family home.
- Increased general use of congregate care for children and youth has poor health and wellbeing outcomes.
- Focused treatment facilities or meaningful crisis intervention services stabilize and prevent further need for institutionalization.
- Increasing capacity for in-home supports stabilizes families and fosters community-based, sustainable resources for children and youth to stay in their community and school.

CHILD AND FAMILY WELLBEING RELATED IMPACT & INITIATIVES

Information in this section highlights recent strategies, activities, and resources related to stability for children in foster care and preventing the need for foster care. DCF's strategies include building capacity for in-home supports, growing existing statewide supports, and exploring impact through new ideas or demonstrations.

The challenge of foster care case management agencies is that when a youth engages in behaviors that historically would have resulted in detention – the young person is often returned to their facility and staff. They don't feel equipped to manage the behaviors, and then often cannot find placement for that young person.

Build Capacity for In-Home Supports	Grow Statewide Supports	Explore Impact Through Demonstration
<ul style="list-style-type: none"> • Multisystemic Therapy (MST) • Functional Family Treatment (FFT) • Children's Behavior Interventionist 	<ul style="list-style-type: none"> • Therapeutic Family Foster Homes • Juvenile Crisis Intervention Center RFP and 26rs2918 • Placement Stability Team Decision Making 	<ul style="list-style-type: none"> • Dedicated Behavior Intervention teams at 3 foster care case management providers • Therapeutic Day Programs • Group residential centers with a no eject, no reject approach

- **Build Capacity for In-Home Supports**

Multisystemic Therapy (MST) is available to families served by DCF through a family first referral and provided by Community Solutions, Inc. Functional Family Treatment (FFT) is available to families involved with DCF who are served by foster care case management agencies. Foster care case management agencies make a referral to a regional provider of FFT, such as Cornerstones of Care, Eckerd or Emberhope (the same contracted providers for KDOC). DCF and KDHE governance have approved exploring how MST and FFT could be added to a Medicaid State Plan Agreement for coverage by KanCare.

Children’s Behavioral Interventionist (CBI) is an intensive youth and caregiver model billable through Medicaid. It’s accessible to all eligible families and does not require a DCF (or any state agency) referral. It is a home or community-based service with the goal to improve placement stability, prevent the need for more intense in-patient treatment and foster care out of home placement. It’s provided by a non-licensed provider and supervised by a licensed mental health provider. There are currently six providers, with four different approved models, in 18 counties – with planned expansion to 10 counties in 2026 and seven more counties in 2027.

DCF is exploring in a demonstration project in Sedgwick County how services traditionally used during prevention might impact positive progress for reintegration of children to return home from foster care.

- **Grow Statewide Supports**

There are about 115 therapeutic family foster homes statewide. Crisis Stabilization Units and Crisis Respite beds continue to grow. The State Fiscal Year 27 Family Mobile Crisis Helpline and Mobile Response Stabilization Services Request for Proposal (RFP), and Juvenile Crisis Intervention Center RFP for use or distribution of \$2 Million in evidence-based funds, closed in November and are in the review process. On October 1, 2025, DCF awarded the first JCIC grant funds from the evidenced based fund account to O’Connell Children’s Shelter, whose contract is from Oct. 1, 2025, through June 30, 2025, for \$1,500,000.

Placement Stability Team Decision Making for any planned or unplanned moves is a practice statewide with guidance in policy for consistent statewide implementation. Through several internal work groups and data

analysis, efforts around length of stay in congregate care, and a special on-site November case review conducted by the Center for the Study of Social Policy (CSSP), data analysis for populations of youth such as older youth and youth experiencing a high number of placements reinforced that there is value in in-home supports.

Opportunities for more growth in the state might include considerations of the capacities and role of Juvenile Intake and Assessment Services through centers across the state – such as greater role in making referrals, conducting family team decision making meetings, or referring to or providing in-home service models.

An additional opportunity is present to augment community interest in JCIC facility start up. DCF will introduce a bill this session (26rs2918) to expand the facilities eligible to receive crisis intervention service funds in K.S.A 65-536 (h) to include facilities licensed by KDADS such juvenile crisis respite centers, crisis stabilization units or adolescent substance use disorder treatment like the Youth Crisis & Recovery Center - Family Service Guidance Center in Topeka or Youth Crisis Stabilization Center through Johnson County Mental Health Services. Expanding eligible bidders to licensed facilities by KDADS will create more opportunity for innovative programs. Since imagining Juvenile Crisis Intervention Centers in the 2018 law, additional facility-based crisis intervention service program models have been innovated and implemented. To build capacity of facility models in communities across Kansas, more crisis intervention facilities would benefit from an ability to access the \$2,000,000 account fund.

- **Explore Impact Through Demonstration**

Dedicated Behavior Intervention teams at 3 foster care case management agencies. The approach uses a non-case carrying team of about 4 staff who provide additional support and engagement with young people experiencing overnight placement or failure to place. The members of the team serve no more than 5 youth at a time.

Regarding Therapeutic Day Programs, Mental Health America (MHA) Therapeutic Day Services in their Wichita facility is a partnership between Mental Health America of South-Central Kansas and EmberHope. It includes individual and group therapy, educational support, and wellness activities designed to support young people who are experiencing emotional or behavioral challenges. The education component is provided through McAdams Academy.

Other impact activities or opportunities include thinking about resources needed for group residential setting with a no eject, no reject model approach and a concentrated prevention through a joint response by DCF and Family Preservation Services to a PRTF/ acute care facility.

CHALLENGES AND MOVING FORWARD

Adhering to the values driving the child and family wellbeing system requires prioritizing in-home services and preventing institutionalization. We are committed to continuous data analysis and community and family engagement. We are actively working to find ways to build capacity for alternatives to any group congregate care facility solutions, while also supporting the needs of families facing challenges to be equipped to meet placement needs of a child.

CROSS OVER PRACTICE MODEL AND DCF YOUTH INFORMATION

DCF has been part of a partnership with The Center for Youth Justice at Georgetown University to implement the Crossover Youth Practice Model (CYPM) since its early formation, and we have a dedicated coordinator in our central administration, as well as a support coordinator for Sedgwick County. Kansas has fully implemented the program in three communities and will be expanding into three new communities. Key elements of the Model include:

- Creating a process for identifying youth at the earliest point of crossover.
- Ensuring that staff exchange information in a timely manner both within their own agency and with the other agencies and partners involved.
- Developing a coordinated case planning process between the agencies involved with the youth.

The three new counties – Saline, Atchison, and Franklin – have been oriented with regular monthly meetings scheduled to begin early this year to draft their individualized CYPM protocols. Statewide data collection efforts are being made between KDOC, DCF and Office of Judicial Administration (OJA) to share data and collaboratively create a Crossover Youth Dashboard on the DCF website. This dashboard is in the beginning stages of design and discussion. Recent activity in the Shawnee County program has focused on data collection to facilitate further data analysis for any key learnings and impacts on programs and community supports.

DEFINITIONS AND DATA

Whether a youth is crossover is really a measure of their status at a moment in time. A Kansas youth included in the definition of crossover is a young person, age 10 and older, with any level of concurrent involvement with the child welfare and juvenile justice systems.

- “Involvement” in the Juvenile Justice system includes, but is not limited to, court-ordered community supervision, Immediate Intervention Programs (IIP), and youth placed in detention and correctional facilities.
- “Involvement” in child welfare system includes, but is not limited to, out of home placement, or participation in preventative services.

Delineation of involvement related to specific child welfare and juvenile justice programs is for the explicit purpose of collaborative data collection per agreement between DCF, KDOC, and the Office of Judicial Administration. With this definition, DCF can generally identify a couple of youth populations:

- A. The number of youths in the custody of the Secretary of DCF and out of home placement foster care who are placed in detention:
 - On 1/16/26, the DCF CareMatch system which holds placement information reflects 36 young people with “Secure-Detention Facility” as their level of care. This detention figure

includes a few, but maybe not all the young people below listed as being placed in the Kansas Juvenile Corrections Complex (KJCC.)

B. The number of youths placed in a correctional facility:

- CareMatch shows 8 young people in the custody of the Secretary of DCF placed at KJCC on 1/16/26.

The number of crossover youth on community supervision or the Immediate Intervention Process (IIP) in Kansas is more difficult for DCF to pull; although the foster care case management agencies may have this status as part of their case management information system narrative detail for each youth, and they review each youth's placement and wellbeing needs regularly. Crossover youth, as defined, does not include those with pending charges, youth who have been released from court-ordered supervision, and youth who have been through intake but not yet charged (unless they are on IIP).

Collaboration in communities for meaningful practice models and positive impact continues – as well as data analysis tailored to each community so that counties can support families and their children to access meaningful resources and prevent separation.