



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

Submitted To:

U.S. Department of Health and Human Services

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This 2025 Annual Progress and Services Report (APSR) is the fifth annual report related to the Title IV-B Child and Family Services Plan (CFSP) for the five-year time period Fiscal Year (FY) 2020-2024. The CFSP details the goals, objectives, services, service delivery strategies, statewide assessment (SWA), and plan for improvement.

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A. The Children's Bureau's Priorities for Creating an Equitable Child Welfare System

The Kansas Department for Children and Families (DCF) has made substantial progress in shifting from a child welfare system to a family well-being system. A family well-being system prioritizes a culturally responsive practice to include family voice and partnership, primary prevention resources, co-design of policy, and thrives on community engagement. Under the leadership of Kansas Governor Laura Kelly, DCF Secretary Laura Howard, and through the extraordinary work and dedication of more than 2,220 DCF employees, employees of the four private child welfare case management providers, and the support of community partners throughout the State, outcomes for children and families are significantly improving.

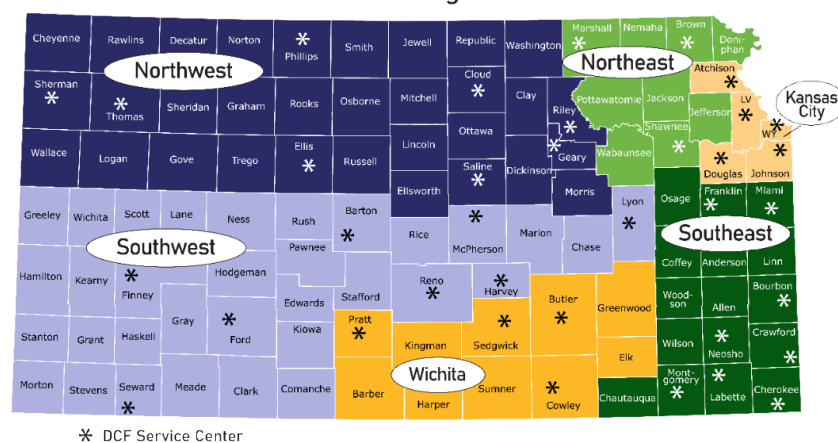
DCF builds and fosters positive relationships with children, youth, families, community partners, and staff by listening to and lifting their voices and expertise to achieve a system in which significant and real change can be made. Creating safe and nurturing environments for children is an agency priority. As DCF continues to transform including families as experts and innovators in co-creating and individualizing services is at the forefront. DCF continues to cultivate local support networks to ensure community impact is equitable.

DCF manages programs within Economic and Employment Services (EES), Prevention and Protection Services (PPS), Rehabilitation Services (RS), and Child Support Services (CSS) departments. Services are provided directly by the agency or through contracted providers and community partnerships. Programs serve children, families with children, caregivers, adults with disabilities, and pregnant women using substances (PWS).

PPS services are managed statewide from the DCF Administration office located in the capital city, Topeka. The team is led by the Secretary through the Deputy Secretary of Family Services (FS). The Deputy Secretary oversees four Directors of PPS. These four directors have responsibility for the services outlined within this plan. Directors are assisted by Deputy Directors, Program Administrators (PA) and/or Program Managers (PM). Kansas DCF has six regions implementing PPS. The six DCF regions throughout the state are: Kansas City, Northeast, Southeast, Wichita, Northwest, and Southwest. The Deputy Secretary provides leadership to regional directors (RD) in each region. The RDs are supported by assistant regional directors (ARD) for programs and an administrator for each program area: assessment and prevention (AP), permanency/youth programs, and support services. See Attachment 1 DCF PPS Organizational Chart.

Kansas Regional Map

DCF Regions



A.1: Prevention and Protection Programs Administered by DCF

DCF PPS is responsible for administering the State's Family and Child Well-Being programs. The State administers family and child well-being services through regional offices and contracts. DCF Child Protective Services (CPS) practitioners assess child abuse and/or neglect reports to determine assignment. Practitioners in each region respond to child abuse and/or neglect and Family in Need of Assessment (FINA) assigned reports through investigation and assessment. Regional practitioners may refer a family to prevention services which could include a community primary prevention resource, FS, Family Preservation Services (FPS), or a Family First Prevention Services Act (FFPSA) grantee. Prevention services are offered to the family as support in mitigating risks, eliminating safety concerns and improving outcomes. If a child cannot remain safely in their home, the practitioner may initiate a referral to foster care (FC).

The CFSP 2020-2024 may be found on the PPS webpage at:
<http://www.dcf.ks.gov/services/PPS/Pages/PPSservices.aspx>

The current Revised Kansas Code for Care of Children [K.S.A 38-2201 *et seq.*] may be found at:
http://kslegislature.org/li/b2021_22/statute/038_000_0000_chapter/038_022_0000_article/

The current DCF PPS Policy and Procedure Manual (PPM) may be found at:
<http://www.dcf.ks.gov/services/PPS/Pages/PPSpolicies.aspx>

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A.2: Agency Mission: To protect children, strengthen families and promote adult self-sufficiency

Introducing families to available evidence-based programs (EBP) targeting increased safety, stability, and well-being is a strategy focusing on the whole family. Ensuring available services align with, meet the family's needs, and honors each family's culture increases the likelihood of engagement in services. Selecting services and collaborating with the service provider and alongside the family promotes timely interventions. Keeping children and youth safe, promoting healthy development, and guiding youth transitioning from care toward self-sufficiency have been and are the focus of efforts and strategies deployed by the agency.

"What We Believe" illustrates DCF's values and beliefs about and toward the families we serve and each other within the agency.



DCF Equity and Inclusion (DEI) – The DCF Equity Program and the DEI Committee keep lines of communication and connection open within the agency and throughout the community to normalize conversation around diversity, equity, and inclusion. By mid-year 2024, the committee will release a monthly newsletter and quarterly podcasts. These will promote the idea DEI work does not fall on the shoulders of just a few people rather it belongs to the entire organization. The focus will be to make progress together as DEI is a collaborative effort.

The DEI team consists of two full time positions. A DEI Program Consultant position was created to support the DEI Officer. The DEI Committee includes 10 members representing various DCF programs. The committee is partnering with universities and human services agencies across the U.S. to bring training and development opportunities in the areas of: allyship, cultural transformation, inclusion and belonging, strategic development, and data frameworks to the agency.

The DEI Committee’s Five Initiatives:	
Data	Collect, analyze, share, and store data to inform and spark conversation and change.
Agency Wide Conversation	Agency wide to educate staff and stakeholders, create a safe environment for difficult conversations, influence continued learning and growth.
Policy/Practice	Raise reflective questions, impact policy development and revision processes. Continue reviewing policy through the lens of DEI toward establishing an inclusive, comprehensive, and welcoming organizational culture.
Bridging Disconnect	Create unified space to improve agencywide knowledge of connections and services.
Children, Youth and Adults Matter	Focus on primary prevention and prevention for those at risk of self-harm and lifelong trauma.

Children, Youth, and Young Adults Matter: DCF is developing training to launch in 2024 focused on engaging with and supporting the LGBTQ+ community. Based on feedback from agency staff and stakeholders, the DEI Committee members are collaborating with PPS to create this training. A detailed listing of DEI Learning Opportunities are attached in Attachment 2 - DEI Trainings and Services.

Conversation: The DEI Committee invited staff to Open Houses throughout the state for reflection, engagement, and collaboration. Engagements with agency staff contribute to and support data collection and promote learning of policy and practice, a focus of the committee. In 2023, the DEI Committee held Open Houses in Salina, Kansas City, Hays, Garden City, Hiawatha, and Topeka. These allowed the opportunity for the committee to engage with 40 staff members in-person and 65 virtually for a total of 105 employees. The committee plans to host Open Houses in Chanute, Kansas City region, Western Kansas regions, and Wichita in 2024. This is a start to meet the goal of going to all DCF offices statewide by 2027. The Open Houses will continue to be hosted in-person quarterly. The DEI Committee received the following feedback from attendees of the Open Houses already held:

“Great experience, good conversation and provided a resource that works for the culture of DCF, the community and the clients it serves.”

“Growth and future oriented and committed to improving our agency.”

Bridging the Disconnect: The Committee opened conversations with DCF Operations related to safe travel for all staff. The Committee learned not all staff felt safe when traveling throughout the state due to their sexual orientation, race, or gender identity. In collaboration with operations, DCF developed points of contact to connect staff with when planning, traveling, arranging their stay, and include roadside assistance. DCF implemented the “Travel Ambassador” program to highlight welcoming places to visit while traveling.

The DEI Committee launched the Ally Support Network (ASN) in August 2022. ASN is a strategy for building an intentional agency culture around DEI where change is cultivated by collaborating human-to-human. ASN provides an opportunity to embrace diversity resulting in a united effort to promote equity, inclusion, and belonging. At the end of 2022, approximately 50 DCF staff and the Secretary had joined the network.

ASN provides a safe space for bravery, curiosity, and learning. Conversations which occur are reflective in nature allowing for growth. In November 2023, ASN held a special conversation with Academy Award winner (Best Adapted Screenplay, *Blackkkklansman*) and University of Kansas (KU) Professor, Kevin Willmott. The event was promoted agency wide. The conversation with Willmott explored themes of what it means to be an ally and identifying one's power and privilege in his project, *There's No Place Like Home: A Struggle Against Hate in Kansas*. Willmott's film is based on CJ Janovy's book *No Place Like Home: Lessons in Activism from LGBT Kansas*, which explores challenges faced by LGBTQ+ people in Kansas. ASN currently has 70+ active members.

ASN was the initial group to pilot a free training, "Allyship at Work" developed by LeanIn.org. Due to positive feedback from attendees, it was offered agency wide in March 2024. DEI sponsors, *Everyone A Leader*® (EAL) training which opened enrollment for three course sessions throughout 2024. EAL is a series of interactive, virtual workshops which equip participants with methods and tools to assist in becoming trauma-informed facilitators and leaders. DEI's vision by sharing the EAL series, is to build leadership capacity. Leadership and DEI are one and the same. EAL provides practical tools to think and act together. Participants begin brainstorming approaches to embed newly acquired practices into daily work within their agencies. In the spring, EAL was piloted for staff and community partners who identify as Black, Brown, Indigenous, or People of Color (BIPOC). The EAL foundation training is the same as participants are invited to share unique lived expertise through reflective conversations.

The Equity Program organized an event in 2024 to highlight the first time Juneteenth will be officially recognized as a state holiday. Acknowledging slavery is a difficult topic for most and the event will allow space for difficult conversations and provide education related to the impact of Juneteenth in history and present day. In addition, the event will encourage self-education about slavery, the transatlantic trade, and African culture and history.

B. Overview of the Child and Family Services Plan (CFSP)/ Annual Progress and Services Report (APSR) and the Child and Family Services Review (CFSR)

The Kansas CFSP is a five-year strategic plan covering FY 2020-2024, submitted June 30, 2019. The first annual update, APSR 2021, was submitted June 30, 2020, the second annual update, APSR 2022, was submitted June 30, 2021, the third annual update, APSR 2023, was submitted on June 24, 2022, the fourth annual update, APSR 2024, was submitted on June 23, 2023, and this is the final report, APSR 2025. Information contained within this annual update summarizes DCF activities over the past five years of this plan. In some cases, activities which are ongoing in nature may be carried forward to the CFSP. In other cases, this progress review will complete or close out reporting on the subject or activity.

DCF has responded to ACYF-CB-PI-24-02 as prescribed. Responses provided follow the Program Instruction format and can be found throughout sections C-G.

C. Requirements for the 2025 APSR

C.1: Collaboration

DCF is committed to building upon current collaborations, amplifying existing relationships and creating new intentional processes for co-creation and design in programming, policy, and practice development. DCF values innovation and ideas brought forward by diverse perspectives. The agency believes families are the experts in their lives and experiences.

The collaborative landscape at DCF includes connecting with other community agencies, organizations, state agencies, tribal partners, and other programs under the DCF umbrella. In addition, DCF is often invited to participate on panels or present program information in various forums. The following list of collaborations is fluid. Everyday new connections and partnerships are formed and will be developed in the future.

Workgroups and committees provide an opportunity for members to provide input and feedback related to a variety of activities including, but not limited to performance improvement case review results, CFSR outcome strategies/activities, and policy co-design and review. Workgroups and committees include internal and external membership.

C.1.a. Kansas Department for Children and Families

PPS Administration and Regional Administration meetings These venues provide PPS an opportunity to review outcomes as they relate to safety, permanency, well-being, and review the seven CFSR systemic factors. Information is shared regarding the Program Improvement Plan (PIP), policy changes, upcoming initiatives, and legislative topics.

PPS Policy Workgroup meetings are held weekly through the policy cycle and include policy writers representing PPS divisions. The Policy Workgroup flow includes feedback and co-design with Infusing Diverse Representative Youth and Family Voice and Expertise (IDRYFVE): Family First Family Council (FFFC), Interagency Community Advisory Board (ICAB), Kansas Youth Advisory Council (KYAC), Regional Youth Advisory Council (RYAC), and more.

Comprehensive Addiction and Recovery Act (CARA) Workgroup is in the process of being reinstated and the purpose will be reestablished. The CARA workgroup is being reestablished to ensure compliance with federal guidelines, to review current practice in Kansas for other opportunities and continue partnership regarding perinatal health when there is substance misuse. Guidance has been sought from federal partners to connect with other states to discuss current practice related to CARA and items the workgroup could focus on.

FPS Program Directors meet monthly to support new FPS contractors with program implementation. FSP Program Directors, FPS agency leadership, and Regional Assessment and Protection Administrators are invited to discuss referral numbers, outcomes, successes, and challenges regarding FPS.

Early Childhood Directors Meeting is facilitated by the University of Kansas Center for Public Partnership and Research (KU CPPR) and is held every two weeks virtually with occasional in-person scheduled work sessions. Membership includes representation from the Kansas Department of Health and Environment (KDHE), the Kansas Children's Cabinet, and DCF. The Directors of these agencies meet to collaborate, align, and learn about agency initiatives. They review early childhood programming, seek

opportunities for braided funding, develop and revise early childhood services needs assessment and engage in strategic planning. The team uses data to drive discussion and areas of focus.

The Interstate Compact on the Placement of Children (ICPC) Workgroup is facilitated by Kansas ICPC staff and meet monthly with DCF ICPC staff and Child Welfare Case Management Providers (CWCMP). Members review policies and procedures and develop clarification or revisions related to ICPC regulations and best practices. The goal is to strive for uniform application of ICPC regulation, practices and procedures across the state.

Kansas Crossover Youth State Policy Team (SPT) is a multi- agency state level collaboration which meets monthly and is charged with identifying and removing barriers faced in serving crossover youth. Membership includes representation from Sedgwick County Attorney's Office, 4th Judicial District Community Corrections, Kansas Department of Corrections (KDOC), DCF, Office of Judicial Administration (OJA), Kansas Department of Education (KSDE), Brown County Sheriff, Ellsworth Police Department, USD 237, CWCMPs, FPS providers, Kansas Family Advisory Network (KFAN), Wyandotte County Court Services, Children's Alliance of Kansas (CAK), and Kansas Health Institute (KHI). The team fosters a system of care (SOC) promoting family and child well-being, juvenile justice, education, mental and behavioral health, and legal matters. The team strives to develop planning and activities which are comprehensive and adaptable to the unique needs within an individual community. Multiple agency partnerships strengthen the SOC through information sharing, promoting continuous performance improvement, advocating, and bringing forward the voice of youth in decision making.

Permanency Advisory Committee (PAC) is facilitated by DCF and meets 4-6 times a year. Members include leadership from DCF PPS Permanency and Performance Improvement teams, CWCMPs, Tribal partners, KFAN, Kansas Foster and Adoptive Parent Association (KFAPA), Wichita State University (WSU) Caregivers Support Association, Child Placing Agencies (CPA), and foster and adoptive parents. Policy and program ideas are shared with the group based on feedback from foster parent advisory board meetings, stakeholder holder venues, youth, birth parents, relative caregivers, and case level service providers. The group uses feedback to inform practice and policy development, clarification, or revision.

Adoption Policy and Adoption Assistance Advisory Workgroup meets 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, negotiations, and re-negotiations of adoption assistance result from this workgroup. Members of the workgroup include PPS administration, regional administrators, and supervisors.

The Kansas Adoption Network (KAN) is facilitated by AdoptKSKids and meets quarterly at minimum. Members include DCF PPS Permanency administration staff, DCF regional administrators and permanency supervisors, and CWCMP representatives. New and existing adoption policies are brought to the group to review and provide input in development. The group focuses on permanency outcomes, standardizing procedures of CWCMPs, and other statewide adoption partners.

Psychotropic Medication Workgroup was initiated in 2012, to promote the appropriate prescribing of psychotropic medication consistent with current EBP for children in out-of-home (OOH) placement within the Kansas FC System. The workgroup convened specifically to address Centers for Medicare and Medicaid Services (CMS) Information Bulletin dated August 24, 2012, regarding the FC population. The workgroup is comprised of members from DCF, Kansas Department on Aging and Disability Services (KDADS), KDHE, KDOC, CWCMPs, Managed Care Organizations (MCO), physicians, pharmacists, and psychiatrists. The workgroup is responsible for the development of the Psychiatric Medication Utilization Review (PMUR) panel tasked with reviewing and maintaining the PMUR. This group is to be

comprised of medical experts familiar with the treatment of youth in FC and psychotropic medications. For additional information on the work of this group, see Health Care Oversight and Coordination Plan, Attachment 3.

Family First Prevention Services Act (FFPSA) and Interagency and Community Advisory Board (ICAB) is convened and facilitated by KU CPPR and meets quarterly. In SFY24 these groups were combined to eliminate duplicity and honor member time. There is now one meeting with all regional and statewide members. Agenda time is spent reviewing outcome data, considering gaps in service delivery, and developing strategies for improvement or growth in the prevention continuum. Meetings begin with all members together, then break out into regional groups to discuss and provide feedback on the subject matter specific to their communities. This group is a contributing partner in co-design and policy review.

Family First Family Council (FFFC)

The FFFC is an advisory board of Kansans with experience in the child wellbeing system and/or prevention services as a caregiver or youth. The goal of FFFC is to integrate family and youth voice into the FFPSA implementation in Kansas. FFFC is made of three members from each of the six DCF regions as well as members from the Family First evaluation team, the FFPSA prevention team, and KU-CPPR. FFFC members must apply to be selected and serve a one-year term. Members are required to attend at least six meetings and receive a stipend for participation, \$4,000 annually, paid in \$2,000 increments. Two co-chairs on the same payment schedule receive a total of \$6,000 annually. This group is a contributing partner in input and review of DCF policy.

Family First Case Manager (CM) Workgroup This group meets at least quarterly to discuss program process, review policy, and agency vision and culture. The workgroup focuses on improving statewide capacity and utilization of FFPSA programming and each EBP model within the program, promote best practice of the program, and enhance DCF's collaboration and coordination with the providers and community-based services. The group is comprised of FFPSA CM, their supervisors, and is hosted by the prevention team. This group is a contributing partner in co-design and review of policy.

Kansas Tribal Collaboration purpose is to discuss policy changes, suggest improvements in procedures, and communication with DCF. The group identifies unmet needs and assists with solutions. This could include supporting Tribes through transitions which could affect their capacity. DCF Tribal Specialist meets individually with each federally recognized tribe headquartered in Kansas monthly. Meetings are scheduled for the first of the year and recur for twelve months. DCF meets quarterly with the Kansas Tribes as a group. Meetings are scheduled at the first of the year for each quarter over the next twelve months. Representatives may include Tribal social service administration, Tribal Leadership/Council, Tribal case workers, Tribal Family and Child Well-Being Specialist, ACYF Children's Bureau (CB) Region 7, OJA, DCF Tribal Specialist, DCF FC Administrator, DCF PPS Legal, and additional DCF program staff as questions or requests arise.

KYAC meets monthly and serves as the voice of youth and young adults who have experienced FC custody, Tribal Authority custody, or Kansas Department of Corrections – Community Based Services (KDOC-CBS) custody at age 14 or older. KYAC is designed to empower youth and young adults by having an organized structure for them to share their experiences and provide recommendations concerning the family and child well-being system in Kansas and on a national level. Youth and young adults ages 14 to 25 may apply to participate in KYAC. Pathway FS is the current contractor to facilitate KYAC through June 30, 2023. Members include: KYAC council members, DCF Independent Living (IL) staff, CWCMP IL staff, Tribal IL staff, KDOC-CBS staff.

Kansas Practice Model (KPM) SIT was established in 2020 for the implementation of the KPM. This team was developed to create, customize, and implement a practice model which integrates different practice approaches as DCF works alongside families, their natural supports, and community partners on

the journey toward improved safety and well-being for families. The SIT is responsible to provide and respond to continuous feedback. This group meets quarterly to work on goals the KPM SIT has identified each year. The KPM SIT has approximately 25 employees from DCF from various roles, program areas, and years of experience. During SFY 2024 the KPM SIT developed a three-year vision for the impact the practice model will have on children and families in Kansas.

Kansas Practice Model (KPM) Steering Committee (KPM SC) convenes six times a year with membership across PPS administration and regions. The KPM SC works collaboratively with the SIT and DCF leadership to provide decisions which may impact implementation timelines, resource limitations/allocations, budget, continued alignment, and anything that changes the model fidelity of practice approaches.

Assessment and Prevention Administrators meet monthly to discuss current issues, trends, success and opportunity for improvement. Members include assessment and prevention program staff from administration and regions.

Statewide Kansas Kinship Advisory Board Meeting operates under the guidance of the Ministry of KFAN, in close partnership with DCF. Comprising KFAN staff, representatives from DCF and various community partners, the board convenes virtual meetings on the second Tuesday of each month, allotting one hour for each session. The aim of the advisory board is to foster collaboration and synergy among Kansas kinship programs, community partners, and DCF, with the goal of elevating the level of support provided to kinship families. This objective is realized through a commitment to keeping board members well-informed on the latest resources and services available to families in need, to help remain at the forefront of advancements and innovations in kinship care support. Each month, a board member will showcase their organization, providing an overview and addressing any inquiries from the advisory board. The Kinship Program Manager at KFAN consistently extends invitations to local and national speakers, who share insights about their resources, services, and insight pertinent to kinship care. Members of the Statewide Kansas Kinship Navigator Advisory Board include: DCF, Saint Francis Ministries (SFM), KVC Health Systems (KVC), TFI Family Services (TFI), Foster Adopt Connect (FAC), CAK, Safe Families, Stand Together Foundation, CarePortal, Unite Us, CASA, CALM, Families Together (FT) Inc., Kansas Community Health Workers, and KDHE.

Kansas Family Support Network (KFSN) Family Resource Center (FRC) Meeting is convened and facilitated by KCSL. Monthly meetings are held with the ten granted FRC agencies. This group discusses grant related information, share challenges they are experiencing, and collaborate with KU CPPR in evaluation planning to measure impact of services in their communities.

KCSL hosts quarterly gatherings of all FRCs operating throughout the state who comprise the KFSN. Attendees often include funding partners and other regional and statewide stakeholders. Facilitators support peer learning and education between FRCs and other community-based partners. Attendees are free to use the platform to share resources, information, and lessons learned with their peers. It provides space for network members to collaborate with other stakeholders throughout the state around key issues impacting families and promotes further development of the family support and strengthening efforts in Kansas.

Performance Improvement Case Reviewers/Supervisors meet quarterly to discuss any updates regarding Performance Improvement and related activities including case reviews, data trends, and feedback sessions. This group has broken down into sub-groups to review and update case read tools and guidance in addition to creating a space for systemic performance improvement resources, which they also maintain. This group has also participated in statewide collaboration reads for both in-home and out-of-home cases for learning and interrater reliability. The Performance Improvement Supervisors meet on a

monthly basis to discuss a variety of topics to help lead performance improvement activities including updates, big projects, how reviews are going, and identifying items needing accomplished. Members of the group include PPS Administration, PPS Support Services Administrators, Performance Improvement Supervisors, and Performance Improvement Case Reviewers.

Child Protection and Educator Reflection was held in February 2024 co-hosted by DCF and KCSL. The purpose of the reflection was to provide an opportunity to partner with mandated reporters in clarifying reporting. This group created the vision: Foster robust collaboration by nurturing relationships and cultivating strategic partnerships between DCF and Kansas educators, so Kansas children and families receive timely and effective support when they need it most by the people best suited to provide support. An advisory committee was established and will develop over the next year while supporting efforts of workgroups.

Wellness Collaboration team meets quarterly for the purposes of collaborating on strategies to support and enhance wellness within Prevention and Protection Services. The team is comprised of leaders within DCF from regions across the state, personnel services, administration and the PPS Wellness Coordinator.

C.1.b. DCF and the Legal Community: Continuing Legal Education (CLE) in Social Welfare

Kansas DCF identified a connection point of opportunity for ongoing improvement. The social and legal systems hold important roles in establishing safety and moving families forward towards permanency. For information regarding statewide collaboration between the OJA, Kansas Judicial Branch, and DCF, see Section C.1.k. DCF continues to intentionally collaborate with state legal, judicial, and social systems to improve communications, resolve problems, and foster solutions in child well-being.

Kansas social services and legal partners work together through communication and collaboration to better understand how systems work and how the two systems can work together to benefit and support children and families. DCF helped facilitate and participated in the annual summer training Best Practices in Kansas Child Welfare Law held on August 22 and 23, 2023. This training provided Continuing Education Units (CEU) and Continuing Legal Education (CLE) credits for participants. Attendance included a variety of child welfare stakeholders from across the state including judges, parent attorneys, guardians ad litem, prosecutors, DCF and CWCMP program staff, foster parents, CASA, CRB, youth with lived experience and others. The hybrid training allowed for greater attendance across the state. The theme of the training was older youth in the child welfare system. Sessions included authentic engagement with youth presented by young people with lived experience, the DCF Independent Living (IL) program and the services provided, an in-depth look at pre-employment transition services (Pre-ETS) and various career options for young people in the child welfare system. During this training, Kansas Supreme Court Justices announced the first Kansas Child Welfare Summit (CWS) to be held on April 15, 16, 2024.

Since the announcement of the CWS in August 2023, DCF intensively collaborated with OJA, the Kansas Judicial Branch and many other stakeholders to plan this event. A CWS committee was formed that engaged representatives of an extensive group of child welfare stakeholders including the Kansas legislature, Guardians ad Litem (GAL), prosecutors, parent attorneys, Tribal nations, judiciary, foster parents, IDRYFVE, case management, CRB, CASA, KDADS, and DCF staff. This committee created, reviewed, and discussed purpose, mission, and goals of the summit, who should participate and attend and potential next steps for post-summit deliverables.

On November 30, 2023, in collaboration with the 22nd Judicial Court, DCF regional legal staff provided a Child in Need of Care (CINC) Court Training for CWCMP KVC staff. Topics included: CINC law, How to Testify, Q&A, Court Expectations, and Decorum.

DCF desires to continue to engage in strengthening and expanding relationships with judicial and legal partners and developing new ways to increase and improve shared trust and advocacy providing for and promoting healthy families across the state.

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

Kansas DCF and the Children’s Division of the Missouri Department of Social Services continue to operate under a border agreement for the placement of children across state lines. Proposed placements must be within 60 miles of the border in each respective state. Placements made under this agreement are not to exceed 30 calendar days unless an ICPC request has been initiated. Under this agreement, children may be placed closer to their family and support network, even if the placement is in the other state.

Please see Attachment 4 Kansas/Missouri Border Agreement.

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

DCF PPS will continue to collaborate with the GBHSPC by maintaining a representative to serve on the council and subcommittees. The Director of Medicaid and Children’s Mental Health is a council member and the standing representative for these monthly meetings. The annual recommendations from all subcommittees including the Subcommittee on Children’s Mental Health are presented to the Secretary of KDADS and other state department secretaries are invited to attend.

The Subcommittee on Children’s Mental Health was initiated in 2004, with a membership voice of lived experience including, parents, client youth, caregivers, educators, service providers, state school system, state agencies including KDOC-CBS, KDADS, and DCF 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 conducts research, evaluation, and makes recommendations to the GBHSPC annually. The goal is to improve the collaboration and array of behavioral and mental health services offered between the systems of care to children and their families through Kansas Community Mental Health Centers (CMHC), the education system, and other children’s service systems. Activities are directed toward collaboration, education and advocacy for children and their families.

Three areas of focus for 2023 – 2024:
Continuing work with KSKidsMAP program
Support initiatives for transitional age youth with an emphasis on Intellectual Developmental Disability (I/DD) population and supporting families
Early childhood mental health services focusing on prevention, positive childhood experiences, and health pregnancy/postpartum impact on development and identifying resources needed through the development in the early years.

C.1.e. Systems Collaboration

In Kansas, programs and services impacting children in custody of the Secretary of the Kansas DCF, are provided by DCF, KDADS, KDHE, KSDE, and KDOC-CBS, and community service providers and organizations. These programs and services include Medicaid (KanCare), Home and Community Based Services (HCBS) waiver service, CMHC, I/DD services, Psychiatric Residential Treatment Facilities (PRTF), state hospitals, KDOC-CBS, and early childhood education. As a result, the ongoing collaboration of all State agencies is essential to ensure the health and well-being of children in the custody of DCF.

Collaboration with other State agency and community organizations occurs individually and in various workgroups with each of these agencies and DCF for many years. Since 2019, DCF and KDADS share leadership from the same Secretary. This has dramatically increased the communication and collaboration between the two agencies.

In previous years, system coordination and collaboration were identified as areas where opportunities for growth were present to improve health care oversight and coordination for children in DCF custody. In

Kansas, key system collaboration workgroups exist. Here are a few examples of this coordination/collaboration through meetings and service development:

FC in KanCare	Provides advice and consultation to KDHE and KDADS regarding KanCare issues which affect children in state custody. The workgroup meets monthly and is comprised of representatives from DCF, KDHE, KDADS, KDOC-CBS, Family, CWCMP, and three Medicaid MCOs.
State Agency FC in KanCare	Provides advice and consultation to KDHE and KDADS regarding KanCare issues which affect children in state custody. The workgroup is comprised of state agency representatives. This group meets, at a minimum monthly, and at times twice monthly. The focus is on busting barriers and state agency coordination specific to children in DCF custody. Representatives include multi-state/community agencies to support ongoing collaboration.
PRTF Stakeholders	This group works on issues related to children in FC who are receiving or need to receive treatment in a PRTF. This group meets bi-monthly and is coordinated by PRTF providers. Participants include PRTFs, KDADS, DCF, KDOC-CBS, KDHE, CWCMPs, and three MCOs.
Complex Case Staffings	DCF partners with KDHE, KDADS, and MCOs to reduce the number of children on the PRFT waitlist through reviewing the status and services provided to each youth on the waitlist, occurring every two weeks.
Children's Behavioral Interventionist (CBI)	CBI became a new Medicaid covered service in Kansas in October 2023. The intent of this Medicaid billable services is for intense support provision in the home and community where a child resides. The goal is to increase behavioral functioning in daily living activities, stabilize the child in their home and community settings and eliminate need for high levels of treatment.
Treatment Transaction Rate	This rate allows reimbursement for the cost of being active and present in the youth's discharge planning. The rate is available to the caregiver for up to 6 months (180 days) while the caregiver engages in additional services needed to help transition youth into their care.
Mobile Response and Stabilization Services (MRSS)	MRSS is a rapid response, home- and community-based, crisis intervention model customized to meet the developmental needs of children, youth, young adults, and their families. MRSS de-escalates and stabilizes by responding to youth and families in their homes and communities and connecting them to community-based supports. MRSS is grounded in the "No Wrong Door" and Systems of Care (SOC) values and principles. Helplines include 988, Carelon, or the CMHC crisis line. This service is available to any youth between 0-20 years of age.
Children's Crisis Respite Programs	The purpose is stabilization of youth and families. These centers also build capacity of non-hospital or non-PRTF services for youth ages 5-17. These centers provide services within a defined geographical area through consultation, Technical Assistance (TA), crisis intervention, crisis stabilization, and care management so youth can remain in their community. Family Service and Guidance Center (FSGC) currently operates Childrens Crisis Respite Programs and Compass CMHC operates a facility in Garden City. Additionally, KDADS has executed three contracts for the development of new crisis respite centers. KDADS continues to work on further development to increase coverage across the state.
Children's Mental Health Policy Academy	Kansas was selected as one of the states for the Children's Mental Health Policy Academy through Annie E. Casey. "The purpose of the policy academy is to convene state interagency teams - including child welfare, juvenile justice, behavioral health, Medicaid, and K-12 public education- to collectively strategize, learn from innovators in the field and promote cross system alignment to drive outcomes for children, youth and families, strategically layering on missing components."
KSKidsMAP	A partnership through KDHE and KU School of Medicine-Wichita Departments of Pediatrics and Psychiatry & Behavioral Sciences. This program supports primary care physicians and clinicians in Kansas through a telehealth network of treatment for children and adolescents with a variety of mental and behavioral health needs and allows clinicians to connect with a social work care coordinator for referral information and mental health resources. The team provides recommendations and education based on best practices to screen, assess, diagnose, and treat children and adolescents who are presenting with behavioral challenges.
One Care Kansas (OCK)	KDHE has implemented OCK, which provides coordination of physical and behavioral health care with long term services and supports for people with chronic conditions. OCK expands upon medical home models to include links to community and social supports. The program focuses on whole person health to manage health conditions through open communication amongst all providers to provide comprehensive treatment.

Below is a table providing the number of youth in FC who were enrolled in OCK each month from January 1, 2023, through December 31, 2023.

Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023
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269	278	262	240	221	170	158	119	116	113	110	98
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The drop in enrollment is a result of 1 MCO working with providers to clean up their enrollment rosters and close out the members who opt-outed or refused service over the previous several months.

C.1.f. Kansas Department of Corrections – Community Based Services (KDOC-CBS) and the Office of Judicial Administration (OJA)

DCF PPS, OJA and KDOC-CBS collaborate on issues which affect populations in the custody of or served by DCF or KDOC-CBS.

In October 2019, Kansas began working with Georgetown University’s Center for Juvenile Justice Reform (CJJR) to address statewide crossover issues and to implement the Crossover Youth Practice Model (CYPM) in two selected pilot sites. This work included guiding sustainability of the CYPM in an established community. CYPM is a multi-system and multi-agency effort intended to identify and ameliorate barriers for youth who cross between systems in Kansas. The CYPM was established in 2010 and has since been introduced in over 120 jurisdictions across the United States. Research demonstrates the CYPM is effective in reducing OOH placements and recidivism while increasing prosocial outcomes among crossover youth. Crossover youth are young people who are involved with both the juvenile justice and child and family well-being systems. The CYPM has been recognized as a “promising practice” by the California Evidence-Based Clearinghouse and the National Institute of Justice and is featured in the Office of Juvenile Justice and Delinquency Prevention’s Model Programs Guide.

KDOC-CBS, DCF, and OJA support the CYPM at both state and local levels. With guidance from CJJR the stakeholders initiated the Kansas Crossover SPT in the Fall of 2019. In addition to founding agencies collaborating on this project, there are now representatives on the SPT from various fields including:

Mental Health	Behavioral Health	Education	Court and Legal
Law Enforcemnt (LE)	Tribes	Lived Expertise	CWCMP

To ensure consistency statewide and across systems, the Crossover Youth Policy and Practice Coordinators (Coordinators) from DCF, KDOC-CBS, and OJA meet weekly to share information, discuss upcoming meetings, and troubleshoot concerns. The SPT consists of a larger steering committee to identify and discuss focus areas of the CYPM and smaller subcommittees to perform the hands-on work for implementation. Coordinators are responsible for guiding and facilitating the SPT’s subcommittees and workgroups. They provide support, training, and TA for community-level initiatives.

The SPT identifies challenges and creates opportunities in policy and processes related to cross-county cases. This can include discussion around youth under courtesy supervision of the court, improving communication between FC providers and Juvenile Intake and Assessment Services (JIAS), and improving compliance with the Indian Child Welfare Act (ICWA). For example, the SPT addressed the difficulty in identifying a youth’s involvement with systems upon appearing at JIAS after an arrest or receiving a Notice to Appear (NTA). A contact list was created to assist JIAS with identifying crossover youth. The list contains director level phone numbers and on-call or afterhours numbers for CWCMPs and Tribes. Early identification of youth involved in both systems is necessary to begin communication and collaboration between systems immediately. The list will be provided to others to help build relationships across local juvenile justice and child and family well-being systems. See Attachment 5 for contact list.

The SPT steering committee and subcommittees meet every third Wednesday of the month. The Policy subcommittee is reviewing DCF policy and developing recommendations for change to include expanding communication and coordination between agencies. The Practice subcommittee is developing guidelines for multidisciplinary team meetings to address and/or prevent youth crossover. The subcommittee is also

creating a proposal to the Juvenile Justice Oversight Committee (JJOC) requesting funding for local/community coordinator position(s) modeled after the Crossover Facilitator position in Sedgwick County. This position models, assists in, and supports local implementation. See Attachment 6 for The SPT state flyer.

The SPT defined the term crossover youth to promote consistent language across the state. Crossover youth is defined as: any young person aged 10 and older with any level of concurrent involvement with child welfare and juvenile justice systems. Involvement in the juvenile justice system includes court ordered community supervision, and Immediate Intervention Programs (IIP). Involvement in the child welfare system includes OOH, an assigned investigation of alleged abuse or neglect with a young person named as alleged perpetrator, and/or participation in voluntary/preventative services currently open for services.

The definition has been adopted at the local level in Shawnee, Montgomery, and Sedgwick counties. Guidance provided by the SPT applies to all jurisdictions focused on crossover youth. The definition has been added to the KDOC-CBS Supervision Standards and the DCF PPM.

In November 2021, DCF, KDOC, and OJA entered a Memorandum of Understanding (MOU) to support improvements in collection, tracking, and analysis of data as it relates to crossover youth. This allows the agencies to make data driven decisions regarding service availability for youth. See Attachment 7 for the DCF, KDOC, OJA MOU.

Data has been collected from DCF, KDOC and OJA on crossover youth from FY2020 to FY2023. The KDOC Research Department is working on matching the data from each agency to find youth who experience crossover between systems. Once complete, aggregate reports will be created and shared with stakeholders. Aggregate reports may include, but are not limited to, crossover youth demographics (age, gender, and race), county of origin, county where the youth first engaged with the second system, and other attributes. Once this process is well defined, the three agencies will collect data every six months, share data with the KDOC research department, and aggregate reports will be shared annually.

Shawnee and Montgomery counties are piloting implementation of CYPM. Each county created a Leadership Team to oversee and support the direct work of implementation. Counties also created Implementation Teams to design and carry out CYPM based on the needs within their jurisdiction. Montgomery County opted to have a combined team based on jurisdiction size. Shawnee County created separate Leadership and Implementation teams.

Pilot counties held conversations regarding ways a youth interact with both the juvenile justice and child and family well-being systems when they cross from one system to another. Each county is in final stages of drafting protocols to support and guide collaboration between systems based on these discussions and the identified needs in their communities. One example of a pathway identified includes youth who are in FC, arrested, and taken to JIAS. At in-person meetings in each county in January 2023, CJJR presented protocol maps to be used as desk guides to be used as a visual protocol for the pathway mentioned above.

See Attachment 8 for the SNCO Protocol Map and Attachment 9 for the MGCO Protocol Map.

A second pathway identified by the teams includes youth involved with FPS or who are arrested and taken to JIAS. Teams have started drafting protocol. Upon finalization of each pathway protocol, training will occur for staff from all systems for formal implementation of processes.

Involving youth and families as partners is a key element of the CYPM. Involving those with lived experience in making decisions which impact them demonstrates the value of these individuals and increases the likelihood decisions will meet their needs and be accepted. Shawnee County conducted a listening session which provided a safe space for individuals to share their experiences. Parents,

guardians, and caregivers who have youth with lived experience were invited to participate in the listening sessions. With only one parent available to participate in the session, a survey was issued to gather additional feedback. Responses were synthesized into a report used to inform and identify future actions. For example, respondents expressed a lack of understanding of the physical layout, processes, and services provided at a detention center and correctional facility. The Shawnee County Juvenile Detention Center took pictures of their facility and are currently creating a video to publish on their website. The Kansas Juvenile Correctional Complex (KJCC) will be doing this as well.

Sedgwick County is implementing the CYPM throughout its systems. Current protocols and processes have been mapped and identification of system gaps and opportunities for improvement is ongoing. Sedgwick County has a designated Crossover Youth Facilitator who leads crossover work in the county. This position is a DCF employee who is housed at the Juvenile Intake and Assessment Center (JIAC). Like the pilot sites, the Sedgwick County CYPM team has an oversight committee which meets monthly to examine processes and practices to better serve this population. Multi-Disciplinary Team (MDT) meetings were implemented in 2023 to bring together agencies to identify potential services and supports to help prevent crossover of identified youth who meet risk criteria. Agencies involved with CYPM work are partnering with the Sedgwick County Department of Corrections to bring Individualized Justice Plans (IJP) back to Sedgwick County. IJP are developed for dually diagnosed youth who may encounter LE due to their behaviors. The plans are intended to divert youth from arrest or further LE contact. Data and demographics are being tracked to get a clear picture of the CYPM population in Sedgwick County and what can be done to better serve these youth.

Coordinators formed two additional workgroups outside of the regular SPT, Montgomery, Shawnee, and Sedgwick CYPM teams in response to discussions around state and local changes.

The first workgroup relates to House Bill 2021 which amends the Revised Kansas Code for Care of Children (CINC) and the Revised Kansas Juvenile Justice Code (JO) to require: If a child is eligible to receive services from the Kansas department for children and families, the department of corrections or the judicial branch, such agencies shall collaborate to provide such services. Nothing in this subsection shall preclude the child from accessing services provided by the Kansas department for children and families, the department of corrections, the judicial branch or any other state agency if the child is otherwise eligible for the services.

DCF, in collaboration with KDOC and CWCMPs and FPS providers, selected the Child and Adolescent Functional Assessment Scale (CAFAS) for assessing youth referred to FPS or FC for services offered through KDOC-CBS. This workgroup met to outline a process for referral. The process was implemented November 13, 2023. The workgroup continues to meet monthly to discuss the referral process and troubleshoot concerns identified by staff. Members include representatives from the CWCMPs, FPS, DCF, KDOC-CBS, OJA and local judicial district representatives. See Attachment 10 for the CAFAS Referral Form.

The second workgroup was formed to address youth who are in FC and are sentenced to KJCC. While in KJCC, the CWCMP continues to be responsible for case planning, placement planning upon release, monthly worker/child visits and case management. The workgroup is drafting protocols for sharing information, communication, and collaboration between the CWCMPs and KJCC.

Coordinators presented at various conferences across the state throughout this past year. This included the Kansas Court Appointed Special Advocates (CASA) Conference, the 47th Annual Governor's Conference, and the Kansas Citizen Review Panel (CRP): Intake to Petition (ITP). Attending meetings and presenting at conferences aids in raising awareness about the CYPM project. Information shared included an overview of the CYPM, Kansas initiatives, and formal and informal ways for staff to support crossover youth within their communities. At each of these conferences the Coordinators encouraged participants to

start building relationships with other community providers to enhance communication and coordination for crossover youth and their families. Participants were given the statewide CYPM Coordinator's contact information for assistance in collaboration and with making meaningful connections. Flyers will be used in the upcoming year at presentations and conferences.

See Attachment 11 Judicial Involvement for Crossover Youth and Attachment 12 Understanding Crossover

C.1.g. Kansas Early Head Start

Kansas Early Head Start (KEHS) is a social service and child development program. It is an initiative providing grants to local Head Start programs to serve pregnant women, infants, and toddlers. In 1998, the Kansas Legislature approved funding for 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 Administration for Children and Families (ACF) the U.S. Department of Health and Human Services (HHS) and its Region VII Kansas City Office.

All services delivered through KEHS are guided by the Community Needs Assessment conducted every five years. This is a comprehensive evaluation of the community and population, including demographics, geographical area, economic distribution, and existing resources for children and families in the areas of education, health, social service, and early intervention for disabilities. Data is collected from members of the general community and representatives from FS professions in the area and are gathered via open forums, town meetings, individual interviews, focus groups, community surveys or other methods capturing stakeholder voice.

DCF awards grants to 11 KEHS programs in 44 counties, with 950 enrollment slots. Depending on what model the grantee offers, families can choose to enroll in either Kansas Early Head Start Home Visitation (KEHS-HV) or Kansas Early Head Start Child Care Partnership (KEHS-CCP).

KEHS-HV services are modeled after the federal EHS home visitation (HV) program created by the U.S. Congress. This model primarily serves pregnant women and families with infants and toddlers who meet poverty guidelines. Services include weekly 90-minutes home visits, comprehensive health and mental health services.

The KEHS-CCP service model is a qualitative initiative requiring KEHS grantees to partner with community childcare providers. The model primarily serves families with infants and toddlers meeting the poverty guidelines and can also be provided in a center-based infant or toddler classroom operated by the KEHS grantee. Goals include increasing availability of childcare for infants and toddlers and increasing quality of childcare for all Kansas children. The model allows KEHS programs to provide quality training to childcare providers. Childcare through the DCF Child Care Assistance program is included and offered to parents who are employed, attending school or in a job training program. KEHS-CCP supports childcare to meet federal Head Start program performance standards. The program is funded through the Child Care Development Fund (CCDF).

Both KEHS-HV and KEHS-CCP follow EHS performance standards. At a minimum each require 10% of total enrollment slots be made available to children with disabilities and support child growth in language, literacy, and social and emotional development. The role of the parents is emphasized as the child's first and most important teacher. Both provide opportunities for parents to enhance their parenting skills, knowledge and understanding of education and development needs of their children. Parents are provided opportunities for personal growth and support in meeting their goals. The programs strive to meet the unique needs of each child and family to include early childhood, parent, and nutrition education and family support services. Services are voluntary. Grantees collaborate with community partners to promote

quality services to children and families, including local health departments, Part C-Infant Toddler Service providers (ITS), Parents as Teachers (PAT) and higher education institutions.

KEHS is an evidenced-based prevention program. All KEHS programs have met or exceeded the expected outcomes:

Pregnant women and newborns thrive.	Children live in stable and supported families.
Infants and children thrive.	Children enter school ready to learn.

KEHS is an exceptional service for all families to prevent maltreatment and OOH placement. KEHS-HV and KEHS-CCP models provide childcare services for young children which promote socialization and proven educational services. Both include an in-home parent skill building component. Children who may otherwise be isolated experience outside interaction and connections. Receipt of services including FS, FPS, FFPSA, and FC, to include OOH placement, remain eligible for KEHS services if the other program eligibility requirements are met. All children under the age of three, who are affirmed or substantiated as victims of abuse or neglect, are referred to Kansas Infant-Toddler Services for early intervention assessment. See DCF PPS PPM 2543 Affirmed or Substantial Case Findings on Children Under the Age of Three.

C.1.h. Jobs for America's Graduates – Kansas (JAG-K)

DCF facilitates ongoing collaboration with the JAG-K program. JAG-K is primarily focused on high school graduation and delivering competencies of the JAG model. The JAG-K program is included in transition planning for older youth in attaining secondary education. The collaboration between PPS and JAG-K supports youth by advocating alongside them to meet their educational goals.

Between Fall 2013 and Spring 2019, 180 youth in FC participated in the traditional evidence-based, national program. Ninety-five percent (95%) of these youth graduated from high school exceeding state and national graduation rates for youth in care. Many students stayed in one JAG-K program throughout high school or transferred to another school with a JAG-K program.

DCF partnered with JAG-K to launch Success Academy in Spring 2018 to help Kansas students in FC have a better chance of realizing positive outcomes. The first cohort of 10 students were academically behind and none were on track to graduate. At the end of the semester, seven of the students were on track to graduate and both seniors graduated. Seven of eight seniors graduated (88%) from the pilot. JAG-K staff continued to work with the non-graduate for 12 months until the student graduated in May 2020. Kansas City and Topeka were added to the Success Academy in 2018-2019. For the 2019-2020 school year, JAG-K added a West Region program.

In 2020, JAG-K changed the name of the program from Success Academy to Transition Services (TS). The COVID-19 pandemic affected the overall referral numbers and enabled JAG-K to institute new and creative ways to reach students virtually.

TS has four essential components:
A TS Career Specialist is dedicated a maximum of 25 students and will serve as an education advocate and mentor. If a student moves to another region, they are provided wrap-around services and may work with TS Career Specialists in both regions.
Online credit recovery and core classes are provided to help students catch up and stay on track even in times where their placement may not be stable. In December 2023, TS launched their own credit recovery program re-utilizing the name Success Academy to partner with schools in providing credits earned to highly mobile youth.
Students are enrolled in the traditional JAG-K program if one exists, has space available, and the student is prepared for the environment. If a JAG-K program is not available, the TS Career Specialist works one-on-one or in small groups with the student(s) to introduce and help the student(s) master newly updated and specifically developed for TS JAG-K competencies. Competencies align with what students who are highly mobile or system-involved need, while also supporting the JAG-K model. This includes, but is not limited to encouragement, support, project-based

learning activities encompassing education, academic remediation, career development, financial literacy, leadership opportunities, life skills, health and well-being, and employer engagement. The collaboration between PPS and JAG-K encourages both programs to look for improved methods to meet the needs of older youth in FC and has provided greater support to the youth served by both systems.

JAG-K TS Career Specialists maintain contact with graduates for 12 months following graduation. This follow-up service enables the specialist to help the student maintain stability and connection with appropriate aftercare services. If the student leaves school without graduating, the specialist will provide support, referrals, and accountability to promote graduation within those 12 months.

At the time of this submission, TS has served over 540 students since its launch in 2018 and is serving 89 students in the 2023-2024 school year. See numbers served and graduation rates by academic year in the chart below:

JAG-K Outcomes for Students in Foster Care during the Transitions Era from 2017-2021						(2021 is the last cohort group to complete Follow Up)			
Students in Foster Care in Traditional JAG-K Programs average a 92% graduation rate while Transitions Services average 80%, compared to Kansas Public Schools at 61% 2022-2023 is the class currently in Follow-Up until May 31st, 2024. Outcomes may increase based on student successes									
	# of Students in Foster Care Served		# of Seniors in Foster Care		# of Graduates in Foster Care		Graduation Percentage of Foster Care		
Academic Year	JAG-K Programs	Transitions Services	JAG-K Programs	Transitions Services	JAG-K Programs	Transitions Services	JAG-K Programs	Transitions Services	
2017-2018	111	16	24	2	24	2	100%	100%	
2018-2019	161	43	36	6	30	5	83%	83%	
2019-2020	220	72	48	20	42	14	88%	70%	
2020-2021	180	58	49	22	41	18	84%	82%	
2021-2022	207	61	46	15	39	13	85%	87%	
2022-2023 In Follow-Up	232	86	52	17	49	15	94%	88%	
						Average 2017-2021:	124/138	90%	52/65 80%
						Average 2013-2021:	182/198	92%	52/65 80%

C.1.i. Community-Based Child Abuse Prevention (CBCAP)

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

In 1999, Kansas lawmakers demonstrated a strong commitment to the state's future by enacting legislation to transform the original trust fund into the Kansas Endowment for Youth (KEY) Fund and the Children's Initiatives Fund (CIF). This landmark legislation dedicated Kansas' annual payments from the Tobacco Master Settlement Agreement to the KEY Fund and the CIF and created the Children's Cabinet. The Children's Cabinet is charged with developing and implementing a coordinated and comprehensive early childhood care and education system, aligning, and facilitating interagency cooperation, and advising the governor and legislature regarding investments in early childhood programs and services.

The Children's Cabinet is a 15-member committee consisting of appointees by the Governor, state legislature, and ex-officio members. The Children's Cabinet advises the Governor and Legislature regarding use of money credited to the CIF and assesses programs receiving CIF money. The Children's Cabinet partners with the KU-CPPR to assess CIF programs using an accountability framework. The framework encompasses a multi-phase process of information gathering, assessment of programs, and recommendations.

DCF's FPS is partially funded by CIF funds. This program solely serves families referred by PPS. See Item 2: FPS. Other CBCAP and CIF-funded programs are available to children and families receiving PPS services if they meet eligibility requirements. DCF is working to improve communication by sharing information with CBCAP programs to better serve and provide preventative services to families in Kansas.

The Children's Cabinet and DCF work cooperatively together through an inter-agency agreement which establishes the working relationship, duties, and responsibilities between them. The DCF Secretary is an ex-officio member of the board for the Children's Cabinet and is represented by the DCF Director of

Economic and Employment Services. Members from DCF programs serve on the Kansas Early Childhood State Directors Team, led by the Children's Cabinet. This team meets twice a month and includes members from KDHE, KSDE, DCF, and KU-CPPR. The State Directors team guides the early childhood systems-building effort, makes key decisions, generates pathways for statewide collaboration, ensures consistent communication and messaging, and develops solutions for challenges that arise.

Through CBCAP, the Children's Cabinet encourages and supports collaborative planning efforts in early childhood care and education, primary prevention, and child and family well-being. In FY2024, six communities and one statewide grantee were awarded CBCAP funds. These programs provided a range of services targeted to the unique needs of their communities. These include parent and child education programs, parent support groups, adult support services, parent substance use support, crisis nursery services, case management for families in crisis, supportive housing, home visiting, parent leadership opportunities, and professional training and education. Additionally, Supplemental CBCAP American Rescue Plan Act (ARPA) funds supported five additional projects -- preventive legal services in Shawnee County, family engagement in libraries in Southeast Kansas, care coordination, prenatal education, home visiting, and peer-support for pregnant women, the addition of a new Family Resource Center, childcare professional academy, and incubation center to support and expand the childcare workforce in Douglas County.

The Children's Cabinet Early Childhood Coordinator is a member of the FFPSA and Services Statewide ICAB, bridging efforts between FFPSA and CBCAP funds to strengthen prevention continuum of care (CoC). Additionally, the Children's Cabinet co-leads Kansas' efforts to reimagine the child welfare system through the Thriving Families, Safer Children national movement, along with state directors and community leaders representing child welfare, early childhood, education, public health, and individuals with lived expertise. As a Thriving Families, Safer Children participant, Kansas is committed to significant and real change that creates safer, more nurturing environments for children.

C.1.j. Citizen Review Panels (CRP) / Children's Justice Act (CJA)

The Children's Justice Act (CJA) grant funding aids states and territories with improving their approach and response to child abuse and neglect. The focus of the funding is to create systemic change, preventing additional trauma to child victims, and protecting their rights. Section 107(a) of the Child Abuse Prevention and Treatment Act (CAPTA) outlines the purpose of CJA funding. A requirement for this funding is the development and implementation of CRP.

Kansas has three CRP each consisting of multiple stakeholders from child well-being professionals, volunteers, legal partners, state agency personnel, and lived experts. Panel members are community stakeholders who are focused and passionate about reviewing the state child well-being system and making recommendations for improvement.

The ITP serves as the CJA Taskforce. The ITP and the Custody to Transition (CTT) make up two of the CRP panels in Kansas. Each meet separately and have members focused on either ITP or CTT review of policies, procedures, and practices of the state child well-being system respectively. Both CRPs help guide the child well-being community in determining if child protection responsibilities are being met, ensuring lived experience is included in assessing system functioning and identification of areas for improvement. Each CRP meets every other month and include collaborative partners and representatives from DCF (Tribal Specialist, CJA Grant Administrator, CAPTA PA, and DCF Deputy Director of Prevention Services). CJA grant recipients and subject matter experts (SME) from DCF program areas attend and present to the CRPs as information is relevant or requested.

The CRP-ITP panel and Task Force Report for 2023 outlines purpose, function, process, membership, goals, and recommendations from the panel to Kansas DCF. See Attachment 13 for the CRP ITP 2023 Annual Report and Attachment 14 for the CRP ITP 2023 Annual Report Response.

The CRP-CTT Report for 2023 outlines the purpose, function, process, membership, goals, and recommendations from the panel to DCF. See Attachment 15 for the CRP CTT 2023 Annual Report and Attachment 16 for the CRP CTT 2023 Annual Report Response.

DCF dedicates CAPTA funds toward a contract with Mainstream Nonprofit Solutions to facilitate the ITP and CTT CRPs. Mainstream Nonprofit Solutions also writes annual reports for each panel and assists with preparing the CJA Three-Year Assessment.

The Kansas State Child Death Review Board (SCDRB)- Serves as the third CRP. The SCDRB examines trends and patterns to identify risk factors in the deaths of children from birth through 17 years of age. The board meets monthly and is facilitated by the Executive Director of the Board, who is with the Office of the Attorney General (AG).

See Attachment 17 for the SCDRB Annual Report and Attachment 18 for the PPS Deputy Director of Safety and Thriving Families response to the Board's recommendations.

DCF continues to conduct reviews on cases where severe maltreatment or child death has occurred. Data is gathered from these reviews and assists in decisions regarding changes in policy and practice, understanding staff experience, and identifying need for systemic change. Kansas continues to collaborate with partners in developing and implementing a statewide plan to prevent child maltreatment fatalities by involving and engaging relevant public and private agency partners, including those in public health, LE and the courts.

C.1.k Collaboration between DCF and Judicial Branch: Kansas Court Improvement Program (CIP)

Collaboration continues between Kansas DCF and the Kansas Judicial Branch through DCF's participation on the Supreme Court Task Force on Permanency Planning (SCTFPP) and the Kansas Judicial Council Juvenile Offender/Child in Need of Care (JO/CINC) Advisory Committee. DCF is a member on the SCTFPP and the JO/CINC Advisory Committee.

The SCTFPP is a multidisciplinary committee that advises the court on ways to improve the care of children who are under jurisdiction of the court. Its responsibilities include developing and implementing a strategic plan for child welfare oversight; collaborating with district courts, DCF and Native American tribes in Kansas; developing and implementing statewide child welfare training; and reviewing federally funded child and family services. The SCTFPP is made up of various child welfare stakeholders including judges, a tribal attorney, DCF attorney, parent attorney, Guardian ad Litem, prosecutor, CASA, CRB, mental health or behavioral health treatment providers, substance abuse treatment providers and KSDE attorney.

The JO/CINC Advisory Committee monitors the Revised Kansas Code for Care of Children and the Revised Kansas Juvenile Justice Code and studies issues relating to juveniles. The JO/CINC Advisory Committee monitors and updates, as necessary, the forms it prepared for use under the Revised Code for Care of Children and the Revised Juvenile Justice Code. The Advisory Committee includes representatives from the judicial, legislative, and executive branches of government and child welfare stakeholder professionals. The implementation of FFPSA involved collaboration between the judicial, legislative, and executive branches of government during the 2019 Legislative session. Representatives from each branch met jointly and developed legislation to implement FFPSA, specifically the requirements related to the Qualified Residential Treatment Programs (QRTF) established by FFPSA. The legislation was successfully passed during the 2019 Legislative session and signed into law by the Governor. The Kansas Judicial Council and SCTFPP developed the needed court notices and journal entry forms which were approved and posted on www.kansasjudicialcouncil.org. Collaboration related to

ongoing implementation of FFPSA continues. A SCTFPP subcommittee worked on development of updated bench cards related to QRTPs. SCTFPP approved these updated QRTP bench cards in 2024.

In collaboration with DCF, OJA conducts Best Practices in Child Welfare Law Trainings twice per year (Spring and Summer). Participants include various stakeholders in the child welfare system and may include judges, county and district attorneys, agency attorneys, parents' attorneys, guardians ad litem, CASA and CRB programs and volunteers, DCF staff, and CWCMP staff, foster parents, young people with lived experience, and other child welfare stakeholders and professionals.

Since the fall 2023, DCF has partnered and collaborated with OJA, the Kansas Judicial Branch, and child welfare stakeholders to develop and plan the Child Welfare Summit, which was the first of its kind held in Kansas. A Child Welfare Summit committee was formed that engaged representatives of an extensive group of child welfare stakeholders including the Kansas legislature, GAL prosecutors, parent attorneys, Tribal Nations, Kansas judiciary, foster parents, youth with lived expertise, CWCMP, DCF staff and others. With significant leadership and support from Kansas courts, this committee created, developed, and planned the purpose, mission, and goals of the summit, participants, action plans for judicial districts and potential next steps for post-summit deliverables to ensure ongoing communications between stakeholders. More about the Child Welfare Summit is provided in C.1.p.

C.1.l Human Trafficking (HT) Prevention and Initiatives Program

The Anti-HT Program was established in 2018 and is within PPS. The program manager was hired in August 2018 to lead the department's initiative to develop a comprehensive response for youth in DCF custody, who are victims, or at risk of becoming victims of HT. The HT program will also develop cross systems collaboration. In 2021, the program became part of the youth programs and in 2023 the name of the program was changed to HT Prevention and Initiatives Program to emphasize prevention and related initiatives stemming from the program to address HT.

HT Prevention and Initiatives Program Mission Statement and Goals	
Mission Statement	To identify and serve child victims of HT through a collaborative multidisciplinary approach by providing comprehensive trauma-informed holistic services that promote safety, advocacy, and restoration.
Identification	The key to responding to the needs of this population begins with identifying victims. DCF uses an evidenced-based WestCoast Commercial Sexual Exploration-Identification Tool (CSE-IT) developed by the WestCoast Children's Clinic. Thirty-six (36) child welfare agencies in the US also use this tool. Each of the four CWCMP IRTs use the CSE-IT when responding to law enforcement, the courts or JIAC. Each CMP uses an individual screening tool are used to screen each child who is recovered or has returned from a runaway episode and my request IRT intervention based on screening results. KPRC assigns all reports related to HT.
Service Provision	Victims of child trafficking have a continuum of needs from intervention through restoration to be addressed. These services need to be delivered through a comprehensive model including a victim-centered and trauma-informed approach. Providing individualized services must be a priority to help a child heal and recover.
Collaboration	No single system can successfully combat HT. Trafficking requires a multidisciplinary and multi-system response. DCF is a member of the Kansas AG's Office Human Trafficking Advisory Board (HTAB) and works with other state agencies, LE, non-profits, state-wide taskforces, and community organizations to address trafficking in the state.
Training/Education	Building a successful child welfare response begins with training and education. DCF partners with other state agencies, state and local LE, and non-profits to provide multidisciplinary training to workers and partners.
Prevention	Deliberate efforts to prevent HT are critical to reduce youth vulnerability and the likelihood of exploitation through building supportive protective factors such as strengthening families, providing stability in FC, and prevention education to increase youth resiliency.

Federal Law Requirements on HT For Child Welfare

Federal Law Requirements on HT for Child Welfare
Starting in 2014-2018 Congress passed three laws establishing requirements for state child welfare systems in addressing HT within their respective child welfare populations.

Preventing Sex Trafficking and Strengthening Families Act of 2014
Justice for Victims of Trafficking Act of 2015
FFPSA of 2018

Preventing Sex Trafficking and Strengthening Families Act

Child welfare agencies must develop policies and procedures to identify, document, and determine services for children under state child welfare supervision at risk for, or who have experienced, HT. Kansas child welfare is a public-private partnership with four non-profit service providers: SFM, KVC, TFI, and Cornerstones of Care (COC). DCF oversees the child welfare response in the state while partner non-profit agencies administer various child welfare services to include FPS, FC, and adoption. DCF and partner agencies identify, document, and determine appropriate services for children under state child welfare supervision at risk for, or who have experienced, HT.

Child welfare agencies must create protocols to determine a child's experiences while missing from care including screening to determine if they experienced sex trafficking. Each of DCF's partner agencies interview children who return from a missing from care episode and use a screening tool developed by their agency to determine if the child experienced trafficking while missing from care.

Child welfare agencies must notify LE within 24 hours of receiving information regarding missing or abducted children. Information is entered into the Federal Bureau of Investigation's (FBI) national crime Information Center (NCIC) database. DCF providers require their agency to report a missing child to LE and the National Center for Missing and Exploited Children (NCMEC) within 24 hours. Child welfare agencies must notify NCMEC within 24 hours of receiving information about missing or abducted children.

Justice for Victims of Trafficking Act

This Act defines Child Sex Trafficking (CST) victims as victims of "child abuse, neglect, and sexual abuse." In July 2016, Kansas statute was amended to include aggravated HT to the definition of sexual abuse. DCF defines CST as a form of "child abuse."

The act requires agencies to have mechanisms in place to screen in cases through the hotline involving a child who has been trafficked even if is a third party exploiting the child. PPS policy requires reports of HT be viewed as child abuse and must be assigned for alleged HT-sex, HT-labor or both. Depending on the seriousness of the report and safety concerns for the child, the report must be followed up with same day or within 72 hours. Reports are coordinated with LE agency or agencies having jurisdiction over the criminal activity. Mandated reporters must report concerns of sex trafficking the same manner as abuse/neglect concerns. In Kansas mandated reporters report concerns of trafficking to KPRC.

Number of Report Assigned by State Fiscal Year (SFY)	SFY 2024 (July 2023 – October 2023)	SFY 2023	SFY 2022	SFY 2021	SFY 2020	SFY 2019
HT- Sex	71	186	146	154	147	177
HT- Labor	7	11	8	10	15	9

States must provide an assurance in their CAPTA state plan the state has provisions and procedures for training CPS workers about identifying, assessing, and providing comprehensive services for children who have experienced sex trafficking. CPS practitioner training must include how to identify, assess, and provide comprehensive services to children who are sex trafficking victims including efforts to coordinate with state LE, juvenile justice, and social services agencies such as runaway and homeless youth shelters. Staff completing investigations are required to complete PPS Introduction to HT within six months of hire.

Training for CPS practitioners is provided by DCF Training and Development, HT Prevention and Initiatives Manager, and provider training programs. Training for KPRC staff is conducted by HT Prevention and Initiatives Manager.

In 2023, DCF was able to partner with NCMEC in providing NCMEC HT training modules through DCF's Learning and Performance Management System (LMS). These modules are available to all DCF and provider employees.

Trainings include:	
CST Legislation – What it Means for You	Reporting Child Missing from Care – How NCMEC Can Support You
Module 1 Recognizing CST	Resources and Assistance for Indigenous Communities (Video)
Module 2 CST Vulnerabilities and Grooming	Resources and Assistance for Indigenous Communities Video
Module 3 CST and Trauma	Resources for Child Welfare Professionals
Online Enticement – Examining Risk Factors (Webinar December 2019)	

DCF coordinates with LE, juvenile justice system, social services agencies, and non-profits to address HT and participate in multidisciplinary training, periodically conducted statewide.

Kansas Safe and Supportive Schools Conference	DCF partnered with KSDE and non-profit ICT/SOS to present at the 2023 conference on HT in Kansas schools. The presentation focused on HT awareness, intervention, and prevention in Kansas schools. It was open to school administrators, teachers, school security, coaches, bus drivers, and other interested staff.
Emerging Trends in Kansas	DCF partnered with NCMEC and presented a three-day conference on trends of missing children (runaway) on HT in Kansas to child welfare and LE.
Governor's Conference 2023	Youth Services presented on the risks for children and youth who go missing from care, including recruitment into HT, and how Special Response Teams (SRT) address this issue through recovery and prevention services.

FFPSA

FFPSA provides high quality residential care and supportive services to children and youth who have been found to be, or at risk of becoming, CST victims. CST victims are exempted from time limits on claiming Title IV-E reimbursement applicable to other congregate care settings.

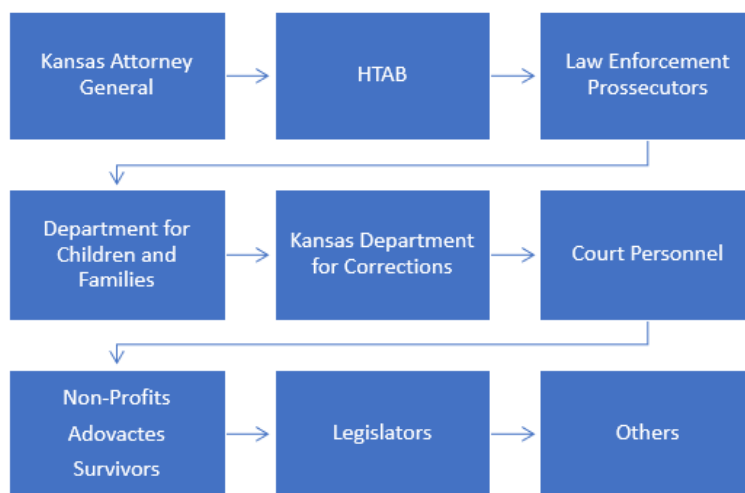
DCF coordinates with the Wichita Children's Home (WCH) in Wichita, Kansas to provide high quality placement and services to children and youth who have been or at risk for sex trafficking through WCH's programs and residential care.

Dakhil Safe House	Kansas' first and only emergency shelter for victims of HT and sexual exploitation. This staff secure unit supports minors with 24-hour staff support. Stays are generally up to 72 hours with an option to extend.
Garver Residential	Extended stay (up to one year) residential facility for females 10-17 who are identified as victims of, or at high risk for, victimization. Services include intensive case management, outpatient services, educational support, therapy, and more.

Kansas State Statutory Requirements for DCF

Kansas law established the crimes of trafficking and aggravated trafficking in 2005. HTAB was established in 2010 to explore and oversee HT issues in Kansas. Kansas statute defines the structure and membership of the board to include, but is not limited to LE personnel, prosecutors, court personnel, advocates, legislators, victims of HT, staff from DCF, and other parties who have expertise related to issues of HT. The DCF PPS Deputy Director of Youth Services and the HT Prevention and Initiatives Program Manager attend.

Kansas AG's HTAB



The HT Prevention and Initiatives Program Manager participates in local HT task force meetings statewide to gather information of efforts across the state to combat HT and provide assistance and resources. The Program Manager works regularly with the Kansas AG's Office, the three LE associations across the state (Kansas Association of Chiefs of Police, Kansas Sheriff's Association, and the Kansas Peace Officers Association), the Kansas Bureau of Investigation (KBI), the Kansas Highway Patrol (KHP), and the Exploited and Missing Child Unit (ECMU) in Wichita and KDOC. The Program Manager also works with our contracted service providers is assisting them in training and other HT related issues.

The Immediate Response Teams (IRT)

In 2013, KSA 38-2287 was enacted which states:

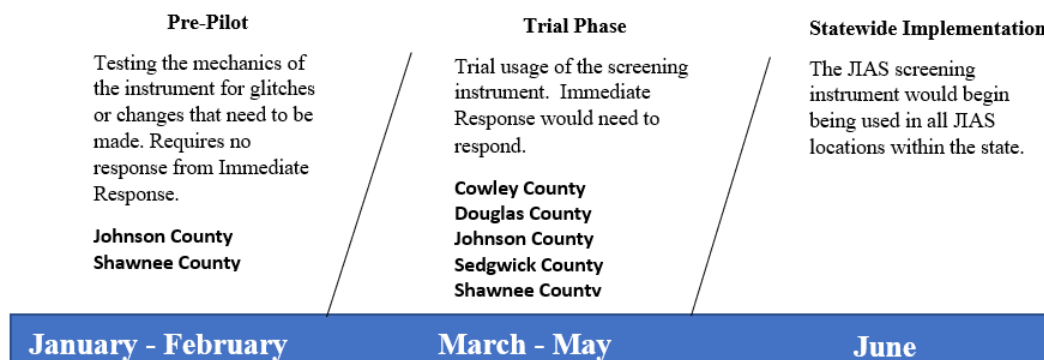
- (a) Whenever a child is in custody, as defined in K.S.A. 38-2202, and amendments thereto, and there is reason to believe such child has been subjected to an act which would constitute human trafficking or aggravated human trafficking, as defined by K.S.A. 21-5426, and amendments thereto, or commercial sexual exploitation of a child, as defined by K.S.A. 21-6422, and amendments thereto, or the child committed an act which, if committed by an adult, would constitute selling sexual relations, as defined by K.S.A. 21-6419, and amendments thereto, the court shall refer the child to the secretary for children and families for an assessment to determine safety, placement, treatment and service needs for the child. The secretary shall use a validated, evidence-based assessment tool or instrument to assess such needs and shall make appropriate recommendations to the court. The secretary shall provide only a summary of the results from the assessment tool or instrument, not the complete assessment tool or instrument.
- (b) When any law enforcement officer takes into custody any child as provided in K.S.A. 38-2231(b)(3), and amendments thereto, the law enforcement officer shall contact the department for children and families to begin an assessment to determine safety, appropriate and timely placement and appropriate services to meet the immediate needs of the child.

DCF, SFM, KVC, and EMCU developed the Rapid Response Assessment tool, as there was no validated screening tool in existence. In 2019, the teams evaluated and revised the Rapid Response assessment tool and changed the name to the IRT. The team added a validated screening tool from the WestCoast Children's Clinic (Oakland, California) the CSE-IT. The team developed a separate court tool to be used when requested by a court or judge. This tool focuses on assessment of the services that have been provided to the youth, the level of risk for the child, and makes recommendations to the court on other services to benefit the youth. Each of DCF's four current providers use the Assessment/CSE-IT tool.

In addition to the parties allowed by statute to request an assessment IRT assessments are also available to case teams and JIAS upon request.

*State Required Rapid/Immediate Response Teams			
*Law Enforcement Requested	*Court Ordered	Case Team Requested	JIAS Requested

LE Requested	If a child is brought into police protective custody (PPC) and believed to have been subjected to HT, the agency is to complete an assessment to determine immediately safety, appropriate and timely placement, and appropriate services to meet the immediate needs of the child.
Court Requested	When a child is in custody and there is reason to believe the child has been subjected to HT, the court shall refer the child to DCF for an assessment to determine safety, placement, treatment and service needs for the child using a validated, evidence-based assessment, and provide a summary of the results to make appropriate recommendations to the court.
Case Team Requested	Whenever a case team has concerns about a youth being involved with HT or at-risk, they can request an assessment from the IRT.
JIAS Requested	In 2023, DCF collaborated with KDOC-CBS in developing the Kansas JIAS HT Screening Instrument. The tool will be used statewide by JIAS centers as part of their normal intake process. The program was piloted in 2023 in five counties (Cowley, Douglas, Johnson, Sedgwick, and Shawnee) and will go statewide in 2024. If a youth screens in as a trafficking victim, then JIAS will contact local LE agency and DCF IRT will then respond to conduct an Immediate Response Assessment and screen. Although this is not a required response per statute, juveniles involved with the juvenile justice system, including crossover youth, are a population of youth who can be at high-risk for trafficking and were not being screened for HT.



* This timeline could change depending upon KDOC priorities and JIAS needs.

Immediate Response Assessments FY 2023



Other Program Initiatives in 2023

Establishment of Therapeutic Foster Homes for High-Risk Youth

In 2022, DCF and CAK began developing a training curriculum for therapeutic foster homes for victims of HT. A lack of housing is an issue nationwide and is critical in Kansas. To address the shortage of therapeutic foster homes for victims of HT DCF partnered with CAK to create additional training

materials for homes willing to support youth who are at high risk. The curriculum was completed in early 2023 and trainers were identified and trained on the curriculum. Specialized foster homes will be utilized for high-risk youth, such as trafficking victims, and will be utilized for youth who have high-risk behaviors such as frequent missing from care episodes. During 2023, two training sessions were offered to foster parents across the state.

C.1.m Collaboration Against Sexual and Domestic Violence (DV)

DCF and Kansas Coalition for Sexual and Domestic Violence (KCSDV) have been collaborating to provide training addressing DV in child welfare since January 2021. Two core and two advanced training courses for child welfare professionals are offered each spring and fall with additional training and webinars offered throughout the year. Additional training topics include building collaboration between child welfare professionals and DV advocates, teen dating violence, and how protection orders and domestic and sexual violence advocacy services work in Kansas. The audience includes child welfare professionals: DCF staff, CWCMP staff, and FPS CM and Family Support Workers (FSW), social workers, mental health professionals, foster home, kinship, adoption workers, CASAs, domestic and sexual violence advocates, and other professionals working with families experiencing DV. Relative, non-related kin, foster, and adoptive families are also welcome to attend.

The core training content focuses on getting to know the family, including identifying risk and dangerousness factors of batterers, understanding the safety and protective actions of the non-abusive parent, and supporting the bond between children and non-abusive parents.

Advanced training focuses on, practicing strategies and skills to address batterer tactics and accountability, as well as safety and protective actions of the non-abusive parent. Participants also learn to identify interventions appropriate for families experiencing DV.

KCSDV project staff participate in collaboration building opportunities including workgroups such as the Round 4 CFSR PIP, meetings with DCF staff, other child welfare professionals, DV advocates, as well as participating in ongoing state committee meetings, including the SCTFPP, ICAB, and the Kansas Power of Positive State Coalition.

C.1.n Stakeholder Meetings

In addition to utilizing already established workgroups and/or venues outlined in this section, DCF conducted a minimum of semi-annual meetings with internal division staff, external stakeholders, and the community over the last five years to discuss CFSR results, PIP development, PIP progress, and new improvement initiatives. DCF and CWCMPs to convene community meetings to obtain information and feedback on practices and processes. Stakeholder meetings provide opportunities to ensure family involvement at a policy-making level and solicit input and feedback from families and other key stakeholders concerning agency practices.

C.1.o Racial Equity Collaborative (REC)

In 2021, the Kansas REC began as a statewide effort to advance racial equity for families and communities through collaborative action. This occurred through a statewide journey involving education, research, and programing to collaboratively support people and organizations engaged in the erasure of systemic racism and the impact systemic racism has on people of color.

DCF, CarePortal, KU School of Social Welfare (KUSSW), and Kansas Strong were the founding organizations who launched the Kansas REC and connected with over 3,500 child welfare partners. This collaboration presented at nearly 30 conferences, symposiums, and summits, and helped elevate the racial equity consciousness level of policy makers, mandated reporters, and agencies throughout the state of Kansas, while creating concrete opportunities to create systematic change.

The REC is a 501(c)(3) and serves as a social service non-profit which advocates for racial equity in all helping systems by:
Gathering organizations, people, and communities interested in racial equity work in social services.
Sharing data, lived experiences, and history of racial disparities in child welfare.
Providing racial equity focused programming, amplifying necessary voices, creating brave spaces to ignite conversations and action on behalf of system involved families of color.
More information can be found here: https://linktr.ee/racialequitycollab .

Since July 2023, the following activities and events have occurred across the nation:

7/22/2023	Community Conversation in Wichita	Panel discussion for those involved with or impacted by the child welfare system.
8/16/2023	Grand Challenge: Eliminate Racism	KU Kansas invited the REC to discuss the grand challenge of the social work community to eliminate racism. The REC brought together various professionals doing work within the social welfare, education, and the medical community.
9/6/2023	REC presents: Bravery in Action	A facilitated conversation building on the Grand Challenge to eliminate racism.
10/2/2023	Kempe Foundation presentation	A presentation on poverty: unchecked assumptions and biases and its impact.
10/3/2023	SOUL Family presentation/facilitated discussion	An interactive and facilitated discussion on the history of child welfare by race, racial equity within the SOUL legislation, and forward movement
10/10/2023	National Association Welfare Research and Statistics	Cross system collaboration in racial equity work.
10/16/2023	Kansas Governor's Conference on Child Abuse and Neglect	The REC presented on the history of child welfare by race and the connection to poverty and race and how neglect and poverty are often confused.
10/25/2023	National Staff Development and Training Association Annual Education Conference	REC presented at the American Public Human Service Association (APHSA) which connects its members to national policymakers and human-serving organizations across a wide circle of stakeholders in the HHS sector and key partners in education, housing, employment, and others. APHSA also helps members build more capacity for their teams through access to our professional education and development conferences, technical expertise, and publications
11/29/2023 & 11/30 2023	REC is a sub-grant awardee for the first ever field grant issued by the CB to address racial disparities in child welfare. Family and youth voices involved in the system are the north star for this grant and will guide the work.	Purpose: U.S history of systemic racism and its nexus to poor outcomes for children and families who come to the attention of our child welfare system. Additionally, child and family well-being for all families, including families most impacted by racial disparities, is the responsibility of equitable, diverse, and culturally competent systems and the community
1/13/2024	Society for Social Work and Research 28th Annual Conference – Recentering & Democratizing Knowledge: The Next 30 Years of Social Work Science	Researchers at the KU School of Social Welfare used storyboards created at the REC 2022 Symposium to discuss the following topic: Child Welfare, Racial Equity, and Vision Boards: Democratizing Knowledge with Arts-Based Methods
1/22/2024	The Chadwick Center presents: The Annual San Diego International Conference on Child and Family Maltreatment	Racial Inequities: Healing Communities through Collaborative Learning & Action. The REC presented on how children of color are disproportionately entering the child welfare system at a higher rate compared to white children and have worse outcomes. Yet, a knowledge and responsibility gap exist. We shared how bringing people together can impact equity for families.
2/27/2024	Bravery in Action: Questions for Racial Equity	As a follow up to the San Diego conference, attendees and subsequently REC list serv participants are able to join a Zoom call and discuss 5 questions to begin the racial equity journey in their respective organizations.
4/15/2024	Statewide CWS: Racial Equity in Child Welfare	REC members presented on the disproportionality, disparities, and inequities in Kansas child welfare to hundreds of members in the judicial, executive, and legislative branch, community members, and other child welfare partners and participants.
4/24/2024	Interactive Theater: Advocating for Racial Equity in Child Welfare	REC and other child welfare professionals collaborated with a playwright and professor at a midwestern university to write, produce, and perform a series of short acts that depict the nuanced ways systemic racism impacts child welfare involved families. Using the historic theater of the oppressed approach, these short acts were performed at an event with members of child welfare to help them

		identify the presence of systemic racism and ways to disrupt them to promote racial equity in child welfare.
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C.1.p Child Welfare Summit (CWS)

Throughout SFY 23 and SFY 24, members of DCF PPS participated on the planning team for the CWS, held April 15 and 16 of SFY 24. CWS was facilitated by OJA and convened state and local leaders and child welfare to work together in creating lasting improvement in child welfare. CWS featured presenters with expert knowledge focusing on practical steps child welfare partners can take to improve the current permanency process and help empower Kansas families, and the children and young adults in the custody of the secretary. It also featured voices of lived experts in the child welfare system.

The in-person event was held in Topeka and brought together individuals from each judicial district to collaborate and create action plans specific to their jurisdiction. The presentations were available virtually for those unable to attend either due to distance or capacity had been reached for in person attendance. CWS was open to anyone invested in child welfare. Participants from various areas in child welfare included, but were not limited to:

CINC judges	GALs	Parent attorneys
Prosecutors	Regional and Administrative DCF staff	CASA staff and volunteers
CRB staff aunteers	LE	Legislators
Tribes	KDADS	Contracted CMP (COC, KVC, SFM, TFI)

Learn more about CWS: <https://www.kscourts.org/About-the-Courts/Court-Administration/Court-Initiatives/2024-Kansas-Child-Welfare-Summit>

C.1.s Regional Community Activism

Wichita Civic Engagement

In July and August 2023, the Wichita DCF Region partnered with the Kansas Leadership Center (KLC) to engage stakeholders and to identify challenges and opportunities to decrease the number of children and youth entering FC in Sedgwick County.

A diverse group of nearly 130 stakeholders met over three days to engage in problem diagnosis and deep discussions about action steps to protect children and strengthen families while reducing the need for FC in the community. Gap analysis was done to identify aspirations and current concerns.

Forty-seven community members submitted 122 experiments designed to make both big and small impacts. DCF sorted the experiments into themes. Some of the action projects were entered into Actioneer, a portal to list projects and activities. Using Actioneer allows participants to choose projects, collaborate, and track progress. Some of these experiments have already been acted upon, examples include:

Commissioner and Representative collaborated to host a legislative roundtable in Sedgwick County with 13 legislators on 9/21/23.
CarePortal reached out and engaged with Wichita Public Schools to access the two “Communities Supporting Families” staff who provide services in targeted high needs schools.
Wichita DCF applied learning from agency provided training “Everyone a Leader” to collaborate with stakeholder in developing a strategic approach to create public awareness of The Four Questions.

The next step in the Wichita Civic Engagement was to hold a Data Walk, a data to actions project. This was held on 4/9/2024 at the Sedgwick County Extension Education Center. A meal was provided to attendees by the Kansas Health Foundation (KHF), data for exploration was provided by KHF. Presentations were given by DCF and local providers.

This civic engagement event resulted in creation a request for proposal (RFP). The RFP asked bidders to demonstrate the ability to deliver a highly localized approach to a community collective impact with the specific focus of safely reducing the number of children and youth entering FC in Sedgwick County. The expectation is the intentional creation of a shared agenda, identified outcomes, mutual accountability, relationship building and strong communication among a broad coalition of stakeholders. This experiment is also expected to impact the experience of those already engaged in the FC system. The goal is to see progress on the identified outcomes and funding interest in the community to sustain the project long-term. For more information about the Wichita Civic Engagement project, please see attachment 19 Wichita Civic Engagement.

Communities Supporting Families – Wichita, Emporia, and Hutchinson

In 2021, Kansas participated in a National Governor’s Association (NGA), Casey Family Programs (CFP) and Prevent Child Abuse America (PCAA) cohort to explore:

- 1) How can we connect families to services without formal DCF involvement or investigation?
- 2) When there is no worry of abuse or neglect, how can we develop a system which doesn’t require a family to have a formal report to KPRC to get help?

This learning cohort included stakeholder representation including early childhood champions.

DCF initiated a mandated reporter survey. Stakeholders shared the desire for more information about how to distinguish between poverty-related risk and abuse or neglect, community and DCF service array, and how to reduce implicit bias. This resulted in a collaboration between DCF and three local school districts.

DCF engaged the Superintendent of schools in Emporia (Lyon County). The Superintendent proved to be a champion for prevention and secured approval from the school board for DCF to cover the salary of a district employee dedicated to supporting families with concrete supports and prevent unnecessary FINA reports to KPRC.

DCF secured and executed an Interagency Memorandums of Agreement with school districts where DCF would cover salary and operating costs of one or 2 full-time employees within a school district.

After implementing the pilot in Emporia USD 253 in October 2021, Hutchison USD 308 quickly followed in 2022. Wichita USD 259 also implemented in 2022 in four of their schools within the district. Each school has shaped and named their positions to mirror their vision of the work these staff do to support families. In Emporia, the staff are designated as the District Support Liaison; in Hutchison they are Student Support Specialists; and in Wichita these staff are referred to as Family Resource Liaisons.

DCF dedicated state general FS dollars toward funding these positions, except for USD 259 where funding is braided using 50% KHF and 50% Title IV-E Adoption and Guardianship Incentive dollars.

Success Indicators:	
Reduced # and % of FINA reports of school aged children	Achieved in Lyon County
Reduced # and % of physical neglect or lack of supervision report types of school aged children.	Not yet achieved
Champions cultivated in Emporia, Hutchison, and Wichita school districts.	Accomplished
Improved communication between educators and DCF.	Accomplished
Clear path to replicate in other communities or USDs.	Accomplished
Explore intersections with this effort and opportunities with FRC model.	Kansas has implemented FRC and belongs to the National Family Support Network (NFSN).

Bright Spots

Liaisons have taken DCF training for KPM and Child Welfare Basics – Interviewing Skills
Liaisons are asked by families to participate in their TDM.
Families who have historically not connected well with the school are returning calls and engaging.
Liaisons help connect families to DCF EES for cash, childcare, and food assistance applications; transportation resources and CarePortal.
Reduced reports of truancy for young children.

Agencies Working Together

In December 2022, DCF SE Region proposed to local service providers, a formalization of existing connections to a central location. The hope was this formalization would make it easier to respond to a family need, extend learning through access to questions and answer posed by other agencies, and learn of services within their communities at the same time. The central location became the Agencies Working Together TEAMs channel. Local service providers pose questions, share information regarding their agencies or resources, and troubleshoot services for families they are working with. Today, this collaboration boasts a membership of over 230. Membership comes from across the region with representation from mental health providers, schools, community programs, legal, and DCF, among others. This example of partnerships has helped families by centralizing communication and working toward the common goal of engaging communities in supporting and promoting well-being of their own residents.

C.2. Update to the Assessment of Current Performance in Improving Outcomes

Family and child well-being services often intersect with some of society’s most vulnerable populations. Even under the best of circumstances, decisions made in family and child well-being cases can have profound effects on the children and families touched by the system. Considering this solemn responsibility, Kansas is committed to achieving the highest level of performance and outcomes.

As part of the Continuous Quality Improvement (CQI) process, DCF uses qualitative and quantitative data to assess performance and to inform practice and systems change. DCF collects this data from multiple sources, and the findings have been incorporated into this assessment.

Federal Reviews

The CFSRs assess the state’s performance on seven outcomes related to safety, permanency, and well-being as well as seven systemic factors affecting outcomes. Kansas completed CFSR Round 4 in April 2023. On-site review of 65 total cases were held in Sedgwick, Brown, and Crawford counties. Multiple focus groups relating to the systemic factors were held both virtually and in-person at the administrative building in Shawnee County. Kansas received the final report in July 2023. Results of Round 4 indicate Kansas will need to focus on several key areas in the PIP. The state was not found to be in conformity with any outcomes during Round 4 but was found to be in conformity with three systemic factors (Statewide Information system, Agency Responsiveness to the Community, and Foster and Adoptive Parent Licensing, Recruitment, and Retention). Key areas to be addressed in the state’s PIP include the state’s Quality Assurance (QA) system, parent engagement and engagement in case planning, achieving timely permanency, ongoing safety assessments particularly for children in FC, monitoring and oversight of provider training, and service array. Kansas has developed the Round 4 PIP and looks forward to implementation.

Quarterly Case Reviews

Outside of the CFSR and PIP measurement reviews, Kansas conducts quarterly case reviews for CPS, in-home services, and OOH services. The random sample of cases is derived from the respective program case populations and stratified by geographic service area. The CFSR Onsite Review Instrument (OSRI) questions are incorporated into the quarterly reviews. Quarterly case reviews can be found on the DCF

public website: <http://www.dcf.ks.gov/services/PPS/Pages/CaseReadResults.aspx>. An initial analysis and review occur quarterly with DCF administration, regional performance improvement teams, and DCF program staff. DCF regional performance improvement staff, regional program staff and contracted providers engage in a regional review. To examine and strengthen this process, DCF has established a QA Alliance consisting of staff from both DCF, CWCMP's, and FPS. The Alliance will work together to implement and monitor the QA strategies and key activities identified in the PIP.

CFSR Statewide Data Indicators

The CFSR statewide data indicators provide additional performance information related to the safety and permanency outcomes. The statewide data indicators are calculated from the bi-annual submission of Kansas Adoption and Foster Care Analysis and Reporting System (AFCARS) data and the annual submission of Kansas National Child Abuse and Neglect Data System (NCANDS) data. The AFCARS data is comprised of case-level information for all children in OOH FC and those who have been adopted from FC. The NCANDS data is comprised of information about reports of child abuse and neglect.

Administrative Data

In addition to the AFCARS and NCANDS data sets, DCF regularly reviews statewide administrative data reports. Most of the administrative data reports are updated monthly and posted on the agency's public website or internal SharePoint server. Administrative data reports provide information related to key program measures such as specific contract performance outcomes and success indicators.

Safety Outcomes 1 and 2

Safety Outcome 1: Children are first and foremost protected from abuse and neglect

Responding to child maltreatment reports represent a core function of the agency's CPS work. When the report alleges abuse, neglect, or a family possibly in crisis, a timely response is critical.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of Area Needing Improvement (ANI) for Item 1.

Item 1: Were the agcy's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) mde, within time frames established by agency policies or state statutes?		
Data	Period Under Review (PUR)	tem 1 Performance
Agency Data	January 2022-June 2022	50%
	January 2023-June 2023	55%
CFSR Review Roun 4	PUR	Item 1 Performance
CFSR Review	April 2022-April 2023	69%

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

DCF believes maintaining children in their own home, whenever safely possible, is fundamental to supporting the well-being of children, families, and communities. This focus results in better outcomes for children, less trauma, and a reduced need for FC. Even when the best services are provided, unnecessary family disruption can have negative consequences. Promoting community-based programs and strengthening prevention and resiliency networks designed to support families is an important piece of the state's vision for family and child well-being services.

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

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 2.

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into FC or re-entry after reunification?		
Data Source	PUR	Item 2 Performance
Agency Data	January 2022-June 2022	70%
	January 2023-June 2023	58%
CFSR Round 4 Review	PUR	
CFSR Review	April 2022 – April 2023	63%

Data Source: Federal Online Monitoring System and State Performance Improvement Learning System

Family Preservation Services (FPS)

In-home FPS may be provided to reduce the risk of maltreatment, improve family functioning, and prevent the need for FC. The FPS program supports family strengths and resources to resolve crises, safely maintain children in the home and teach families new coping skills. FPS are generally provided when family circumstances warrant a higher-level of prevention service intensity and frequency.

The current FPS contracts began in SFY2020 and will expire June 30, 2024. Since SFY20, FPS has included two distinct tiers, providing two different levels of service within the model. EBP have been required within each tier level of service.

Tier 1	Intensive FPS provide high-intensity therapeutic services designed to stabilize the family and prevent children's entry into FC. Services require an average of 3 to 5 hours of in-person contact with the family by assigned therapist, with a typical six-week duration.
Tier 2	Case Management FPS provide families with case management services over three to six months. Services require a minimum of one hour per week of in-person contact with the family by an assigned CM.

Administrative Data

Outcome Measure	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024*
Children referred tier 1 Family Preservation who were not referred to foster care during the service period or within 30 days of case close. Tier 1, Standard: 90%	99%	93%	96%	96%	96%
Children referred to tier 2 Family Preservation who were not referred to foster care during the service period or within 30 days of case close. Tier 2, Standard: 90%	92%	90%	90%	89%	83%

Data Source: FACTS

SFY 2020 data reflects data from January 2020 through June 2020- used Children data

SFY 2021 data reflects data from July 2020 through June 2021

SFY 2022 data reflects data from July 2021 through June 2022

SFY 2023 data reflects data from July 2022 through June 2023

*SFY 2024 is representative of July 2023- January 2024

FFPSA Services

In October 2019, FFPSA was implemented in Kansas and began serving as an option to support families in safely maintaining their child in the home thus preventing the need for FC. To be eligible, at least one child in the home must be at imminent risk of entering FC, but the child can safely remain at home or in a kinship placement through provision of the FFPSA. Pregnant and parenting youth in FC are also eligible for FFPSA. FFPSA services are provided through community-based partnerships. Program domains

include mental health, substance use, parent skill-building, and kinship navigation services. DCF selected programs which would best fit the community and needs of families served. Data reflected below includes all services DCF categorizes as FFSPA, whether state or federally funded.

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY** 2024
Target children and youth who have reached 12 months from the time of service referral remained together at home without the need for foster care. <i>Standard: 90%</i>	NA	NA	NA	NA	NA	NA	NA	88%	90%	86%	90%

Data Source: FACTS & ROM

FFPSA did not begin accepting referrals until October of 2019. This measurement requires a full twelve months after referral, so there is not performance measurement noted for SFY20. **SFY 24 reflects July 1, 2023 – April 30, 2024.

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	*SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY** 2024
Target children and youth receiving family first services placed in foster care during an open case (Goal: Less than 10%)	NA	NA	NA	NA	NA	NA	2.3%	3.9%	3%	6.1%	4.8%

Data Source: FACTS & ROM

**SFY2020 data begins from implementation date of October 2019 – June 2020*

***SFY 24 reflects July 1, 2023 – April 30, 2024.*

Post-Permanency Services

DCF is equally committed to safely maintaining children in their own home after exiting FC. Specialized aftercare services are provided to strengthen and support families after achieving reunification, permanent custodianship, and adoption. Aftercare services are developed, in partnership with families, to ensure transition of services and supports necessary to prevent re-entry into FC. As an exception, a family and their CM may request participation in additional prevention services to maintain the child in the home. These instances are considered exceptions and not the rule, as the agency does not want to overwhelm the family with multiple service provider in the home.

Outcome	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023
Children who re-entered foster care within 12 months of discharge for reasons of reunification, living with relative, or guardianship/custodianship <i>Standard: 3%</i>	*	*	7.5%	8%	8.6%	9.3%	10.1%	10.1%	8.5%	7.1%

**Federal performance measurement for CFSR Round 2 ceased and new measurement for Round 3 began SFY 2016*

In October 2019, Kansas implemented changes designed to maximize support to families. Comprehensive aftercare services are now provided for six months after achieving reunification, permanent custodianship, adoption, and are available for youth who discharge from care with Another Planned Permanent Living Arrangement (APPLA). In addition to available crisis on-call services available twenty-four hours per day and seven days per week, aftercare services now provide more frequent contact between aftercare staff and families.

If ongoing services and supports are necessary to prevent re-entry into FC, additional time-limited aftercare services may be authorized or DCF Prevention Services may be accessed. Additional resources

and support for kinship and adoptive families are available, without time-limited eligibility requirements, through the Kansas Post Adoption Resource Center (K-PARC) and the Caregiver Association.

Item 3: Risk Assessment and Safety Management

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 3.

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their on homes or while in foster care?		
Case Review	Time Frame	Item 3 Performance
Agency Data	January 2022-June 2022	79%
	January 2023-June 2023	83%
CFSR Round 4 Reew	PUR	
CFSR Review	April 2022 – April 2023	51%

Data Source: Federal Online Monitoring System and State Performance Improvement Learning System

Agency policy requires formal and informal assessment of risk and safety concerns on an ongoing basis and at critical times in the case. Critical points in the case are defined in PPM 3110 and include when there are new allegations of abuse or neglect, changes in family conditions and household composition, changes to visitation, upon reunification, and at case closure.

Safety and Risk Assessments

In August 2019, the KPRC began utilizing Structured Decision Making (SDM), at intake, when assessing child maltreatment reports for case assignment. The SDM assessments helps guide intake staff in making initial assessment decisions. KPRC discontinued the use of the SDM system in January of 2024, and currently utilizes the guide of SDM. KPRC is working with Safe Generations to develop an intake assessment tool aligning with KPM to provide opportunity for critical thinking to include the caregiver(s) actions or inactions, impact to the child, and protective factors.

In 2019, DCF began to implement the KPM including the Immediate Safety Scale and Lasting Safety Scale. The Immediate Safety Scale assesses short-term safety of a child. The Lasting Safety Scale assesses long-term safety of a child. Both assessments require gathering each person's perspective about a child's safety, short or long term. These tools are used by CPS practitioners for all reports of abuse or neglect.

DCF FPS and FC providers in Kansas utilize a variety of tools to assess risk and safety concerns. The services are required to be trauma-informed and evidence-based. However, services are not limited to any one practice model. This flexibility allows each CWCMP to select a practice model and evidence-based assessments recommended and integrated within the model. While DCF understands the value of a universal assessment tool, DCF utilizes a mix of required assessments and provider chosen assessments to reflect the partnership DCF has with its CWCMPs.

Pursuant to PPS PPM 5030 each FC CWCMP is required to utilize the following assessments:

1. Ages 30 days – 2 years – Ages and Stages Questionnaire – Social Emotional (ASQ-SE); Screen for social-emotional functioning of child. For children who are younger than 30 days old at the time of referral, the ASQ-SE will be completed no later than the 40th day of the child's life.
2. Ages 2 years – 18 years – Child Stress Disorder Checklist-KS (CSDC-KS); Screen for child's history of trauma and current symptoms.
3. Ages 3 years – 5 years – Preschool and Early Childhood Functioning Scale (PECFAS); Assess behavioral health functioning.

4. Ages 6 years – 18 years – Child and Adolescent Functional Assessment Scale (CAFAS); Assessing behavioral health, functioning of the child/youth.
5. Ages 7 years – 17 years – Child Report of Post-Traumatic Symptoms (CROPS); Screen for child's history of trauma and current symptoms.
6. Fetal Alcohol Exposure Screening
7. Substance Use Disorder Screening UNCOPE or Kansas Client Placement Criteria (KCPC) depending on need or prior identification of being at risk of substance misuse or substance use disorder.

Pursuant to the PPS PPM 4220 FPS CWCMPs are required to do the following assessments:

1. Genogram with maternal and paternal relatives, including at least 3 generations.
2. Ecomap

In addition to the required assessments FC and FPS CWCMPs utilize the following tools to assess risk and safety:

CWCMP's	Tools used to assess risk and safety concerns
KVC	Structured Decision Making (SDM)
TFI	NCFAS-G+R tool and informal risk and safety assessments during worker child, parent child, and worker parent interactions.
St. Francis Ministries	NCFAS-G+R, safety and risk questions they use in worker/child, worker/parent, and parent/child visits that are completed during each face to face. Columbia-Suicide Severity Rating Scale (CSSRS).
Cornerstones of Care	KPM Risk Assessment Map, Home Safety Checklist, ACEs Assessment, Edinburgh Postnatal Depression Scale, Patient Health Question (PHQ-9), Protective Factors Survey (PFS), Overall Childhood Well-Being Assessment, Safety Plan, Signs of Safety Mapping, Danger Statements and Safety Goals, Words and Pictures, Questions to Assist in Finding Networks, My Safety House, Wizards and Fairies, Three Houses, Anger Screening Tool, Substance Abuse Subtle Screening Inventory (SAASI-3), Family Developmental Stages and Task Tool, Family Service Risk and Safety Assessment Tool, Biopsychosocial Assessment
DCCCA	Child Trauma Screen (adult and child report), CSDC, Family Preservation Adult Mental Health Screen, UNCOPE, Adolescent Mental Health Screen, CDC Early Childhood Development Checklist.

Administrative Data

When FPS or FC services are provided, Kansas measures the rate of recurring maltreatment. This data is used to ensure agency services and interventions are appropriately addressing safety concerns and effectively reducing the risk for maltreatment.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY20 22	SFY 2023	*SFY 2024
Families will not experience substantiated or affirmed abuse or neglect within the first 90 days of FPS <i>Standard: 95%</i>	99%	99%	99%	99%	99%	99%	99%	NA	NA	NA	NA
Families will not experience substantiated or affirmed abuse or neglect within the first 365 days of FPS <i>Standard: 95%</i>	NA	96%	95%	95%	93%	94%	94%	NA	NA	NA	NA
Families will not experience substantiated or affirmed abuse or neglect between referral and case closure. Tier 1 <i>Standard: 95%</i>	NA	NA	NA	NA	NA	NA	99%	99%	98.7%	98.7 %	98.1%

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY2022	SFY 2023	*SFY 2024
Families will not experience substantiated or affirmed abuse or neglect between referral and case closure. Tier 2 <i>Standard: 95%</i>	NA	NA	NA	NA	NA	NA	97%	96%	97.1%	98.0%	97.2%
Children in foster care will not experience substantiated or affirmed abuse or neglect within a 12-month period <i>Standard: 8.5 (lower is better)</i>	NA	NA	4	4.9	5.6	4.7	3.8	3.7	3.02	2.79	3.14

Data Source: FACTS

*SFY 2024 data reflects data from July 2023 through February 2024

NA: This outcome changed due to tier contract changes in 2020. The new contract tiers are accounted for in rows three and four.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children who were a victim of a subsequent affirmed or substantiated maltreatment within 12 months of the initial affirmed or substantiated finding. <i>Standard: 9.5% (lower is better)</i>	NA	NA	4.5%	4.7%	6.4%	6.3%	6.3%	4.9%	4.9%	4.9%	5.3%

Data Source: FACTS

*SFY 2024 data reflects data from July 2023 through February 2024

Team Decision Making© (TDM)

In SFY2020, Team Decision Making© (TDM) was implemented statewide. TDM is a collaborative practice bringing family members and kin to the conversation and making critical decisions which include where a child can safely reside. DCF utilizes TDM when a parent or caregiver's behavior places a child at-risk for separation from them. This approach recognizes families as the experts in their lives and partners with families to develop resolutions engaging family strengths and resources. DCF believes all families should and deserve to participate in agency decisions about their own lives and values.

Unless an immediate and serious safety threat requires emergency decisions be made, the TDM meeting is held before a child is removed from the home. Meetings are led by a trained TDM facilitator. Participants include the family, the child when appropriate, the family's support system, service providers, community partners, tribal affiliations, and agency CPS practitioners. Families are encouraged to invite anyone they consider family or support to the meeting. TDM values the importance of involving the noncustodial parent in the meeting as all parents deserve to participate in decisions about their children. One father shared his experience, "No one has listened or given me a chance my entire life. I feel my voice mattered and someone was willing to listen and give me a chance in caring for my child." Each TDM meeting is focused on the child's safety and well-being. Early inclusion sets the stage for ongoing engagement.

Involving the child in decision-making is important so the child can voice their strengths and identify needs to feel safe in the home. If the child is unable to participate, their voice is incorporated throughout the meeting. When parents/caregivers hear how a situation is impacting their child's life through the child's words, they are often more willing to create lasting change. CPS has reported hearing a youth after a TDM meeting, express excitement and hope and thank everyone for the meeting.


Of value to the TDM process is understanding the impact and identifying where improvements can be made. Feedback surveys are offered to all participants after each meeting. This informs DCF of what is working well and areas to consider improving. In one survey a parent shared, "The participants from DCF had a way of explaining everything without it feeling scarier than it already was. I appreciated their input

not only with my concerns but with their own concerns as well. I felt they all participated and truly cared about what was best for my child.” Another mother said, “It felt like a deciding together meeting.”

TDM Data Snapshot – Attendance and Recommendations (7/1/2023-12/31/23)	
# of TDM Meetings	# of Children Impacted
683	1,212
Attendance By Mother	Attendance By Father
80% (543)	55% (373)
Attendance By Child	
55% (373)	
Maintain at Home	Placement w/Relative (w/out Court Oversight)
59% (714)	14% (166)
Out of Home Placement	
28% (335)	

Of the 335 children whose recommendation was to file for custody to include OOH placement, 70% (234) recommended the child be placed with a relative or non-related Kin (NRKIN), and only 30% (101) be placed in a traditional foster home.

Administrative Data

 SFY 2024 TDM YTD Report - Statewide Summary July 1, 2023 - December 31, 2023		
Section I: PPS FACTS & TDM Application Data		
1a. Reports assigned for Further Assessment**	TDM**	
Reports assigned for Further Assessment with a TDM Meeting (subset of 1a)	140**	14.3**
1b. Children/Youth Removals	12/30	
Children/Youth Removals by Law Enforcement (PFC) (subset of 1b)	253	59%
Children/Youth Removals with a TDM (subset of 1b)	464	46%
Section II: Characteristics of TDM Meetings - TDM Application Data		
2a. TDM Meetings	# Meetings	% Meetings
	683	
2b. TDM with Suspected/Confirmed Domestic Violence	151	19%
2c. Attendance at Meetings	# Meetings	% Meetings
DC Worker	654	96%
DC Supervisor	593	87%
Other DC Staff (not assigned worker/supervisor)	11	1%
Mother	564	80%
Father	373	55%
Children/Youth	191	28%
Caregivers	16	2%
Family Members and Friends	487	71%
Contract Agency Staff	0	0%
Neighborhood / Community Representatives	25	3%
Service providers / Other supports	160	23%
Section III: Summary of Children/Youth Identified with a TDM Meeting		
3a. Children/Youth with a TDM Meeting Ages 0-17 yrs***	# Children	% Children
	1212	
3b. Youth ages 12+ with a TDM Meeting	468	37%
3c. Children ages 0-11 with a TDM Meeting	775	62%
Section IV: Child/Youth Placement & Recommendation		
4a. Child/Youth Location at Time of TDM (subset of 3a)	# Children	% Children
in Home	526	42%
Separated	726	58%
Removed by Law Enforcement (subset of "Separated")	587	85%
4b. Recommendation for Custody & Care (subset of 3a)	# Children	% Children
Maintain Child/Youth in own home, no court involvement	385	32%
File for court intervention not involving out of home placement	157	11%
Immediately return Child/Youth to own home, no court involvement	192	14%
Place Child/Youth with relative, no court involvement	166	14%
File for every type of custody that includes out of home placement (OOH)	355	28%
4c. Placement Recommendations for Child/Youth Placed Out of Home (subset of "OOH")	# Children	% Children
Place with a Relative	132	39%
Place with Unrelated person, not Foster Parent, NRKIN or Kinship	104	31%
Place in Foster Home	101	30%
Place in Group Home	1	0%
Place in Residential Treatment	1	0%
Place in Independent Living	0	0%

Updated February 28, 2024

** Data in 1a excludes ICFC and IL assignments

*** Data not available at the time the report was completed.

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

Kansas Practice Model (KPM)

KPM provides a consistent and customized framework to support engagement, safety planning, and decision-making to guide work alongside families. Using family voice and practice approaches, practitioners connect families with needed services which support safety and well-being. See attachment 20 for KPM Explainer. A short video was developed for families and community partners to learn about KPM. To watch the video: <https://vimeo.com/735551766>.



Assessment & Planning Framework

In 2019, several tools were implemented to support key tasks in the assessment and planning process. The development of these tools is grounded in principles and approaches linked to better engagement, equity, inclusivity, and improving outcomes for children and families.

Assessment tools are intended to be shared with the individuals or family to provide clarity and transparency:	
Three Houses	A tool used to visually share a child's experience with practitioners and caregivers.
Mapping Conversations	Mapping is a technique used to engage the family and connect their voices in the assessment and planning for immediate and lasting safety within their families. It is used in the field to guide and document details of each interview or conversation. It incorporates and highlights the child's voice, integrates the family and the network's perspective, and identifies strengths demonstrated as safety.
Immediate Safety (Safety Assessment)	An assessment using scaling questions. Used to gain each person's perspective regarding how safe the child(ren) are in the short term or to gather information about factors or circumstances which are increasing or decreasing their rating.
Lasting Safety (Safety Assessment)	An assessment using scaling questions. Used to gain each person's perspective regarding how safe the child(ren) are in the long term or to gather information about factors or circumstances which are increasing or decreasing their rating.
Immediate Safety Plan	Developed by practitioners and families to address and plan for threats to a child's immediate safety.
Assessment map	Tool used to analyze and summarize information gathered. This is developed with the family and child and provides depth through their voice, engagement, clarity, and shared understanding.

Family Finding and Family Seeing

Family Finding and Seeing is a set of strategies and tools to address the lack of connections for foster children by creating a network of lifelong supports. The essential components as described by Family Seeing, Pale Blue, Inc. are as follows.

Urgency	Views meaningful, supportive, permanent relationships with loving adults as essential needs tied to youth safety. Safety in its whole cannot be achieved without connection and belonging. Family Finding asks practitioners to urgently pursue healthy relationships for youth by assertively engaging family and strongly challenging structural barriers in developing or strengthening those relationships.
Permanency	Physical legal permanency is an explicit outcome for children/youth. Family Finding defines permanency as a state of permanent belonging. Belonging includes knowledge of personal history, identity, culture, and a network of involved and supportive adults versus one legal resource.
Effective relative search	Employs a variety of effective and immediate techniques to identify relatives and other meaningful connections. Creation of a large group of people to form a collective unconditional, committed network to facilitate healing is essential.

Family-driven processes	Recognizes families are disempowered by placement of relative children outside of the family system. Seeks to remediate this harm by identifying strengths and assets of each family member and facilitating processes which families can effectively support their relative children.
Development of multiple plans	Process will result in multiple plans, each able to meet needs of disconnected youth. Plans are evaluated by family members for agreement if they are: realistic, sustainable, safe, and facilitate healing.
Well-defined roles	Includes professionals aligning around a role of catalyst, convener, and facilitator. Networks made of family members, young people and other supportive adults are drivers of planning, decision making, and solution building.

DCF has embedded Family Finding and Seeing in practice through ongoing learning workshops. Practitioners dedicated to Family Finding and Seeing are provided training consistently to stay updated on the latest research. Family Finding and Seeing is initiated before a decision to separate a child from their family. This practice starts the act of building a network immediately.

Team Decision Making© (TDM)

Initial TDM is a practice approach implement statewide in Kansas since 2020. TDM is a collaborative practice which includes family members and kin in conversations and decision-making about where a child can safely reside. DCF utilizes TDM when a circumstance or behaviors place a child at-risk for separation from parent/caregiver. TDM recognizes families are the experts in their lives and partners with them to develop resolutions utilizing the family's strengths and resources. The agency values family involvement in all decisions regarding their life.

Solution-Focused Questions

Drawing on the questions used in Solution-Focused Brief Therapy, CPS practitioners can have more meaningful and productive conversations with families. Families share what has worked well to keep their children safe in the past and identify individualized solutions built from a family's previous success. In March 2020, DCF initiated use of an eight-session course called Questions that Make a Difference (QTMAD) as a part of its approach to ongoing learning and development. QTMAD was developed by SafeGenerations and is specifically designed for practitioners applying solution-focused questions in child and family well-being context. Throughout the next 5-years, new CPS Practitioners will be trained in QTMAD as they come on board with the agency. Upon completion of the course DCF can expect participants to:

Ask questions with humility and curiosity	Lead conversations with useful questions
Navigate “denial”, disputes, and resistance with skillful questions	Communicate with clarity and understanding
Present a variety of questions including perspective, coping, exception, preferred future, and scaling.	

Safety Planning

Involving children and keeping them at the center	Involving a network of natural supports
Partnering with parents, children, and their natural networks to develop actionable plans for daily life that ensure safety while increasing protective factors	

During Advanced Practice workshops held in 2020-2023, aspects of Resolutions Approach practice along with safety planning were adapted for DCF and introduced to DCF CPS Practitioners. Staff have attended the Safety Planning Intensive hosted and sponsored by SafeGenerations. This 5-day event brings child and family well-being practitioners from different state jurisdictions together with the goal to deepen their practice and grow their capacity in developing safety within families. In the past DCF has sent staff to this weeklong workshop and plan to continue over this planning period. The CPS Practitioners return from this experience with new vision, tools, skills, and enthusiasm. They share what they have learned with their peers and colleagues.

Permanency Outcomes 1 and 2

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

Although DCF's prevention services have been successful in keeping children in their homes, there continues to be a need for temporary FC. For children and youth in FC, Kansas is committed to achieving permanency.

Item 4: Stability of Foster Care Placement

Several studies have revealed the relationship between stability of FC placement and permanency. This connection makes enhancing placement stability (PS) part of the state's focus on achieving permanency.

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 4.

Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?		
Case Review	Timeframe	Item 4 Performance
Agency Data	January 2022 – June 2022	82%
	January 2023 – June 2023	85%
CFSR Round 4 Review	PUR	
CFSR Review	April 2022 – April 2023	80%

Administrative Data

During CFSR Round 4, data was collected to measure the rate of moves per 1,000 days for children entering FC. Kansas began utilizing this measure in SFY 2016. There was a slight increase in rate of moves per 1,000 days in FC, and a slight decrease in children placed in a family-like setting. This area continues to need improvement.

Outcome Measure	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
PS: Rate of moves per 1,000 days in Foster Care <i>Standard: 4.44 (lower is better)</i>	6.6	7.1	8.9	9.7	8.6	5.4	7.0	7.0	7.4
Children in foster care placed in a family-like setting <i>Standard: 90%</i>	94%	93%	92%	91%	91%	92%	92%	92%	91.5

Data Source: FACTS

*SFY 2024 data reflects data from July 2023 through January 2024

In 2019, DCF formed the Leading for Results (LFR) workgroup with participants including DCF and CWCMP staff tasked with discovering the root cause behind placement instability. In 2020, the Capacity Building Center (CBC) for States joined the workgroup to provide consultation, TA, and guide exploration of causes of placement instability. From July 2020 to January 2023, the LFR group met bi-monthly and utilized the appreciative inquiry method of exploring PS and root cause analysis. The group also engaged in data driven exploration including data planning, analysis, and findings; further contextualized and understanding of contributing factors; targeted discussion of root causes; explored causal links and stakeholder vetting; articulated and finalized a theory of change; and created an overview of applicable state and national initiatives. Through the LFR group's root cause analysis, it

was determined the majority of those experiencing placement instability were older youth ages 13 to 18 with higher levels of disabilities/needs.

Top three root causes of placement instability in Kansas	
Community Prevention	Inadequate community-based prevention services to serve older high needs youth
Front door to child welfare	Too wide due to lack of understand of FC's role
FC Placements	Lack of placements for older youth with intensive behavioral health needs. The findings of the group further indicate PS is a complex problem starting further upstream in the child welfare continuum. Solutions involve multiple systems. There's an opportunity to leverage prevention efforts to improve PS.

Rate of Moves	Number of Children	Percent of Children
4.4 or fewer	1622	62.6
4.5 – 5.5	73	2.8
5.6 – 6.5	87	3.4
6.6 – 7.5	73	2.8
7.6 – 8.5	78	3.0
8.6 or greater	657	25.4

Data Source: FACTS, July 2023 – February 2024

For SFY 2024, 62.6% of children experience less than 4.4 moves per 1,000 days in FC. This increased from SFY 2023, in which 60.4% experiences less than 4.4 moves per 1,000 days in FC. This is an ANI, however, Kansas has taken on initiatives to improve PS, such as PS-Team Decision Making (PS-TDM) meetings, led by the CWCMPs.

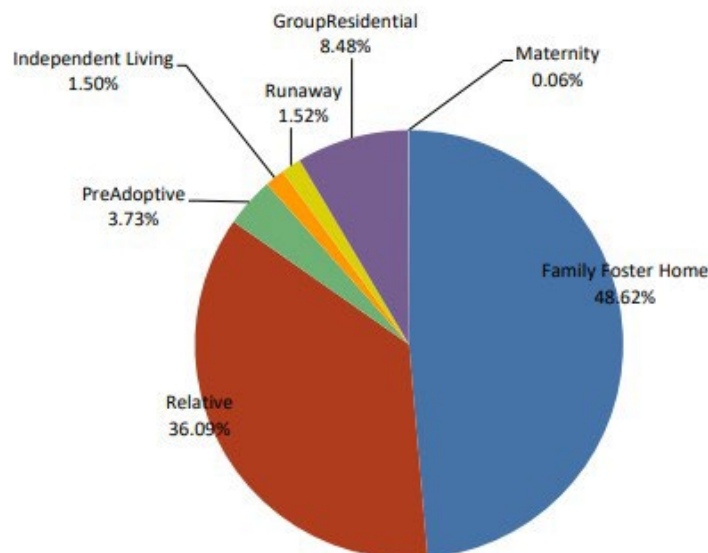
SFY 2023 Foster Care Placement Settings

FC placement by placement type is available July 1, 2023, through January 2024 on DCF's public website.

Statewide

	<u>JUL</u>	<u>AUG</u>	<u>SEP</u>	<u>OCT</u>	<u>NOV</u>	<u>DEC</u>	<u>IAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>JUN</u>	<u>Avg</u>
Family Foster Home	2,870	2,866	2,855	2,927	2,976	2,870	2,884	0	0	0	0	0	2,893
Relative	2,165	2,171	2,123	2,147	2,157	2,127	2,143	0	0	0	0	0	2,148
PreAdoptive	300	241	228	238	171	193	184	0	0	0	0	0	222
Independent Living	83	89	88	90	90	91	94	0	0	0	0	0	89
Runaway	82	73	93	104	95	95	90	0	0	0	0	0	90
GroupResidential	533	511	522	505	476	479	506	0	0	0	0	0	505
Maternity	3	4	3	3	3	4	4	0	0	0	0	0	3
Total	6,036	5,955	5,912	6,014	5,968	5,859	5,905						

*Pie Chart showing Placement Setting by percentage.



Data Source: FACTS

Placement Stability Team Decision Making© (PS-TDM) was fully implemented statewide in 2022. A PS-TDM is a facilitated meeting which is held for all placement related decisions (except reunification or adoption). The goal of these meetings is to decide or recommend whether a child already in care can remain in their current placement with supports or if a new placement is needed. In the case of positive moves, what services, actions, or resources can be put in place to ensure the move will lead to PS and timely permanency.

PS-TDM meetings should be held before a child leaves their placement unless there is an immediate and serious safety threat. The PS-TDM is a space where parents, children (10 and older), caregivers, placement providers, and CMP have an honest discussion and voice in decisions which may result in moving the child. Inclusivity, transparency, and ensuring all voices are respected are critical elements in the process to promote lasting safety and well-being of the child.

DCF and the CWCMPs continue to partner with Evident Change. Evident Change provides input and support to the agency related to implementation of PS-TDM practice. Support includes facilitated quarterly coaching and data analysis calls, evaluation and planning for next steps in development of skills in facilitating, and adherence to PS-TDM model fidelity. DCF holds quarterly statewide implementation meetings with CMPs.

PS-TDM continues to show positive impacts on PS of children in care. Placements have been preserved due to discussion taking place during the meeting. Children voice their thoughts, concerns, and ideas to their case team to implement the philosophy families are the experts of their lives. Placements can request needed supports and staff are being held accountable to timely implement supports.

Between July and April 2024, there were 1,174 PS-TDM meetings with an impact to 1,406 children or youth. Of those 1,406 children or youth impacted, 45% (n=638) were able to maintain their current placement, 35% (n=499) resulted in a lateral move to the same type of placement, 8% (n=118) moved to a less restrictive placement, and 11% (n=150) moved to a more restrictive type of placement.

In February of 2024, EvidentChange updated their TDM database to capture all Initial TDM and PS-TDM data.

TDM Meeting Type: Placement Stability		
Agency: Kansas CMPs		
Date Range: July 1, 2023 - April 30, 2024		
Location Codes: All		
Facilitators: All		
SECTION 1. MEETING NUMBERS AND CHARACTERISTICS	#	%
	Meetings	Meetings
1. TDM Meetings	1174	100%
2. TDM meetings make decisions about youth (10 years and older)	947	81%
ATTENDANCE AT MEETINGS	#	%
	Meetings	Meetings
3. Mother	123	10%
4. Father	53	5%
5. Children	545	46%
6. Family Members and Friends	79	7%
7. Caregivers	813	69%
8. Service providers and other supports	318	27%
9. Neighborhood / Community Representatives	98	8%
SECTION II: RECOMMENDATION SUMMARY	#	%
	Children	Children
10. All children involved with TDM meeting	1406	100%
11. Youth involved in meeting	1020	73%
12. Children already moved to another placement on emergency basis before TDM held	281	20%
RECOMMENDATIONS WHETHER TO CHANGE PLACEME	#	%
	Children	Children
13. Move to a more restrictive setting	150	11%
14. Move to a less restrictive setting	119	8%
15. Move to same type of setting (i.e. lateral move)	499	35%

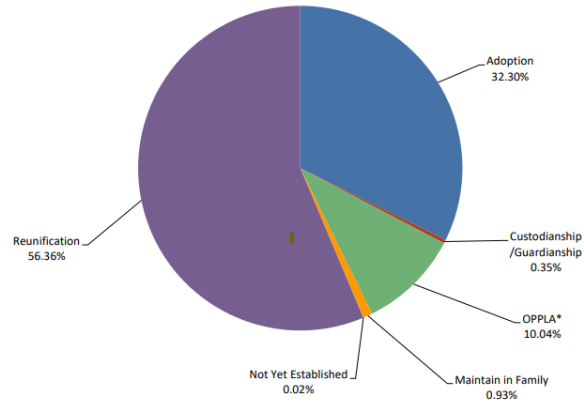
Item 5: Permanency Goal for the child

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 5.

Permanency goals and concurrent permanency goals, guide the overall case direction and development of the service plan. Kansas establishes a permanency goal for all children in FC. Agency policy requires each case plan to include the permanency goal. The initial case plan goal is established at the first case planning conference, which is held within 30 days of entry or re-entry into FC. Progress toward the goal is regularly monitored and the permanency goal may be changed when it is apparent the current goal cannot be met within a reasonable time frame.

Administrative Data



*Other planned permanent living arrangement (OPPLA). This is a permanency option only when other options such as reunification, adoption, or guardianship have been ruled out.

Children in FC by Permanency Goal
Data Source: FACTS

Item 6: Achieving Reunification, Guardianship, Adoption or APPLA

Kansas sees FC as a temporary support to families and believes all children in FC deserve permanency. The agency envisions a FC system where children aren't spending one day more than necessary in care.

Federal Reviews

CFSR Round 4 for Item 6 received an overall rating of ANI.

Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or APPLA for the child?		
SFY23 Agency Data	SFY2024	Item 6 Performance
Agency Data		33%
CFSR Round 4 Review	PUR	
CFSR Round 4		33%

Ensuring permanency goals are achieved within the timeframes suggested in the federal reviews has remained a challenge. Kansas supplements case review findings with administrative data. The data broadens understanding and can help identify, clarify, and define barriers to improved outcomes.

Administrative Data

Kansas uses several measures to monitor permanency and the length of time before permanency is achieved for children in FC. Several of the measures mirror CFSR Round 4 statewide permanency indicators.

Outcome Measure	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children who enter foster care, discharged to a permanent home within 12 months of their date of entry into foster care and before turning 18 <i>Standard 40.5%</i>	40%	38%	37%	36%	36%	34%	33%	34.6%	32.2%

Children in foster care between 12 and 23 months, discharged to a permanent home within 12 months from the first day of the reporting period and before turning 18 <i>Standard: 43.6%</i>	41%	40%	37%	40%	41%	36%	38%	37.5%	33.3%
Children in foster care 24 months and longer, discharged to a permanent home within 12 months from the first day of the reporting period and before turning 18 <i>Standard: 30.3%</i>	31%	35%	29%	36%	38%	34%	34%	34%	33.5%
Children who became legally free for adoption in the 12 months prior, discharge to a finalized adoption in less than 12 months from becoming legally free <i>Standard: 45.8%</i>	42%	40%	29%	39%	44%	41%	40%	41.9%	38.4%
Children discharged from custody for reason of adoption, released from custody in less than 24 months from removal into care <i>Standard: 26.8%</i>	23%	22%	18%	17%	19%	15%	13%	12.4%	18.8%
Children discharged from foster care who were legally free for adoption at the time of discharge and will be discharged to a permanent home before turning 18 <i>Standard: 96.8%</i>	91%	89%	88%	92%	92%	89%	90%	90.8%	81%
Children discharged from foster care for reason of emancipation, or who reached age 18 while in foster care, who were in care 3 years or longer <i>Standard: 47.8% (lower is better)</i>	36%	32%	31%	34%	29%	35%	39%	40.4%	39.3%

Data Source: FACTS

*SFY 2024 data reflects data from July 2023 – January 2024

Measure	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Average months in foster care for children discharged to reunification <i>Suggested timeframe: 12 months</i>	9	9	10	10	10	10	12	11	11	10
Average months in foster care for children discharged to custody/guardianship <i>Suggested Timeframe: 18 months</i>	19	18	19	20	19	19	24	22	20	23
Average months in foster care for children discharged to emancipation <i>Suggested Timeframe: NA</i>	38	39	37	38	36	38	39	42	44	42
Average months in foster care for children discharged to adoption <i>Suggested Timeframe: 24 months</i>	33	35	36	38	39	39	40	39	41	42
Adoptions finalized <i>Standard NA</i>	765	755	758	766	1210	998	846	948	880	446

Data Source: FACTS

*SFY 2023 data reflects data from July 2023 – February 2024

Based on this data, Kansas can improve outcomes for children and families through concerted efforts made to achieve timely permanency.

When a child is reunified with their family permanency is achieved, on average, 10 months after the child's entry into FC. This is within the 12-month suggested timeframe for achievement. Data indicates Kansas decreased the average length of stay for reunification from 11 months to 10 months between SFY 2023 and SFY 2024 (July 2023-February 2024).

When a child exits to custodianship/guardianship, permanency is achieved, on average, within 23 months of the child's entry into FC. This data point indicates increase over SFY 24 and outside the 18- month suggested timeframe for achievement.

When a child exits to adoption, permanency is achieved, on average, 42 months after the child's entry into FC. This data point indicates increase over SFY 24 and outside the 24-month suggested timeframe for achievement.

When a child exits to emancipation, permanency is achieved, on average of 42 months after the child's entry into FC. This data point decreased from SFY 2023 to SFY 2024 (July 2023- February 2024).

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children

Kansas recognizes FC as a support and not a substitute for families. Bonds with family and community are critical to minimizing trauma and maintaining a sense of identity after children enter FC. DCF preserves these family relationships and meaningful connections for children.

Item 7: Placement with Siblings

Kansas DCF policy (PPM 5237) requires siblings be placed together in FC whenever possible and appropriate.

Federal Reviews

During CFSR Round 4 Review, Kansas received an overall rating of ANI for Item 7.

Item 7: Did the agency make concerted efforts to ensure siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?		
Case Review	Timeframe	Item 7 Performance
Agency Data	January 2022 – June 2022	57%
	January 2023 – June 2023	58%
CFSR Round 4 Review	PUR	
CFSR Review	April 2022 – April 2023	57%

Data Source: Federal Online Monitoring System

Data Source: Performance Improvement & Learning System (PILS)

Administrative Data

When a child has one or more siblings in FC, Kansas measures whether the child is placed together with at least one sibling.

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children in foster care, with siblings in foster care, placed with at least one sibling	79%	78%	79%	77%	74%	73%	74%	77%	77%	74%	74%

Standard: 78%											
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Data Source: FACTS

*SFY 2024 data reflects data from July 2023 through February 2024

Item 8: Visiting with Parents and Siblings in Foster Care

Kansas DCF policy Interactions/Visitations (PPM 3237) supports the importance of time spent with parents and siblings also in FC, promotes the continuity of family relationships for children in care. DCF encourages time spent with parents and siblings be as frequent as possible, in the least restrictive environment, and appropriate to the circumstances of the case. The agency prohibits using time spent together with parents and siblings as either a consequence or reward for parents or for children.

Federal Reviews

During CFSR Round 4 Review, Kansas received an overall rating of ANI for Item 8.

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?		
Case Review	Timeframe	Item 8 Performance
Agency Data	January 2022 – June 2022	63%
	January 2023 – June 2023	56%
CFSR Round 4 Review	PUR	
CFSR Review	April 2022- April 2023	50%

Data Source: Federal Online Monitoring System

Data Source: PILS

Item 9: Preserving Connections

In addition to preserving relationships with close family members, DCF maintains meaningful connections a child has with his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 9.

Item 9: Did the agency make concerted efforts to preserve the child's connections to his neighborhood, community, faith, extended family, Tribe, school, and friends?		
Case Review	Timeframe	Item 9 Performance
Agency Data	January 2022 – June 2022	77%
	January 2023 – June 2023	78%
CFSR Round 4 Review	PUR	

CFSR Review	April 2022- April 2023	68%
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Administrative Data

DCF administrative data measures whether children continue to attend the same school after entry into FC. Kansas also measures whether a lifelong connection has been developed and maintained for youth exiting custody to adulthood. Kansas has shown increased performance in attending the same school data measure since CFSR Round 4 and a decrease in establishing a lifelong connection for emancipated youth.

Outcome Measure	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children aged 6 and older attending the same school after removal <i>Standard: 25%</i>	16%	15%	15%	16%	17%	18%	18%	24%	27.8%	33.6%
Youth emancipating from custody with an identified lifelong Connection Success <i>Standard: NA</i>	54.6%	59.9%	75.6%	81.2%	79%	79%	86%	88%	90%	87.8%

Data Source: FACTS

*SFY 2024 data reflects data from July 2023 through February 2024

Item 10: Relative Placement

When a child must be removed from the home, placement with relatives can ease the transition into FC and maintain the child's connections with his or her family. Kansas gives preference to the child's relatives for placement.

For placement, Kansas defines a relative as
A person who can trace a blood tie to a child. Persons related by blood may include a parent, grandparent, sibling, great-grandparent, uncle or aunt, nephew or niece, great-grand parent, great uncle or aunt, first cousin, great-great-grandparent, great-great uncle or aunt, or a first cousin once removed (the child of a first cousin). Termination of parental rights (TPR) does not alter or eliminate the blood relationship to other relatives.
A person who is or was related to the child through marriage or previous marriage (terminated by death or divorce). This includes, but is not limited to stepparents, step grandparents, step aunts and step uncles to the first degree.
Legally adoptive parents and other relatives of adoptive parents.
Birth parents and grandparents of siblings and birth parents of half-siblings.
Adoptive parents and grandparents of siblings or half-siblings.
A court-appointed guardian or permanent custodian of a sibling or half-sibling.

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 10.

Item 10: Did the agen make concerted efforts to place the child with relatives when appropriate?		
Case Review	PUR	tem 10 Performance
Agency Data	January 2022 - June 2022	78%
	January 2023- June 2023	76%
CFSR Round 4 Review	PUR	
CFSR Review	April 2022 – April 2023	75%

Data Source: Federal Online Monitoring System

Data Source: PILS

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children in foster care live with relatives or NRKIN <i>Standard: 50%</i>	31%	32%	33%	33%	32%	33%	34%	42%	44%	45%	47%

Data Source: FACTS

*SFY 2024 data reflects data from July 2023 through February 2024

DCF Administration teams, DCF regional teams, and CMPs continue to focus on initial relative and NRKIN placements and overall relative and NRKIN placements. In SFY 2021, relatives or NRKIN were added to the outcome measures and the standard was raised from 29% to 50%. As of February 2024, 47% of children in out of home care were placed with a relative or NRKIN.

Item 11: Relationship of Child in Care with Parents

In the past are the days when it was believed social workers saved children by removing them from families in crisis. Today much more is known about the crucial role families play in caring for their children in FC.

Kansas has made strides toward becoming a family and child well-being system centered around shared parenting by the child's parents and FC placement. Kansas has shifted from encouraging opportunities for parents to be involved in the child's life to expecting parents be provided these opportunities.

Aside from regular visitation, parents are provided opportunities to participate in the child's school activities and teacher conferences, medical appointments with the child, and to engage in the child's afterschool or sports activities. Additionally, foster parents are encouraged to mentor and support the child's parents and help nurture the relationships between the child and his or her parents.

Federal Reviews

Since completing the CFSR, Kansas has finalized six PIP measurement case reviews. Performance ratings are based on information gathered through thorough review of case file documentation and interviews with key case participants. Unfortunately, there was a decline. However, this continues to be a primary focus in discussions when meeting with the grantees each quarter.

Item 11: Did the agency make concerted efforts to promote, support and/or maintain positive relationships between the child in foster care and his/her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?		
SFY2024 Agency Data		Item 11 Performance
Agency Data		50%
CFSR Round 4 Review		PUR
CFSR Round 4		

Data Source: Federal Online Monitoring System

DCF supports the Icebreaker model to increase interaction and connections between a child's family and placement provider for children in FC. CPA use Icebreaker conversations to encourage connection, advocacy, and mentorship between foster parents and the child's family. When in-person meetings are not possible, virtual meetings and phone calls have been used to make these connections. From July 1,

2023, through April 16, 2024, 49 out of 95 icebreakers were held, meaning policy was met 48% of the time. Ninety-five (95) is the number of icebreakers DCF was able to identify as required. The actual total number of required icebreakers in KS over the reporting period is likely higher. DCF recognizes improved data collection on Icebreakers as an opportunity for improvement. Data tells us in the following circumstances Icebreakers did not occur:

Court orders prohibit contact	Parental rights are terminated (PRT)	Placement disrupted before an icebreaker conversation could be held
Biological parent(s) locations unknown	Biological parent(s) uncomfortable in participating	Youth moved to REL or NRKin placement
Biological parent(s) had scheduling conflicts	Biological parent(s) in institutional placements	Already existing relationship between families

Well-Being Outcomes 1, 2 and 3

Well-Being Outcome 1: Families Have Enhanced Capacity to provide for their children's needs

Strengthening families is essential to the agency's mission and critical to the state's vision for family and child well-being services. Agency programs and interventions are inherently time-limited, and services are designed to strengthen families and build capacity for families to provide for their children's needs.

Item 12: Needs and Services of Child, Parents and Foster Parents

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 12.

PIP Measurement Goal:

Review Type and PUR		Item Performance
CFSR:		34%

Data Source: Federal Online Monitoring System and Performance Improvement & Learning System

An aggregate summary of practice performance for CFSR Round 4 is provided by case type below.

Assessments:

Practice Description	Foster Care	In-Home Services	All Case Types
The agency conducted formal or informal initial and/or ongoing comprehensive assessments of the child	67.5% (27) of 40	80% (20) of 25	72.31% (47) of 65
The agency conducted formal or informal initial and/or ongoing comprehensive assessments of the mother	50% (11) of 22	79.17 % (19) of 24	65.22% (30) of 46
The agency conducted formal or informal initial and/or ongoing comprehensive assessments of the father	47.37% (9) of 19	68.42% (13) of 19	57.89 % (22) of 38
The agency conducted formal or informal initial and/or ongoing comprehensive assessments of the foster or pre-adoptive parents	62.50% (25) of 40	NA	62.50% (25) of 40

Services:

Practice Description	Foster care	In-Home Services	All Case Types
Appropriate services are provided to meet the needs of the child	61% (17) of 28	68.75% (11)	63.66% (28) of 44

Appropriate services were provided to meet the needs of the mother	36.36% (8) of 22	68.18% (15) of 22	52.27% (23) of 44
Appropriate services were provided to meet the needs of thather	59.68% (37) of 62	46% (23) of 50	53.57% (60) of 112
Appropriate services were provided to the foster or pre-adoptive parents related to the caring for children in their care	79.41% (81) of 102	NA	79.41% (81) of 102

Case read results reflect Kansas performs better when assessing the child, mother, and foster parents' needs. Improving assessment on the father, related to needs and services, is an area of opportunity.

Item 13: Child and Family Involvement in Case Planning

Kansas holds case planning conferences with families, after the case is opened and periodically throughout the case. Case planning conferences are designated times to identify strengths and needs, identify services and service providers, establish goals, evaluate progress toward goals and discuss the plan. Between case planning conferences, review of case plan activities, and support on progress is provided during regular contacts with children and families.

The case plan is a cooperative agreement developed in partnership with the child, family, the family's identified supports, the case management provider, and other service providers. Case planning is based on family-centered practice and Kansas actively involves the child and family in the case planning process.

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 13.

Item 14: Caseworker Visits with the Child

Visitation between a case worker and child is important in building mutual trust and aiding the child in experiencing and recognizing advocacy in the practitioner's decision and practice.

Examples of important conversations and assessments which occur during visitation between a child and their caseworker include, but are not limited to:
Assessing safety and well-being of the child
Conversation, input and understanding of the case plan and progress toward goals
Listening and observing the child to assess if their needs are being met
Conversations and planning around preserving and sustaining connections important to the child

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 14.

Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case goals?		
Case Review	PUR	tem 14 Performance
Agency Data	January 2022 – June 2022	66%
	January 2023 – June 2023	64%
CFSR Round 4 Review	PUR	
CFSR Review	April 2022- April 2023	77%

Data Source: Federal Online Monitoring System

Data Source: PILS

Administrative Data

Section 424(f) of the Social Security Act established performance standards for monthly caseworker visits (MCV) with children in FC. States are required to meet the following performance standards:

MCV:	The total number of visits made by caseworkers monthly to children in FC during the federal fiscal year (FFY) must not be less than 95% of the total number of such visits that would occur if each child were visited once every month while in care.
Visits In-Home (VIH):	At least 50 percent of the total number of monthly visits made by caseworkers to children in FC during the FFY must occur in the child's residence.

Kansas collects data and reports caseworker visit data for each FFY. Kansas had consistently surpassed the standard for the number of MCV occurring in the child's residence. In FY 2018-2020, data reflects Kansas declined in the performance standard for MCV. In FY 2021, system issues were corrected, communication between DCF and CMP has improved, and Kansas' ratings have started to show improvement. DCF will continue to address any system issues and partner with the CWCMPs to ensure outcomes are met.

Outcome Measure	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021	FFY 2022	FFY 2023	*FFY 2024
MCV <i>Standard: 95%</i>	97%	98%	97%	95%	90%	74%	89%	95%	97%	97%	97%
VIH <i>Standard: 50%</i>	80%	81%	83%	83%	83%	85%	76%	83%	88%	89%	91%

Data Source: SCRIPTS

*FFY 2024 data reflects data from October 2023 through February 2024

Item 15: Caseworker Visits with Parents

Visitation between a case worker and parents is important in preserving and building upon family strengths and identifying where services or supports might improve well-being of their child(ren). Worker/Parent visits promote the opportunity for parents to have an active role and voice in case planning and progress toward goals.

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 15.

Item 15: Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?		
Case Review	PUR	Item 15 Performance
Agency Data	January 2022 – June 2022	54%
	January 2023 – June 2023	46%
CFSR Round 4 Review	PUR	
CFSR Review	April 2022 – April 2023	

Data Source: Federal Online Monitoring System

Data Source: PILS

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

Item 16: Educational Needs of the Child

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 16.

Item 16: Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities?		
Case Review	PUR	Item 16 Performance
Agency Data	January 2022 - June 2022	84%
	January 2023 – June 2023	81%
CFSR Round 4 Review	PUR	
CFSR Round 4	April 2022 – April 2023	88%

Data Source: Federal Online Monitoring System

Data Source: PILS

Administrative Data

Outcome Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
Children in foster care for 365 days or longer that progress to the next grade level <i>Standard: 70%</i>	70%	36%	83%	86%	99%	78%	69%	88%	91%	87%	**N/A
Youth exiting custody, emancipation or runaway that have completed grade 12 <i>Standard: NA</i>	43%	52%	46%	51%	68%	39%	31%	32%	53%	45%	39%

Data Source: FACTS

*SFY 2024 data reflects data from July 2023 through February 2024

**Data for SFY2024 is not complete at the time of submission of this APSR as data is only valid at the completion of a SFY

DCF currently receives data from CMPs related to educational milestones including progression to the next grade level and youth exiting custody to emancipation or runaway who have completed 12th grade. These percentages fluctuate year to year. DCF will continue to monitor this data. DCF also collaborates with KSDE to create the Kansas Foster Care Report card which is presented to the Legislature yearly to guide collaborative efforts between KSDE and DCF to increase educational attainment for youth in FC.

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

Item 17: Physical Health of the Child

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 17.

Item 17: Did the agency address the physical health needs of children, including dental health needs?		
Case Review	PUR	Item 17 Performance
Agency Data	January 2022 – June 2022	48%
	January 2023 – June 2023	52%
CFSR Round 4 Review	PUR	
CFSR Round 4	April 2022 – April 2023	63%

Data Source: Federal Online Monitoring System

Data Source: PILS

Item 18: Mental/Behavioral Health of the Child

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 18.

Item 18: Did the agency address the mental/behavioral health needs of children?		
Data Source	PUR tem 18 Performance	
Agency Data	January 2022-June 2022	64%
	January 2023-June 2023	63%
CFSR Round 4 Review	PUR	
CFSR Round 4	April 2022 – April 2023	55%

Mental Health Intervention Teams (MHIT) also known as Mental Health in Schools is a program based on a partnership between school districts and their CMHC. This program continues to expand and is now in 93 school districts. MHIT provides school-based mental health services to children. Currently, there are 19 CMHCs participating in the program across Kansas. The behavioral intervention teams include a school liaison, a clinician, and a mental health CM. Working alongside the Association of Community Mental Health Centers (ACMHC), DCF identifies communities or school districts where there is a gap in mental health services for children in FC. Providing services to children in school setting has increased access to mental health services for children in care.

In October 2021, DCF along with Beacon Health Options, now known as Carelon, launched the Family Mobile Crisis Helpline for the management of a centralized behavioral health crisis helpline, screening, and mobile response stabilization services (MRSS). The Helpline was implemented to promote coordination and access of community-based services as a deterrent from hospitalization or other OOH placements. Carelon holds a 3-year contract intended to create a crisis CoC with targeted goals of deescalating and ameliorating a crisis before more restrictive or institutional interventions become necessary and provide a connection to needed supports and services for children and youth. The Family Mobile Crisis Helpline is available for youth and young adults is Kansas 20 years old or younger, current or previous placement in FC is not required to utilized Family Mobile Crisis Helpline services.

Current and Planned Activities to Improve Performance on Child and Family Outcomes

Kansas is committed to achieving the highest standards in safety, permanency, and well-being. As an agency, DCF is dedicated to perpetual learning and CQI. Opportunities to improve outcomes and practice to promote family and child well-being through an equity lens are pursued. DCF has engaged in community conversations and completed revisions to mandated reporter training curriculum to describe and educate the difference between poverty and neglect.

Safety

DCF is dedicated to achieving the highest standards for safety, prevention, and reducing the need for FC. CFSR Round 4 Kansas results determined not in substantial conformity with Safety Outcome 1 and 2.

Kansas Protection Report Center (KPRC)

Assessing reports for assignment within the time frames established by agency policy remains an opportunity for improvement. KPRC continues to find ways to improve Safety Outcome 1. DCF participated in development of the Round 4 PIP, activities and strategies will support improved Safety Outcome 1 results. Please refer to Attachment 21 KS R4 PIP Approved Plan.

In July of 2023, root cause analysis was completed regarding timely initial assessments. Changes were identified and implemented in the KPRC evaluation structure. KPRC removed the performance outcome of completing eight reports per day. New focus targeted timeliness and resulted in KPRC increasing completion of timely initial assessments in the spring and summer of 2023. Ongoing and consistent review of processes and practice remain a focus for KPRC toward improved outcomes. Focusing on overall improved productivity is a planned activity during this review period.

Reporting Month		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Average YTD
Statewide	# of Events Assessed Timely	5,156	6,177	5,349	5,399	4,938	5,281	6,220	6,744	6,263	7,828			5,936
	Total # of Events	5,315	6,647	6,870	7,010	6,399	5,716	6,566	7,134	6,594	8,112			6,636
	% of Timely Initial Assessments for reporting month	97.2%	92.9%	77.9%	77.0%	77.2%	92.4%	94.7%	94.5%	95.0%	96.5%			89.4%

*Note: This report contains both child and adult events taken by the Kansas Protection Report Center.

Numerator: The number of events taken in a reporting month with an initial assessment completed per policy PPM 1330, excluding events on a Preliminary Inquiry status.

Denominator: Total number of events taken in a reporting month, excluding events with a Preliminary Inquiry status.

As staffing levels greatly impact timeliness, KPRC supervisors are in filling vacancies. Diligence has proven to reduce vacancies. During this reporting period KPRC will continue to deploy strategies toward retaining staff and maintaining a low vacancy rate. As of May of 2024, the KPRC is fully staffed with intake protection specialists.

Also impacting timeliness is entry of fax reports into KIPS. If date or time entry is not accurate, it is now captured in a monthly error report and reconciled between supervisor and staff. KPRC encourages stakeholders who send five or less reports via fax a month to instead use the web instead of faxing. KPRC consistently reviews the fax reporting process for ways to increase efficiencies. This is especially important in the Kansas City region where a higher volume of faxes is received in bulk.

In SFY23, there were 72,385 child reports received by the KPRC. Through analysis completed it was noticed reports assigned for a preliminary inquiry delayed the assignment time due to insufficient information received through the initial reporter contact. This had a negative effective on KPRC timeliness. KPRC set a goal of reducing the number of reports put on preliminary inquiry in SFY25 by providing education to reporter sources who typically make reports that do not have all necessary information to make an initial assessment decision and have to be put on preliminary inquiry. The Educator Reflection described below is one avenue of educating reporters of the need for accurate and complete information in making a decision for assignment. Other ways include changes made to the web intake in January 2024 to mirror the experience one would have if making a call. Formatting questions aligning with KPM on web reports will assist KPRC staff in gaining further information regarding a reporter's worries, safety planning, what is working well, and what they would like to see happen for the child and family.

Part of action planning for practice and process improvement within KPRC is listening to stakeholder feedback on their experience when reporting. Changes, such as the KPM language used on the web form and monitoring/alerting staff of excessive wait times for stakeholders using the call line, are both strategies put in practice in response to feedback.

Educator Reflection

In the spring of 2023, DCF participated in a CFSR and results highlighted opportunities for growth related to Safety for children and families. DCF has plans in place to increase performance outcome specific to child and family safety. DCF is working to increase the quality of risk and safety assessments,

increase the timeliness of initial assessments, and increase timeliness of safety determinations within Assessment and Prevention teams. The understanding of risk and safety varies within the community. When DCF is involved with families who do not require building safety, it depletes resources available to families who could utilize DCF support. DCF believes families function at their best when they are supported by natural support networks and community resources. DCF continues to work toward an equitable child well-being system.

Data from Kansas Intake/Investigation Protection System (KIPS) between July 2021 – June 2023 indicates the reports of child abuse/neglect made by educators noticeably lack safety concerns or a suspicion of abuse or neglect by more than double any other reporter source. It is important to partner with educators to share an understanding of risk and safety.

In February 2024, DCF, KCSL, and KSDE co-hosted a Child Protection and Educator Reflection. The purpose of the reflection was to provide an opportunity to partner with mandated reporters in clarifying reporting.

Reporting to KRPC	Primary Questions Explored	Activities in Reflection
Recognizing and highlighting examples of quality reporting experiences.	How can DCF staff and educators work together to ensure DCF's resources make it to families who genuinely need them?	Developed a shared definition of engagement and worked as a group to identify how engagement with the reporter and family is reflected in reports.
Uncovering systemic opportunities and challenges faced together.	What difference might it make if DCF is able to gather balanced and detailed information from each reporter?	Reviewed and reflected upon vignettes that represented the type of reports received at KRPC made by educators.
Developing a shared vision and plans for bringing partnership, balance, and clarity to reporting experiences.	How can DCF and educators ensure families get connected to the resources and supports they need in the most direct and least intrusive way possible?	Discussed and highlighted examples of quality reports and uncovered systemic opportunities and developed a vision and created goals.
		Identified implicit bias specific to child welfare within reports.

This group created the vision: Foster robust collaboration by nurturing relationships and cultivating strategic partnerships between DCF and Kansas educators, so Kansas children and families receive timely and effective support when they need it most by the people best suited to provide the support.

System opportunity themes identified by the large group:	
Training and education for mandated reporters	Roles and expectations of DCF and mandated reporters
Policies and statutes impacting mandated reporters	Time and resources of educators and DCF

An advisory committee was established to guide four workgroups and serve as a collaborative resource for DCF and educators. The committee will develop over the next year while supporting efforts of workgroups. The groups will review data and create strategies to reach their goal. The group will formalize the committees' existence and partnership.

The advisory committee will review goals and objectives of the four workgroups to identify themes and provide support, feedback, and resources to refine areas of focus. By identifying themes, the advisory committee can reduce duplication and maximize efforts toward the shared vision.

Family First Prevention Services

Since implementing FFPSA in Kansas in October 2019, DCF began partnerships with an array of EBP prevention providers across the state. Grants to community-based organizations are focused on specific services targeted in mental health, substance use, parent skill building, kinship navigation, and other

based on community needs. FFPSA supported Kansas in increasing the service array within the state allowing for a broader prevention focused CoC.

Referrals July 1, 2023 – March 2, 2024				
Mental Health (federally funded)	Substance Use (federally funded)	Parent Skill- Building (federally funded)	Kinship Navigation (state funded)	Other State Funded Prevention Programs
373	16	139	137	78

Families Together (FT)

DCF granted with FT to provide a community pathway toward serving families who provide caregiving to a child with an I/DD. FT created the Family, Advocacy, Support, and Training (FAST) program to specifically support caregivers of children ages 0-17 living with an I/DD. Referrals to FAST can be made by anyone in the community and does not require DCF involvement. Examples of referral sources could include schools, doctors' offices, DCF staff, FC providers, FRC, Community Developmental Disability Organization (CDDOs) for families who are not already receiving services through the I/DD waiver. The identified children in the family must be diagnosed with any level of an I/DD, however, the entire family will be served if there are children in the home who can benefit from FAST services. Services are accessible statewide and could be in the home if there is availability by the provider. These services do not take place of CM responsibilities by the CDDO.

FAST services include, but are not limited to the following:
Provide intensive, individualized support to families: consultation for parent assistance, Individualized Education Plan (IEP) and peer mentoring, and support groups
Provide statewide training for caregivers using a workshop or conference format, Family Support Retreat, and iTransition workshops
Statewide dissemination of information to inform families, including underserved and unserved populations, about available resources
Provide client assistance funds to help stabilize a family and reduce stressors

This service array was developed from meetings DCF held with diverse groups of stakeholders including, but not limited to CDDOs, Interhab, families with lived expertise, KDADs and other agencies providing support for individuals with an I/DD. This feedback was gathered to inform what services and supports for this population were most needed.

Family Resource Centers (FRC)

In November of SFY23, DCF granted nearly \$1.8 million to ten new or already established FRCs throughout Kansas.

Agency	Areas Served
Community Children's Center	Douglas County (KC Region)
KFAN SE	Allen, Bourbon, Chautauqua, Cherokee, Crawford, Labette, Linn, Montgomery, Neosho, Osage, and Wilson Counties (SE Region)
KFAN SW	Barton, Comanche, Edwards, Finney, Ford, Gray, Greeley, Harvey, Lyon, Marion, McPherson, Meade, Pawnee, Reno, Rice, Seward, and Stafford Counties (SW Region)
KCSL	Sedgwick County (Wichita Region)
KU Project Eagle	Wyandotte County (KC Region)
Live Well Northwest Kansas	Cheyenne, Rawlins, Decatur, Norton, Sherman, Thomas, Sheridan, Graham, Wallace, Logan, Gove, and Trego Counties (NW Region)
Pony Express Partnership for Children	Marshall and Washington Counties (NE Region)
Turner USD 202 EC	Wyandotte County; USD 202 (KC Region)
Urban League of Kansas	67214 zip code in Sedgwick County (Wichita Region)

USD 252 Southern Lyon County	Lyon County communities of Neosho Rapids, Harford and Olpe (SW Region)
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Services FRC programs offer include, but are not limited to:

Childcare resource and referral	Counseling	Literacy Programs
EC programs	Food banks, cooking, and nutrition	Play Groups
Health Screenings	Home Visiting Program	Parent Leadership and Peer Groups
Job Skills Training	Legal Services	Youth Leadership and Peer Groups

FRCs provide a unique service in their communities and include resources based on community needs. DCF granted FRCs are community-based or school-based hubs with programming designed to support and strengthen families. Data supports the idea of when an FRC is operating in a community, families experience well-being and incidences of abuse and neglect are reduced. Kansas is a member of the National Family Support Network (NFSN) and has contracted with KCSL to support grantees in building the research-based Strengthening Families Protective Factors. Grantees align their site with the NFSN Standards of Quality. KCSL's designation as the Prevent Child Abuse America (PCAA) chapter agency, positions them to operate as the certification and Technical Assistance (TA) agent. KCSL collaborates with the sites related to enhancing their programs. KCSL is creating a plan for how to establish new sites and replicate existing models. Additionally, KCSL provides NFSN training. KCSL is DCF's contractor responsible for developing and delivering mandated reporter training. FRC program staff are encouraged to attend these training sessions.

FRC grants are renewing for an additional year, July 1, 2024 – June 30, 2025, as an optional renewal with two additional optional renewals remaining. This continued support will allow families to access services and concrete goods prior to or simultaneously with DCF intervention.

FRC Evaluation

July 2023 DCF awarded KU-CPPR a grant to evaluate the impact of FRCs in their communities. The grant has been renewed for another year beginning July 1, 2024, through June 30, 2025. The FRC Evaluation Team consists of a Principal Investigator, two Co-Investigators, a Data Analyst, a Coordinator/Data Manager, and a Project Manager.

The grant includes the following components:

FRCs connect clients to goods or resources (such as diapers, clothing closets, food, transportation, etc.)
Family experience based on pre- and post-surveys
Service array in relation to longer term services, such as parenting classes, etc.
Well-being measured two times throughout the year to understand impact and value in communities.

Utilizing KU-CPPR's DAISEY platform, FRCs track concrete supports, events, and training on an interface tailored to their program's needs. Data collected will be utilized to understand the FRCs' reach and the community's greatest needs. For longer-term clients, such as those receiving case management, protective factors will be evaluated throughout their involvement with the FRC. This data will provide insight into changes over time. FRCs receive one on one TA from KU-CPPR, cohort learning, and access to KU-CPPR FRC Evaluation staff during regularly scheduled office hours. FRCs expect to see emerging trends from data to understand local and statewide needs.

At a community level, a well-being assessment for families regarding the five domains of social determinants of health (SDOH) will be administered. A comparison will be made between individuals and

families served by local FRCs and those who have not accessed the FRCs. In addition, stories will be collected from individuals and families served by local FRCs and those who have not accessed FRCs. These are two methods to understand the impact of FRCs and gather information about the community the FRC is serving.

Kansas Strong

Kansas Strong for Children and Families is a public-private-university collaborative including DCF, KFAN, Parent Partners, KYAC, Kansas CIP, OJA, Kansas SCTFPP, CAK, the state's network of private providers of FPS and FC - COC, DCCCA, KVC Kansas, SFM, and TFI, and KU.

The program has been developed and delivered through a 5-year federal grant aimed at strengthening child welfare systems to improve outcomes for children and families and concluded in December 2023.

Kansas Strong has three primary focuses:	
Safety	Ensuring families stay together when safe and appropriate
Permanency	Ensuring children have stability and permanent families
Service Array	Fortifying services, resources, and supports available to Kansas children and families

The strategies developed to achieve the goal of strengthening child welfare systems to improve outcomes for children and families include but are not limited to facilitation of an interagency advisory board (IAB), creation and implementation of ATT, parent/youth facilitation (PYF), and coaching focused on developing and strengthening supervisory capacity and skills to promote quality frontline practice.

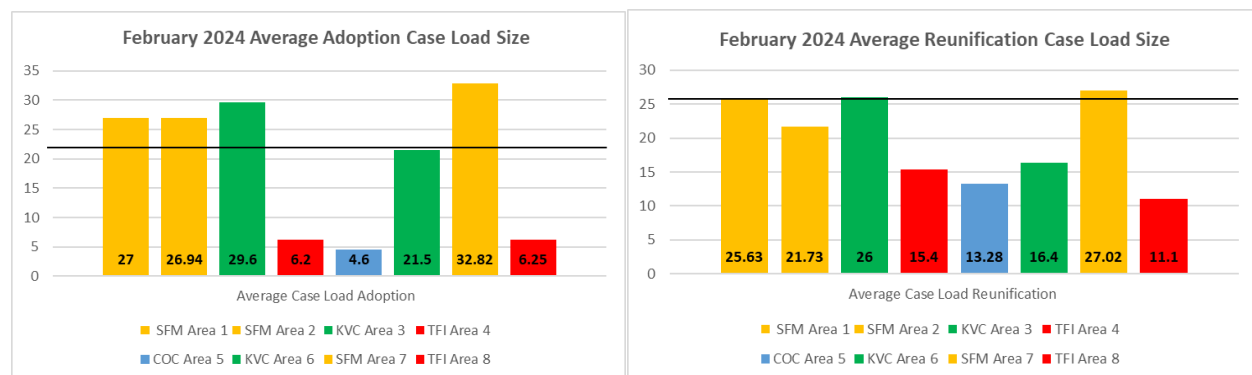
Caseload Limit

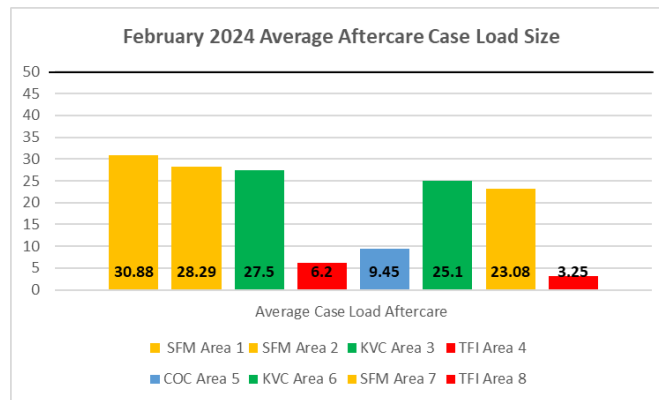
In October 2019, caseload limits were established for FC cases. Provider grants require FC case management agencies be accredited by a national accrediting organization. Grants allow for case management agencies to independently structure teams.

Caseload Limits:

	Reunification Caseworker	Adoption Caseworker	Aftercare Caseworker
Number of Children	30	25	50

Reports are submitted monthly from FC providers allowing DCF to monitor caseload data. Reports indicate caseloads on average are within acceptable limits. There are times caseloads may be higher resulting from staff turnover. Data is monitored monthly for identifying caseloads exceeding limits. Collaborative discussions occur between DCF and providers until optimal caseload sizes are achieved.





Permanency

For nearly a decade, Kansas experienced increasing numbers of children in FC. This trend strained resources, agency capacity, and affected permanency outcomes for children and families. Prevention services have impacted the number of children entering care. DCF is committed to expediting permanency for children when in FC. Data supports these efforts in influencing permanency for children and families. During CFSR Round 4 Kansas was found not to be in substantial conformity with Permanency Outcome 1 and 2.

CareMatch

In October 2019, DCF deployed new placement management software known as CareMatch. CareMatch uses algorithms to match a child to an available placement based on location, child attributes, and placement preferences. Prior to CareMatch, sponsoring agencies functioned as gatekeepers to available foster families. Resources were underutilized and placement decisions were not always informed. Today, CareMatch can produce a list of the best matched, least restrictive placement options available, and customized to a child's individual needs. CareMatch is one tool Kansas is utilizing to increase the likelihood of a child's first placement sustaining until permanency is achieved.

PS has maintained across the state between 2023 and 2024. Data indicates there may be room for improvement in relative and NRKIN placements. Analysis indicates cross-system collaboration is needed.

In February 2022, the Kansas DCF Business Intelligence (BI) dashboards were created. The BI dashboards provide a critical snapshot of permanency information. BI reports can be developed with information aligned to meet requirements of the US District Court of Kansas settlement agreement in McIntyre v. Howard, CFSR, and insights DCF wishes to gain regarding goals of KPM.

The current data source for the BI reports is CareMatch. Historical data is available and is included in the report dashboard. Each BI dashboard can filter and export, allowing the user to stratify the data across multiple levels. The end user can view child placements for one child as opposed to all child placements. Dashboards refresh nightly.

The following dashboards and main functionality have been implemented into CareMatch:	
BI/Analytics	Active children – End user can view historical placement attributes stratified e.g., region, CPA, provider type, child name
	Out of Home Placements – End user can view provider attributes e.g., bed availability, bed count, status, type, provider name.

	Provider Information – End User can view child case demographics
	Licensing Capacity Report
Child Analytics – End user can sort data by demographics, age, and legal county.	
Facility or Home Analytics – End user can view the number of placements in each county, agency, and facility type.	
Staff Management Analytics – End user can view the number of intakes by month.	

Adoption Tracking Tool (ATT) & Parent/Youth Facilitation (PYF)

The KU evaluation team is actively collecting data to better understand how ATT is utilized and identify areas to facilitate its full implementation. Data collection activities include three main activities: survey, interviews of managers with each CMP, and review of data from the CFSR. The KU team recommends creation of an ad hoc workgroup to identify possible modifications to ATT and to address the barriers to its full and effective implementation.

One of the three activities has been completed, providing a survey to people working in the legal system. Ten surveys were completed representing six CASA, three judges, and one CRB member. The results included comments that indicated areas of improvement:

Results from the 10 surveys:
The tool is not being used and if used, is not being used properly
The information provided by ATT is similar to the court report and often not as helpful
The tool is not used despite court requests and the content usually remains the same yet up to date information is needed
A request for more information to be added to the ATT to include a review of a child's diagnosis and needed supports as well as a section on SSI determinations

The same team created the PYF.

PYF focuses on older youth to improve the following outcomes:
Reducing the number of youth coming into DCF custody
Reducing the number of youth aging out of FC

PYF is a two-pronged approach to preventing entry into FC by older youth through:

- 1) using a facilitation process to help families arrive at appropriate decisions best fitting their unique needs and
- 2) connecting families to community-based prevention services and supports.

This strategy will complement efforts to maintain children in their homes whenever possible and appropriate.

PYF is ongoing in Wyandotte and Saline counties since August 2020. Shawnee county was launched in October 2021. In FY23, the number of referrals from county or district attorney's offices to PYF site coordinators have been low across all three counties. When referrals have come in, the rate of acceptance by families has been very low. Saline County, having the most established PYF program, has been the most successful with receiving referrals and engaging families. The other two counties are working to build relationships with their district attorneys and enhance the referral process. Additionally, based on feedback from focus groups, all three counties are discussing how to adapt PYF for more community-

based referrals and engagement with families. A key discussion topic is how to reach families at earlier points (e.g., with preteens) that would reduce the crisis emerging in mid-to-later teen years.

Planning continues for future program modifications and data collection. For example, having the letter sent to families come from the PYF coordinator instead of the DA. PYF is looking at options for leadership and training of the program and in discussions with COC. Current progress was halted as the PYF team suffered the loss of their leader.

Adoption Accelerators (AA)

In SFY 2024, grant funding for provided five AA positions through the FC CMP. Providers utilize these positions in different ways and, but these staff are not caseload carrying positions. AA positions were created to reduce time children are awaiting adoption. Providers report utilizing AA for tasks such as streamlining internal administrative processes and tackling systemic and case-specific barriers to timely permanency through adoption.

AA job duties include:	
Case staffing facilitation	Case barrier identification
Solutions focused on children moving toward adoption	Support toward achieving finalized adoptions
Support in preparing documentation for home assessments	Support to CM in completing child social histories
Development tracking tools and collecting case related data	Facilitating workshops and delivering training to CM
Advocacy and promotion of quality adoption practices	

SFY2024 YTD Total (as of February 2024) AA reports by each provider are below.

TFI Family Services – Catchment Areas 4 and 8

	Area 4	Area 8
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	1.6%	5.4%
% of children who become legally free for adoption achieve adoption in less than 12 mont, once legally free (45.8%)	30.2%	21.7%

St. Francis Ministries (SFM) – Catchment Areas 1, 2 and 7

	Areas 1	Areas 2	Areas 7
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	15.7%	25.3%	25.0%
% of children who become legally free for adoption achieve adoption in less than 12 months, once legally free (Standard 45.8%)	41.5%	44.2%	54.0%

KVC – Catchment Areas 3 and 6

	Area 3	Area 6
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	7.5%	13.6%
% of children who become legally free for adoption achieve adoption in less than 12 months, once lgally free (Standard 45.8%)	40.0%	52.6%

COC – Catchment Area 5

	Area 5
% of children who have a finalized adoption within 24 months of referral (Standard 26.8%)	4.9%

% of children who become legally free for adoption achieve adoption in less than 12 months, once legally free (Standard 45.8%)	31.8%
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Well-Being

During CFSR Round 4 Kansas was found not to be in substantial conformity with Well-Being Outcomes 1, 2, and 3.

Case Planning

In SFY 2020, Kansas implemented Initial Family Meetings (IFM) when families are referred for FC or FPS. The IFM is scheduled in consultation with the family and is generally required within two days of a referral for FPS or within three days of a referral for FC case management services. The IFM initiates partnership between the family, DCF, and service providers. The Initial Service Plan (ISP) is also developed with the family at the IFM. The ISP outlines immediate tasks or activities to be completed pending completion of the initial case plan. The ISP was created in response to requests for tangible and immediate guidance for families prior to the initial case plan being developed.

The IFM and the use of the accompanying form ISP (PPS 3031 FC ISP) are in use across the state. With the implementation of KPM language on the ISP form, changes were made to be accessible to the family. An instruction document was published in policy as a guide for use and timeliness.

Services for Children with High Needs

DCF Programing:

In SFY 2020, DCF added QRTP as a new level of treatment for children in FC. QRTPs provide an integrated treatment model designed to address the clinical needs of children with serious emotional or behavioral disorders. Treatment programs involve the child's family and siblings as much as possible. The program also provides discharge planning and family-based aftercare support. Placement within a QRTP facility is not meant to be long-term. DCF contracts with HealthSource to conduct the CAFAS to determine QRTP eligibility.

In SFY 2023, DCF updated placement standards and rates. Rates are determined based on the child's level of care. Youth with high needs generally receive a higher daily rate under the rate structure.

CPA are expected to have more frequent visits with foster parents caring for youth with high needs. Each home will be reimbursed per the level of care tools to make this determination. Rates shall be reimbursed to licensed family foster homes as per the DCF Rate Structure.

CWCMP use an assessment tool upon placement to determine a youth's level of care and level of care a foster home is designated to provide. Assessments are completed every 180 days a child remains in placement or upon need.

In SFY 2020, DCF added a Treatment Transition Rate. This rate is available to all family like setting placement providers. This rate level allows reimbursement for the cost of being active and present in the youth's discharge planning. Active participation from the caregiver is important to stabilize and successfully transition the youth back into a family like setting in their community. Caregivers must participate in the treatment plan identified by the program being delivered within the facility to qualify for this rate of care. The rate is available to caregivers up to 6 months (180 days) while the caregiver engages in the additional services needed to help transition the youth into their care.

See Item 18: Mental/Behavioral Health of the Child to learn about MRSS and Item 4: Stability of Foster Care Placement to learn about PS-TDM.

In SFY 2023, DCF launched the Therapeutic Family Foster Homes (TFFH) model and level of care. This model is designed to reduce reliance on congregate care and increase services in family residences for youth with high needs with an operating capacity of two children in the home. This programming has received Legislative support through ongoing funding and DCF awarded seven agencies with grant funding to build capacity and services through innovative approaches to significantly increase TFFH.

Agency	Area of focus	Counties	Estimated Support	Initial Award Amount: March 1 to June 30, 2024	Full grant amount
COC	Prevention	Marshall, Nemaha, Brown, Doniphan, Pottawatomie, Jackson, Jefferson, Wabaunsee, and Shawnee	Therapeutic prevention-based care	\$177,123	\$512,766
DCCCA	Prevention and FC	Douglas, Johnson, Sedgwick, and Crawford	50 children per year	\$143,905	\$1,221,644
Eckerd Connect	FC	Butler, Cowley, Reno, Sedgwick, and Sumner	5 to 8 TFFH	\$131,117	\$332,014
EmberH YouthV	FC	Sedgwick	12 TFFH + 25 percent growth in outyears	\$360,509	\$1,221,644
FAC	FC	Bourbon, Crawford, Douglas, Ellis, Johnson, Leavenworth, Reno, Shawnee, and Wyandotte	Rapid expansion of Behavioral Intervention Program	\$82,930	\$189,507
KVC	FC	Shawnee	Implementation of The Mockingbird Family Model	\$245,643	\$532,255
Pressley Ridge	Training, Data Collection & Learning Management Software	Statewide	Training to staff	\$231,584	\$959,863

In SFY 2024, a new Medicaid code, CBI, was added to the State Plan for coverage in Kansas. Children who experience trauma have an increased need for support in addressing behaviors and are at-risk if the trauma goes unresolved into adolescence and adulthood. The intent of this Medicaid billable services is for intense support in the home and community where the child resides. Services include neuro-developmental activities for children and families who struggle with behavioral and emotional management through a person-centered treatment plan. This service requires family involvement and is for the direct benefit of the child. The goal is to increase behavioral functioning in activities of daily living, stabilize the child in their home and community settings, and eliminate the need for high levels of treatment. CBI services are cost-effective trauma-informed alternatives to avoid placement disruption.

State Partnership Work:

To reduce the number of children on the PRTF waitlist, DCF partners with KDHE, KDADS, and the MCOs to review the status and services provided to each youth on the waitlist bi-weekly. For each youth, the review captures the length of time on the waitlist, current placement, current services, and any available services. If a youth is not participating in services which may be of benefit, the MCO reaches out to the CWCMP to determine if a referral to services is appropriate. Ongoing obstacles are discussed in this meeting and shared with other KanCare related workgroups.

See Item 18: Mental/Behavioral Health of the Child to learn about MHIT.

In SFY 2021, Kansas Governor Laura Kelly signed Senate Substitute for House Bill 2208, to establish a new model for providing behavioral health services—the Certified Community Behavioral Health Clinic (CCBHC). Kansas is the first state to pass legislation identifying the CCBHC model as a solution to the mental health and substance use crisis. In SFY 2024, KDADS will complete the certification process of all 26 CMHCs as CCBHCs. Through this model, centers are mandated to see people in crisis immediately, offer routine outpatient care within 10 business days after an initial contact, and meet federal standards for the range of services they provide. The Kansas CCBHC model is an outpatient, integrated care model intended to increase access to community-based mental health and SUD services, advance integration of behavioral health with physical health care, and improve utilization of EBP.

In SFY 2023, Children’s Crisis Respite Programs, through KDADS became a new service for stabilization of youth and families. The Crisis Respite Centers through the CMHCs, are an alternative to acute hospital or PRTF treatment for youth and family. Any Kansas youth and family can access crisis respite programming, including those in FC who require an immediate episode of care. This can range from hours to a maximum of 28 days for the amelioration of psychological and substance use symptoms and impairment or until the family ruptures, involving the youth and family. Family is defined by the youth and may include biological, foster, or chosen. These centers provide services within a defined geographical area of the state through specialized consultation, TA, crisis intervention, crisis stabilization, and care management to ensure youth and family remain intact in their home community and connected to local providers and services. There are currently three operating facilities and three additional facilities who have executed contracts for future work. KDADS continues to further development in increasing the coverage across of the state.

In SFY 2023, two new Medicaid codes were launched: Family Psychotherapy Without the Patient Present and Peer Support/Parent Peer Support, and both were added to the State Plan. Family Psychotherapy Without the Patient Present provides the ability for a clinician to bill for therapeutic time spent with the parent or guardian working towards parent/child treatment goals. Peer Support/Parent Peer Support are defined client centered services with a rehabilitation and recovery focus designed to promote skills for coping with and managing behavioral health symptoms. Support also facilitates the utilization of natural resources and the enhancement of community living skills for the parent/legal guardian rising and individual with behavioral health needs.

In SFY 2023, DCF participated in the collaborative effort between KDADS and Wichita University’s Community Engagement Institute (CEI) to support the development of a new Behavioral Health Tech Certification Program with the goal to provide a potential career path for the workforce serving youth with high needs.

See Item 18: Mental/Behavioral Health of the Child to learn about MRSS and C.I.e Children’s Mental Health Policy Academy for information on the Academy.

In SFY 2024, Kansas through KDADS was selected as one of five states for the Supporting Crisis Services to Ensure Optimal Coordination for Children and Adults with Co-Occurring Cognitive Disabilities and Behavioral Health Conditions Policy Academy through the Link Center. This work is supported through KDADS, DCF, MCO, Kansas 988 Providers, KU, the Kansas Council on Developmental Disabilities and Interhab. The purpose of this work is to support participating states, territories, and/or tribes to ensure capacity and relationships sufficient to supports children and adults with I/DD, brain injury (BI), and other cognitive and/or communication difference who need 988 or other crisis response. The Policy Academy will assist participants with developing resources and standard operating strategies to assure an inclusive, accessible 988/Lifeline and Crisis Response system while also cultivating necessary in-state, cross system strategies for needed ongoing support for individuals.

In SFY 2024, Kansas through KDADS was selected as one of ten states for the Crisis Systems Policy Academy through Crisis Systems Response Training and Technical Assistance Center (CSR-TTAC) and the 988 & Behavioral Health Crisis Coordinating Office. This Policy Academy is funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) and supported through KDADS, DCF, CMHCs and NAMI with the objective to support states, Tribes, and territories in coalition building, role clarity and application of systems engineering/design principles to develop and improve policies and practices in the design of crisis systems.

In SFY 2024, KDOC, with support through DCF and KDADS, recently launched the nation’s first juvenile justice focused Stepping Up initiative to address the prevalence of behavioral health needs among youth in Kansas. Through this project, Kansas will receive TA from The Council of State Governments (CSG) Justice Center. TA is to identify, implement, and expand best practices centered on reducing the use of detention and increasing connections to care for young Kansans with serious behavioral health needs who are at risk for, or currently involved in the juvenile justice system. This project is intended to strengthen cross-system collaboration, improve outcomes for youth and families, and enhance community safety. This work will build upon existing efforts to improve outcomes for Kansas youth in the juvenile justice system, including the funding of youth crisis centers and implementation of Juvenile Detention Alternatives Initiative (JDAI) sites. It follows the model established by the successful Kansas Stepping Up TA Center.

Systemic Factors

Statewide Information System

Item 19: Statewide Information System.

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of Strength for Item 19.

Kansas utilizes five systems to track family and child well-being data and information in lieu of a Statewide Automated Child Welfare Information System (SACWIS)/ Comprehensive Child Welfare Information System (CCWIS) system:

FACTS	Family and Child Tracking System
KIPS	Kansas Intake/Investigation Protection System
KIDS	Kansas Initiative Decision Support System
PILS	Performance Improvement & Learning
SCRIPTS	Statewide Contractor Reimbursement Information

FACTS is the primary system of record for DCF, the State’s IV-E agency. The FACTS system contains data from the point of intake through permanency and post-permanency services. The FACTS system identifies the status, demographic characteristics, location, and permanency goals for the placement of every child who is, or within the immediately preceding twelve months, has been in FC.

FACTS is a statewide mainframe-based information system. It was created to collect and maintain information about children, families, and providers with involvement in the family and child well-being system. Information is accessible by agency and CMP staff across the state. Collection and maintenance allow immediate access to information about any child, family member, or other involved party who has had contact with the state’s family and child well-being system. The system allows timely data reporting and analysis key to monitoring outcomes and identifying areas of opportunity. Through FACTS, Kansas collects and reports AFCARS, NCANDS, National Youth in Transition Database (NYTD), and FFPSA.

Information in FACTS includes demographic information, legal status, current and previous location(s) and placement(s), case plan management information, current and previous case plan goal(s) for all children who currently are or have been the subject of an investigation/assessment and who currently are or have received in-home services or have been in FC. The FACTS system also houses the State Central Child Abuse/Neglect Registry, containing the names of substantiated perpetrators of child abuse and neglect. Data collected in the system is consistent across geographic areas statewide and across all populations served.

The FACTS system complies with internal and external data quality standards. The PPS PPM and the FACTS User Manual provide guidance and detailed instructions on how and where to enter elements in FACTS. Questions within the internal AFCARS Case Read Review and questions included in other case read protocols help to monitor the accuracy of information entered in the system. Case Read results suggest the data in FACTS is consistently and highly accurate. Additionally, Kansas is confident about the quality of data in FACTS and the timeliness of data entry proved by validated AFCARS submissions with no requirement to resubmit for numerous years.

Administrative QA Data

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Does the child's birth date in FACTS accurately reflect the child's birth date on the PPS 1000 or the most recently assigned intake or the PPS 5110?	100%	99%	100%	100%	99%	100%	98%	100%	100%	100%	99%
Does the information on the race of the child in FACTS accurately reflect the child's race on the PPS 1000 for the most recently assigned intake or the PPS 5110?	93%	95%	96%	96%	95%	93%	96%	98%	97%	93%	93%
Does the information on the child's Hispanic origin in FACTS match information found on the PPS 1000 or the PPS 5110?	98%	98%	97%	97%	97%	91%	94%	94%	95%	95%	95%
Does the information in FACTS reflect all diagnosed disability types for the child as indicated on the PPS 5110, the PPS 3052, or other documentation in the case file?	84%	77%	78%	76%	87%	89%	66%	85%	72%	79%	81%
Does all placement history information in FACTS accurately reflect the placement history information on all PPS 5120 documents?	100%	96%	97%	96%	95%	85%	90%	95%	93%	94%	94%
Does the current placement address in FACTS match the information on the most recent notice of move/acknowledgement (PPS 5120) from the provider?	97%	96%	98%	97%	90%	91%	94%	92%	97%	94%	93%
Does the information on the PLAN screen accurately reflect the most recent case plan conference as indicated on the PPS 3051?	98%	99%	97%	95%	93%	78%	85%	91%	85%	84%	94%
Does the information in FACTS accurately reflect child's current permanency goal as indicated on the most recent PPS 3051?	99%	98%	98%	96%	95%	96%	96%	90%	93%	86%	97%

Measure	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
If the child's out of home placement has ended, do FACTS accurately reflect the Out of Home End Date and Reason as indicated in the case file?	98%	97%	98%	96%	100%	95%	90%	96%	98%	100%	97%
If the child was discharged from custody, does FACTS accurately reflect the date and reason of discharge?	97%	97%	97%	97%	100%	100%	75%	100%	87%	100%	97%
Does the date of the mother's TPR in FACTS accurately reflect information found in the case file?	87%	95%	81%	87%	92%	100%	90%	78%	83%	88%	83%
Does the date of the father's TPR in FACTS accurately reflect information found in the case file?	94%	94%	82%	90%	89%	89%	82%	88%	87%	89%	90%
If child has been adopted, does the finalization date of the adoption in FACTS accurately reflect information found in the case file?	100%	87%	87%	91%	100%	100%	100%	80%	100%	100%	93%
If child is being adopted, does the information in FACTS regarding the adoptive parent/child relationship accurately reflect information in the case file?	100%	93%	94%	88%	100%	73%	0%	90%	88%	95%	88%

Data Source: QA Case Reviews

Data Source: PILS SFY2023 April-September 2022

Each CWCMP uses a management information system (MIS) independent from the state systems. This requires a close working relationship between DCF and the CWCMP to uphold data quality and reliability. Each time information including a child's status, demographic characteristics, location, or permanency goals needs to be entered or updated, CWCMP staff submit the information using DCF forms to DCF Regional staff to enter FACTS. Policy provides instructions and timeframes for submitting information to DCF for entry. Once information is received by the DCF Regional office, staff have five days for data entry into FACTS.

During CFSR Round 4, Kansas received an overall rating of Strength for Item 19: Statewide Information System. FACTS is functioning to ensure, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in FC. Kansas' Statewide Information System exceeds minimum expectations for functioning of this systemic factor.

DCF has continued routine comparative analyses of the information within FACTS with information contained in case files using a statewide sample of cases. These analyses have consistently provided a high validation rate for the required information.

In FY 2024, the CCWIS project team has continued to work with Public Consulting Group (PCG). The project team has selected their top vendors for Design, Development, and Implementation (DDI), QA, and Independent Verification and Validation (IV&V) vendors. An award letter has been submitted for the DDI vendor and Best and Final Offer (BAFO) has been requested for the QA and IV&V vendors. Eleven SME that include grantee SMEs have been hired and are completing Business Process Reengineering (BPR). Organizational Change Management (OCM) has continued with CCWIS Newsletters and

presentations to leadership and various DCF units. Data governance team has completed data catalogs for several systems and completed a survey to account for independent tracking.

Case Review System

Item 20: Written Case Plan

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 20: Written Case Plan based on information from the SWA and stakeholder interviews. Written case plans were found to be timely, and in FC cases, concerted efforts were made to involve parents in case planning activities. However, information from stakeholder interviews found that parents are not consistently involved in case planning. Stakeholders noted that some case plans appear to be written before case planning meetings and parents are asked to sign them when they arrive; case plans seem to be “cookie cutter” and include many predetermined tasks based on court orders, which can create challenges in engaging parents and can be overwhelming for parents; sometimes parents do not understand the case plan and there is not time to explain it; and case planning meetings are scheduled or cancelled without notification to parents. The DCF case plan forms include a section to explicitly document the family’s input in the development and review of the case plan, but there is no data available to monitor the effectiveness of collecting this input.

DCF performance improvement answers the following questions during quarterly case reviews, which correlate to Item #13 and guidance on the OSRI: During the PUR, did the agency make concerted efforts to actively involve the child in the case planning process? During the PUR, did the agency make concerted efforts to actively involve the mother in the case planning process? During the PUR, did the agency make concerted efforts to actively involve the father in the case planning process?

Item 21: Periodic Reviews

Federal Reviews

During Round 4, Kansas received an overall rating of Strength for Item 21.

Case planning conferences are considered administrative reviews and the PPS 3050 series is sent to the court for review. After the initial case plan meeting, completed within 20 days of out of home placement, subsequent plans are developed with the family at minimum every 170 days. The child/family team is invited to all case plans, and they are sent to DCF for review and approval.

A report is posted monthly on the agency SharePoint site available to DCF and CWCMP staff, showing cases due for a periodic review within the next 30 days. This report is used by supervisors to ensure timely case plans.

104 of the 105 counties in Kansas have transitioned to a new Court case management system (Odyssey) with the final county scheduled to transition within CY 2024. This case management system allows expanded stakeholder access for child welfare staff in Kansas to court documents. Additionally, this system allows for additional opportunities for data gathering regarding child welfare cases in collaboration with OJA.

Additional opportunities are available for periodic review to occur in some Kansas counties through CRB who provide a panel style review of cases and provide recommendations to the Court specific to the youth and family; Courts follow up these hearings by review of reports, recommendations, and entry of orders regarding the family.

Layering opportunities for different types of periodic reviews assists Kansas in ensuring each child receives a periodic review at least every 6 months through either a court hearing, CRB review and court follow up, or case planning conference or a combination of types.

Item 22: Permanency Hearings

Federal Reviews

During CFSR Round 4 Kansas received an overall rating of Strength for Item 22.

CIP and DCF continue conversations about ways to reduce the number of days to permanency for children in state care in Kansas. The SCTFPP approved the Summer 2024 Best Practices in Child Welfare Law Training to focus on Termination of Parental Rights (TPR). This training will address the statutory requirements for TPR and include presentations that will provide information to the legal community on expediting permanency as it relates to TPR. The data report created by DCF provides the number of days but does not indicate the specific reason for the increased number of days to permanency.

K.S.A. 38-2264(d) requires a permanency hearing be held within 12-months of the date the court authorized the child's removal from the home and not less than every 12 months thereafter.

DCF may generate reports as requested, regarding permanency or no reasonable efforts by DCF on a quarterly basis to OJA. This report includes cases which do not have a reasonable efforts clause in the initial journal entry and cases where there are no reasonable efforts documented in the journal entry at required permanency hearings every twelve months.

DCF determines a permanency hearing has occurred when the journal entry includes the required federal language finding ongoing reasonable efforts have been made.

Item 23: Termination of Parental Rights

Federal Reviews

During CFSR Round 4 Kansas received an overall rating of ANI for Item 23.

The Adoption and Safe Families Act (ASFA) provides, in the case of a child who has been in FC under the responsibility of the State for 15 of the most recent 22 months (or abandoned infant or parent has committed certain crimes (set out in K.S.A. 38-2271 (7)), the “State shall file a petition to terminate the parental rights of the child’s parents”. K.S.A. 38-2264 specifically requires, “If reintegration is not a viable alternative and either adoption or appointment of a permanent custodian might be in the best interests of the child, the county or district attorney or the county or district attorney's designee shall file a motion to terminate parental rights or a motion to appoint a permanent custodian within 30 days and the court shall set a hearing on such motion within 90 days of the filing of such motion.”

In Kansas, CINC cases are filed and processed by county/district attorneys. DCF, is not generally a party to the CINC case. Kansas statute does not require a separate TPR petition be filed in a CINC action as such a motion/petition may be orally submitted to the court. Additionally, Kansas statutes allow, prior to hearing on TPR, a parent, or parents to relinquish their parental rights to the DCF Secretary.

Item 24: Notice of Hearings and Reviews to Caregivers

Federal Reviews

During CFSR Round 4 Kansas received an overall rating of ANI for Item 24

K.S.A. 38-2239 requires notice of hearings be given, and manner of service, to all parties and interested parties as defined in the Kansas CINC Code. Statute also allows for notice to be given verbally during a hearing of the next scheduled court hearing. Verbal notice is documented in individual case files.

The Representative Gail Finney memorial FC bill of rights, K.S.A. 38-2201a, became law July 1, 2023. It provides that foster parents and kinship caregivers have the right to be notified in advance of any court hearing or review where the case plan or permanency of the child is an issue, including periodic reviews held by the court. It also provides foster parents and kinship caregivers the right to submit a report to the court and to request a hearing when there is a change of placement notice if a child has been placed with the same foster parents for six months or longer.

Quality Assurance System

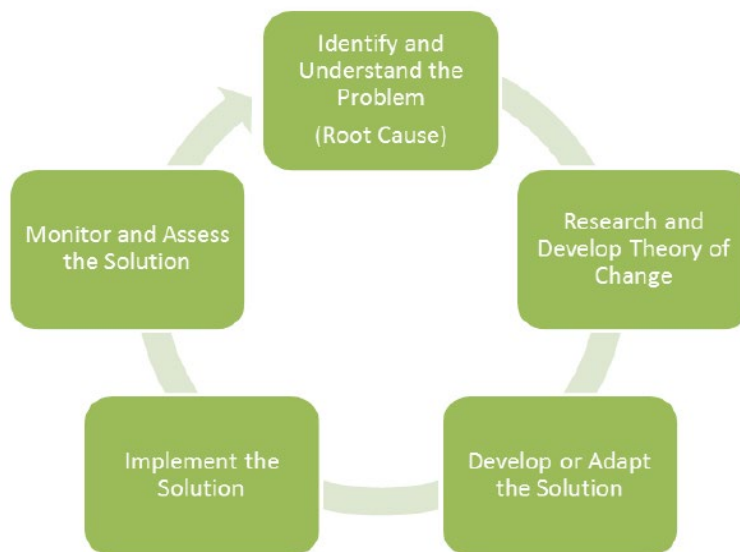
Item 25: Quality Assurance System

Federal Reviews

During CSFR Round 4, Kansas received an overall rating of Area Need Improvement for Item 25.

Prior to CFSR Round 3, DCF has utilized an established QA and CPI process and will continue to build upon the process throughout the course of CFSR Round 4 PIP. The CPI cycle includes identifying and understanding the root cause of problems, researching, and developing theories of change, developing, or adapting solutions, implementation of solutions and monitoring and assessing solutions.

Functional components of CPI include data collection, data analysis and interpretation, communication, and collaboration and support for sustainable CPI. Dedicated CPI staff are responsible for providing support and accountability for the structure, methodologies, and administration of QA and CPI activities.



The QA system operates in the jurisdictions where the services included in the CFSP are provided. DCF utilizes a performance management process which is applied consistently across the entire state. Additionally, each region in the state has a dedicated CPI team. Administrative data is collected from every case in the state to measure performance and contract outcomes. Data from state information systems is analyzed in a variety of ways. Outcome information is calculated monthly for the Child Welfare Outcomes. Reports for each outcome include statewide and regional analysis. Outcome data is

available in a variety of formats including a one-page snapshot with quarterly outcome performance by region for each outcome reports by outcome and region with performance by month.

Quarterly case read review samples are also pulled from a statewide population. A Stratified Random Sample is utilized to establish the sample size. The statewide population is stratified by DCF Region. Cases are assigned a random ID number and randomly selected until the correct percentage for a region is achieved. Case read instruments are standardized for use across the agency and a consistent data entry process is employed using a Case Read Application.

The QA system has standards to evaluate the quality of services (including standards to ensure children in FC are provided quality services that protect their health and safety).

DCF standards used to ensure children in FC are provided quality services which protect their safety and health were developed based on requirements from statute, regulations, policies, and best practices. Standards, outcomes, and success indicators are used to monitor performance and ensure quality service delivery to all children and families who have contact with the family and child well-being system. While conducting quarterly case reviews, the regional DCF performance improvement teams review cases with the standards and guidance put forth in the OSRI as well as DCF guidance based on policy, statute, etc. Once quarterly case reviews are completed each regional performance improvement team has a review meeting with the respective provider(s) in their region. Regions complete cover sheets as part of this process as a quick reference for provider staff to see those strengths and ANI in lieu of further discussion and opportunities for L&D. As the regional DCF performance improvement teams build relationships with provider staff, these items become a regular part of discussion and follow up in quarterly reconciliation meetings as well as leadership meetings. Performance improvement in administration and at regional level are able to identify trends from quarter to quarter with conversations and reviews occurring at the regional level and administrative level.

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

Strengths and needs are used in the CPI cycle to understand root causes and inform improvement activities. DCF utilizes the performance standards and seven child and family outcomes to identify strengths and ANI within the service delivery system.

Data from state information systems is analyzed in a variety of ways. Outcome information is calculated monthly for the Child Welfare Outcomes. Reports for each outcome include statewide and regional analysis. Outcome data is available in a variety of formats including a one-page snapshot with quarterly outcome performance by region for each outcome and reports by outcome and region with performance by month.

Volume indicators, including reports received, reports assigned, removals into FC, referrals to FPS, out of home on last day of the month, and discharges from FC are analyzed to identify trends over time. These reports provide linear trending including projections. DCF uses US Census information to calculate various rates including the rate of children removed into care per 1,000, the rate of children in care per 1,000, maltreatment rates, rates based on demographic characteristics and a disproportionality metric. Additional analysis is conducted related to removal, discharge, and out of home population to include the rate of children discharged from care per every 100 children in care, and a ratio of removals to discharges. DCF primarily utilizes descriptive and exploratory data analysis techniques and conducts other statistical analyses including correlational analysis, linear regression, etc. when appropriate.

DCF conducts several data quality monitoring activities which lends to confidence in the quality of data. Established processes are in place to identify and address data quality issues including a PPS error and reporting correction process, case read questions measuring the accuracy of AFCARS elements in

FACTS, and tools used by local offices to correct potential data entry errors. DCF conducts monthly reconciliation of data between FACTS and the provider MIS. This process helps ensure accuracy of data in FACTS.

To enable comparison of case read data across regions and on a statewide basis over time, DCF employs a standardized approach to data gathering and reporting. Case read instruments are standardized for use across the agency and a consistent data entry process is employed using a case read application. Data gathered from case reads where the sample size provides a reliable confidence interval, may be generalized to the entire population. Case reads where sample size is too small for a reliable confidence interval are conducted to identify examples of areas which may warrant further investigation.

DCF utilizes multiple techniques to validate case read data including monitoring reader consistency. Reader consistency concerns may be identified during reconciliation meetings with CWCMPs or through QA during measurement reviews. Reconciliation meetings are held after each case review period. Reader consistency concerns may also be identified during quarterly CPI meetings. Reader consistency reports are generated and reviewed for each outcome/question in each instrument as part of the case reader training process. Beginning in April 2021, DCF began a new training format for reader reliability and consistency. Prior to the training, the case readers complete a mock case review, reviewing the same cases. The case read results are compiled to identify any differences or inconsistencies. The focus of the training is based on the identified differences or inconsistencies and resolving those differences by providing additional guidance and instructions which can be utilized for future reads.

The QA system provides relevant reports.

DCF produces many reports which are updated regularly. Most of these reports are made available on the agency's public website. Internal data is available to DCF and provider staff on a secure site.

In October 2021, a new highly anticipated case read application became available statewide. The application known as PILS can capture case read information as well as compile data and create a variety of reports. Previously, case read, and data harvesting activities were carried out using two separate systems. The time between completing case reads and harvesting data was often prolonged, causing delays in getting timely reports to internal and external stakeholders. PILS enables those with access to create data reports on-demand, immediately after case reads are completed. PILS can create a wide range of valuable reports, including those from the current quarter under review, trends over time, and those associated with specific regions, providers, or caseworkers.

DCF provides data to internal and external stakeholders in a variety of ways including the public website, an internal SharePoint site, Quarterly CPI Review meetings and CRPs.

The DCF public website provides reports with case read data, volume indicators, and outcome data. Reports are generally updated monthly. Reports are formatted for accessibility by visually impaired stakeholders. Historical data reports are also available on the site.

The PPS SharePoint site is a secure website where case read data, volume indicators, and outcome data are available to internal stakeholders. Administrative office, regional staff, and CWCMP staff have access to SharePoint. Reports are generally updated monthly. A list of all reports routinely produced by the agency along with a description of the report, the frequency of the report, and the location of the report are also available on SharePoint. The SharePoint site has been in use since 2013.

The QA system evaluates identified program improvement measures.

Monitoring and assessing improvement solutions is an important part of the CPI cycle. Once solutions

have been implemented ongoing monitoring and assessment is necessary to ensure the solution is effective. If the identified solution results in expected improvement, the CPI cycle may repeat with another identified solution.

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

DCF administration and regional staff meet quarterly with CWCMP to review outcome data from the State's information system, case reads, and stakeholder input. Current data and trend-over-time reports are reviewed. Statewide and regional performance improvement activities, celebrating areas of success, and prioritizing areas of opportunity for future improvement activities are topics of focus during these meetings and discussions.

Staff and Provider Training

Item 26: Initial Staff Training

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 26.

The goal is DCF regaining oversight over training needs of the whole system and DCF and CWCMPs to function as a whole system and to avoid siloing. The PIP developed from the CFSR has been designed to identify a core set of competencies for each child welfare practitioner in Kansas, with built-in accountability measures to ensure that each practitioner is entering the workforce with the basic skills and knowledge needed to carry out their duties. This work has already started with the renewal of regular steering committee meetings consisting of members from DCF and each CWCMP.

Please see the training section of the PIP for more detailed information.

Each CWCMP has internal requirements for Pre-Service beyond these minimum courses required by DCF. They document attendance/completion of Pre-Service courses in their agency LMS.

The Kansas Practice Model Overview (KPMO) was initially delivered as a standalone two-day class in person or virtually until January 2021. Then the content was fully incorporated into Building Well-Being and Safety with Families (BWBSWF): Part 1 and Part 2.

In January 2021, the Academy transitioned from a four-week to a six-week process. It included the completion of required online training, shadowing experiences, pre-training assignments, three three-day workshops, and a one-day workshop. The one-day virtual workshop consisted of five facilitated discussions on the following topics: Ethics and Confidentiality, Meeting with Resistance, Worker Safety, Self-Care and Time Management. The first virtual, three-day workshop was Child Welfare Basics, which focused on the following topics: mandated reporting, self-awareness and cultural issues, ICWA/ICPC/MEPA, critical thinking, the assessment process, engagement and interviewing strategies, documentation, the impact of removal, and testifying at court. The second and third three-day workshops were BWBSWF divided into Part 1 and Part 2, which concentrated on the KPM including abuse/neglect definitions, policies and procedures related to the assessment, core principles and practices of KPM, KPM phases and tools, engagement, and documentation.

In March 2023, BWBSWF Part 2 transitioned to an in-person workshop. Child Welfare Basics was held in-person as well in July 2023. In August 2023, BWBSWF Part 1 and 2 were replaced with KPMO and Policy & Procedures (P&P). The content specific to the practice model including core principles and practices of KPM, required forms, KPM phases and tools, documentation, and interviewing strategies, was consolidated into KPMO (a three-day in-person workshop). The content specific to abuse/neglect definitions and policies and procedures related to the assessment was consolidated into P&P (a three-day virtual workshop). After July 2023, Child Welfare Basics returned to a virtual setting and the content remained the same. All new hires or current staff who transition to unlicensed CPS practitioner positions are required to complete the Academy prior to being assigned cases. New PPS Academy Training groups are scheduled as needed based on hiring patterns. Academy participants are expected to complete the remaining initial training requirements within 90 to 180 days of hire. Each of the Pre-Service workshops are led by Learning and Development Specialists (LDS). The KPMO workshop is led by L&D Specialists and sometimes other DCF staff who have completed or are in the process of completing the KPM Trainer Certification process.

Training Communication: CPS

Pre-Service training requirements and expectations are communicated to CPS Supervisors and newly hired staff through:
DCF.PPSTraining@ks.gov and/or the assigned LDS is notified by regions as new hires and start dates are identified.
The training requirements document is emailed to the supervisor, from the assigned LDS, before a new hire begins. Information about PPS Academy class dates they are scheduled to attend, handouts for review, and prerequisite courses/activities to be completed prior to the first class are included. Supervisors share this information at the time a new hire begins.
After Child Welfare Basics, a second email is sent to participants and supervisors with a review of material covered in class and recommended activities/online courses to complete as a prerequisite the week before the next class.
After BWBSWF, Part 1, a third email is sent to participants and supervisors with a review of material covered in the class and recommend activities/online courses to complete as a prerequisite the week before the next class.
After BWBSWF, Part 2, an email is sent to participants and supervisors with a review of material covered in the class and recommended activities remaining to complete Pre-Service.

Evaluation and Transfer of Learning for Pre-Service PPS Academy Courses:

The DCF L&D team has built in a “learning circles” activity within the KPMO class where participants are split into groups and asked to schedule a time to meet within one week, one month, and three months of the final day of class. This meeting is meant for staff to reflect on their learning and provide guidance to each other. This activity is not further monitored by the L&D Team.

Each academy course has had significant transformation. With the last update to academy structure, the course evaluations were revised with a focus on participant comfort with learned content.

Child Welfare Basics Course Evaluation – 73 Responses	
PRIOR TO THIS WORKSHOP, if 10 means "I am familiar with the Kansas Assessment process and am prepared to begin practicing documentation and assessment skills," and 1 means "I know little more about child welfare than what my job description is, and feel completely unfamiliar with Kansas Assessments" where would you rate your knowledge PRIOR to this workshop	5.38
AFTER THIS WORKSHOP, if 10 means "I am familiar with the Kansas Assessment process and am prepared to begin practicing documentation and assessment skills," and 1 means "I know little more about child welfare than what my job description is, and feel completely unfamiliar with Kansas Assessments" where would you rate your knowledge AFTER this workshop	8.27
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "This course provided ample enough introductory information that I have few questions before getting into more intensive work and rationale over the next two workshops."	4.46

If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I have a solid understanding of the implications of personal bias on practice in child welfare and in working with vulnerable populations."	4.76
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I can identify buzzwords and opinions in documentation and feel confident in my ability to substitute behaviorally specific and family friendly alternatives."	4.67
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "The facilitators for this workshop/training were competent regarding the material and responsive to the needs of the group."	4.86

Policy and Procedure Course Evaluation – 59 responses	
PRIOR TO THIS WORKSHOP, if 10 means "I feel comfortable utilizing policy to inform assessment decisions and am prepared to handle a case from initial intake through case findings with support from my supervisor" and 1 means "I don't know where to begin when I get assigned to an intake and have very limited or no knowledge of DCF policy and where to find it," where would you rate your knowledge PRIOR to this workshop.	5.78
AFTER THIS WORKSHOP, if 10 means "I feel comfortable utilizing policy to inform assessment decisions and am prepared to handle a case from initial intake through case findings with support from my supervisor" and 1 means "I don't know where to begin when I get assigned to an intake and have very limited or no knowledge of DCF policy and where to find it," where would you rate your knowledge AFTER this workshop.	8.08
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I can differentiate between abuse and neglect (A/N) intakes and FINA intakes, and I feel knowledgeable about the different responsibilities required for each kind of intake."	4.48
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I understand required timelines for case tasks and know which reasons for late safety determinations or findings are allowable and which ones are unallowable per policy."	4.46
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I am confident in my policy understanding enough to discuss needed information with families including their rights when working with DCF and what they can anticipate from the agency regarding findings and what that means."	4.41
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "The facilitators for this workshop/training were competent regarding the material and responsive to the needs of the group."	4.81

KPMO Course Evaluation – 50 responses	
PRIOR TO THIS WORKSHOP, if 10 means "I am confident in my ability to complete a Kansas Assessment utilizing KPM Tools (2019, 2020, 2021)," and 1 means "I am completely unfamiliar with KPM tools and would not be able to utilize them to document my assessments," where would you rate your knowledge PRIOR to this workshop.	5.54
AFTER THIS WORKSHOP, if 10 means "I am confident in my ability to complete a Kansas Assessment utilizing KPM Tools (2019, 2020, 2021)," and 1 means "I am completely unfamiliar with KPM tools and would not be able to utilize them to document my assessments," where would you rate your knowledge AFTER this workshop.	8.20
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I am confident in my ability to articulate impact on the child in each building block of a Kansas Assessment."	4.20
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I am confident in my ability to complete a mapping conversation utilizing the PPS 2019, including a genogram, all three columns, and scaling questions with a family member."	4.40
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "I am confident in my ability to thoroughly analyze and organize assessment information utilizing the PPS 2020 Assessment Map to inform finding decisions and send to CMP."	4.08
If one star means "I strongly disagree" and 5 stars mean "I strongly agree" please rate the following statement: "The facilitators for this workshop/training were competent regarding the material and responsive to the needs of the group."	4.80

The L&D Team is currently in a similar overhaul of the Interviewing Skills for Child Welfare Course. The team has built in a self-reflection activity to occur during the workshop and are currently developing pre- and post- assessments for the workshop that will focus on the learning objectives which have also recently been revised. The evaluation format is set to appear similar to the academy course evaluations.

Item 27: Ongoing Staff Training

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 27.

Improving the tracking of training requirements will be addressed in the PIP. Since DCF and CWCMPs have been meeting about this, there has been a significant emphasis on working together.

All DCF CPS, CPS Investigators, and CWCMP CM are required to complete a minimum of 40 hours of CEU, including 3 hours of ethics bi-annually. All licensed child welfare staff must meet the Kansas Behavioral Science Regulatory Board (BSRB) standards for licensure within their profession. CWCMPs are to be accredited through a national child welfare organization. Maintaining accreditation helps ensure rigorous training standards are met. DCF shares information about upcoming learning opportunities open to any child welfare professional with the CWCMP agency staff and Tribal Partners.

Power of Partnership LLC, dba SafeGenerations continues to provide expertise and TA in the development of tools, training, and consulting related to KPM. A goal of KPM is to work toward becoming a learning organization. Learning organizations foster the best in practitioners by providing a safe place to learn, practice, and reflect together as an embedded part of everyday business. Prior to implementation of KPM, PPS training was led by four regional trainers who focused on delivery of pre-service courses. Since December 2019, the ongoing L&D of PPS practitioners has been expanded to include advanced practice courses led by consultations; group learning and consultation (GLC) sessions led by trained PPS learning leaders; and multi-session course, such as:

- QTMAD, led by experienced PPS small group facilitators
- Half-day workshops to enhance skills related to specific KPM topics
- Family Seeing workshops facilitated by PPS Family Finding Leads

DCF has developed certified trainers, who are current front-line practitioners, to assist with delivery of KPM content during PPS Academy workshops. Currently, DCF has more than 100 PPS practitioners who play a role in the L&D of PPS practitioners in Kansas.

Evident Change	TA, training, and consultation for Initial TDM and PS-TDM
KCSDV	Regular workshops, webinars, and case consultation related to DV
Child Abuse Pediatricians in Kansas	Multiple workshops each year in different locations to increase knowledge about recognizing child abuse and neglect.
KIDS	Community education, professional training, and supporting associated research to reduce the number of sleep related deaths in Kansas children under the age of one. See Services for Children Under the Age of Five for information on Safe Sleep Instructors (SSI).
Family Finding	Bootcamps to Kansas for DCF, CWCMPs, and other community partners. Sessions were held in-person and virtually during SFY2020 and 2021. Mentorship and support for Family Finding Leads through SFY 2021 and CWCMPs and DCF prepared to deliver Family Finding/Family Seeing in Kansas. DCF's course, "Family Seeing: Family Finding from the Start" was piloted in December 2022 and will continue quarterly around the state.
Butler Institute for Families	Adapt an interviewing skills course for use in Kansas in collaboration with Finding Words (now Child First) to support alignment with their Finding Words interview protocol. DCF has been providing Interviewing Skills for Child Welfare for PPS staff since 2008 and continue with eight classes during a calendar year.
NCMEC	Eight online courses and recorded webinars available through LearnSoft. These courses and webinars include evaluation/survey links. NCMEC collects usage data using Kirkpatrick Level 1 – Reaction and Level 2 – Learning. Data will be shared with DCF.
Academy for Professional Excellence, San Diego State University: Adapt three courses to Kansas:	

From No One to Network	Engagement Strategies: A KPM Skill-Building Activity	Introduction to Supporting LGBTQIA+ youth
National Child Welfare Workforce Institute (NCWWI)	Leadership Academy series available to supervisors and managers in support of ongoing skill-building and learning. First class is expected SFY24.	

Child Welfare basics, Building Well-Being and Safety Parts 1 & 2, survey captured 652 responses between March 2021 and February 2023. 65 narrative responses were collected randomly from each short answer question in the survey.

Evaluation and Transfer of Learning for On-Going Training:

The L&D team has undergone structural position changes and introduced a Practice Model Alignment and Implementation Lead who will be primarily focused to meet PIP goals and identify how the agency moves forward with evaluating ongoing training. This will be done in conjunction with the Training and Curriculum Specialist, when onboarded.

Item 28: Foster and Adoptive Parent Training

Federal Reviews

During CFSR Round 4, Kansas received and overall rating of Strength.

CAK has had a contract with DCF to provide training to prospective foster and adoptive parents since 2010. All foster and adoptive parents are required to complete TIPS-MAPP, MAPP Foundations, TIPS-DT, or Kinship Path, or another preapproved preservice training prior to accepting a child in custody into their home. Foster parents are also required to complete additional training each year to maintain their license. CAK is responsible for training and certifying group leaders to deliver and implement MAPP, DT, and Path to prospective foster, adoptive and kinship parents. CAK assures all necessary training is conducted by certified leaders and upholds the fidelity of the program. Additionally, CAK is responsible for assessing the statewide training needs of foster and adoptive parents and staff of group residential facilities. They develop an ongoing training network to ensure training is provided statewide and is based on identified needs of foster and adoptive parents. SFY 24 Quarterly reports, Attachment 22 CAK SFY24 Q1 and Attachment 23 CAK SFY24 Q2. Reports indicate how many foster parents, prospective foster parents, or adoptive parents completed the required training. CAK does not track each individual foster parent compliance with ongoing training requirements as this responsibility is handled by CPA licensing compliance.

All potential foster and adoptive families must complete pre-service training prior to providing care to a child or youth in the custody of the Kansas DCF Secretary. As described in PPM 5235 and PPM 5363, all residential and group home facilities are required to be licensed through DCF Foster Care Licensing (FCL). If the residential or group home facility provides placement for children in FC, the facility must also meet PPS placement standards established in the Child Welfare Handbook of Client Purchases. Initial and ongoing training requirements for facility staff are established in Kansas statute and agency placement standards. Training requirements are monitored by DCF FCL.

MAPP is a nationally recognized pre-service program for prospective foster and adoptive parents to provide a consistent curriculum and uphold fidelity:
Family and Individual Assessments
10 three-hour meetings designed to mutually prepare, assess, and make selection decisions
Strong focus on skill building assuring preparation/selection workers can observe skills in action through a home study
MAPP Family Consultations offering private time for prospective adoptive/foster family and MAPP leader to discuss family strengths, needs, and plan ways to meet identified needs

Professional Development Plan (PDP) for growth while becoming an adoptive/foster family or child welfare advocate.
Summary and Recommendations document creating a summary of the family's behavioral struggles, needs, and identify next steps for professional development.

In a two-parent household both parents must complete MAPP to be listed on the license. Should an adult in the household choose not to be a licensed foster parent, a background check is still required and their role in the family would be included in the assessment.

CAK does continuous evaluation on training needs and outcomes through partnering agencies. MAPP Foundations was launched in 2023. This program update included focusing on cultural awareness, race equity, and an increased attention on neurobiology of the brain and responsiveness to childhood trauma.

Components to MAPP program allowing participants to evaluate the effectiveness:
Strength/needs worksheets every other week for family to assess their strengths and needs in relation to 12 criteria
An opportunity to do a written evaluation about leaders after second meeting
A discussion about leader evaluations during the family consultations
A final evaluation filled out during the 10 th and final session
The right to revise family portfolio after 10 meetings
Final family consultation when leaders are reviewing the summary and recommendations during the final consultation

Once pre-service training is complete, participants are encouraged to submit evaluation surveys to measure perceived outcomes and fidelity to the trained model. CAK also collects data on total number of individuals who completed the pre-service training. In person training ended entirely in 2020 due to the pandemic. For pre-service training to occur, CAK requires agencies to offer only Deciding Together (DT) during FY2020. Kinship Path is a new pre-service that is designed uniquely for relatives and NRKIN that was formally launched in FY2023.

Total Individuals Trained	SFY18	SFY19	SFY20	SFY21	SFY22	SFY23
TIPS-MAPP	1,292	1,522	0	411	513	740
DT	535	530	2260	1,115	555	583
Kinship Path	N/A	N/A	N/A	N/A	N/A	7

The state contract with CAK also includes hosting in-service or ongoing foster parent training. Foster parents are required to participate in at least eight hours of ongoing training annually as part of their licensure renewal. A multitude of courses on various topics are available through this training network. CAK offers a LMS housing self-led training required for foster parent licensing such as Medication Administration and Universal Precautions. The site also includes numerous instructor-led training topics to include: mental health, substance use, loss and attachment, child development, cultural awareness and inclusion, HT, impacts of childhood trauma and ACEs, teen development, caring for LGBTQ youth, emotional development, crisis intervention, community resources/education and foster parent support, first aid and CPR, ethical relationships in child welfare, TBRI, National Training Institute (NTI), and birth parent and family connections.

Initial Training Date for FY2023 (July 2022 – June 2023)
320 classes held total with 89 TIPS and 231 DT
1323 participants and 819 families total with 740 participants completing TIPS and 583 DT
483 families completed TIPS and 336 completed DT

Training evaluations are housed on the LMS for families to use after the completion of ongoing trainings. Instructors for both pre-service and ongoing training share surveys with attendees, complete attendance, generate certificates, and use the LMS for class communication. The evaluations were developed according to standards set by the National Staff Development and Training Association. Evaluations are reviewed by CAK training staff monthly.

CPAs monitor foster parent compliance with training requirements. Kansas recognizes an area of opportunity in gathering, aggregating, and analyzing this data. The following data is collected from the LMS at CAK.

Number of Training Participants by Type by SFY

	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY2024
Instructor-Led	3,316	1,817	550	599	597	579
Self-Led, Virtual Instructor Led	6,952	9,846	11,742	9,074	8,856	8,419

*SFY 2024 data represents July 1, 2023 – March 31, 2024.

Service Array and Resource Development

Item 29: Array of Services

Federal Reviews

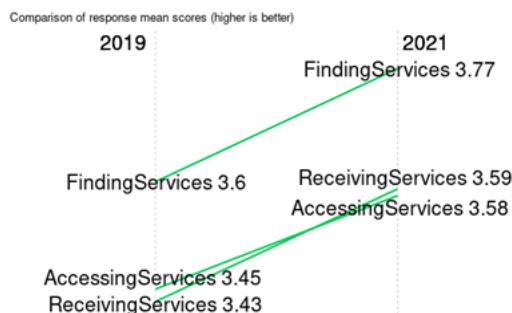
In CFSR Round 4, Kansas received an overall rating of ANI for Item 29.

DCF described efforts to identify, understand, and address gaps in the array of services for children and families, including creation of a regional network of ICAB, maintaining CMHC serving the entire state, implementing an array of FFPSA prevention services, supporting access to mental health services in schools, and a statewide helpline designed to respond to child and youth mental health crises. However, stakeholders reported significant service gaps and waitlists to access services affecting all areas of the state. Stakeholders frequently cited gaps in mental health services and waitlists for community-based mental health services, youth psychiatric residential treatment, and in home FPS services. Stakeholders also noted gaps in the service array for other services, such as DV services, assessment services, substance use services, disability services, and behavioral health services for youth. Stakeholders said that the range of available services varies across the state. Rural areas of the state are more likely to lack services and service providers, while more urban areas of the state struggle with waitlists to access needed service.

Geographically, Kansas is a large and diverse state. DCF divides the 105 counties into six regions and eight catchment areas for FC services. DCF services are available in all 105 counties. Sister state agencies ensure a network of CMHC and CDDO are also serving every corner of the state.

With support from KFAN the Kansas Strong parent survey was administered in July and August 2019. KFAN staff administered the survey to 309 parents or caregivers who were involved with the FC system in a variety of settings, including but not limited to grocery stores, offices, schools, and churches. The survey gathered parent or caregiver responses to three main topics: service array, caseworker/agency practices, and court or legal practices. Common questions in both years were related to confidence levels of availability of service array. In 2021, more specific questions were asked of the respondents regarding actual need for services and their ability to access those services as well as confidence levels. These surveys were completed by parents and caregivers who may or may not have been involved in the child

welfare system. Survey results were compiled and synthesized by KU-CPPR. Confidence levels increased from 2019 to 2021 for Finding Services, Accessing Services and Receiving services.



In the Childhood & Parenting section of the survey, Confidence in Service Array, both years data revealed the following:

Survey Sample Characteristic: Caregiver Relationship to Child(ren)	N (2021)	%	N (2019)	%
Mother	332	51%	147	48%
Father	130	20%	71	23%
Relative	124	20%	66	21%
Non-Relative	61	9%	19	6%
Not Specified	0	0%	6	2%

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

Survey Sample Characteristic: DCF Region	N (2021)	%	N (2019)	%
East	166	26%	81	26%
Kansas City	69	11%	61	20%
West	184	28%	100	33%
Wichita	207	32%	27	9%
Unknown	21	3%	36	12%

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

Service Access Survey Item (1=lowest, 5=highest)	Average (2021)	N (2021)	Average (2019)	N (2019)	Std. Deviation
I can usually find services in my community that can help me with things my family and/or I need.	3.8	106	3.6	309	1.1
It is easy to access services in my community when m family and/or I need them.	3.6	106	3.5	309	1.1
Once I find the service my family and/or I need, I ca usually receive the service quickly.	3.6	106	3.4	309	1.1

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

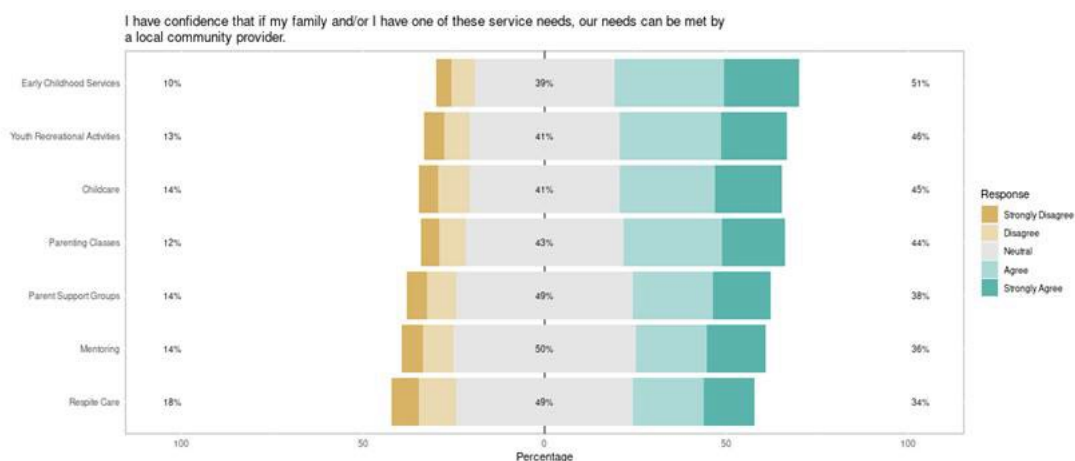
The survey results were also examined by the caregiver's relationship and DCF Region. Interestingly, respondents in the west region reported some of the highest scores for service access. Results from mothers and fathers were nearly the same.

Service Access Survey Item (1=lowest, 5=highest)	State 2021/2019	East 2021/2019	KC 2021/2019	West 2021/2019	Wichita 2021/2019	Unk 2021/2019
I can usually find services in my community that can help me with things my family and/or I need	3.8/3.6	3.9/3.7	3.5/3.4	4/3.7	3.9/3.3	2.0/3.7
It is easy to access services in my community when my family and/or I need them.	3.6/3.5	3.7/3.7	3.2/3.2	4/3.6	3.7/3.0	2.3/3.5
Once I find the service my family and/or I need, I can usually receive the service quickly.	3.6/3.4	3.7/3.6	3.1/3.0	4.1/3.7	3.7/3.1	2.3/3.5

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

Service Access Survey Item (1=lowest 5=highest)	State 2021/2019	Mother 2021/2019	Father 2021/2019	Relative 2021/2019	Non-Relative 2021/2019
I can usually find services in my community that can help me with things my family and/or I need.	3.8/3.6	4.0/3.7	3.3/3.7	3.3/3.5	4.0/3.1
It is easy to access services in my community when my family and/or I need them.	3.6/3.5	3.7/3.5	3.0/3.4	3.3/3.4	3.8/3.2
Once I find the service my family and/or need, I can usually receive the service quickly.	3.6/3.4	3.7/3.5	3.0/3.5	3.3/3.4	3.9/2.9

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



Kansas Strong's initiatives were closed out in December 2023.

Kansas added to the array of accessible services in SFY 2020 by implementing FFPSA, utilization of QRTP programs, and community mental health services in locally with the addition of MHIT. Survey

results indicated a need for additional kinship supports, such as healthcare, educational assistance, finances, transportation, social and community supports. In SFY22, DCF formed a partnership with FAC in Johnson and Wyandotte counties to strengthen services available to kinship families.

Results reflect families had confidence community-based services were available to meet their family's needs in the categories of early childhood service, youth recreational activities, childcare, parenting classes, parent support groups, mentoring, and respite care. DCF is educating communities about 1800children.ks.org, a resource website, and parent helpline, 1-800-CHILDREN.

In SFY 2021, Kansas strengthened resource development through regional and state-level ICAB. Creation of an ICAB is a strategy identified by Kansas Strong to improve statewide service array. This strategy establishes a cross-system ICAB of leaders to identify and address service needs and gaps. A local ICAB was created within each DCF Region. The local advisory boards communicate and share information with a statewide ICAB. State ICAB meets at least quarterly and regional meet three times a year.

FFPSA Services began in Kansas in October 2019 with an array of services to provide needed supports by families involved with DCF who have a candidate for FC in the home. These services include parent skill building, mental health of youth, SUD and kinship navigation. Results from the parent survey data table below show the participants needs for services, that FFPSA programs are designed to address and have been implemented since inception.

Community referral programs

DCF put intentional effort to answer the request of stakeholders in designing a strong service array of prevention programs allowing for shared community referrals and less DCF involvement.

In SFY 20, DCF granted the Wichita Police Department funding for a Community Support Specialist. The specialist makes referrals to community-based services for parent skill building, home visiting, mental health and substance use and connects the family with education for safe sleep, parent peer support, service navigation, public health, or school district programs. Early data from the program suggests a greater than 80% success rate of family engagement and no future reports of child abuse or neglect.

Implemented at the beginning of SFY 22, DCF amended the FPS contract with DCCCA in the Kansas City Region. This was to support a community referral model. The basis for this was to provide community members of the KC region with FPS without the process of entering the DCF system.

DCCCA receives these community referrals from various organizations in the community. DCCCA provides the same FPS Tiered services as they would if the referral came from within DCF, with Tier 1 being the more intensive service over Tier 2.

Kansas has since improved customization of services through implementation of assessment tools through the KPM. Using trauma-informed, evidence-based assessments help guide interventions for children and families, promotes social-emotional well-being, family functioning, safety, and permanency. Comprehensive assessments help to uncover and unravel individualized needs and create a deeper understanding of impacts from trauma, adverse childhood experiences (ACE), and parental stress.

Notably, in the Kansas Strong survey described earlier, parents rated caseworker and agency practices regarding individualizing services, higher than most of the other survey items. Parents indicated the services and resources provided were helpful and their cultural and racial backgrounds were respected.

In SFY 2021, Kansas continued to improve individualizing services through implementation of KanCoach. One of three priority topics for the coaching program includes family-centered assessment and case planning. KanCoach builds capacity and advances skill sets in supervisors which translates to

guidance to practitioners toward completing comprehensive assessments and ensuring service decisions are made with the family and individualized to meet their unique needs.

The McIntyre vs. Howard Settlement Agreement is officially monitored by a neutral party, Center for Study of Social Policy (CSSP) who provides additional oversight regarding assessments, mental health provisions and services to children and families experiencing FC.

Case read results suggest an opportunity for Kansas to grow in measuring the family's access to services. Kansas recognizes the opportunity to strengthen collaboration with state agency partners to facilitate service access for families. MHIT, a collaborative initiative between KDADS and KSDE, was implemented bringing mental health services into the school setting. This program has improved availability of mental health services. By being available in school, families can schedule appointments while students are in school. A pilot began in the school year 2018, was deemed successful and has since expanded to include 92 school districts.

Item 30: Individualizing Services

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 30.

Services are individualized through the development of a case plan for each child or family to address safety, permanency, and well-being. Case plans are expected to draw on the child's and family's unique strengths and tailored to meet the individual needs of each child and family.

Kansas recognizes an area of opportunity related to gathering data to assess the functioning of Item 30, Individualizing Services.

A survey was sent to the two CRPs-Intake to Custody and Custody to Transition with 23 responses received.	Usually Effective	Sometimes Effective	Rarely Effective	Not Effective
How effective is the statewide information/data system at identifying demographics for children in foster care?	7	12	4	
How effective is the state in addressing matters related to safety, permanency and well-being with children and families?	4	16	1	2
How effective is the array of services to meet the needs of children and families including those receiving services through in-home and foster care?	2	17	4	
How effective is the state in individualizing and/or tailoring services to meet the unique needs of children and families?	2	10	8	3
How effectively does the state coordinate services or benefits with the services or benefits of other Federal and federally assisted programs serving the same population?	3	14	3	3
How effectively does the state collaborate with stakeholders?	1	14	4	4
How effective is the state in safely maintaining children in their homes whenever possible and appropriate?	2	16	5	
How effective is the state in providing a stable placement for children in foster care?	2	13	5	3

Five of the questions on the survey received a response rated as "usually or sometimes effective" from 75% of the respondents.

Children's Mercy Hospital was awarded a CJA grant in FY21. Through the grant a pilot was developed initiating the Child Abuse Review Exam (CARE) project, to help ensure young children who may be victims of child abuse or neglect received an expert assessment to aid in the determination of whether injury was a result of abuse and/or safety risks that necessitated intervention. When DCF was assigned an intake in Johnson or Wyandotte County for a child under the age of 4 with allegations of physical abuse and/or physical neglect, the practitioner would complete a medical referral form with basic information

about the allegations. A child abuse pediatrician reviewed the forms daily and provided recommendations regarding the need for medical evaluation or detailed case review. In FY22, the parameters of the grant were expanded to include the counties in the Kansas City region and children under the age of 6. Children's Mercy Hospital, DCF and KDHE partnered to expand the CARE Program statewide. House Bill 2034 allowed for DCF to continue making referrals. The Legislature passed funding for KDHE dedicated to training pediatricians for certification in child abuse examinations. A new referral system was developed by KDHE. This new system was implemented on April 3, 2023.

Agency Response to the Community

Item 31: State Engagement in Consultation with Stakeholders Pursuant to CFSP and APSR

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of Strength for Item 31.

DCF collects input from stakeholders through three two CRPs. CAPTA requires states to establish CRPs comprised of volunteer members who broadly represent the state. Kansas has three CRPs, each tasked with reviewing specific program areas: The ITP panel focuses on areas of child abuse/neglect investigations and FPS and serves as the CJA Taskforce, the CTT panel focuses on the processes from petition through permanency, and the Child Death Review Board examines trends and patterns which identify risk factors in the deaths of children, from birth through 17 years of age.

Each panel or board is responsible for reviewing policies, procedures, and practices of the state's child and family well-being system pr circumstance related to child deaths. Each panel prepares an annual report summarizing panel activities and makes recommendations to improve child and family well-being services in the state. Panel membership consists of a broad array of representatives including LE, judges, County or District Attorneys, GALs, foster parents, social service supervisors, CASA, health care professionals, CPS practitioners, FC provider staff, family advocates, youth formerly in care, state FC and adoption personnel, KDOC-CBS, KDHE, OJA, KBI, coroners, school nursing staff, and tribal representatives.

Collaboration with OJA occurs through the CRP. DCF collaborates with OJA on the CIP. Regional offices also collaborate locally with court personnel including judges and county or district attorneys regarding jurisdiction specific concerns. See Section C.1.k to learn about collaboration between DCF and the Judicial Branch: Kansas CIP.

DCF participates in statewide meetings with the four federally recognized tribes headquartered in Kansas. The meetings occur quarterly as per the signed Notice of Grant Award (NOGA). The statewide meetings include representatives from the Tribes, FC providers, OJA, KDHE, Region VII for the ACF, and DCF. See C.6 Consultation and Coordination Between States and Tribes.

KYAC and RYAC play an active role as stakeholders in the child well-being system in Kansas. RYAC members provide input on a regular basis through regional events and meetings. KYAC holds a Strategic Planning Conference (SPC) every year where members identify key worries concerning older youth in FC as well and youth who have aged out of custody.

As Kansas moved toward a new RFP for FC case management services, DCF held several listening sessions across the state, which provided an opportunity for community partners and stakeholders to provide input in development of the upcoming RFP.

Item 32: Coordination of the CFSP services with other federal programs

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of Strength for Item 32.

DCF has regular communication with agencies responsible for implementing other federal programs and services. System collaboration meetings include representatives from KDADS, KDOC-DBS, and KDHE.

DCF Regions work to collaborate and enter MOUs with military installations regarding investigations and assessments of reports of alleged abuse and/or neglect. DCF then coordinates with family advocacy programs administered by the military to provide needed services.

DCF established a MOU with the KSDE. This MOU permits DCF to share the names of children daily who receive FC services with KSDE who then disseminates this information to individual school districts where children receiving FC services are in attendance.

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

Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 33: Standards Applied Equally

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of Strength for Item 33.

DCF completes an eligibility redetermination for children in FC who are IV-E maintenance eligible each time a child changes placement. A review is done for all placements checking for licensing compliance to accurately claim IV-E funds each time a new placement is entered in Kansas Eligibility Enforcement System (KEES). A review is done a minimum of once every twelve months.

Only fully licensed foster homes and childcare institutions are claimed by the State for federal funds reimbursement. Standards are applied equally to all licensed homes and facilities. Placements in approved relative homes or approved NRKin homes for youth over the age of 16 are allowed in Kansas, but IV-E and IV-B funding are not claimed for these homes unless all licensing requirements are met. Relative and NRKin homes who are not licensed are still required to pass safety requirements including a walk through and background checks including KBI, Child Abuse Central Registry, and fingerprints. A home assessment is also completed within 20 days of placement with a non-licensed placement.

The last three IV-E Federal Reviews for Kansas were conducted in 2011, 2014, and 2017. There was one finding in the 2011 review which indicated a child was placed in a home that had not received a full license due to a change in residence. The 2014 and 2017 review findings found DCF compliance with licensing standards.

Kansas DCF licenses 24-hour childcare facilities including attendant care centers, group boarding home/residential centers, CPAs, and family foster homes. Each program type has a corresponding set of regulatory requirements. In March 2024, public hearings were held on the proposed family foster home and CPA regulations. DCF will take advantage of the federal rule allowing for modified licensing standards for relatives and non-related kin (NRKIN) to adjust the licensure requirements for placements. DCF will utilize the FCL 400 Application for Family Foster Home Relative and NRKIN, the FCL 660 Relative and Non-Relative Kinship Family Foster Home Waiver and Expedited Application and the Abridged Family Foster Home Regulations. The Childcare Licensing tool/template is current with the updated regulatory requirements for each program type.

When a child is in the custody of the Secretary and residing in OOH care, DCF considers one of four placement options for them:

- 1) a licensed foster home,
- 2) a family foster home-relative approval,
- 3) an unlicensed relative home,
- 4) a residential childcare institution.

Unlicensed relative homes are exempt from licensing statutes and regulations. State statutes, regulations, and the onsite inspection policy and procedures provide essential information about rules, licensing standards, and procedures to ensure licensing practices are applied equally across the state. Kansas DCF utilizes a licensing survey tool/template including all requirements based on program type. This survey tool is electronically applied within the licensing system CLARIS. The DCF surveyor completes onsite visits for all initial licensing surveys to verify compliance with regulations. A full license is not granted until a facility is in full compliance with the program type regulatory requirements. If a facility is found to be in non-compliance with a regulatory requirement, the facility is required to submit a corrective action plan (CAP) within 5 days as required by K.S.A. 65-513. The CAP, FCL 001, was implemented in February 2021 to aid in consistency and submitting corrections statewide. The CAP is reviewed and is returned to the facility with either an acceptance or needs corrections. Upon accepting a CAP, the licensing surveyor enters the CAP into CLARIS and a compliance survey is completed to verify the CAP was successfully implemented and the facility complies.

Child safety is monitored during regulatory complaint investigations and annual review surveys. The DCF regional FC licensing units receive complaints alleging violation of licensing standards, statutes, or regulations, which may include reports of abuse or neglect within a licensed foster home. The regional licensing supervisors will screen the licensing complaint as “screen in” or “screened out.” The “screened out” decision means the complaint allegations do not violate regulations. A screened in complaint is assigned to a DCF FCL as a licensing investigation. Each licensed facility is surveyed on an annual basis by a DCF FCL Surveyor. The facility receives a Notice of Survey Findings (NOSF) citing noncompliance during a complaint investigation or annual review. The facility is required to submit a CAP within 5 days. The DCF FCL Surveyor completes a compliance survey to verify all corrections were completed and the facility complies.

A relative or NRKIN home who wish to become licensed may apply for licensure under the Relative and NRKIN Waiver of non-safety regulations. Waiver means the exemption of compliance with a specific non-safety family foster home regulation or any portion of a specific non-safety family foster home regulation for the relative or NRKIN of a child without an alternative provision to meet the regulation, which is granted by the Secretary to an applicant or a licensee.

Kansas DCF has identified waivers of the following regulations related to application, training, incident reporting and record keeping requirements:

30-47-804(a)(2)(3)(A)(5)	30-47-806(a)(3)(4)(c)(1)(2)(d)(1)(2)(3)
30-47-807(a)(1)(2)(c)(d)(2)(A)(B)(C)(D)(E)	30-47-808(a)(1)(2)(3)(b)(1)(2)(3)(c)(1)(2)(3)
30-47-809(a)(1)(3)(9)(10)(12)(13)(14)(17)(b) Financial conditions/income standards of the kinship caregiver: shall have a verified source of income Age of the caregiver: shall be a minimum of 18 years of age Pre-Service Preparatory Training: shall be completed at time of annual renewal.	

Waiver of regulations related to caregiver:

30-47-811(c)(2), 30-47-819 (b)(3)(4)(A)(B)(C)(c)(1)(2)(A)(B)(e)(1)(2)(3)(4) Health Assessment/TB test: shall be addressed in the family assessment for all caregivers and residents.
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Regulations related to the home:

30-47 820(a)(b)(c)(2)(4)(6)(7)(10)(13)(14)(e)(2)(h)(3)(i)(j)(1)(2)	30-47-822(a)(1)(3)(c)
30-47-823(c)(1)(2)(3)	30-47-824(a)(3)(b)(3)(4)(5)(c)(2)(d)(2)(3)
30-47-825(c) Physical dimensions of home, room size requirements, size, and location of bedrooms: shall ensure privacy home environment requirements: shall ensure ability to egress from home Household matters including well testing: shall ensure a source of potable water.	

Regulations related to children in the home:

30-47 821(a)(1)(2)(3)(4)(5)(b)(1)(2)(3)(4)(5)(c)(i)(ii)(iii)(d)(1)(2)(3)(4)(e)(1)(2)(f)(1)(2)(3)(h)(i)(j)(k)(1)(3)(A)(B)(l)(m) (2)(3)(n)(o) Number of children placed in the relative home Ages of children placed in the relative home Sleeping arrangements of children: Bed/crib requirements; allow use of portable playpen, temporary beds.

The FCL 660 Relative Waiver is submitted with the application for licensure. The FCL 660 and the FCL 400 Application for licensure are imaged in CLARIS. Licensed relative and NRKIN must meet all non-waived regulations to obtain a full license. A relative or NRKIN who wants to apply for licensure as a general family foster home providing care to unrelated children must comply with all family foster home regulations.

Exceptions: Licensed foster homes and applicants can apply for an exception. Exception means an alternative manner of compliance with a specific family foster home regulation or any portion of a specific family foster home regulation that is granted by the Secretary to an applicant or a licensee. DCF may grant an exception when the exception identifies alternative methods for meeting the general licensing requirements, and upon demonstration the requirement can be met through an acceptable alternative. For example, window size not meeting licensing standards, water temperature, or increasing the capacity on the license. Exception requests are reviewed by the DCF Deputy Director, Regulatory Compliance Manager, or designees. In most scenarios an exception is granted based on the child being placed in the home. An exception may be granted for the family foster home and may include a swimming pool or other environmental structure of the home. Windows in a bedroom being occupied by a child in FC are reviewed based on the occupant of the room and the ability to egress in case of emergency.

DCF implemented an Emergency Afterhours Exception policy and procedure in February 2021 to aid in assuring family foster homes were not exceeding capacity without prior approval. The Afterhours Exception Policy remains in effect and is scheduled for an update effective 07/01/2024 to include allowable reasons for exceeding capacity and establishing one active over capacity exception. A Residential Child Care Facilities exception may be used when admitting another child when the facility is at capacity, or a youth turns 18 while in the facility but has not completed treatment. A residential facility may request exceptions for staff qualifications to aid in hiring staff to meet ratio requirements. DCF does not claim IV-Funds prior to a facility being licensed. See Attachment 24 License Exception Report.

Item 34: Requirements for Criminal Background Checks

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of Strength for Item 34.

FCL became a division within DCF, effective July 1, 2015. Within FCL, the Office of Background Investigations (OBI) manages all background related services for the agency. This includes Child Abuse/Neglect Central Registry, Adult Abuse/Neglect/Exploitation Central Registry, Adam Walsh Act requests, and fingerprinting requirements.

DCF updated regulatory requirements in May 2024 related to background checks for residents, employees, and volunteers of a licensed childcare facility. DCF changed the age range for fingerprinting of residents and substitute caregivers from age 14 to age 18.

DCF issues a full license after the applicants, any residents of the family foster home age 18 and above (excluding children in FC) have completed and cleared 1) a federal fingerprint-based background check 2) a Child Abuse/Neglect Central Registry check 3) a national Sex Offender Registry check. This includes a Child Abuse/Neglect check from each state of residence within five previous years of application on adult applicants/residents. Non-custodial residents between the ages of 10 and 18 and substitute caregivers of children in FC between the ages of 14 and above, must complete and clear 1) a name-based criminal history check through the KBI 2) a Child Abuse/Neglect Central Registry check. A DCF Licensing Surveyor completes a full walk-thru survey of the home to assure compliance with Kansas Family Foster Home statutes and regulations. A NOSF is completed at the time. Any correction must be made prior to issuance of license. NRKIN and relative placements who wish to license must pass safety requirements including a walk through, background checks through KBI, Child Abuse Central Registry, and fingerprints. Within two weeks of placement, relatives and NRKIN who wish to begin the licensing process are issued a temporary permit upon return of the background check clearances normally within 30 days of placement. The temporary permit remains in effect for 90 days. Relatives and NRKIN who wish to license must comply with the non-waived requirements prior to a full license being issued.

If an individual has a prohibiting offense, the DCF FCL Division completes a Notice of Noncompliance (NNC). The individual is notified of being ineligible to work, reside or volunteer in a licensed childcare facility within the NNC. The applicant or licensee must respond to the NNC within five days in accordance with KSA 65-513. Responses to the NNC may include verification the individual does not work, reside, or volunteer in the home or a withdrawal of the application for licensure or verification the prohibiting offense has been expunged from the record. There is no waiver or exception to a prohibiting offense granted for individuals working, residing, or volunteering in a licensed facility.

DCF FCL completes an annual licensing survey for each licensed facility. During the annual licensing survey, a review of persons working, residing, and volunteering is completed to ensure a background check request was submitted and results received. A citation of noncompliance is made if any required person did not have the applicable background checks completed. For any citation of noncompliance, a CAP is required by KSA-65-513 to be submitted within five days.

Item 35: Diligent Recruitment (DR) of Foster and Adoptive Homes

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of ANI for Item 35.

During SFY 2024 the CPA worked to develop plans for general, targeted and child-specific recruitment, no such statewide recruitment plan existed at the time.

In SFY 2014, Kansas recognized an opportunity for growth related to functioning of Item 35, DR of Foster and Adoptive homes. This initiated a CPI project intended to ensure efforts were being made statewide to recruit potential foster and adoptive families who reflect the ethnic and racial diversity of children in the Kansas FC system. This CPI project included TA from the National Resource Center for Diligent Recruitment (NRCDR). A DR Plan was developed and initiated. Adopt Kansas Kids (AKK) tracks the demographics of youth being served through the Adoption Exchange in KS. FAC can monitor DR activities for BIPOC kids as well as monitor for disproportionality within FAC's own program.

The first DR plan identified three goals which have remained a constant in subsequent DR plans. These goals are to: recruit families for children who are age 13 and older and who have significant behavioral and mental health needs, recruit African American foster and adoptive families, and recruit adoptive families for the children and youth registered on the adoption exchange. These three goals remain in place – there is room for growth regarding intentional recruitment – DCF and FAC will work together to implement a consistent plan, and leverage demographic info that DCF licensing should have, or the CPAs would have regarding their own FFH's.

DCF and its community and contracted partners have since worked together to develop a new cohesive DR Plan. The first publication of this plan occurred in 2016 and was developed in partnership with CBC for guidance and support. It was led by the Program Area Manager for Adoption and the State/Territory Liaison. In SFY 22-23, it has since undergone some clerical updates by FAC who now oversees the DR Plan and updates.

Participants in their targeted recruitment activities include a wide variety of audiences such as individuals familiar in working with special populations, people in the helping professions, teachers, NAACP, Black fraternities and sororities, and churches which have memberships with a significant number of minorities in their congregation. Targeted recruitment occurs in communities specified as needing more foster homes based on referral and placement data.

It is the goal of the DCF foster and adoptive parent licensing, recruitment, and retention system functioning statewide to DR. Recruiting potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

Administrative Data

FY - Number of Inquiries to Adoption Exchange

SFY 2019	6304
SFY 2020	7057
SFY 2021	5231
SFY 2022	4184
SFY 2023	2,798

Data Source: FosterAdopt, Connect, AKK

While there is no specific data related to the exact number of follow-ups to the inquiries on the Adoption Exchange, the staff prioritizes inquiries, as well as customer service and education through specific practices outlined. Upon registration to the AKK website, families are provided an initial packet of information including educational resources regarding the impact of adoption, as well as information pertaining to the adoption process itself, and what families can expect when inquiring through AKK.

Agency system data is produced monthly and placed on the DCF public website, regarding all children in out of home placement by race and ethnicity and by county. Finalized adoption data by race and ethnicity are also available monthly. These data reports are used for targeted recruitment activities and analyze to further develop and implement DR plans. Reports are found on the DCF PPS public site. (Foster Care/Adoption Summary Reports - PPS (ks.gov))

SFY2024 Children in Out of Home Placement by Ethnicity and Race*

	Central or South American		Mexican		Other Spanish Cultural Origin		Puerto Rican		Unknown		Non-Hispanic		Totals	
Statewide	20	0.3%	717	12.0%	101	1.7%	23	0.4%	65	1.1%	5,055	84.5%	5,981	100%
	American Indian		Asian		African Ameri		Caucasian		Native Hawaiian/Pacific Islander		Unable to Determine		Totals	
Statewide	111	1.9%	30	0.5%	1,267	21.2%	4,547	76.0%	24	0.4%	2	0.0%	5,981	

*This report captures the primary race declared.

Data Source: FACTS July 1, 2023, through April 30, 2024

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

Federal Reviews

During CFSR Round 4, Kansas received an overall rating of Strength for Item 36.

In September 2021 the Kansas and Missouri border agreement was executed. The border agreement is utilized by both the state of Kansas and the state of Missouri to allow for expedited placement prior to the submission of ICPC.

DCF meets requirements of the Safe and Timely Interstate Placement of Foster Children Act of 2006 for FC and adoptive placement requests. Requests for home studies are completed and reported back to the sending state within sixty calendar days from the date the request is received in the Kansas ICPC office. If the family is not interested in placement or cannot meet background check requirements, a report must be submitted to the ICPC office.

Kansas initiated new contracts for FC services during SFY 2020 and responsibilities for ICPC home studies and monitoring placements in Kansas transitioned to the FC CMP in October 2019. The providers now have staff dedicated to ICPC cases.

Kansas ICPC office and CWCMP ICPC staff form the ICPC Workgroup. Efforts focus on resolving issues with other states, streamlining Kansas ICPC processes, and promoting statewide consistency. The ICPC Workgroup has continued discussions on barriers and opportunities for improving the timeliness of home studies. The workgroup identified the need to ensure the licensing process begins at the onset of the home study process and ensure the licensing worker and home study writer are collaborating throughout the process. As a recommendation from the workgroup, the licensing process must begin at the onset of the home study process and the licensing worker and home study writer should collaborate throughout the process. In addition, the submission of the preliminary home assessment form will help in increasing timeliness.

Kansas implemented NEICE in October 2018. NEICE is a national electronic system for quickly and securely exchanging the data and documents required by ICPC to place children across state lines. As of March 2024, a total of 44 states are utilizing NEICE. NEICE reduces the time children spend awaiting placement.

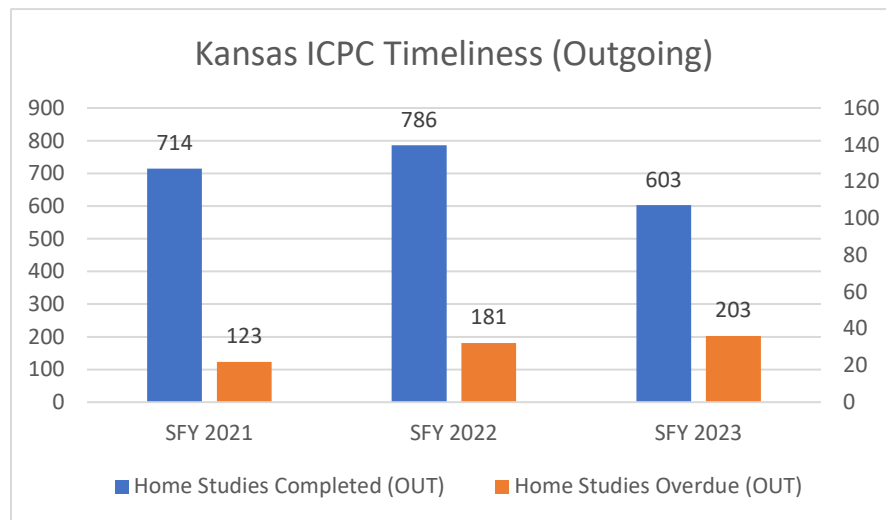
Kansas NEICE Administrative Data

	SFY 2020	SFY 2021	SFY 202	SFY 2023	SFY 2024*
Home Study Requests IN	438	474	403	425	340
Home Study Requests OU	684	714	786	603	439

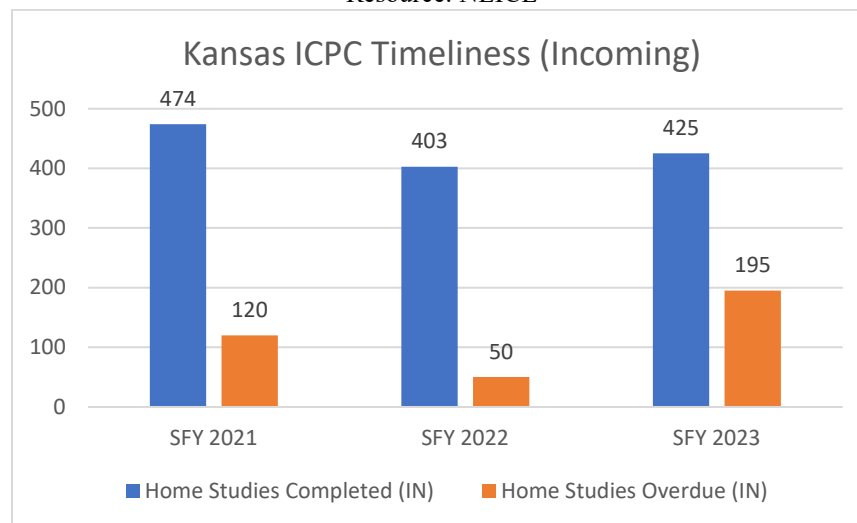
Placements IN	175	145	167	164	92
Placements OU	240	262	330	242	90
Private AdoptionsN	65	21	46	40	27
Private AdoptionsUT	105	89	38	59	47
Residential RequestN	60	47	56	56	51
Residential RequestUT	54	41	33	23	42

Resource: NEICE

* As of April 30, 2024



Resource: NEICE



Resource: NEICE

Analysis of the data available in NEICE since Kansas joined in October 2018 indicate Kansas sends more home studies out than it receives. Data, shown above, provides some preliminary information Kansas can use to improve timeliness of home studies. Results for incoming home studies for SFY 2023, are showing a decrease in timeliness from the previous fiscal year. Timeliness issues and barriers will continue to be addressed with the providers and through the ICPC workgroup monthly meetings.

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

DCF has developed a new vision and new goals for the 2025 CFSP. The following goals and strategies are ending in this Final Report but may be reflected in the CFSP to measure newly developed vision and goals for the next five years. See the following for final data and narrative around the goals the agency has worked toward SFY20 – SFY24.

DCF believes “A Strong Workforce with a Strong Organization leads to Strong Outcomes.” DCF began rebuilding the workforce in SFY19. Analyzing and building on strategies over the past five years to modernize and enhance the employee experience has been in the forefront. Creating opportunities and encouragement for staff to feel empowered to lead from where they are remains a goal. The agency believes employees who feel supported and understand the work of the agency improves the positive impact they have in their roles serving alongside Kansas families.

Vision Item: Strong Workforce

Recruitment and retention have been an approach throughout the past five years as a strategy to create a strong workforce. DCF makes it a priority for staff to receive messages affirming their value in the agency and in the lives of the families being served.

Goal 1: Implement Prevention Practice Approach

Improving prevention practice skills of current, new, and future practitioners. Practitioners are trained with tools to develop, support, or enhance their skillset. Providing our family and child well-being workforce with a fulfilling career is believed to ultimately shift practice culture.

Objectives/Stages – SFY2024 Progress:

Measuring success in SFY2024 using the strategies outlined in this goal.

1. decrease in agency vacancy rates.
 - a. Thus far in SFY24 Kansas has seen an increase in vacancy rates in PPS staff statewide on average.

Date	Vacancy Rate
April SFY2022	18.53%
March SFY 2023	13.9%
May SFY 2024	20.3%

2. decrease in CPS practitioner case load sizes.
 - a. February 2023, a CPS practitioner had an average caseload of 16.2. Reported caseload size in February 2024 decreased to 14.4. Please see Caseload Limits.
3. decrease in staff to supervisor ratio.
 - a. February 2023, the CPS staff to supervisor ratio was 3.3. Reported staff to supervisor ratio in February 2024 is 3.2.
4. increase in timely contact with family/timely initial assessments.
Contact

SFY	Achieved %
SFY2023	94.6
SFY2024	95.4

Initial Assessment

SFY	Achieved %
SFY2023	90
SFY2024	86.4

5. decrease in number of children removed from their homes

- a. DCF has seen a steady decrease in the need for FC and out of home placement in the past five years. This trend has continued into this fiscal year. There has been a 14% decrease in the number of children removed from their home from SFY 23 to SFY 24.

Date	# of children removed
July 2021 – February 2022	2038
July 2022 – February 2023	2011
July 2023 – February 2024	1726

Efforts to impact this goal were successful in some areas and remain a future focus for the agency in others. Activities throughout 2020 to this Final Report in 2024 included but were not limited to the following:

- Expanding recruitment strategies in ways the agency had not before. For example, utilizing social media, hiring platforms, professional recruiters and holding “Come Thrive with Us” events throughout the state.
- In SFY23 the legislature approved a budget which included pay increase for most employees based on a market study.
- Continuing CEU and licensure reimbursement to practitioners.
- Recruiting professionals from domains within the human services profession not limited to licensed social workers.
- Offering practicum opportunities with the goal of retaining students after graduation.
- Implementing telework and hybrid options.
- Implementation of the KPM
- Evaluating policies and procedures looking for efficiencies.
- Monthly “Connections Podcast.”

In SFY24, DCF has remained committed to increasing the well-being of our staff by continuing the above and developing new innovations as can be seen in the following:

- In a continuous effort to invest in PPS staff well-being, the role of Deputy Director of PPS Wellness also known as the PPS Wellness Coordinator (PWC), was created to develop resources and create opportunities to support and retain a resilient workforce. See CFSP Collaboration: N: Wellness.
- CPS and CPI practitioners must complete 40 hours of CEU every two years, regardless of licensure. DCF offers a variety of trainings to employees at no cost. CAPTA funds are utilized to reimburse CEU earned by staff. Personnel Services also have funds to reimburse licensure and CEU. Staff can attend various conferences funded by DCF, such as the Governor’s Conference. All reimbursement must be approved by a supervisor.
- DCF partnered with the Department for Administration and LinkedIn Learning via LMS to offer customized learning experiences to staff.

- In SFY24, the Governor approved a budget to include pay increases for most state of Kansas employees in a continued effort to reach pay scales reflected in ongoing market studies. Pay increases are calculated by HR and will include all DCF staff. Rates are based on the 2023 Market study utilized in SFY23's staff salary increase.
- We Believe webinars.
- ASN – see A.2 DEI
- DEI Committee messages through DCF Messenger
- In Case You Missed It – DCF Messenger

Fiscal Year 2024 is as follows:

Practicum Students across the state*	77
Students Hired as CPS or APS Service workers**	17

*data pulled on 3/19/2024

Since Program Started in July 2022.

Practicum Students across the state*	120
Students Hired as CPS or APS Service workers**	39

*data pulled on 3/19/2024

Vision Item: Strong Organization

Collaborating and listening to communities throughout Kansas is necessary for the agency to understand how DCF is seen by stakeholders. Only through these continued partnerships can the agency acknowledge and commit to positively shifting perception through our interactions and connections to those most impacted.

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

DCF understands strengthening the safety net and early childhood programs can decrease the likelihood of a child being placed in a PRTF when they are older. DCF believes an impact can be made on future psychiatric needs by taking a concurrent approach to addressing barriers and disproportionality within the youth population who qualify for placement in a PRTF while simultaneously building a strong safety net and early childhood ecosystem.

Objectives/Stages – SFY2024 Progress:

Measuring success in SFY2024 using the strategies outlined in this goal.

1. Decrease in PRTF waitlists.

Date	Average # of children in foster care on the PRTF Waitlist
July 1, 2023 – March 31, 2024	50.4
SFY 2023 July 1, 2022 – June 30, 2023	37.6
SFY 2022 July 1, 2021 – June 30, 2022	42.9

2. Decrease in number of children removed from their homes.
DCF has seen a steady decrease in the need for FC and out of home placement in the past five years. This trend has continued into this fiscal year. There has been a 14% decrease in the number of children removed from their home from SFY 23 to SFY 24.

Date	# of children removed
July 2021 – February 2022	2038
July 2022 – February 2023	2011
July 2023 – February 2024	1726

3. Increased PS

SFY2024: Kansas continues to experience challenges in meeting the federal performance standard of 4.4 moves per 1,000 days in foster care, with performance at 7.5 January 2024. Percentage of children statewide meeting this standard is posted on the DCF public website. *(Data Source: FACTS – reflects data from July 2023 to January 2024 - This measure calculates the rate of moves per 1,000 days for children entering foster care.)*

4. Increased Service Array

Increased service array is measured through general stakeholder interviews or surveys

During SFY24, DCF increased efforts to partner with lived expertise voices while designing and planning DCF prevention services. The FFFC members are strong advocates for change and provide constructive thought-provoking ideas, information sharing, and feedback. See section C.1.a Kansas DCF, Additional collaborative groups and ways in which their voices have informed the agency planning can be found woven through the DCF CFSR PIP in the CFSP.

Efforts to impact this goal were successful in some areas and remain a focus for the agency in others. Partnerships and programming impacting this goal were developed throughout 2020 to this Final Report in 2024 are a result of feedback and ideas shared by our stakeholders with lived expertise and stakeholders working alongside families:

FRC	Four Questions
Collaboration with LE	Family Strong
Oasis Training for Foster Families	Kinship Support
Parent Advocates and Peer Mentors	TFFH
Children's Behavior Interventionist (CBI) Program	Expanded TDM to address PS
Collaboration with Schools	Missouri Border Agreement
FFPSA Prevention Services	Thriving Families Safer Children (TFSC)

DCF has sustainable workgroups charged with addressing ongoing issues related to PRTF waitlists. These groups constantly evaluate the process.

The decrease in the number of children in FC on the PRTF waitlist could be attributed to the increase in mental health prevention services available in the home for children with behaviors meeting criteria for placement in a PRTF.

The amount of time a child in FC remains on the PRTF waitlist is closely monitored during bi-weekly case reviews with each MCO. KDAD facilitates these bi-weekly meetings which are attended by KDHE, DCF and all three MCOs.

Kansas, like other states is experiencing a decrease in the number of beds available for children needing placement in a PRTF. Since SFY22, there has been an 8% decrease in the number of available beds. The biggest challenge has been staffing to utilize the number of beds available in the facility.

Youth with acute behavioral needs are the most challenging for health care coordination. Strategies related to increasing the timeliness of services to these youth and their families are constantly in the forefront of service provision consideration and decisions.

For SFY2024, Kansas has 151 beds in QRTPs. There have been challenges since the beginning of the pandemic for facilities to maintain staff. As a result, one facility with 16 beds chose to put their facility on hold due to staffing challenges and plan to reopen in the summer of 2023. Several QRTP facilities have operated with a lower number of youth than their licensed capacity to ensure they are able to maintain appropriate staffing ratios. As of March 22, 2023, 96 of the 151 QRTP beds were filled. The independent assessor contract is in the process of being renewed.

Vision Item: Strong Outcomes

A workforce who are supported leads to positive outcomes. Kansas has remained dedicated to building a qualified and skilled workforce, building partnerships with families and communities, and providing quality services throughout 2020-2024. Through this work, Kansas is confident children and families will have improved outcomes related to safety, permanency, and well-being.

Goal 3: Reduce child trauma by strengthening services to families, PS, and timely permanency.

Kansas is determined to reduce childhood trauma by making decisions based on safety, lasting safety, and providing services to address risks. If there is a need for FC, practitioners understand the impact removal has on a child. DCF practitioners actively advocate for a child to remain in their homes whenever safely possible. If there is a need for FC, timely permanency is the goal. Each objective below has a strong impact on decreasing trauma in children who experience placement outside of their homes.

Objectives/Stages – SFY2024 Progress

Measuring success in SFY2024 using the strategies outlined in this goal. Goal 3 is monitored utilizing reports measuring timely permanency and PS.

1. Increase PS.

Kansas has experienced setbacks on the journey to meeting the federal performance standard of 4.4 moves per 1,000 days in FC, with performance at 7.3 in December 2022 and now 7.5 as of January 2024. Percentage of children statewide meeting this standard is posted on the DCF public website. *(Data Source: FACTS – reflects data from July 2022 to January 2024; - This measure calculates the rate of moves per 1,000 days for children entering FC.)*

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

Kansas has continued to reduce the need for FC, with a 3.8% decrease in the number of children in out of home placement comparing February 2023 (6171) to February 2024 (5934). According to current data, DCF is on track to have reduced the number of children in out of home care comparing March 2023 (6196) and thus far in March 2024 (5935) by 4.2%.

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

In SFY2023 all children/youth who ended out of home placement for reason of reunification spent an average of 12 months in care. As of January 2024, this decreased to 11 months.

Children discharged from FC for reason of custodianship/guardianship months in care in SFY2023 decreased in SFY2023 from 31 months to 24 months. Data reflects 24 months as of January 2024.

In SFY2023, all children/youth who ended out of home placement for reason of Emancipation spent an average of 44 months in care. DCF has been able to reduce this to 43 months as of January 2024.

In SFY2023, all children/youth who ended out of home placement for reason of Adoption spent an average of 41 months in care. This remains true in January 2024.

Data Source: FACTS – reflects data from July 2023 to January 2024)

4. Increase in number of children placed with a relative

In SFY2024 the number of children in FC in Kansas placed with a relative increased to 47.1% compared to 45.1% in SFY2023.

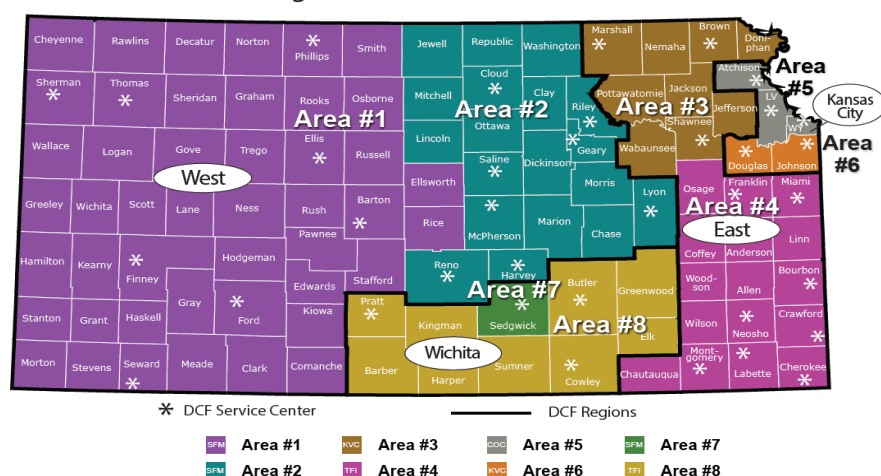
Data Source: FACTS – reflects data from July 2023 to January 2024)

DCF has been successful in impacting this goal for the most part. There are less children entering FC and a decrease in the number of children in FC due to both reduced entry and exiting the system. The number of months in care to permanency reduced for children with goals other than adoption which remained the same. DCF will continue to focus on PS and placement with relatives beyond this five-year plan and into the next. The efforts impacting this goal throughout 2020-2023 included but were not limited to the following:

Icebreakers	CareMatch
Placement with Relatives	Family Finding/Seeing
Standardized rates set for placements	FAC to provide caregiver support, recruitment/adoption support, and navigation
ATT	

In July 2020, Kansas was divided into six DCF regions. Catchment areas did not change. The West region was divided into two regions, Southwest and Northwest regions. The East region was also divided north to south creating Northeast and Southeast regions. See Section A for an updated state map with new regional structure. Below you will see the state, catchment areas and regions.

DCF Regions and Catchment Areas



C.4 Quality Assurance System

For assessment of the Kansas QA/CPI system as a systemic factor in the CFSR, see Item 25. Kansas believes work with vulnerable children and families demands a family and child well-being system realizing the highest standards of performance. To reach these goals and achieve positive outcomes for children and families in safety, permanency, and well-being, DCF established a system of CPI. The DCF

CPI cycle includes identifying and understanding the root cause of problems, researching, developing theories of change, developing, or adapting solutions, implementation of strategies and monitoring and assessing strategies. CPI is foundational to understanding how the family and child well-being system is currently functioning and facilitating systemic change and improvement.

Functional Components

The Kansas CPI system essentially shares the same functional components outlined in Information Memorandum ACYF-CB-IM-12-07.

Foundational Administrative Structure

DCF has established a culture and structure which promotes CQI. The agency has developed capacity, infrastructure, and processes to support improvement efforts and system change. Dedicated CPI teams are located within every region of the state and locally within each CWCMP. Overall improvement efforts are coordinated by a CPI team within DCF Administration. Although dedicated CPI staff are largely responsible for providing support and accountability for the structure and administration, staff at all levels within the family and child well-being systems are truly responsible for continuous performance improvement. The CPI process depends on a commitment to quality services from the caseworker meeting with families all the way up to the agency director. Learn about systems utilized in Item 19.

Case Record Review Data and Process

Kansas conducts quarterly case record reviews. The case read sample for each program is derived from a sample of active cases meeting each program's case review criteria. A random sampling formula is utilized to establish the sample size using the statewide population then stratified by DCF Region. Sample size for each region is proportionate to the total population for each region. Cases are assigned a random ID number and randomly selected until the correct percentage sample size for that region is achieved.

Case read instruments are standardized for use across the agency and a consistent data entry process is employed using a Case Read Application. The in-home services and FC case read instruments essentially replicate the CFSR OSRI. Other instruments include questions/outcomes concerning procedures and practices with a focus on safety, permanency, and well-being.

DCF implemented a web-based case review system built by Rushmore, named PILS in the fall of 2021. The case review system includes improvements such as: timely results, real time reports, ad hoc reports, and secondary reviews. In addition, CWCMP staff can utilize the system for case reviews.

Analysis and Dissemination of Quality Data

DCF routinely analyzes and publishes quality data reports. Reports include both regional and statewide analysis. Most data reports are updated monthly and are available on the agency's public website. Internal data is posted to a secure SharePoint site and is available to agency and provider staff. SharePoint houses a list of all reports routinely produced by the agency, a description of the report, the frequency of the report, and the location of the report.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

Case read and outcome data from the State's information system is reviewed during regional meetings and quarterly CPI meetings with internal stakeholders. Attendees at meetings include DCF Administration and Regional CPI staff, program managers and PAs, supervisors and CWCMPs.

Data is reviewed with external stakeholders including CRP, policy, program, and IABs.

When areas of opportunity are identified, CPI staff facilitate the CPI process with stakeholders, decision makers, and SME. After a root cause analysis defines the issue, the theory of change is described, and a solution is developed and implemented. The implemented solution is monitored and assessed to determine effectiveness. The CPI process, itself, is a cycle. There is no beginning and no end because the process is designed to constantly improve the system.

Enhancements

See Item 19 for an update on CCWIS.

As DCF approached CFSR Round 4, DCF completed a Traditional (CB-led) review. PPS Administrative Leadership consulted with performance improvement staff and other states regarding the benefits and challenges of each type of review and decided a state led review would exceed the capacity of current resources. Many program improvement staff and supervisors shared they found it difficult to maintain excellence in their day-to-day job responsibilities in addition to competently and accurately fulfilling the duties of a state led review. DCF values the shared learning that occurs by partnering with regional and federal colleagues for a traditional review.

CFSR Round 4 took place the week of April 17, 2023, in Brown County, Crawford County, and Sedgwick County (metro site). The core team worked closely with federal partners and the CBC for States to prepare for the review. The CBC for States provided TA through identifying and engaging CFSR stakeholders, holding stakeholder meetings, gathering, and synthesizing data to incorporate into the Statewide Assessment. DCF has started the PIP process. The DCF PIP was approved 4/29/2024, implementation began 5/1/2024.

C.5 Update on the Service Descriptions

C.5.a Stephanie Tubbs Jones Child Welfare Services Program, Title IV-B, subpart 1

Programs funded under the Stephanie Tubbs Jones and MaryLee Allen Child Welfare Services Programs will only have descriptions included in Title IV-B, subpart 1 along with an update towards the use of CARES Act award. Additionally, some programs not funded by subparts 1 and 2 are included in the descriptions below to illustrate the full family and child well-being service array.

Kansas Protection Report Center (KPRC)

Estimated Number of Individuals and Families to be Served	53,081 Intake Reports Received *As of April 1, 2024
Population to be Served	Reporters calling with concerns for Kansas families. When the reporter does not speak English, translation services are available.
Geographic Areas where the Services are Available	KPRC functions statewide. Reports are assigned for all counties in Kansas

The foundation of the DCF child protection system is KPRC. KPRC receives reports regarding allegations of abuse and/or neglect statewide, 24 hours per day, and seven days per week, including holidays. The majority of KPRC employees choose to telework with few employees reporting to a service center regularly. KPRC works in a web-based phone service, Amazon Connect, allowing practitioners to receive and answer calls through the computer. KPRC practitioners may receive a report by mail, phone (single toll-free number), fax, or online. A report to DCF begins the initial assessment steps to inform an assignment decision. The next available practitioner responds to the report regardless of their work-place location. KPRC utilizes a web-based information system to document reports and decisions for further

assessment. Reports are accessible to all locations throughout the process. KPRC practitioners conduct an initial assessment to determine if 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, FINA, and Pregnant Woman using Substances (PWS).

The QA Review Team consists of designated KPRC practitioners responsible for reviewing all reports not meeting criteria for further assessment. If the QA Review Team member identifies the report was not appropriately screened, a KPRC supervisor will review to make the final screening decision. KPRC staff complete the Initial Assessment Decision within the next half working day as described in PPS PPM 1330. 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.

The KPRC follows a structured training plan for all new staff. The KPRC staff go through a 12-week training program including classroom training to review systems, policy, and critical thinking aligning with KPM. Staff receive on-the-job training through shadowing employees and technical training. New employees' work is reviewed by a supervisor. A New Hire and Onboarding form was developed to track all employees receive training and supervision during their initial employment. KPRC practitioners are required to complete 40 hours of CEU every two years. KPRC Supervisors participate in the KanCoach program through the KUSSW. The KPRC administrators attended this training in 2024 to learn matching coaching techniques.

In February 2022, KPRC began working with the DCF Protection and Prevention Services L&D team on including selected KPRC staff in a learning opportunity called QTMAD. The purpose was to shift practice on how KPRC staff engage with reporters and enhance their skill of asking questions. This opportunity aligns with KPM framework used during investigations.

In May 2022, KPRC began working with Safe Generations to provide KPRC staff with the Risk Intelligence (RI) courses. The courses stand to assist KPRC staff with conducting a more balanced assessments by asking better questions, building engagement, inquiring about strengths, and eliciting critical thinking. KPRC plans to continue to hold these courses as they are available and integrate the learnings into KPRC staff's daily practice.

In March of 2023, KPRC developed a preliminary inquiry template to provide a standard greeting when sending an email requesting additional information from a reporter. This template includes resources on building safety with families while using KPM and the importance of having a balanced assessment. This is one step KPRC is taking to educate reporters on the importance of providing balanced information and to develop partnership to provide families timely and effective support.

In June 2023, KPRC reviewed the Reporter Notification Letter and the inserted a list of resources to encourage collaboration in providing resources to families. The resources include Community Mental Health, 1-800-Children, United Way, and the Suicide and Crisis Lifeline.

In August 2023, A group of KPRC leadership and staff worked on a truancy project. The project stemmed from identifying ways to maintain timelines and recognizing a high number of truancy reports are received at the end of the school year. The team focused on Wichita, the region with the highest number of truancy reports. The group narrowed down reporter information, median income of the school, percentage of free and reduced lunches, assigned vs not assigned, and compared it to the Kansas City Region to identify factors involved in higher number of truancy reports. The group aspired to reduce the volume of truancy reports received at KPRC and provide the field with more opportunity to address safety concerns related to abuse/neglect cases. KPRC presented the findings to the Wichita Region

Administration on January 9, 2024 to identify next steps for the project. KPRC will continue to collaborate with the Wichita Region.

In 2022, an Employee Advisory Council (EAC) was established in KPRC to facilitate ideas between staff and administration. Other goals for the council are to engage and empower staff, foster open communication, encourage transparency, and build emerging leaders within the program. The council meets monthly to discuss issues and ideas coming from both administration and KPRC staff. The council sent out two surveys to seek workplace challenges and identify solutions. The council met with KPRC leadership on March 20, 2024, to present challenges identified in surveys. Plans are in place to allow the council to lead plans focused on sharing information, engaging staff, and building relationships.

Safe Generations facilitated KPM Collaborations with KPRC and CPS practitioners in Kansas City, Topeka, and Wichita. This was used to align KPRC with CPS practitioners in the child well-being system, offer a shared learning experience, and to cross collaborate. After the collaborations, Safe Generations held 15 coaching sessions with KPRC staff August through December 2023. This further aided staff learning and reinforced their skill development and KMP alignment.

KPRC continued to work with Safe Generations to develop a learning culture through a GLC. KPRC implemented GLCs during January and February 2024. This provided an opportunity for continuous learning on building on reporter engagement, increase equity in reports, and gather balanced information.

KPRC collaborated with Safe Generations and CPS leadership to develop a new mandated reporter web form. The goal was to include questions aligning with KPM Principles. The form was designed to request information about worrisome events, ways families and their supports have provided protection, and how children have been impacted. These questions focus on gathering balanced information promoting strong working relations with families. The mandated reporter web form was released January 2024. KPRC will continue to monitor the form and review information gathered.

KPRC has continued a consultation process for KPRC staff who receive a report of a child death. These reports are considered Critical Incidents (CI). The Support Consultation process involves support and coaching from KPRC leadership to the team while information is processed for an initial assessment prior to assignment. KPRC leadership met with Safe Generations to review the consultation process and evaluate the outcomes. A new consultation framework was developed to align with KPM framework and maintain consistency and guidance for all involved. This continues to be a step toward promoting organizational health and addressing secondary trauma and wellbeing within KPRC staff.

In December 2022, KPRC added a prompt to the KPRC hotline to initiate an automated text message. This was to educate reporters of the available information for 1-800-Children or The Kansas Aging and Disability Resource Center to connect them to the resources and services in their community.

In January 2024, KPRC added a section to the KPRC hotline call flow to initiate an immediate response for HT victims in LE custody. The prompt directs the officer to enter their zip code for a text message to be sent with the contact information for immediate responders in their identified area.

From July 2023 to March 2024, KPRC had access to Amazon Connect Wisdom, an Artificial Intelligence (AI) platform. This platform information was sent to KPRC practitioners when receiving reports via phone. The platform included a KPRC Intake Guide that flagged key words in conversations to prompt practitioners to ask specific questions, define acronyms, and supports new employees. The KPRC Intake Guide included, but is not limited to the following reported topics:

DV	Child not attending school	Substance Affected Infant	Alleging Methamphetamine
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PWS	Court	Requesting Services for families	
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As of March 2024, KPRC no longer has access to Wisdom due to Amazon transitioning to Amazon Q (Generative AI). KPRC will have discussions about possibly utilizing the feature in the new platform.

KPRC is working with Amazon Connect on an opportunity to use DANA, which is currently used by EES. DANA is a virtual assistant hosted on the DCF website where individuals in the community can ask DCF related questions about how to apply, who to contact, and other common questions. KPRC would like to add the top 10 most asked questions to KPRC. By adding the questions, KPRC can expand the information available for abuse/neglect reports for children and adults to individuals in the community.

In March 2022, DCF contracted with KCSL to provide CPS mandated reporter training. DCF is involved with developing and approving the content. KCSL provides many options for mandated reporter training. There are in-person and virtual training options across Kansas available for the community and agencies. KCSL continues to provide a one-hour mandated reporter training in addition to more advanced topics.

LGBTQIA+ Cultural Competency: Best Practices for Working with LGBTQIA+ Youth and Families

Being culturally competent means learning new patterns of behaviors, research trends, and social cues of a specific community, and then effectively applying them in our personal and professional lives. This training covers the experiences, values, and belief systems specific to LGBTQIA+ youth and their families. Participants gain a heightened sense of personal awareness to encourage a safe and positive environment for sexual and gender minorities. Participants will identify achievable strategies and adaptations for increasing confidence when working with LGBTQIA+ youth and families.

A Shift in Perspective: A Preventative Approach in Supporting Families and Reducing Child Abuse and Neglect

This training will focus on primary prevention strategies to empower mandatory reporters, help-seeking agencies, and all individuals who interact with families in their communities to help alleviate the risks of child abuse and neglect before needing a hotline report. Through a strengthening families framework, emphasizing protective factors, and individual and agency wide equity awareness, factors impacting child abuse and neglect can be reduced. This training will allow dialogue on this perspective shift and allow attendees to brainstorm best practices and create achievable action steps to prioritize supporting families.

KPRC Leadership continues to participate in the Hotline/Intake/Screening Managers (HISM) quarterly calls through the CB to stay up to date on trends, resources, and tools used across the states.

In 2022, DCF was approached by the KU-CPPR about a grant application with KDHE focused on substance use screening with prenatal women. This was a supplemental grant to expand evaluation activities for Kansas Connecting Communities broadly focusing on building provider capacity and confidence in treating and integrating behavioral health identification and referrals into perinatal care settings. KU-CPPR identified fear of the child being removed as the major contributor to women not going to treatment. KU-CPPR wanted to partner with DCF to explore how to reduce this fear and collaborate on policy and practice. From this collaboration DCF and KCSL worked to develop and provide a learning opportunity for perinatal providers at the March 2023 quarterly Kansas Perinatal Quality Collaborative (KPQC) called Perinatal Substance Use: Best practices for Mandated Reporter.

Perinatal Substance Use: Best Practices for Mandated Report Learning Objectives:
Understand the role of mandated reporters and reporting process
Increase awareness of the crying curve and prevention of Shaken Baby Syndrome/Abusive Head Trauma
Reimagine a system and society focused on prevention strategies to reduce child abuse and neglect.

Over 400 perinatal providers from across Kansas attended the KPQC. Following the training an additional request was received to present in a smaller setting to allow for more discussion. DCF presented a Perinatal Case Study at the KPQC in-person general meeting in May 2023 and the New Birth Company in September 2023. The case study was focused on reports a mother or infant tested positive for substances. Participants were provided basic information on cases received at DCF and discuss specific questions related to what was reported:

What are the risk factors?	What are the safety concerns?	What referrals could be made for the family?
Discussion on reporting tCF.	How can you partner with DCF?	What are the protective factors, supports, or services?

At the Governor’s Conference for the Prevention of Child Abuse and Neglect DCF and KDHE partnered to present Perinatal Substance Use: Mandated Reporting and Best Practices for Supporting Families.

To understand the role of mandated reporters and the process for making reports.
To understand the use of the Prenatal Provider Workflow during work with pregnant and postpartum individuals.
To reimagine a system and society focused on prevention strategies to reduce child abuse and neglect.
To learn about KPM.

Family Preservation (FPS)

Estimated Number of Individuals and Families to be Served:	1500 Families
Populations to be Served	Families with at least one child at risk for foster care
Geographic Areas where the Services are Available	Statewide (All 105 Kansas counties)

FPS are voluntary and programmed to work alongside families in building upon their strengths and reducing the risk of their child entering FC.

FPS Eligibility Criteria:
Family resides in Kansas
Child(ren) are at imminent risk for out of home placement in FC
Available parent/caregiver to protect the child(ren)
Family willing and able to engage and participate in FPS.

FPS may also be offered to PWS to help connect to substance use treatment and prenatal medical services.

Fiscal Year 2023 was the third full year of services under the most recent contract. The contracts are in place through June 30, 2024.

Agency	DCF Region Awarded
DCCCA	Kansas City
DCCCA	Wichita
TFI	Northwest
TFI	Southwest
Cornerstones of Care	Northeast
Cornerstones of Care	Northwest

The FPS contracts offer families and PPS practitioners a choice between two tiers of services.

Tier 1 – Intensive	<ul style="list-style-type: none"> Master’s Level Therapist 4-6 Week Program
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Tier 2 – Case Management	<ul style="list-style-type: none"> • Dyad: Family Support Worker/CM • Short-term
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PPS practitioners were provided education about tiers and the evidence-based model each FPS provider is using within each tier. The assigned practitioner completes an assessment with the family to understand risk and emergent safety issues. This assessment is shared with FPS at the time of referral for services. Families are referred to FPS by DCF. DCF may make a referral at any point during the assessment and investigation. Ongoing assessments are completed throughout the time FPS is working with the family. DCF, the FPS provider, and the family all work together to stabilize the situation and promote lasting safety. A referral to a different tier can be made if adjustments to intensity are needed as the family works through the program and if indicated in ongoing assessments.

Each FPS provider selected an evidence-based model for FPS. Each model was developed to strengthen families, prevent unnecessary family disruption, reduce family and child trauma, interrupt intergenerational cycles of maltreatment, and support child and family well-being. The following chart illustrates the evidence-based model implemented by each provider:

Family Preservation Contractor	Evidence-Based Model	California Evidence-Based Clearinghouse for Child Welfare Rating ¹	IV-E Prevention Clearinghouse Rating ²
TFI Family Services	Trauma Focused Cognitive Behavioral Therapy (TF-CBT), (TRBI)Trust Based Relational Intervention	Well-Supported	Promising
		Promising	Promising
TFI Family Services	Alternatives for Families, (TRBI)Trust Based Relational Intervention	Promising	Does not currently meet criteria
Cornerstones of Ca	Solution-Based Casework	Promising	Promising
Cornerstones of Ca	Solution-Based Casework	Promising	Does not currently meet criteria
DCCCA Tier 1 and Tier 2	Motivational Interviewing (MI)	Well-Supported	Well-Supported
DCCCA Tier 2 with Substance Use Concerns	Sobriety Treatment and Recovery Teams	Promising	Supported

Since January 1, 2020, FPS providers began being measured on the following four outcomes indicative of prevention success. The data below can be found on the DCF public website.

Outcome	Tier 1	Tier 2
Children are safe from future maltreatment as defined by affirmed or substantiated abuse and/or neglect. Standard: 95%	98.4%	98.4%
Children are maintained safely at home, in Tier 1 and Tier 2 services. Standard: 90%	95.9%	83.1%
Babies are substance free to pregnant women using no -opioid substances. Standard: 90%	*N/A	*N/A
Women using opioids during pregnancy will be referred for medication assisted treatment. Standard:	*N/A	*N/A

*No cases meeting criteria/No data to report

Data Source: FACTS

Data represents July 2023 – January 2024

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

DCF understands ACES from trauma have been linked to adult onset of chronic disease, mental illness, violence, and being a victim of violence. Well-being of families and communities is central to the work of FPS practitioners. In the West Region, TFI Family focuses on providing in-home Trauma-Focused Cognitive Behavioral Therapy. Statewide, there has been an average 89.5% success rate (July 2022-January 2024) in FPS Tier 1 and Tier 2 in maintaining children at home and preventing trauma due to removal into FC. July 2023-January 30, 2024, there have been a total of 818 referrals to FPS. Tier 1 has received 415 referrals and Tier 2 has had a total of 403 referrals.

Community-Based, Collaborative Programs Supporting Families

FPS are available in all 105 counties in Kansas and services are primarily provided in the family home. If the assigned FPS practitioner does not speak the language the family is most comfortable speaking, interpreting services are accessed. Tribal families have access to FPS through collaboration with DCF. Through FPS each family may access \$500 in assistance for concrete goods and services. If the need is greater, the FPS practitioner and DCF collaborate to find resources to meet the family's needs.

FPS providers partner with FFPSA grantees to serve families. Practitioners are familiar with the FFPSA services available within their assigned regions. If a child in the family remains at risk for removal when they have completed their referral service period, the family may consider a FFPSA service to further meet their needs. For example, if a family with young children participate in Family Centered Treatment (FCT) through FPS and complete the program, they could then be considered for a Healthy Families or Kansas PAT referral for long term services. Kansans now have more options for services meeting their needs and preventing the need for FC, with the expansion of prevention services through FFPSA.

Family First Prevention Services Act (FFPSA)

See Item 2: FFPSA for more information. On July 1, 2024, new grantees were awarded, see attachment 25 for FFPSA Services Grantees 24.

When a report is made to the KPRC and meets the criteria for an assignment, a PPS practitioner in the region will visit and assess safety with the family. Assessing the family includes determining if there is a child in the family who is a candidate for FC. If a candidate is identified, the PPS practitioner works alongside the family to identify prevention services available in their community. The PPS practitioner can contact their region's DCF Family First case manager (FFPSA CM) to consult with the family about the program or assist in identifying appropriate or eligible programs. DCF believes all services are based on family-centered practice and referrals to ongoing services are based on the PPS practitioner's family assessment and family choice.

Within PPS, there are many options for a practitioner and family to consider when selecting prevention services. When children are at risk of entering FC, two prevention program pathways include FFPSA and FPS. In addition to these state prevention programs, community-based service providers are essential considerations for strengthening families, increasing protective factors, promoting social connection, and preventing FC.

DCF FFPSA region CMs support staff with their prevention service expertise. They are the front line for questions about FFPSA and serve as a liaison between DCF and the grantee. They assist grantees with obtaining DCF resources, assist PPS practitioners with making a referral, communication, case management with families, FACTS entry and reconciliation, improving program process, and educating their communities about FFPSA.

KU-CPPR evaluates all Kansas FFPSA providers and service interventions. The evaluation plan is guided by a utilization-focused approach which includes two major components: (1) a process evaluation, and (2) an outcomes evaluation. The evaluation team facilitates regional and statewide ICAB (see section C.1.a. Kansas DCF) meetings, which bring community partners, prevention providers, lived experts and contractors to the table to discuss all aspects of the FFPSA program. See Attachment 26 ICAB Fact Sheet.

Advancing Equity, Equality, & Supporting Underserved Communities

Early childhood prevention services are a supported mechanism for addressing deeply rooted disparities and disproportionality among children of color in the child welfare system. FFPSA expanded early childhood service access to families and DCF is working alongside as a strategy in preventing the need for FC. The prevention-based response engages families and provides another access point for services and supports. Expanding evidence-based programming and services through FFPSA coincides with implementation of primary prevention service options in communities throughout the state. Families have spoken and DCF is listening to create pathways for families to access services in their communities without the need for formal contact with the agency. DCF is committed to continuing the journey toward equity and social justice for families in Kansas.

In SFY2022, counties with high race disproportionality metrics were selected to participate in a pre-petition pilot offering high-quality legal resources to parents to prevent unnecessary family separation and advance racial equity. Partnering with KLS, the Parent Advocate Program serves Cowley, Douglas, Kingman, Leavenworth, Reno, and Sumner counties. See Vision Item: Strong Organization to learn more.

FAC provided a kinship navigation service to families in Johnson and Wyandotte counties during SFY23. See Vision Item: Strong Organization to learn more.

In SFY 2023, the Prevention Team presented the FFPSA program in a variety of venues and participated in workgroups and learning collaboratives.

Adoption Promotion and Support

In SFY 2024 (July 2023 - January 2024) approximately 99% of adoptions finalized were by the children's relatives or the foster parent(s.) Thus far Statewide, there have been 446 adoptions finalized, 51.6% of children have a relative as their adoptive resource.

Adoptive Parent Relationship

	Kansas City Region		Northeast Region		Northwest Region		Southeast Region		Southwest Region		Wichita Region		Statewide	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Foster Parent	53	51.0%	27	48.2%	37	63.8%	10	19.6%	38	54.3%	47	43.9%	212	47.5%
Other	0	0.0%	0	0.0%	1	1.7%	0	0.0%	2	2.9%	1	0.9%	4	0.9%
Relative	51	49.0%	29	51.8%	20	34.5%	41	80.4%	30	42.9%	59	55.1%	230	51.6%
Step Parent	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	104	100.0%	56	100.0%	58	100.0%	51	100.0%	70	100.0%	107	100.0%	446	100.0%

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

Adoptions Finalized (ks.gov)

When TPR occurs or parental rights are relinquished and the child's case plan goal is adoption, the 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 recruitment and identification to completion of aftercare up to 6 months after the adoption is finalized. The CWCMP works 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 or counseling to address concerns. Services provided to families before and after the adoption is finalized depend on the child and family needs.

If a disruption (child leaves the home before the adoption is finalized) or dissolution (child leaves the home after the adoption is finalized) occurs, the CWCMP is responsible for providing placement and any other necessary services for the child. This includes identifying another adoptive family if needed. No data is available on disruptions. Few adoptions in Kansas dissolve. Of 15,937 finalized adoptions between SFY 2003 and SFY2023, 8.3% (n=1319) have experienced subsequent re-entry into FC. Of those families with a re-entry, the majority (81.3%) occurred two years or more after the finalized adoption. Dissolution of the adoption follow the same trend as re-entry with most dissolutions (78.5 percent) occurring two years or more after the adoption was finalized.

When a child in FC with a case plan goal of adoption and parental rights no longer intact does not have an identified resource, they are referred to the Kansas Adoption Exchange for general and targeted recruitment services through the AKK program. The CWCMP prepares an Individualized Recruitment Plan (IRP) by completing a PPS 5305 form 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, one that can best parent, serves the needs of the child, and will be there for them “no matter what.” The Adoption Exchange Contractor also partners with the National Adoption Exchange, AdoptUSKids (AUK) to photo-list children awaiting adoption on its website as well (www.adoptuskids.org.) Referral to both exchanges, AUK and AKK can be done through The PPS 5310 form, the Adoption Exchange Information Form. The referral form is filled out by the CWCMP and sent to the Kansas Adoption Exchange.

AKK is a program designed to raise awareness about the need for adoptive families for children in FC in Kansas. AKK works to educate families about FC and adoption, providing them support through the process of being matched with a child. Working in partnership with CPA and CMP across the state, the Kansas Adoption Exchange aids in recruiting, supporting and matching adoptive families with children available for adoption.

In SFY 2024, AKK has prioritized the following:	
Youth Engagement	Implementing youth centered profiles, a project incorporating the voice of older youth, giving them opportunity to take initiative in their own recruitment process, developing their profile using their own words. AKK staff utilize the 3-5-7 model® to address grief, loss, and prepare children for permanency.
Privacy	Implementing an information sharing continuum and use of private narratives with prospective adoptive families. Providing families with information needed to make an informed decision while prioritizing each child’s dignity and privacy.
Support	Families come to the Adoption Exchange at many different stages of their adoption journey. To guide families through the process of adoption from FC on a continuum of services, the AKK team integrated K-PARC. To support families registering for the Adoption Exchange, each new family is assigned an advocate to assist them to begin their journey. Advocates work to link families to trainings and resources, support them in completing paperwork, and prepare them for what to expect as they begin their journey.
Matching	Improving the experience and communication between case teams and families by implementing a standardization form for matching calls. Updating adoption exchange information forms for children and families to obtain adequate information for matching purposes. Implementing Child Matching Events give families an opportunity to network and connect with other adoptive families, ask questions about the process, and hear a presentation about K-PARC services.
Data & Technology	Creating and maintaining reports to show efficiency and effectiveness of services. Securing funding to build a new child and family management system. The new documentation system will promote efficiency with documentation, matching, and communication. With over a year in planning and building, the new system will launch summer 2024 to enhance private matching and leverage technology to match.
Education	MATCH Program is designed by foster, kinship, and adoptive parents specifically for families interested in or who have already adopted from FC. Based on trauma-informed practice and lived experience, MATCH will help families be informed and prepare for their adoption journey. MATCH is a

	supplemental training curriculum complementing other pre-service trainings such as MAPP and the National Training and Development Curriculum (NTDC).
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The KS Adoption Exchange, in partnership with the K-PARC serves as the statewide expert in adoption competency. As of April 2024, there are 386 children being served by the Kansas Adoption Exchange.

Racial Dographics		Additional Demographics	
Caucasian	57%	Children served ages 11-15	58%
African Aerican	22%	Male	61%
Bi-racial (A/Caucasian)	13%	Individual children, not in a sibling group	59%
Hispanic	5%		
Indian/Alakan	2%		
Asian	1%		

The CWCMP and other CPAs recruit, train, retain and support adoptive and foster families to meet the needs of the children in care. All new foster families and adoption resources must complete a TIPS-MAPP training course or equivalent. The TIPS-MAPP course is designed to ensure individuals and families make an informed decision about becoming a licensed foster home or adoptive family. In its traditional format, the pre-service training is offered as a 10-week program providing 30 hours of training.

CAK is in the process of adapting the TIPS-MAPP program to allow flexibility in the delivery of this preservice training by offering prospective foster and adoptive parents alternative class structures. This includes compressing the class to span either a 5-week period or two weekends allowing families access to the same information with less time constraints.

In January 2019, CAK began the implementation of an updated version of TIPS-MAPP with content updates, including information on ACEs. Researchers have demonstrated a link between ACE of abuse, neglect and family dysfunction and health status later in life. This may be explained in part by a toxic physiological stress response, such as elevated stress hormone levels, to multiple stressors, which may have damaging effects on a child’s developing brain.

In January 2019, CAK established a plan 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 (KCSL), the first pilot of providing TIPS-MAPP to prospective foster parents in two full weekends was 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.

Permanent Custodianship

Estimated Number of Individuals and Families to be Served	81 children are receiving Permanent Custodianship Subsidy (PCS) as of MAR. 2024.
Population to be Served	Children over the age of 14, or part of a sibling group where at least one sibling is 14 years of age or older, or children who have received an exception to receive Permanent Custodianship.
Geographic Areas where the Services are Available	Entire state of KS or whatever state /country the child resides with the Permanent Custodian.

In 1999, the Kansas Legislature established state funding for permanent guardianship subsidy (PGS). PGS provides financial support to families who assume responsibility for care and placement of a youth to adulthood. Additional funding was designated for guardianships established pursuant to K.S.A. Chapter 38, Article 15 (permanent guardians). On January 1, 2007, the CINC Code changed the title Permanent

Guardian to Permanent Custodian. The change from PGS to PCS quickly followed. Legislation established permanent custodianship in the Kansas Code for Care of Children to distinguish it from guardianship established in the probate court. The permanent custodianship process ensures the CINC case remains in the same court.

PCS (fka PGS) was established to provide financial support to families who care for children in DCF custody when the permanency goals of reunification and adoption have been ruled no longer viable. DCF central administrative staff approve and process payments for PCS. Eligibility staff in the regions manage the medical card and annual eligibility reviews. PCS does not require an annual eligibility redetermination. An annual review determines if any changes in the circumstances of the child exist.

There are 81 children receiving PCS (March SFY24). PCS is not an entitlement program, and the child must meet all criteria listed in PPM PPS 6111 Eligibility Requirement for Children. Some children may be released from custody into a permanent custodianship without receiving the subsidy. For example, if the child has other unearned income sources. The maximum monthly PCS payment cannot exceed \$300 per PPM PPS 6112 Type of Support and Amount of Subsidy. Additionally, some children may only receive the subsidy for a short period. For example, if the permanent custodianship was established when the child was near age 18, the child may only receive the subsidy for a few months.

SFY	Number of Children Exiting to PC
2024 (July 1, 2023 – February 29, 2024)	82
2023	124
2022	162
2021	159

The CWCMP prepares the family and child for permanent custodianship through education and assessment. The CWCMP explains responsibilities of custodianship and completes a readiness assessment with the family. The assessment encompasses a home study process and background checks. The home study assessment and case planning information are considered in determining if permanent custodianship will be pursued. The process for permanent custodianship and adoption are similar.

The CWCMPs provide six months of aftercare services to the family. If services are needed, the CWCMP has a wide array available to families to assist in maintain PS. Aftercare services could include, but are not limited to, respite care, transportation, mental health, and mediation.

Relative and Kinship Care

Estimated number of individuals and families to be served	2750 children in care placed with relative and kin February 2024
Population to be served	Relatives and non-related families providing care to children in custody
Geographic Areas where services are available	Statewide

Consistent with federal and state law, DCF considers relatives and non-related kin first when placement is needed for a child. Relative and non-related kin placements are more likely to take sibling groups and the children are more likely to experience greater PS. Placement in a relative or non-related kin setting may also be less traumatic for children. DCF and CWCMP staff are required to make concerted efforts to identify, locate, inform, and evaluate maternal and paternal relatives as potential placements at initial placement and throughout the time the child is placed in FC. As of December 2023, 47.4% of children in FC in Kansas are placed with a relative. CWCMPs are held accountable to reach 50% of the children they serve being placed with relatives and kin. See definition of Relative Home/Placement in DCF's PPS PPM 5234.

In Kansas statute 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 tie (K.S.A. 38-2202). DCF has utilized this definition for policy as well. PPM 5235 Licensed/Approved Home for Non-Relative Placements.

Relatives may, but are not required to, obtain a foster home license. Unlicensed relatives are paid based on the need established by the level of care tools each CWCMP utilizes. The range for this type of placement ranges from \$17.64 per day to \$66.15 per day, for each child based on their needs. CWCMP employ staff dedicated to supporting relatives and non-related kin providing placement. This includes resources and services which support PS. If relatives choose to become licensed, they are held to the same regulatory safety standards and requirements as licensed family foster homes. Some non-safety concerns in the home may be waived, for example if the windows are not the correct size.

In February 2021, Kansas contracted with CAK to develop a pre-service licensing curriculum uniquely designed for relative and NRKIN caregivers, see Item 28 for more information.

NRKIN must obtain licensure when caring for youth under the age of 16. However, agency policy allows children to be placed with NRKIN prior to the completion of pre-service foster parent training. NRKIN are issued a temporary license within 30 days of placement. NRKIN are provided a monthly subsidy equal to the rate a licensed foster home would receive for the same level of care once a temporary license is obtained. A standard license is issued once all training and other requirements have been completed.

Independent Living (IL) Services

Estimated Number of Individuals and Families to be Served	869 individuals
Population to be Served	Adults aged 18-21, or until age 26 if enrolled in post-secondary education who have been released from DCF custody
Geographic Areas where the Services are Available	Statewide

IL is available to adults aged 18 who have been released from the DCF Secretary's custody until age 21 or until age 26 if enrolled in post-secondary education or training programs and participating in the ETV Program. The IL Program is voluntary, and adults may receive services statewide. Adults ages 18-26 complete the Kansas IL Self-Sufficiency Matrix and develop a formal Self-Sufficiency Services Case Plan with the regional IL Coordinator. This plan is adult-driven and identifies the individual's goals and 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/ or General Educational Development Test (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 be waived by Kansas post-secondary educational institutions for DCF youth who meet the eligibility criteria until the semester the youth turns 23 years old. Youth may receive additional funds through the ETV Program to help offset other costs of post-secondary education.

Kansas offers the Chafee Medicaid Option as Aged Out Medical coverage to young adults who leave the custody of DCF, KDOC-CBS, 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. Young adults who turn 18 on or after 1/1/23 and move to a new state are provided information on how to access Aged Out Medical Card in their new state. Kansas is compliant with the Support Act.

Another Planned Permanent Living Arrangements (APPLA)

Estimated Number of Individuals and Families to be Served	596
Population to be Served	Youth aged 16 or older with a compelling reason to believe no other permanency options are available
Geographic Areas where the Services are Available	Statewide

Kansas changed policy in January 2017 to use the term APPLA to match federal language. The permanency goal of APPLA is appropriate only for youth aged 16 or older, and when documentation has been provided to the court that compelling reasons exist making all other permanency options unacceptable. DCF PPS is compliant with Preventing Sex Trafficking and Strengthening Families Act regulations that require youth with a case plan goal of APPLA to be 16 or older. As of June 30, 2022, 8.70%(n=569) of youth in DCF custody had a case plan goal of APPLA and that number has gone up slightly as of June 30, 2023, to 9.59% (n=596).

Choosing this option is appropriate only when there is a plan for a specific, long-term placement for the child. Long-term, OOH placement is not an acceptable permanency option and is not to be chosen as APPLA. When the child has a goal of APPLA, the plan for the child to stay in the placement resource until achieving permanency is documented. The youth and the placement resource sign a commitment agreement, PPS Appendix 5K, indicating their understanding of the plan.

APPLA 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 IL Coordinator or designee attends scheduled case plans for all youth in OOH placement with a case plan goal of APPLA, beginning at age 16. The IL Coordinators attend case planning conferences for all other youth in out of home care age 17 and older to begin discussion and preparation for self-sufficiency services in the event 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 FC into adulthood. Continued involvement assists with engaging the youth and ongoing rapport building.

A transition plan is initiated, beginning at age 14, for all youth in OOH care, regardless of case plan goal. The youth is assisted in considering and identifying specific options on the transition plan for housing, health care and insurance, education, continued support services, employment and financial support and services, transportation, and other services needed to maintain self-sufficiency for the youth and, if applicable, for any minor child of the youth. Information on available resources from internal and external programs is provided. Referrals to supportive services are made, when applicable. The transition plan identifies Connections for Success, which are adults and other resources to whom the youth would reach out to for assistance as they travel their path to independence.

Kansas began exploring Support, Opportunity, Unity, Legal Relationship (SOUL) through meetings with Annie E. Casey Foundation staff during SFY 2022. SOUL is a permanency option allowing young people aged 16 and older to establish a legal relationship with one or more primary adults who will be responsible for their care while still maintaining family connections. Historically, youth in FC had limited legal options for permanency, including adoption, guardianship, reunification, or APPLA. The addition of SOUL will expand options for young people by establishing a legal connection between at least one adult,

helping the young person exit FC with a support system. This permanency option was developed by young people with lived experience and is being championed by Annie E. Casey Foundation.

Kansas was the first state to begin designing and implementing this option. DCF is working with the Annie E. Casey Foundation, as well as young persons with lived expertise bring this option forward for youth currently in care. The kickoff meeting was held in May 2022 and included representation from Annie E. Casey, DCF, CWCMPs, and both young adults and families with lived experience. Regular meetings, balanced between in-person and virtual, are held to keep everyone engaged in the work and apprised of progress. A significant amount of time was spent on getting to know one another and developing trusting and open relationships between workgroup members which was vital in working toward shared power for those with lived experience and those in the professional realm of child welfare.

Workgroups were identified and commenced in August 2022. The workgroups, chaired or co-chaired by those with lived experience, include Legal and Policy, Data and Research, Practice and Implementation, and Communication. Workgroups meet independent of the larger group and focus on laying the foundation and furthering the work in the various areas while being attentive to the need to consult with other groups as necessary. Identified community partners were onboarded starting in October 2022 and have been integrated into the larger group as well as the individual workgroups.

Annie E. Casey Foundation engaged the services of FAC to help develop, prepare, and support young people with lived experience to participate as equal partners on the statewide co-design team. FAC was introduced to young people as a support prior but started in this specific role related to SOUL in Kansas in February 2023. Staff at FAC will also be assisting with the coordination, design, preparation, and hosting of the following: listening sessions, focus groups, community meetings about SOUL Family, and trainings or workshops for young people.

Multiple workgroups planned to survey young people, families, and stakeholders and/or hold focus groups to help inform design and implementation. Efforts are coordinated to avoid duplication of work and cast a wide net for participants. Legislation was drafted and introduced to the Kansas House of Representatives. The bill was referred to the Committee on Child Welfare and FC and eventually passed the committee and the House, as amended. The bill was then introduced in the Senate and referred to the Committee on Public Health and Welfare. The committee heard initial testimony on SOUL and the bill passed the committee and the full Senate. Young people with lived experience have championed the bill and presented testimony to both the House and Senate. The bill was ultimately signed into law by the governor. The Practice and Implementation workgroup is actively working on bringing the concept to life to launch the program in July 2024. The group is excited to see this idea transform into law, policy and practice aimed at improving the options available to young people in FC. Please see Attachments 27-34 SOUL Family Handout, SOUL Family Backgrounder, SOUL Family Talking Points Guidance, SOUL Family FAC, SOUL Authentic Youth Engagement, SOUL Workgroups and Kansas SOUL Family Demonstration Team – Meeting Attendance (2022) and (2023) for more information about SOUL.

Adoption Assistance

Estimated Number of Individuals and Families to be Served	10,879 open cases for Adoption Assistance as March 2024.
Population to be Served	Average age 12.25 years old as of March 2024.
Geographic Areas where the Services are Available	Adoption Subsidies can follow the child to any state and country.

Adoption Assistance is designed to remove barriers to the adoption of children with special needs who otherwise may not be adopted. The intent of the program is to assist the adoptive family in meeting the

special needs of the child. This program is authorized by state and federal statutes and regulations. Kansas implemented a state adoption assistance program in 1972.

DCF's policy is to uniformly operate 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 needs of the child and not the income and resources of the family. In determining the type and amount of assistance, DCF assesses the community and family's resources available to meet the child's needs. Children in the custody of the Secretary or a licensed nonprofit CPA, may be eligible for one or more of the following types of adoption assistance: Title XIX Medicaid, monthly subsidy payment, special service payment, and non-recurring expenses. At the end of February 2024, the average subsidy payment was \$478.77 a month, and there were 10,869 open adoption assistance cases. This represents a decrease of approximately 1.82% from February 2023 (11,069) to February 2024 (10,869.)

The CWCMP is required to provide services and supports for 6 months following finalization of an adoption or permanent custodianship. These services, referred to as Aftercare, are provided to ensure the safety and stability for the child and to assist all family members in obtaining needed resources. The Aftercare Contact Agreement is developed with family to outline the services and supports needed to maintain the placement and meet the needs of the child. Once completed, is signed at the same meeting as the Adoptive Placement Agreement (APA), which is a written agreement signed by the family, the child's CM, and DCF to place the child in an adoptive home. This is the step prior to finalization. The child remains in the State's legal custody until finalization.

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, implement, and participate in an Aftercare Plan. Also, the PPS Adoption Specialists approve the submitted Aftercare Plan. Once the Aftercare Plan is developed, the CWCMP engages with the child and family to provide services and supports, as outlined in the plan, and submits a completed monthly report to DCF. The CWCMP is responsible for Aftercare for 6 months post-adoption finalization. This includes providing services to families in crisis. If a family is not involved in Aftercare services, the PPS Adoption Assistance Specialist assists families with connecting to community services to meet crisis needs. If further assessment is needed, a report may be made to the KPRC to initiate an assessment for services. The PPS CPS practitioner would then complete an assessment and work with the family on determining services needed to maintain the child in the home and de-escalate the crisis.

DCF expanded the AKK contract to form K-PARC which supports families who have adopted children from FC or who are providing permanent care as a kinship placement.

Services for Children Adopted from Other Countries

K-PARC Families who adopt children from other countries may access K-PARC for services and supports.

K-PARC serves families by:
Offering parent, youth, and child education
Peer and community support and activities
Resource development and referrals

In Kansas, if an adoption of a child from another country disrupts, DCF contacts the original adoption agency to assume responsibility for the child. If there is no agency involvement or the child is not here for adoption, the consulate for the child's country is contacted and DCF coordinates a plan for the child

accordingly. In the interim, DCF provides the same care and services for this child as it would for any child in DCF custody.

If an adoption dissolves, the child is placed in DCF custody if another safe alternative cannot be found. These children receive services to reintegrate with their adoptive families or help them achieve permanency with a different family. FACTS includes information about whether a child in State custody has had previous DCF involvement, a previous adoption, and whether the parents have relinquished their parental rights, or the court has terminated their rights.

Individualized Post Adoption Support Services

Families who adopt children from other countries may also access the Individualized Post Adoption Support Services offered by grantees DCCCA and TFI. The original grant period ran from January 1, 2023, through June 30, 2024. DCF has renewed this grant from July 1, 2024, through June 30, 2025. The focus is on preventing children and youth, internationally adopted, who are living with their adopted family from entering or re-entering FC. Attachment 35 DCCCA Post Adoption Flyer.

TFI offers a case management model by establishing visits and phone calls to the home based on the level of acuity to prevent entry or re-entry to FC. See TFI's website, tfifamily.org, to learn more about services. See Attachment 36 ASAP Brochure.

Services for Children Under the Age of Five

DCF and CWCMPs are working collaboratively to develop procedures to reduce the length of time in FC for children under the age of five without a permanent family. Activities to address the developmental needs of children under the age of five placed in FC start with assessment tools to screen for developmental disabilities and mental health issues. If the tool identifies the child has a developmental, emotional, or behavioral need, the CWCMP refers the child to an appropriate age level early childhood service. An Infant-Toddler or Tiny-K program referral is made for children birth to age two. Children three years and above are referred to their local school district's IDEA Preschool Program. Head Start and EHS programs have policies to place children in FC at the top of the admission list. DCF requires a Fetal Alcohol Spectrum Disorder Screening at referral for youth of all ages.

Screening tools used by CWCMP to assess a child's emotional, behavioral, and well-being needs:	
NCFAS+R	North Carolina Family Assessment Scale + Reintegration
PSI	Parenting Stress Index
CSDC	Child Stress Disorder Checklist
ASQ-SE	Ages and Stages Questionnaire – Social Emotional
PECFAS	Preschool and Early Childhood Functional Assessment Scale

KUCPPR held a summit on 12/11/2023 to launch and share the Early Childhood Integrated Data (ECID) Distinct Count Dashboard with stakeholders. To understand our early childhood mixed delivery system, it was important to strive for an unduplicated count of children served across agencies with early childhood programming. The dashboard uses data from the different agencies and de-duplicates allowing for a better understanding of where children are geographically, where services are located and accessible and where gaps in programming or accessibility are present. Agencies use this data to understand where to focus in promoting existing programs or information toward future programming implementation. Early childhood services act as a significant protective factor against removal into FC in Kansas.

DCF contracts with CAK to provide ongoing monthly training for foster parents. This training often changes monthly to ensure diversity in topics covered. One example offered provides education for foster

parents in parenting alongside birth families. Another topic available focuses on early childhood development and is specific to children aged 5 or younger. Some examples below:

American Red Cross First Aid/CPR	Neurodiversity & Autism Spectrum Disorder (ASD)
Normalcy and Child Development	Understanding Children's Temperament
Attachment, Separation, Grief, and Loss	ACE

In fiscal year 2024, seven employees from DCF attended the Safe Sleep Certification Training to become certified Safe Sleep Instructors (SSI). The training was supported and provided by KIDS Network. This brought the number of active SSIs at DCF to 30. The KIDS Network requires each certified SSI to annually train 10 professionals utilizing the Wrestling with Safe Sleep (WWSS) curriculum, host/volunteer at one Community Baby Shower, and/or provide 10 Crib Clinics to families.

WWSS courses are designed for both new and veteran staff within DCF, the CWCMPs, and community partners. Students are provided education about the American Academy of Pediatrics (AAP)' safe sleep recommendations, including the "ABCs of Safe Sleep," which supports staff having the knowledge to engage families in conversations about safe sleep. From July 1, 2023, through March 12, 2024, 10 two-hour, virtual WWSS sessions were held with 124 participants. For the remainder of the FY, four sessions are scheduled with 33 professionals enrolled.

Community Baby Showers are events for expectant parents and their family members and are hosted by SSIs from any agency. The events provide information about safe sleep, breastfeeding, tobacco cessation, maternal mental health, substance use resources, and additional prenatal and postnatal resources. DCF SSIs host and/or volunteer at these events, which might include planning for the event, inviting vendors, assisting with implementation, providing education, and gathering data.

Crib Clinics are one-on-one educational sessions DCF SSIs provide to parents. SSIs make efforts to mirror Community Baby Showers by providing the parent with the same information. One-on-one sessions allow DCF SSIs to show families what creates a safe sleep environment in their home.

For all PPS assessments involving a child under the age of one, policy requires the CPS assess the infant's sleep environment and provide information and resources if indicated. The agency goal is to train all DCF staff in safe sleep practices, partner with other community agencies to host Community Baby Showers and provide Crib Clinic sessions to families served by the agency.

Families receiving DCF services in need of additional resources may be eligible to receive free cribettes, wearable blankets, and/or other supplies to provide safe sleep environments for their infants. DCF is increasing the number of staff trained on safe sleep recommendations. Staff in various positions can engage and equip families with informative resources regarding safe sleep practices. Sharing knowledge and education increases the potential impact in preventing infant sleep-related deaths in Kansas.

DCF offers a variety of services for children under the age of five through FFPSA grants such as the Healthy Families America (HFA) program and the PAT program. Kansas continues to expand and work with community partners to make services available and accessible to families with children under the age of five.

See Safety: FRCs to learn more about granted FRCs supporting the needs of individuals under the age of five and their families.

Kansas Linking Infrastructure for Nurturing Kids (KANLINK) is a CB grant and was awarded to KCCTF with KSDE acting as the fiscal agent.

Project goals for KANLINK are dedicated to improving coordination, collaboration, alignment, and infrastructure between the Kansas Early Care and Education (ECE) systems and the network of child abuse prevention and FC providers at the state and local level. The project focus is to improve access to a robust and interconnected network of comprehensive ECE services and supports contributing to long-term wellbeing of children in Kansas.

Collaborative co-design and teaming with lived expertise is foundational to the approach and drives all aspects of KANLINK. The KANLINK project team is establishing a lived expert team. This team is embedded within the Steering Committee and is a strong contributor to operationalizing and implementing project goals. Shared responsibility for jointly owned outcomes is key to the success of this project.

Project goals and activities:

Statewide Approach	Community-Based Approach
Integrate screening, assessment, and referral into prevention and other foster care programs	Identify local priorities and co-create pilots for testing and scaling through partnerships with local FRCs.
Identify and evaluate ECE system barriers impeding coordination and success to services.	Leverage and expand existing systems to streamline and enhance referral coordination and access.
Leverage system-level mechanisms for communication to facilitate cross-sector collaboration	Identify and address policy and practice solutions at the local level
Advance equity for individuals who have been historically marginalized and overrepresented in Child Welfare.	

Additional programs within the EES division of DCF provide a wide range of services and supports to families with children under the age of five. See Attachment 37 Economic and Employment Services Overview to learn more. Those include:

Temporary Assistance for Needy Families (TANF) Cash Assistance

The purpose of this program is to provide temporary cash assistance to low-income families with at least one child in the home. A qualifying child may be unborn or under the age of 18, or age 19, if still enrolled in school and making progress toward earning a high school diploma or GED. A qualifying child may also be temporarily absent from the home for up to 180 days if the intent is for the child to return to the home. Cash assistance payments are made through the Electronic Benefit Transfer (EBT). Eligibility for TANF is limited to those families whose income is less than 30 percent of the Federal Poverty Level (FPL).

International Rescue Committee (IRC)

An evidence-based, manualized prevention intervention which addresses trauma, helps families achieve and maintain stability, and reduces risk factors. Intervention services target 90 at-risk families and include programming to support improving caregiver functioning, positive parenting practices and connections to social supports and community services. In SFY23, 58 families, 536 total participants have been served.

HFA Program (Childhood HV) – KCSL

This program provides early childhood HV programs, beginning at birth and continuing to age three or five. This grant promotes child well-being by strengthening families. Intensive HV are part of this program. Services are limited to families who are at-risk and low income. In SFY2023, through the end of February, 262 families have been served.

Communities in Schools

Through the Integrated Student Supports framework, this program supports a student's academic and non-

academic needs. Expected outcomes include an increased sense of well-being and greater success in school. The program reported helping 2075 students and 9671 parents, guardians, or caregivers in SFY2023. Additionally, the agency provided basic needs services to the entire student body in over 40 schools in Kansas.

KVC – Project Rise

Project Rise serves eight counties in Northeast Kansas. Services focus on engaging at-risk families and improving social and health outcomes associated with poverty including SDOH, financial literacy, and social support networks. Case management and crisis stabilization services are offered to participating families increasing opportunities for families to experience positive outcomes. In SFY2023 38 families and 56 children have been served.

Kansas Alliance Boys & Girls Clubs

The Kansas Alliance of Boys & Girls Clubs provides evidence-based and informed prevention programming in three primary categories: Health & Wellness, Good Character & Citizenship, and Academic Success for the purpose of reducing pre-identified risky behaviors. Expected outcomes of programming are a reduction in unplanned pregnancies, increased academic achievement, and a reduction in need for future public assistance. Through the end of February, 6,471 unduplicated youth have been served in SFY2023.

Urban Scholastic Center (USC)

USC serves urban youth in grades K-12 and their families by offering a wide array of programs including financial literacy, after school and evening educational programs, and psychoeducational services and programming. USC is involved in several schools and local communities in the Kansas City, KS area and facilitates neighborhood outreach and special reading programs at its facility. Expected outcomes of the USC programs are to increase a child's chances of academic success and to prepare participating students for post-secondary education and career paths.

USC staff recruit leaders to work with students within their own community. Leaders are tasked with making a positive impact by instilling a system of values, improving academic performance, enhancing leadership skills, and empowering students to make a positive contribution to the community. USC focuses on providing services for low-income families and youth primarily residing in the inner city of Wyandotte County, KS. TANF funding supports strengthening and preserving families, removes disincentives to the formation and maintenance of two-parent families, and encourages collaboration with community and faith-based organizations. In SFY2023, 808 students have been served and 15,474 books disseminated.

Kansas Preschool Pilot (KPP)

The overarching focus of the Kansas Pre-K Pilot program is to use research-based and intentional practices to improve the quality of experience held by children participating in the Early Learning Kansas program. The program has achieved results to include an increased readiness for success as the child enters kindergarten and elementary school years. The model has four components, each of which is based upon research and evidence: Community Collaboration, Family Engagement, High Quality Early Learning Experiences, and Successful Children. Research reflects the model has been successful supporting quality in early learning and success in school later years. In the first half of SFY2023, 75 school districts have been served.

Two-Parent Family Initiatives

Connections to Success, The Mirror, and the Mental Health Association of South-Central Kansas, provide programming and services to at risk youth and families across Kansas. Programs include personal and

professional development education and training, one on one case management services or referrals to resources for participants who need additional supports for healthy relationships, self-sufficiency, and overall family stability.

As the lead agency in Kansas for the Child Care and Development Fund (CCDF), DCF provides the following services directly or through grants, contracts, or agreements with other agencies:

Child Care Subsidy – Eligibility Requirements
Child under the age of 13, or age 13-18 and unable to care for themselves
Initial countable income below the 250% of FPL
A need for childcare meeting eligibility guidelines
Access a provider who is in an agreement with DCF to provide childcare

Promoting economic self-sufficiency, this program provides financial support for affordable, high-quality early care, education and after school programs. DCF uses Market Rate Surveys completed by a contractor to determine if the agency rates and county groupings are adequate to aid subsidized families in having purchase power equal to private pay families.

Kansas Child Care Training Opportunities-Infant Toddler Specialist Network (KCCTO-ITSN) - Provides TA to strengthen the quality of infant and toddler care and coordination of resources to assist and support infant-toddler childcare providers.

KEHS-CCP - Services provided by KEHS grantees includes child development, continuity of care, parent involvement, and professional development to childcare partners. Parents are offered support with identifying and meeting parental growth and self-sufficiency personal goals. Father engagement, activities and education are offered as part of family strengthening. Financial and health literacy education is included.

KDHE and DCF share the costs associated with development of standards, monitoring and enforcement of policies and practices and assists with childcare licensing and implementation requirements and standards to promote health and safety in childcare settings.

Resource and Referral Consumer Education Services includes supports to families in finding customized childcare, develops consumer education on what quality childcare is, supports providers in accessing resources toward quality improvement, and performs outreach through partnerships with communities toward building capacity for high-quality childcare programs.

Links to Quality is an initiative to increase access to quality childcare for Kansas families. The goal is to design and implement a statewide system of quality childcare. Childcare professional development activities include instruction and educational opportunities to strengthen the workforce, quality improvement efforts and collaboration among partners. This work is funded through the Workforce Development.

Efforts to Track and Prevent Child Maltreatment Deaths

FFPSA amended requirements relating to information about child maltreatment deaths. Below is a description of the steps Kansas is taking to compile, complete, and accurately report information on child maltreatment deaths reported to NCANDS.

DCF CI Protocol is a process for reporting, reviewing, and documenting the Division's response to immediate critical events involving a child. The process takes a closer look into circumstances surrounding CI. This includes the initial response to the CI and prior Division involvement with the impacted family. The goal is to identify systemic issues, agency practices, or areas of need, which, if

addressed through policy or practice, may improve the Division's effectiveness moving forward.

In July 2019, a revised policy of the CI Response Protocol was implemented. When a child death occurs in Kansas and DCF begins actively investigating an abuse/neglect incident or has had contact with the family within the last three years, the CI Protocol is initiated.

The DCF Administration CI team receives initial notice of child fatalities through the KPRC or regional practitioners who become aware of a fatality. The team reviews the initial notification of the child death event, and a triage request is initiated. The triage team consists of Program Managers, PA, and Deputy Directors from the Assessment and Prevention, Prevention Services, and Permanency teams.

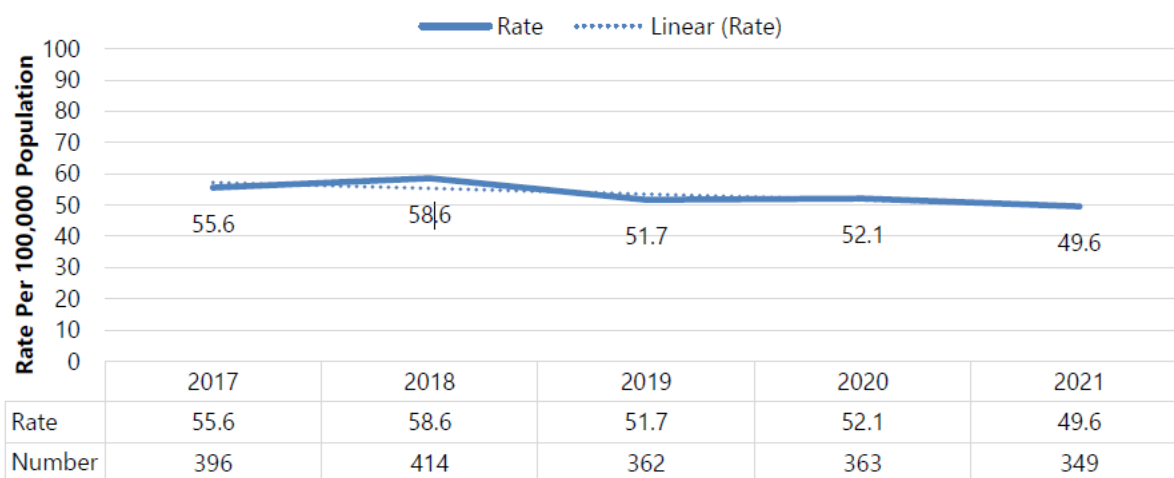
Within one half workday of the initial notice, a triage report is completed by a member of the triage team and provided to the Secretary, Deputy Secretary, Director of Communications, and General Counsel. The triage report provides information on the events leading to the child death, family history known to the agency, referrals offered, and services provided to the family. Updated reports are provided as additional information is received including media attention, cause of death, and LE involvement.

DCF uses data from FACTS to report fatalities in NCANDS. The investigation from LE and any report from a medical examiner's office is used to determine if the child's fatality was caused by maltreatment. Maltreatment findings recorded in FACTS regarding child fatalities are based on the joint investigation with LE and are reported to NCANDS as a child death because of maltreatment if determined. CAPTA requires each state establish a CRP responsible for reviewing child deaths in the state. The SCRDB serves in this capacity in Kansas. The SCRDB works with Kansas Department of Vital Statistics to receive notifications of child deaths. Sources of information reviewed for each case can include birth and death certificates, medical records, autopsy findings, DCF records, LE reports, and school records.

The SCRDB completes a review of all deaths of children ages birth through 17 years old who die within Kansas and residents of Kansas in this age group who die outside the state. The SCRDB identifies patterns, trends, and risk factors, to try and determine circumstances surrounding child fatalities. SCRDB is committed to reducing the number of child fatalities in the state. The review by the board does not take place at time of death or during investigation of death but after all information related to the death is made available to the board. SCRDB meets monthly. Board members include professionals representing the AG's Office, KBI, DCF, KDHE, KSDE, State Board of Healing Arts, AG advocacy groups, and Kansas County and District Attorney Association.

To date, the SCRDB has reviewed 12,742 child deaths in Kansas since 1994. The overall rate of death for children in Kansas has declined in the last five years as evidenced by the chart from the 2023 Kansas State Child Death Review Board Annual Report, below. In 2017, Kansas experienced 396 child deaths. In May of SFY 24, the latest data available shows a decline in child deaths for the year 2021 with 349 total. The SCRDB 2022 annual report is nearing completion.

Rate of Death Kansas, Ages 0-17, 2017-2021



*Resident and non-resident death rate

The SCDRB completes an annual report with recommendations related to preventing child deaths due to child abuse and neglect, youth suicide, motor vehicle, sleep-related, unintentional injury, improvement in the quality of investigations, prosecution of child deaths, near fatalities, and standardizing county-level reviews of child fatalities. In its most recent report, the SCRDB made the following recommendations to prevent child abuse and neglect deaths:

increase access to affordable, high-quality childcare.
increase family friendly workplaces in Kansas.
adopt and consistently follow a best practices approach in the investigation of all allegations of abuse and neglect.
enhance training and access to appropriate information for child welfare professionals.
improve reporting of child abuse and neglect

See Attachment 17 for the SCRDB Annual Report and Attachment 18 for the PPS Director's Response to the Annual Report.

The SCDRB has developed the following three goals to direct its work:
describe trends and patterns in child deaths and identify risk factors in the population.
improve inter-agency communication so recommendations can be made regarding recording of actual cause of death, investigation of suspicious deaths, and system responses to child deaths.
develop prevention strategies including community education and mobilization, professional training, and changes in legislation, public policy and/or agency practices.

In 2022, the SCDRB entered into an agreement with the National Center for Fatality Review and Prevention to become one of six pilot states participating in the Drowning Case Registry Project. This project seeks to standardize drowning death scene investigations by the Drowning Death Scene Investigation form which is easier to use. In 2023, Kansas has continued to participate as one of the pilot states in this ongoing project.

When a report has been assigned as abuse or neglect, the DCF PPS practitioners complete a history search. The search includes a review of DCF, criminal, and sexual offense histories of record for each caregiver and alleged perpetrator included in the report. Search efforts are documented and clearly state the name(s) of the person(s), date conducted, source, and include a statement as such if no information is found. Before meeting with the family, the practitioner reviews history to identify potential safety or risks

to the child and determine if relevant to the current situation. The practitioner considers ongoing risk or safety worries if they include a pattern throughout the family’s history. Examples could include developmental disabilities, DV, and substance use. Patterns identified through history indicate the need for further assessment when meeting with the family. The practitioner incorporates knowledge of relevant history when interviewing and observing family members as part of the assessment of current function and ability to mitigate safety or risk worries. Exceptions to this process are when a report is assigned as Non-Family/Unregulated Caregiver and Facility.

Kansas collaborates and assists LE when responding to a home involving children, DV, or in the matter of investigating a child death. The agencies working together collaboratively is a constantly evolving process as each event is unique.

The Wichita Child Abuse Fatalities Community Response Team, now known as the Wichita Coalition for Child Abuse Prevention (WCCAP), was formed to create and carry out prevention initiatives as a community response to a cluster of eight child abuse fatalities in Wichita identified by the Wichita Eagle newspaper in 2008. Their mission is to empower organizations in Wichita to create an effective system to prevent child abuse and neglect. The workgroups include:

Large Group – empower organizations to create an effective system to prevent child abuse and neglect.
Fatherhood Group – build community relationships to support and encourage responsible fathering through education and recreational that promote a father’s involvement with his children, family, and community.
Real Support for Families Workgroup – provide access to resources (diapers, wipes, and formula) to decrease child abuse and neglect.
Childcare – improve alignment between the supply and demand for affordable, regulated childcare.

Workgroups were formed to develop strategies to address issues identified in data related to the fatalities which are compiled by the Wichita Police Department. There are 120 representatives from 49 organizations representing a broad array of sectors. Members include government and social service agencies, LE, universities, school districts, neighborhood associations, faith-based organizations, businesses, funding partners, hospitals, and community and family representatives involved in the child abuse prevention network. CAPTA funds are utilized in this collective impact group. In SFY20, DCF increased funding for WCCAP to form the newest workgroup, Childcare Availability. This group was formed to address the need for affordable, high-quality childcare in response to incidents of child abuse and child deaths when children are left in the care of persons who are unprepared or unable to care for them. To learn more about DCF’s agreement with Wichita Police Department, see Item 29: Array of Services – Referral Programs.

In SFY 24, DCF proposed legislation to refine laws related to public transparency and accountability when a child has died and there is a DCF investigation. Following the highly publicized death of a five-year-old girl in SN County, proposed legislation would allow DCF to release certain information related to a child fatality when criminal charges are filed alleging a person caused such fatality. House Bill 2628 was introduced January 30, 2024. Two different timelines, the Kansas Open Records Act, and the ongoing LE investigation, created challenges which separated access to facts surrounding the fatality. HB 2628 allows DCF to release information sooner in some cases, which would reduce confusion for the public and allow communities timely access to appropriate information. This bill was passed through both legislative houses and signed by the Governor going into effect on July 1, 2024.

C.5.b. MaryLee Allen Promoting Safe and Stable Families (PSSF), Title IV-B, subpart 2

Service Decision-Making process for Family Support Services

PSSF is used to fund agency wide prevention efforts, family support, time-limited family reunification and adoption support programs. Service delivery is funded through the Title IV-B, Subpart 2. When selecting community-based services, stakeholder applications are requested, and review teams consider options based on proposals for statewide access and availability. DCF invites applications from nonprofit, not-for-profit, and for-profit family and child well-being agencies when choosing service providers. When selecting an agency to provide family support services, the review team includes regional and administrative staff input into the decision. The proposals are evaluated for: cost, adequacy, completeness of proposal, bidder's understanding of the project, compliance with the terms, conditions of the RFP, experience in providing like services, qualified staff, methodology to accomplish task, and the response format per the RFP. Each category receives, at a minimum, 21% of the Subpart 2 funding. In Kansas, with focus shifting towards prevention, the Family Preservation program expends 33% of these funds and the Family Services program 26%. Please refer to the Attachment 38 Kansas FY 2025 CFS-101s Excel and Attachment 29 Kansas FY 25 CFS-101s PDF.

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
Place children in suitable adoptive homes when reintegration with the biological family is not possible or appropriate.

Reintegration, Foster Care, and Adoption Services

Special Response Team (SRT)

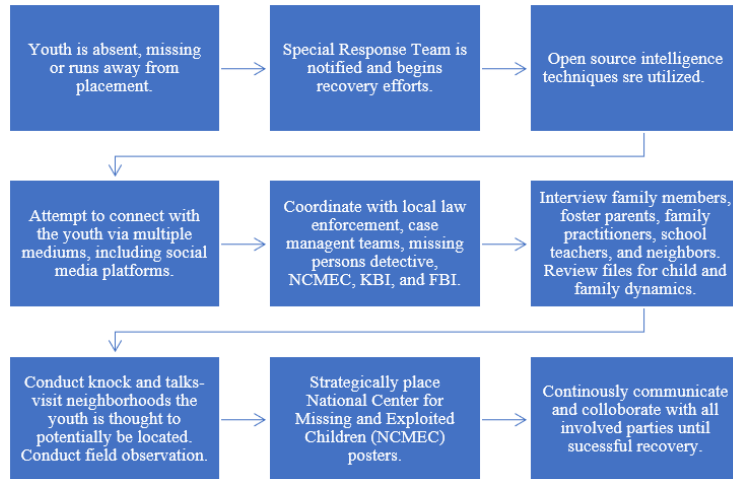
SRT Response Team Specialists assist with recovery of youth who are in FC and are absent from their placement without permission. They focus on preventing instances of run behavior. Specialists use experience working with youth and incorporate the voices of youth to inform improvements in policy and system engagement. Specialists are employees of DCF and CWCMPs. They are statewide and non-case carrying. DCF Administration and each CWCMP has assigned Specialists making a statewide team of 12. Two additional positions were added for enhanced coverage in Wichita and western portions of the state. DCF Administration SRT Specialists oversee the CWCMP teams by providing support, training and assistance on cases when requested.

Recovery Process

When a child in the custody of the Secretary is missing from an OOH placement due to running away, abduction, or missing for an unknown reason, the FC provider reports the missing child to the DCF SRT within two hours of the child being reported missing or absent. Notifications are received by the entire team and trigger recovery efforts. Recovery efforts occur as a collaborative and collective statewide team. CWCMPs take the lead for youth from their catchment areas.

Coordinated Efforts

The SRT meets weekly with leader representatives from CMS, CWCMPs, DCF HT, DCF region and administration. Weekly meetings are focused on sharing strategies and information with each other. The group consistently looks for innovative ideas in serving this population. The SRT gains insight and feedback during these meetings which inform improvements in process and procedure.



External Collaboration

The Specialists collaborate with local LE, the KBI, Federal Bureau of Investigations (FBI), Kansas Sheriffs' Association, Kansas Association of Chiefs of Police, Kansas Peace Officers Association, WCH Street Outreach Services (SOS), National Safe Streets Network, and NCMEC. SRTs use multiple social media strategies, open-source intelligence, partnerships with LE, and strong fact-finding skills to aid in safely recovering children.

A partnership between DCF Youth Programs and NCMEC's Child Sex Trafficking team (CST) has existed since 2021. There is a CST Resource Specialist assigned to Kansas. Through combined planning this partnership has been able to further develop the Kansas Recovery Plan for youth with recurring running behaviors. This relationship has also brought forward improvement in services for children at risk of or involved in HT.

The DCF Deputy Director of Youth Programs and the HT Prevention and Initiatives Program Manager are members of the Kansas AG's HTAB. The HTAB was established in January 2010 to explore the issues of HT in the state of Kansas. In 2013, the Kansas Legislature recognized the Board as the state's official HTAB. This team of advisors is composed of LE personnel, prosecutors, court personnel, advocates, victims of HT and other pertinent parties who have expertise in this field. The HTAB meets quarterly.

The DCF Youth Programs unit has been invited to join the Adult and Youth Services Workgroups, both sub-committees of the Kansas AG's HTAB. The committee met frequently to discuss improvement of services in Kansas for adult and child survivors of HT. The sub-committees met bi-weekly to develop recommendations addressing areas of opportunity for improvement in Kansas.



Vital Lifetime Networks of Connection

Prevention of youth running behaviors has concentrated on building supportive relationships with youth and assisting with development of a lifetime network of connections. Team members focus on authentic youth engagement and forming supportive partnerships with youth. The SRT has focused on continued connection with recovered youth and consistent availability while filling system and relational gaps.

After recovery, Specialists help advocate for youth in becoming connected to their families, schools, communities, and experience normalcy of daily living while placed in care. A youth's activities, sports, hobbies, communities of faith, volunteering, and creative outlets further develop their network of connections while enhancing their resiliency. Specialists have utilized calendaring, mobility mapping, connectedness maps, life trajectory techniques, and eco mapping as tools for network development.

Prevention

Preventing youth running behaviors is most successful by building supportive relationships with them and helping them develop a lifetime network of connections. Authentic engagement and forming supportive partnerships with youth are the most important focus of the team.

The team has been implementing the Let's Talk: Runaway Prevention Curriculum. The curriculum is evidence-based with 14 modules intended to educate youth about alternatives to running away and build life skills so youth can resolve problems without resorting to running away or unsafe behavior. The materials are intended for use with youth ages 10 to 20. The Specialists have focused on initial implementation of Module 6: Runaway Reality, Module 7: National Safe Connections, and Module 12: Sexuality and Sexual Orientation.

The DCF Administration Specialists collect demographic information, various identified risk factors, and additional data components that feed into the Youth Recovery Report, Attachment 40 Youth Recovery Report SFY 2024. These data components are utilized to analyze trends related to youth on the run or absent from placement. Identified trends help the agency build a methodical, data-driven prevention effort, develop future runaway risk assessments, and develop new program services. This data will also be used to identify areas of opportunity for system improvement.

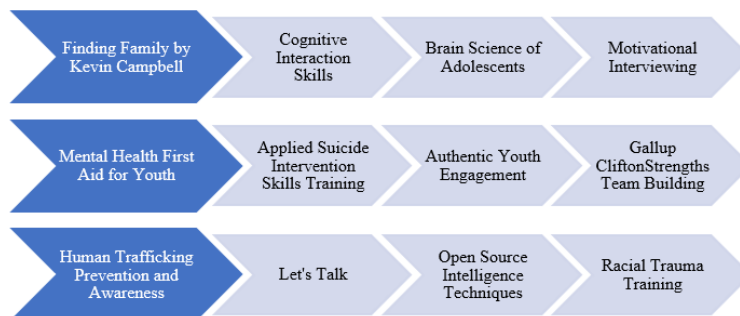
Training

The program is utilizing strategies from Family Finding, MI, Let's Talk, Mental Health First Aid for

Youth, CIS, HT Prevention and Awareness, KBI OSINT, Clifton Strength’s Team building, and Brain Science of Adolescents trainings to improve outcomes for Kansas youth.

During SFY23 the training, “What Are They Running From?” was held on May 22nd and 24th, 2023. The training covered why juveniles runaway and dangers which occur during this timeframe. Strategies for interrupting chronic runaway behavior are explored, while providing a tool to help assess and document runaway reasons, behaviors, and intervention options. Trauma can occur during runaway events and responding to youth during traumatic events are considered. During this training, staff learned how to develop an action plan and implement proven tools to provide protective factors to this at-risk population. Staff learned how to utilize the Runaway Risk Screening Tool to identify children who have runaway due to their exposure to ACEs. Staff learned how to identify young people who are most vulnerable to HT recruitment. Establishing a local Youth Huddle is essential in preparing an individual youth action plan to help children exposed to violence and other adverse experiences.

The program’s training plan continues to be developed during the upcoming year. Currently, the team meets for ongoing statewide meetings and utilizes seminars, webinars, and guest trainers for further program and professional development.



2023 Accomplishments	
Members of Greater Kansas City HT Task Force, Missouri Highway Patrol, and DCF conducted recovery operations of missing or runaway juveniles in the Kansas City metropolitan area on July 27-28. A total of four high-risk youth missing from care were located.	
Participation in the Shawnee County/Topeka HT Coalition and Sedgwick County Anti-Trafficking Coalitions	
Participated in training opportunities	Missing from Care: Preventing and Responding to Sex Trafficking of Youth NCMEC
	Responding to HT Through the Child Welfare System Training (National HT Training and Technical Assistance Center, NHTTAC)
	CST Investigations: Strategies to Increase Prosecutions of Trafficking of Missing Children (National Criminal Justice Training Center)
	7 th Annual Kansas City Vice Summit
Presented at following training opportunities	KYAC Summer Conference – The Road from Missing from Care to Commercial Sexual Exploitation
	Kansas Governor’s Conference – The Road from Missing/Runaway Youth in Care to Commercial Sexual Exploitation
	Emerging Trends – Kansas NCMEC

State Plans for 2024

Youth Services has coordinated work of SRT and the Human Trafficking Prevention and Initiatives (HTPI) program in 2024 to provide a seamless strategy to address the risks associated with missing from care including commercial sexual victimization. Runaway youth is the largest segment of missing children in the U.S. and those who are in child welfare custody are at higher risk for runaway episodes. Research has shown those missing from care are at risk for negative outcomes such as physical and

mental health problems, HT, and many other potential problems. Once a youth finds themselves living on the street and being homeless, sexual victimization becomes a prevailing feature. They become exposed to multiple risks including commercial sexual exploitation and engaging in survival strategies including survival sex to meet basic needs. Other risks youth face includes Sexually Transmitted Diseases (STD), substance abuse, self-harm, and finding themselves in life threatening situations.

To continue to improve our response to youth missing from care the PPS SRT set four goals for 2024. The first goal is to develop a document to give to youth who have been identified at a higher risk of experiencing a runaway episode. This document will list emergency phone numbers and resources the youth can call if they find themselves in a dangerous situation or decide to return to care. Second, SRT will work throughout the year to strengthen their relationships with contracting agencies and work in collaboration with agencies to identify areas to improve response to missing youth from care. This year a new contractor, EmberHope Connections (EHC), will provide services to youth in the Sedgwick County/Wichita area. SRT team will develop an onboarding plan for new members for the SRT for EHC. They will assist in training and making the transition as seamless as possible. Sedgwick County, including Wichita, consistently has the largest number of youths missing from care, in the state, so this transition will be critical for the wellbeing of those youth that will be served by EHC. Third, SRT team will participate in conferences and training opportunities, across the state, to educate communities on defining the problem of youth missing from care and the steps that DCF and our contractors are taking to address the issue. Fourth, the SRT team will seek out opportunities to conduct joint operations with LE to locate those high-risk youth that are missing from care.



Populations at Greatest Risk of Maltreatment

DCF regards children under the age of one as one of the most vulnerable populations. Established in July 2019, *PPM 2116 Requirements for Children Under the Age of One*, policy reflects expectations for best practice when working with families with these children. This policy guides practitioners to equip families with the necessary skills to care for and nurture their children. DCF is encouraged to have conversations with families about their current situation, any worries, and engage the family by making a referral to parent skill-building agencies, HV, or infant-toddler services.

FFPSA Service grants made parent skill-building services accessible in all 105 counties, through Kansas PAT Association Bright Futures Program. Additionally, KCSL Healthy Families America program serves 45 counties with their FFPSA grant. Furthermore, DCF will refer a family to unique community-based providers of early childhood or HV services if they are available in their community.

DCF and partners continue to promote awareness of and build the community provider network in the 1800ChildrenKS.org resource database and the 1800Children phone service to help stakeholder and families locate services in their zip codes. This database is managed by KCSL.

See Services for Children Under the Age of Five to learn about Safe Sleep.

It is possible the implementation of policy *2116 Requirements for Children Under the Age of One* has positively impacted families with infants, however the agency continues to review this policy with child welfare partners and lived expertise, in various workgroups, to ensure intent of the outreach is translating in an effective and engaging manner with families.

As mentioned, SFY 22 DCF and the KCSL collaborated on designing a Mandated Reporter Training to include information on safety vs. risk, supporting families, and poverty vs. neglect. Also described, in SFY23, KPRC began incorporating the KPM into their work with reports. This helped guide them into asking effective questions to reporters to gain a better understanding of the family.

FY	Reports Received of child abuse and neglect	Reports Assigned of child abuse and neglect	Percentage of Assigned Reports to Reports Received
FY3	72,385	38,210	52.78%
FY2	70,057	38,870	55.48%
FY1	67,378	38,263	56.79%
FY0	66,525	37,940	57.03%

DCF data included above shows a trend upward in reports received and the percentage of reports assigned annually lower, thus allowing more resources available for families who need DCF intervention.

Kinship Navigator Funding

According to the Annie E. Casey 2018 Kids Count Data, there were 2,677,000 children living in some form of kinship care in America. When DCF began the process to become a Kin-First state, KFAN committed to collaboration. Supporting kinship caregivers is the focus of KFAN's mission to serve families across Kansas.

In the last three years, the Executive Director and Kinship Program Manager at KFAN have been developing a statewide evidence-based Kinship Navigator Program (KNP). KFAN leadership received TA from CBC and incorporated feedback from DCF during different times throughout the process. DCF continues to support the Kinship Navigation model and understand the important role it plays for families in the state.

The Kansas KNP through KFAN is family friendly and centered. The program is designed to improve family well-being and principles based on Maslow's Hierarchy of Needs, Family Needs Assessment, the Five Protective Factors, Family Support Systems, and the Kinship Support Plan. KFAN continues to collaborate with Ohio and their kinship program leaders.

The Kansas Kinship Caregivers Council (KKCC) provides KFAN with support and lived experience feedback toward the program. The caregivers on the council are invested in helping and supporting KFAN and their mission to serve kinship caregivers by creating or improving access to resources needed to care for a relative or NRKIN in their home. Community stakeholders across the state share interest and insight with KFAN who incorporates their feedback into improving the program.

KFAN developed the Client Journey form allowing kinship caregivers to determine: Services and supports they need

Length of time they would like to work with KFAN
When aid is no longer needed

This design was made possible with the assistance and voice of KKCC. The voices of these caregivers were important to the design of the program as kinship caregivers voiced the desire to decide the length and scope of assistance they needed.

The Kansas Kinship Navigator Advisory Council is a statewide network of members who connect, advocate and support kinship navigators and agencies associated with kinship care. The work of this group includes advocacy at a national level. The KKCC and the Kansas Kinship Navigator Advisory County were both formed by KFAN with the goal of hearing, learning from, and collaborating with Kansans who have experienced kinship caregiving.

The Kansas Kinship Advisory Board is led by DCF and KFAN and includes membership of over 20 Kansas agencies and community partners, shares information monthly which benefit kinship caregivers and their families. KFAN also has bilingual staff who help with language barriers. Individuals with former child welfare lived experiences are on staff and provide advocacy and support. KFAN facilitates parenting education classes for parents and caregivers to help them strengthen their parenting skills.

KFAN currently has four offices in Kansas who assist with outreach to the underserved populations of formal and informal kinship caregivers. Each office serves communities within a two-hour radius to promote equitable access to kinship caregivers who need resources or services. KFAN maintains a statewide Resource Guide. This and resources like the United Way 211, Findhelp, IRIS, Unite Us, and the CarePortal are ways to help families find services they need.

MCV Formula Grants and Standards for Caseworker Visits

Monthly Worker/Child visits are required per DCF policy and are a part of the grants with the CWCMPs. Worker/Child visits are required for in-home FS and FPS cases in addition to OOH FC cases. The CWCMP grant requires workers have a quality visit with children and youth assigned to their caseload a minimum of once a month, with no less than 50% of visits occurring in the child's or youth's residence. It is policy the CWCMP CM meet alone with the child and do a walk-through of their home, when it occurs in the residence, to assess the child or youth for safety and assess whether needs are met. Worker/Child visits start the month the child is referred. For example, if a child is referred in May there will be a worker/child visit documented in May. The initial Worker/Child visit may occur at the Temporary Custody Hearing or the initial meeting.

The relationship between the CWCMP and child is critical and supports the child's continued safety at home or in OOH placement, assessment of whether developmental needs are met, and if the child is maintaining optimal connections with birth family, relatives/NRKIN, foster family, and the community. The CWCMP CM works alongside the child, birth family, and placement provider when scheduling visits and interactions. The CWCMP CM gives the child, on a developmental and age-appropriate level, information as it affects the child's life. Visits are noted on CWCMP forms which document the quality of the visit, including time spent alone with the child.

At every visit, the CWCMP CM provides the child their 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 CM observes the child's reactions to information presented and assesses safety the child's developmental progress. From these visits, the CWCMP CM determines when modifications to the case plan are warranted.

To measure frequency, the CWCMPs report each OOH monthly CM visit(s) through encounter codes. Two codes are available: one to indicate the visit took place in the child's residence and one to indicate the visit took place elsewhere. No distinction is made between in state and out-of-state visits. They have the same requirement for at least monthly visits. The encounter codes are entered by the CWCMP and each month the results are reviewed for trends and improvements.

DCF monitors MCV and work with CWCMPs to identify strategies to increase performance outcomes. To support monthly caseworker data reaching the 95% threshold each month, the FC Program Manager reviews the data monthly and shares with each corresponding CWCMP and regional DCF staff.

As indicated on the chart below, currently Kansas' rate of MCV is 97%. Support is provided to catchment area 3, Northeast (KVC), who has not met the 95% goal to identify barriers and create strategies to meet or exceed the goal of 95%. There has been some fluctuation in this data as agencies continue to experience staff turnover. Some errors are identified during monthly reconciliation efforts, which at times resulted in increased outcomes by 1-2% each month. DCF monitors this monthly and is continually following up with each CWCMP to either congratulate or problem solve the issue depending on the data.

FY-2024	Federal Measurement of Visits made on Monthly Basis - YTD 97%										Goal 95%	
Catchment Area	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
West 1 (SFM)	98%	98%	95%	98%	98%							
West 2 (SFM)	99%	98%	98%	97%	98%							
East 3 (KVC)	96%	97%	96%	94%	91%							
East 4 (TFI)	95%	96%	96%	95%	96%							
KC 5 (COC)	98%	95%	96%	96%	97%							
KC 6 (KVC)	99%	99%	99%	97%	95%							
Wichita 7 (SFM)	97%	96%	95%	97%	95%							
Wichita 8 (TFI)	97%	96%	98%	95%	97%							

C.5.c. Additional Service Information

Adoption and Legal Guardianship Incentive Payments

DCF received an Adoption and Legal Guardianship Incentive Payment Award in FFY2016. This was the first since 2013. The award amount received was \$442,500. Kansas has since received additional awards of Adoption Incentive funding and it is tracked through the DCF budget division. The award amounts Kansas has received since then are in the table below:

Adoption Incentive Awards by FFY	Amount Received	Amount Spent as of 12/31/2023	Amount Left to Spend
FFY2016	\$442,500	\$442,500	
FFY2017	\$365,000	\$365,000	
FFY2018	\$4,000	\$4,000	
FFY2019	\$1,710,000	\$1,710,000	
FFY2020	\$2,533,500	\$2,533,500	
FFY2021	\$50,000	\$50,000	
FFY2022	\$232,500	\$7,456	\$225,044
FF2023	\$1,175,000	\$0	\$1,175,000
Totals Across Years	\$6,070,000	\$4,669,956	\$1,400,044

Funds have been used to send child welfare staff to the National Adoption Conference, paid for promotions, advertising for Fostering KS Kids, Media marketing to bring attention to the Family Crisis Hotline and Mobile Response Team for youth experiencing a crisis event, and speaker costs for the Adoptive Family Conference.

Adoption Incentive funds were also used to train staff in the Family Finding model. See Current and Planned Activities: Family Finding. DCF used Adoption Incentive funds to purchase the Family Finding manual, which is intended as a collection of tools, strategies, and other materials to support professionals in their efforts to strengthen youth, family and community engagement and participation in situations that involve child welfare, juvenile justice, and Children’s Mental Health Systems.

In June 2019, DCF utilized adoption incentive funds to create a position to augment the CWCMPs’ work regarding adoption. These positions are called AA. See Current and Planned Activities: AA.

Adoption Incentive funds were used to explore ways to specialize adoption from FC 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 CPAs who assessed, developed, and supported adopt-only families. During SFY 2017, eight CPAs sub-contracted with the adoption exchange provider, KCSL, to receive referrals of these families who were interested in adopting a child from FC, 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 AKK website, and six others either were matched, had a placement, or finalized their adoption. In SFY 2018-2019, the number of CPAs participating in the Consortium decreased significantly because 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 KAN. KAN meets quarterly to review adoption best practice and policy.

When Kansas received the increased Adoption Incentive FFY2020 grant in SFY2021, DCF funded:
KCSDV grant providing trainings to child welfare professionals on issues related to DV and child maltreatment
Limited time grant with CAK to develop curriculum for training and supporting relative as caregivers. This will preserve family connections and prepare relatives to provide placements for children in FC reducing instability in placements.
Two Family Advocate positions in a new program with Wichita Unified School Districts.
Expansion of the CarePortal in the Dodge City area and into Leavenworth County. Caseworkers enter items families need into the portal and donors respond providing those items.
PS Innovation Grants – providers support foster families in a myriad of ways to increase PS, reduce placement disruption, and reduce the need for short-term hospitalizations and long-term residential admittance for children in FC.
FRC Site grants for community organizations across the state to establish and implement local FRC sites as part of community-based locations.
KCSL Mandated Reporter Training Development

In FFY24, DCF plans to use Adoption Incentive funds:
Continue funding the two Family Advocate positions with Wichita Unified School Districts
Continue to fund KCSL Mandated Reporter Training contract

Adoption Incentive funds are somewhat challenging to spend as the award amount fluctuates dramatically from year to year for Kansas. This creates challenges as any initiatives must be short in duration in case funding is not available in future years due to a decrease in award amounts, yet in some years funding amounts are large and difficult to spend in the two years allotted.

Adoption Savings

Adoption savings are financial savings the state and Tribal title IV-E agencies achieve with respect to their own funds due to expansion of eligibility under the federal title IV-E Adoption Assistance program. These funds represent a significant source of resources to be spent on child welfare activities. Kansas

chooses to utilize the same Adoption Savings calculation method and procedures for the current FFY as used in its lasted FFY reporting period submission.

The following are services DCF via PPS expects to provide to children and families using Adoption Savings over the next five years, 2024-2029.

K-PARC & Individualized Post Adoption Support Services

FAC, the provider who has the K-PARC contract will continue to support post adoptive families. In SFY2023, DCF granted with DCCCA and TFI for adoption stabilization services which use evidence-based programs to support adoptive families and children to keep families together.

Safe Families Program

Safe Families for Children (SFFC) is a non-profit program which provides support for families in crisis. Parents in need participate in the program voluntarily and can opt to reunify with their children at any time and never lose custody of their children.

Volunteers host children and support parents and are known as Host Families. An employee of SFFC known as a Family Coach supports both the Host Family and the Family in Need. Building trust between the 2 families is central to the Safe Families program. After the hosting arrangement ends, Safe Families' goal is for the two families to remain in contact, further reducing social isolation and providing ongoing support.

Safe Families works with families. The intent behind the program is to walk alongside families in crisis to build lasting safety. Key components of the program include:

Host children of at-risk families in approved volunteer homes for an average of six weeks.
Provide families in crisis with a support network. Volunteers provide resources and services (e.g., mentoring and help securing employment).
Engages faith communities to recruit and support volunteers and reach out to families in need.

Family Preservation Services (FPS)

In SFY2020 DCF was granted additional Children's Initiative Fund (CIF) money which qualified to be counted toward Adoption Savings Maintenance of Effort (MOE) since it was new state funding used for prevention services. See Safety Current and Planned Activities – Family Preservation for information.

State Funded Portion of Family First Prevention Grants

With a new RFP fifteen grants were awarded to nonprofit, not-for-profit, or for-profit child wellbeing service providers in SFY23 for Family First. Per the ACF Child Welfare Program Manual Q&A states are allowed to use any non-federal share of prevention services or kinship navigator services towards Adoption Savings MOE. See Safety – Current and Planned Activities for information about FFPSA.

Estimated Timetable for spending unused savings calculated for previous years.

The table below indicates that DCF is behind in spending but is slowly being reduced due to increased spending. DCF anticipates additional state funding in FY2025 that will be used for new services which qualify to count towards Adoption Savings MOE, once this occurs the overage will be used to offset prior year savings, the agency was unable to expend fully.

Adoption Savings Calculation

STATE FUNDS

Description	FFY 15	FFY 16	FFY 17	FFY 18	FFY 19
Adoption Support Savings	\$649,090	\$1,031,256	\$1,711,669	\$2,088,959	\$2,716,146
MOE Expenditures by Year *	591,771	1,031,256	1,603,086	1,983,011	2,561,380
Unexpended Adoption Savings	57,319	0	108,584	105,949	154,766
Cumulative MOE Deficit	57,319	57,319	165,903	271,851	426,618

STATE FUNDS

Description	FFY 20	FFY 21	FFY 22	FFY 23	FFY 24 est
Adoption Support Savings	\$3,981,048	\$5,036,453	\$6,019,099	\$6,994,694	\$7,533,911
MOE Expenditures by Year *	3,573,302	4,320,510	5,027,192	6,033,308	8,587,038
Unexpended Adoption Savings	407,747	715,943	991,907	961,386	(1,053,127)
Cumulative MOE Deficit	834,364	1,550,308	2,542,215	3,503,601	2,450,474

Challenges in accessing and spending the funds

The identification and development of applicable programs and projects took time to implement in Kansas. Kansas intends to spend above the Adoption Support Savings amount for FFY 23 forward helping to reduce the deficit in spending. The new challenge in Kansas is meeting the 20% post adoption support requirement, as the inclusion of state funds from the FFPSA program have increased overall spending, causing the percentage spent on post adoptive population to decrease.

FFPSA Transition Grants

DCF received FFPSA Transition Act Funds in the amount of \$4,837,702. As of December 2023, \$2,367,845 of this award has been spent. The table below lists the initiatives this funding has supported, spent, and projected plan for spending through SFY25 when the award ends.

Initiatives	FY21	FY22	FY23	FY24 Est	FY25 Est
Mobile Rponse team	\$0	\$771,490	\$0	\$0	\$0
TDM witvident Change	\$63,140	\$540,040	\$250,355	\$204,406	\$204,406
KU Daisysystem for Family First	\$100,000	\$209,290	\$210,195	\$315,972	\$315,972
FRC Deveopment	\$0	\$0	\$0	\$750,000	\$402,436
PS Grantsrage	\$0	\$0	\$0	\$500,000	\$0
Total	\$163,140	\$1,520,820	\$460,550	\$1,770,378	\$922,814

A portion of the FFPSA Transition Act Funds have been dedicated to two areas related to the FFPSA evaluation teamwork. Funding has supported the mechanism for collecting data regarding families served and tracks outcomes. Secondly, funding has provided financial compensation for lived expert participants who have aided the agency through co-design, co-creation and feedback related to improving outcomes for families through prevention.

Data Application and Integration Solutions for the Early Years (DAISEY) is a shared measurement system designed to help communities see the difference they are making in the lives of at-risk children, youth and families. It is utilized as a 'front-end' system for providers to enter identified data elements required by the rigorous evaluation of FFPSA Programs.

In recognition of the importance of including essential family and youth voice as a central component of FFPSA implementation and evaluation, the FFPSA evaluation team formed a FFEC. FFEC representatives and co-chairs are compensated from the FFPSA Evaluation budget, which is streamed from the FFPSA Transition Act monies. See Collaboration – FFEC to learn more.

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

PPS is a division of DCF and is responsible for administering the state's child welfare programs, including the John H. Chafee Foster Care Program for Successful Transition to Adulthood, according to federal statutes and requirements. The Kansas Chafee Program for Successful Transition to Adulthood (KCPSTA) seeks to provide youth transitioning from custody into adulthood with support and guidance while successfully navigating the path to self-sufficiency. CWCMPs serve foster youth ages 14 and older and the DCF IL Program serves youth who have exited foster care as they transition to adulthood.

Services of the KCPSTA are available to youth beginning at age 14. All youth in OOH placement must have a case plan and receive services to assist in the development of life skills. The KCPSTA ensures life skills are provided to all youth in OOH placement. The need for both formal and informal skills and training opportunities related to life skills development is assessed beginning at age 14 using the Casey Life Skills Assessment (CLSA) for all youth in OOH care, regardless of the youth's permanency goal. Upon completion of the CLSA, youth, their case worker, and other supportive adults in the youth's life participate in identifying tasks for the development of their learning, which is included in the overall case plan. CWCMPs, placement providers or both are responsible for teaching or arranging for information to be provided to youth regarding all aspects of life skills.

Effective October 1, 2018, KCPSTA applied the changes to the John H. Chafee FC Program for Successful Transition to Adulthood as prescribed by the FFPSA. DCF continues to review and update eligibility guidelines and program services consistent with the amended Chafee and ETV programs, including the use of Chafee and ETV funding to serve eligible youth and young adults ages 14 to 26.

All youth aged 14 and older in OOH placement participate in transition planning, regardless of case plan goal. Transition planning occurs prior to each case plan every 170 days until the youth is released from custody. The DCF IL Coordinator or designee is available to assist in case plans and attends the case plans for youth aged 16 and above with a permanency goal of APPLA and for all youth aged 17 and above in OOH placement regardless of permanency goal. Transition planning and attendance at case plans helps build a relationship between PPS and the youth while preparing for the transition from foster care services to self-sufficiency. It ensures no gaps in services occur between the time a youth leaves the care of the CWCMP and begins receiving services from the DCF IL Program. A transition plan, titled My Plan for Successful Adulthood, is developed with youth addressing short- and long-term plans and identified needs in the following areas:

Obtaining identifying documents, such as birth certificate, Social Security card, education and medical records, Tribal membership documentation, citizenship or immigration documents, voter registration, state photo ID or driver's license, selective service registration, and letter verifying the youth experienced FC.	Connections Plan, including identifying adults or other resources the youth can reach out to as a positive adult connection in each of the areas of their transition plan, and exploring mentor supports.
Employment and personal finances, including assistance preparing a resume and cover letter, completing job applications, interviewing, establishing a checking account, learning how to check credit reports and address credit issues, filing income taxes, accessing workforce programs, applying for Social Security Income (SSI)/Social Security Disability Insurance (SSDI), and referral to VR services.	Education, including plans for secondary and post-secondary education completion, ACT/SAT preparation, tutoring, Free Application for Federal Student Aid (FAFSA) and financial aid, completing admissions applications, placement testing, education credit recovery program, Pre-Employment Transition Services (Pre-ETS) and/or Vocational Rehabilitation (VR) referrals, IEP, 504 plan, and award of high school diploma upon meeting state minimum graduation requirements.
Health, including continuing Medicaid coverage, providers, and locations of where the youth will receive medical care, mental health, and other related services, learning how to	Housing, including current living situation, plans for where the youth will live when released from custody, assistance in locating housing and completing rental applications, understanding, and signing rental

schedule appointments and fill prescriptions, learning about medications and the importance of taking them, and information on medical power of attorney and living will.	contracts, developing a budget for housing costs, referral to income-based housing, planning for roommates, and contacting utilities and paying deposits.
Transportation, including currently available and needed transportation options, obtaining a driver's license, obtaining a bus pass, and owning and maintaining a vehicle.	Assessing the youth's interest in participating in a RYAC, KYAC, or both.

PPS 3059 My Plan for Successful Adulthood (attachment 41) provides youth an opportunity to share information about themselves. The development of the transition plan is youth-led, with input from their case worker and other supportive adults in their life.

At least 90 days prior to release of custody or emancipation youth participate in an exit interview. The exit interview serves as a method to verify the following information has been provided to youth:

Appropriate referral forms and how to request services after custody, including the DCF IL program.	Current medical records to include dental, eye, immunizations, medical services, genetic information, and physical and mental health providers.
Essential identity documents listed previously.	Information and application for the Aged Out Medical Card Program
Custody verification letter	Education records
Copies of any existing credit reports and verification of corrective action to dispute inaccuracies or identity theft.	How to continue to obtain credit reports and address inaccuracies or identity theft.
How to secure a health care power of attorney, proxy or another document recognized in Kansas.	Information about the National Youth in Transition Database (NYTD) and importance of providing feedback through the surveys.

CWCMPs provide youth with information about resources upon leaving the custody of the Secretary. Resources include information on services provided through the PPS IL Program. All eligible youth are assisted with completing the application for the Aged Out Medical Card. Youth are provided with the PPS Administration number and website, which they can contact for IL services anytime until their 21st birthday, or until their 26th birthday for the ETV Program, or for help in finding other resources if they are not eligible to participate in the IL Program.

CWCMPs run annual credit checks for youth ages 14 and older in FC using the Equifax, Experian, and TransUnion online portals. The DCF IL Program provides credit check training to designated CWCMP staff and assists with resolving credit discrepancies, as needed.

Beginning October 2020, each CWCMP provides six months of aftercare services for young adults who transition from FC custody at age 18 or older. Service provisions vary by provider and may include referrals to the DCF IL Program and other community agencies, access to 24/7 crisis services, and limited access to hard goods. See Attachment 42 CWCMP IL Activities SFY 2024 for information on specific initiatives, including aftercare services for aged out youth. There were plans to have CWCMPs complete a standardized quarterly report with aggregate data on aftercare services that would be shared with the DCF FC Program Manager and the DCF IL Program Manager. Involved professionals met a few times to develop a template but did not complete the template and implement reporting due to program constraints during the pandemic. The DCF IL program intended to consider implementation during SFY 2024.

Services to youth under Tribal custody are ensured through consultations with the Tribes, Tribal youth involvement in KCPSTA activities, and reporting of the NYTD served population. Youth in KDOC-CBS custody are served through KDOC community supervision officers and residential providers who are informed of IL services from KDOC-CBS. Outreach is conducted with KDOC-CBS offices via PPS IL Administration and PPS Regional IL staff. Youth in DCF, KDOC-CBS, or Tribal custody may contact any DCF IL Supervisor or Coordinator to request services upon their release from custody.

DCF, CWCMPs, KDOC-CBS, and the Tribes within each Region collaborate to support youth in their transition to adulthood and self-sufficiency. Staff work to create and maintain a network of community partnerships which can provide an array of services for youth served by the KCPSTA. These partnerships vary by region, but generally include the courts, secondary and post-secondary educational institutions, mentoring programs, community mental health organizations, housing agencies, workforce centers, disability support services, and other community agencies. Regional DCF, CWCMP, KDOC-CBS, and Tribal staff work with staff from other regions on statewide initiatives and to ensure a seamless transition of services for youth who transfer from one region to another. The DCF IL Program planned to continue focusing on developing resources for youth living in rural areas of Kansas, including housing and mentoring opportunities for SFY 2022 to 2024. While some movement has occurred in these areas, there is still much progress to be made.

The IL Program serves youth and young adults who were in an eligible out of home placement in the custody of DCF, KDOC-CBS, or Tribal Authority for any length of time on or after their 14th birthday. Eligible young adults may receive services from age 18 until age 21, or until age 26 if participating in the ETV Program. IL is a voluntary program and young adults may receive services anywhere in the State of Kansas. Young adults ages 18 to 26 complete the PPS 7030 Kansas IL Self-Sufficiency Matrix (PPS7030) and develop a PPS 7000 Self-Sufficiency Services Case Plan with the Regional IL Coordinator. This plan is driven by the young person and identifies their goals and the steps to achieve those goals. Young adults involved in the IL Program are eligible to receive assistance with the following:

Room/Board	Medical Assistance	High School or GED completion	Post-Secondary Education or Training
Mentorship	Career Planning	Transportation	Credit Report management
Life Skills	Pregnancy and Parenting Support	Other Services identified by the young adult.	

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

The Deputy Director of Youth Programs and the IL Program Manager met with the DCF FFPSA Services team in March 2021 to discuss how to increase accessibility of FFPSA parenting supports for young adults participating in the DCF IL Program. Approximately 20% of the approximately 627 young adults served by the IL Program as of February 1, 2024, are pregnant, parenting or both. FFPSA intakes are currently processed through the KPRC. This process can deter young adults with lived experience in the FC system from engaging in supports that are associated with FC. The group discussed the possibility of DCF IL staff making direct referrals to the FFPSA CM as a trauma-informed way to explain the process to young adults and connect them with supportive parenting resources. Recommendations to simplify the candidacy of care process and streamline referrals to FFPSA were not approved for policy changes. DCF IL staff continue to discuss FFPSA with pregnant and parenting young adults in the IL program and make referrals as agreed upon by the young adults. DCF IL staff continue to make many referrals to community programs to assist pregnant and parenting youth.

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 FC, the state with placement and care responsibility is responsible for providing Chafee services to the youth, including ETV. The state in which a youth who has exited custody resides is responsible for providing such an eligible youth with Chafee and ETV services. There have been occasions where the state of residency will not serve young people who are

eligible for the services in Kansas and often, Kansas DCF IL staff will serve those young people after obtaining additional clarification the other state will not provide Chafee or ETV services. For youth and young adults no longer in FC who are already receiving ETV, if the youth or young adult moves to another state for the sole purpose of attending post-secondary education or training, the youth's original state of residence will continue to provide ETV services to the youth for as long as the youth remains eligible for the program.

Young people without identified positive adult connections 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. They are provided guidance in forming and maintaining healthy interpersonal relationships. IL staff also work to connect young people 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 and young adults ages 16 to 21 in Johnson, Wyandotte, Douglas, and Shawnee County.

The Kansas Foster Child Educational Assistance Act, also known as the Tuition Waiver, began in July 2006 and requires tuition and fees to be waived by Kansas Board of Regents (KBOR) educational institutions for DCF youth and young adults who meet the eligibility criteria, up to the semester the youth or young adult turns 23. Youth and young adults may be eligible to receive additional funds through the ETV Program to help offset other costs of post-secondary education.

For young adults who leave the State's custody at age 18 or above, Kansas offers the Chafee Medicaid option extending Medicaid coverage to young adults 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.

IL Administration and the PPS Medicaid Liaison maintained communication regarding implementation of the CARES Act requirement to offer Medicaid to eligible young adults formerly in FC who move to a new state after January 1, 2023. The PPS Medicaid liaison arranged for DCF IL Administration involvement in meetings with KDHE regarding communication and eligibility determinations for young adults affected by the implementation. Information about the Kansas benefit determination process was distributed to regional staff so they may assist young people who move to Kansas from other states and are engaging in DCF IL services to apply for Aged Out Medical in Kansas. DCF IL staff were already adept at assisting young adults receiving IL services who plan to move to another state to explore if that state reciprocates Aged Out Medical based on exiting care at age 18 or above in Kansas or if there are other Medicaid or medical insurance options available to that young adult. With implementation of this phase of the CARES act, DCF IL staff have information to assist young adults moving to or from another state to access Aged Out Medical. Additionally, CWCMP's were made aware of these changes so they may assist young people planning to move out of state immediately upon exiting FC at age 18 or above.

See C.1.e Systems Collaboration to learn about MRSS. Many IL Coordinators have this information in their email signature and readily provide the information to young adults who may be experiencing emotional difficulties or mental health crises. The 988 Suicide & Crisis Lifeline launched in the past year. Many tip sheets for suicide prevention with information for 988 Suicide & Crisis Lifeline, MRSS, and other resources for suicide prevention, safety, and mental health are included on the sheets that have been distributed throughout the state.

All young people who participate in the DCF IL Program are required to develop a Self-Sufficiency Plan; maintain, at a minimum, monthly contact with their IL Coordinator and participate in case plan reviews held at least every six months. Program services include Basic Chafee to assist with youth's daily living

needs, start-up funds to assist with housing deposits and procurement of household goods, IL Subsidy to support youth's ongoing room and board expenses, vehicle repair and maintenance, and ETV to support youth's post-secondary education goals. Young adults, ages 18 to 21, who are participating in DCF IL services may be referred to KLS, under the DCF contract, for determination of SSI benefits.

IL subsidy was increased to \$700 effective January 2021 and again to \$1100 effective July 2023 because of budget enhancements provided through the state legislature. The intent of the enhancements was for young people who transitioned from FC to receive assistance that approximates the FPL, to the extent possible. All youth eligible for subsidy received the \$700 maximum amount through September 30, 2021, at which time the program returned to the practice prescribed by policy to base subsidy on the individual needs and budget of the young person. The IL Leadership group continues to discuss consistency in practices across the state, particularly as that relates to completing budgets with youth and how much subsidy is awarded. A budget workgroup consisting of the DCF IL Administration team, IL Supervisor, and three IL Coordinators was created to examine current policy and practices. This group is in the final stages of making recommendations for changes to policy and practice for consistency that young adults eligible for subsidy are receiving a fair and equitable payment to meet their needs.

See Attachment 43 DCF Regional Activities SFY 2024, for information on regional partnerships and service delivery.

To strengthen awareness and understanding of the IL Program, the State continues to inform community agencies, schools, faith-based organizations, juvenile justice programs, and businesses of the services, and resources available to youth formerly in FC. Materials such as brochures, posters, banners, and handouts continue to be developed and are distributed to inform the public about the DCF IL Program. IL Administration staff had twelve forms and brochures translated into Spanish to include policy forms, program brochures, and Consolidated Appropriations Act (CAA) flyers. The translated forms were published in the DCF PPM for July 1, 2023, policy updates.

IL Administration and CWCMP staff have developed multiple communication tools, including desk guides, program brochures, postcard mailers, PowerPoint presentations, resource lists for youth in care, and transition packets for youth exiting care. These tools are reviewed and updated as necessary.

The Deputy Director of Youth Programs and the IL Program Manager presented information on the IL program to the FRC grantees in August 2023. The Deputy Director of Youth Programs and the IL Program Manager also presented information to the Governor's Cabinet Children's Committee in November 2023. The presentation to the Children's Committee identified key priorities for the program such as SOUL and FYI Housing Vouchers in addition to an overview of the IL program. The Children's Subcommittee is planning a focus on Transition Age Youth this next year. The IL Program Manager and IL Assistant Program Manager presented on the DCF IL Program at the Governor's Conference on the Prevention of Child Abuse & Neglect in October 2024. Information was shared on the services and supports available to young people that experienced FC after the age of 14 or young people that transition from FC into adulthood. There was a small audience for the presentation, but they were engaged and asked many questions. The IL Program Consultant alongside Annie E. Casey Foundation presented the SOUL Family Permanency Initiative at the conference as well. The presentation covered the founding of SOUL Family, what it includes, what it may look like once implemented and a personal story of what a SOUL Family could have meant for a presenter with lived experience.

The IL Administration team and regional supervisors have recognized an increasing lack of engagement in DCF IL services after exiting care since the pandemic. Staff frequently hear from young people they were not aware of the services despite efforts made to provide information on the services available at

case plans and exit interviews. There is recognition that many young people are dealing with multiple stressful situations and trauma during their time in care and transitioning out of care and the program may need to adapt to find new ways of delivering information so young people have a stronger understanding of the services and benefits available upon exiting care. The members of the IL Leadership team are brainstorming ways to increase engagement and awareness of services by young people, by those in the child welfare community and beyond that could help redirect young people to IL services. IL Leadership team members presented at a meeting for CPA in February 2024 and another meeting for all child welfare supervisors statewide in to include DCF, FPS, and FC Providers in March 2024. The IL Administration team has talked to the agency communications team and may request assistance in designing new materials or redesigning existing materials and how to communicate that information that will help increase the reach to young adults eligible for services. Finally, the IL Assistant Program Manager is in the process of streamlining and updating My Plan for Successful Adulthood or Transition Plan and the team is consider other approaches to making IL services more visible to young people as they complete the transition plan and exit interview (see Attachment 41 PPS My Plan for Successful Adulthood.)

Other efforts to enhance youth engagement for child welfare staff included presentations at the Kansas OJA Best Practices Training and another presentation at the DCF Annual Supervisor's Conference. On August 22nd, 2023, the IL team, and associated partners Gear Up, JAG-K, Pre-ETS, KBOR Career Technical Excellence program, CWCMP Aftercare services presented at the Kansas OJA Best Practices Training. The training was focused on serving older youth in care. The DCF IL program consultant and another lived expert, along with the KC Region IL supervisor, presented on Authentic Youth Engagement, including information on Transition Planning and SOUL Family proposed permanency option. The Deputy Director of Youth Services IL Program Manager presented information on the DCF IL program. The IL team organized these sessions with the partners and worked together to bring valuable information to attendees on the services and supports available for older youth. On September 7, 2023, the IL Program Consultant presented at the DCF Annual Supervisors Conference in Manhattan, Kansas. He created a presentation about how to authentically engage young people in care, with the help of the young adults involved with KYAC. The presentation focused on authentic engagement with young people in care rather than doing the minimum required by policy and statute. The presentation was well received.

During SFY 2021, the DCF IL Program began working with Microsoft to develop a Teams mobile app to enhance communication between DCF IL Program participants and their IL Coordinators. Preliminary design elements included virtual meeting and text messaging functions, a "help" button for young adults to access crisis health and mental health supports, the ability for IL staff to post messages and share information with their caseloads, administration of NYTD surveys, and collaboration with KYAC and RYAC. Development of the app continued during SFY 2022. While the DCF IL program staff were hopeful that an app with all the features desired would be finalized and piloted, it became apparent that the app was not going to be something the program wanted to move forward with. The program is currently not pursuing this option but is currently working with the Information Technology department on requirements to use a mass texting tool through Amazon Connect. The team is hopeful that the mass texting tool will be available to the regional and administration teams as means to communicate information and interact with young people.

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

The SFY 2024 IL/Self-Sufficiency Services Annual Report provides data by region, age, and gender about the number of youth and young adults served in each program: Basic Chafee, IL Subsidy, ETV, and the Kansas Foster Child Educational Assistance Act (Tuition Waiver). The report indicates the Wichita Region continues to serve the largest percentage of young adults receiving Chafee funds while the Kansas

City Region has served the largest percentage of young adults receiving ETV assistance since SFY 2021. See Attachment 44 SSIS Annual Report SFY 2024 through February for this report. The Kansas City Region served the largest percentage of young adults receiving IL Subsidy since SFY 2019. Further, females continue to make up a large majority of service recipients in the IL program in all aspects—Basic Chafee, ETV, and IL subsidy.

The IL Demographic Report is published each month and provides the monthly and year-to-date numbers of cases opened and closed and cases by gender, race and ethnicity, age, and highest grade level completed. See attachment 45 IL Monthly Demographic Report SFY 24.

Data concerning KCPSTA services and the State’s IL Program is provided to stakeholders such as: CRP groups, CAK, legislative committees, Vocational Rehabilitation/Pre-Employment TS, TA teams and community forums. Data is also provided to DCF, CWCMP, KDOC-CBS, and Tribal staff.

The data is sourced from the FACTS and the Self-Sufficiency Information System (SSIS) which collects payments and benefits to youth in the IL Program. Reports are published monthly and annually which include demographic, service, and program participation information. The data is available to DCF and CWCMP staff through the PPS SharePoint site. The reports are reviewed with young people through KYAC and serve to inform development of their work plan and annual youth conference agenda.

KYAC and RYAC are designed to empower youth by having an organized structure for them to share their experiences and provide recommendations concerning the child welfare system in Kansas and on a national level. Chafee-eligible youth ages 14 to 20 (eligibility ends when a young adult turns 21) are offered the opportunity and encouraged to participate in RYAC and KYAC events. Eligibility for KYAC has an increased age range, up to age 26, to offer advocacy and leadership opportunities to a broader range of young adults. The councils are supported by federal Chafee funds. KYAC and RYACs are facilitated by Pathway FS through a contract with DCF. The Pathway FS contract ends June 30, 2024, at the end of this SFY. When the new FC grants start July 1, 2024, at the beginning of the SFY, CWCMPs will once again have the responsibility to administer RYACs in each region. The IL Administration team issued an RFP for a new grant for the KYAC Advisor which will focus on supporting KYAC to start at the same time as the new FC grants. DCCCA has been selected as the agency to oversee KYAC. The DCF IL Administration Team will be working with DCCCA to complete a NOGA and assist in transitioning the work with the council from Pathways to DCCCA.

DCF IL Administration and regional staff work to collaborate with CWCMP and contractor staff to oversee and facilitate the activities of the youth councils. Kansas’ youth councils are organized by two levels of participation. Each DCF Region hosts a RYAC and each RYAC selects up to five peers from their RYAC to serve on the KYAC. In addition, up to four youth representing the Tribes may serve in the East Region. Twenty-four total youth may serve on the KYAC. Youth and young adults ages 14 to 20 may participate on RYACs, and youth and young adults ages 14 to 25 may participate on KYAC.

During SFY 2024, KYAC and RYACs have been mostly in-person with some virtual meetings as needed to facilitate attendance and participation. RYAC topics included: back to school events, first aid and health management; benefits and resources after release of custody; housing; holiday party; planning, mindfulness, and journaling; and money management. KYAC meets at least once per month to make space for self-care, have an opportunity for council members to check-in with one another, discuss goals, work on testimony, plan events, and discuss policy. KYAC reaches racially diverse families and young people by holding RYACs in urban, rural, and suburban parts of Kansas to ensure young people of all different races and socioeconomic status have access to classes and activities through RYAC. See the Attachment 46 KYAC and RYAC Activities and Attendance SFY2024 for more information.

The council has also focused on participating in statewide and small workgroups for the design and implementation of a new permanency option (SOUL), KYAC and RYAC recruitment opportunities, Band Together Day, and Summer Conference. DCF continues to collaborate with the council in their efforts in these areas. KYAC members also served on various panels, provided testimony for DCF legislative initiatives, collaborated with other state's youth councils, and participated in youth engagement opportunities and agency trainings.

KYAC held their annual Band Together Day in May 2023 at the DCF Administration Building to celebrate the lived experience of youth and young adults in Kansas who are currently in and those who have aged out of care in Kansas. They were also celebrating the 23rd birthday of KYAC. Each KYAC member was assigned a station to obtain feedback from attendees to push forward the council's work such as resources in the areas that are lacking, challenges and successes in each area, SOUL Family permanency option, and KYAC's 5-year work plan. KYAC recruited Deputy Director, IL Program Manager, and IL Assistant Program Manager to assist with implementation. Notable attendees include DCF Secretary Howard, Senator Gossage (District 9), Representative Pickert (District 88), and others from DCF, CAK, TFI, Pathways, and other child welfare organizations. Band Together Day was a success and KYAC received a lot of feedback and questions from the different stakeholders that attended.

KYAC hosted their Annual Summer Conference workday on Tuesday June 20th and conference on Wednesday, June 21st, at the Doubletree Hotel in Lawrence, Kansas. The summer conference was developed to provide an opportunity for youth placed in FC in the state of Kansas to gather and learn about necessary life skills they will need to be prepared for the world outside of FC. Each year, KYAC comes together and plans events, trainings, activities, and educational workshops for the youth. Approximately 150 young people and 90 staff attended this year. The theme for this year was "Ready. Set. Go. Everything you need to know to be prepared." Ronald James was the keynote speaker and shared his journey and the power of choices and breaking out of a survival mode of thinking. Workshops this year included: awareness surrounding being missing from care and the risks of HT; healthy relationships and boundaries; cooking on a budget; first aid; sewing; time management; branding yourself; and others. There were also informational tables the young people were able to visit on breaks including DCF IL benefits, SOUL Family Permanency Option, Kansas Kids @ GearUp, KanCare/Aetna, and a workshop about the Jim Casey Fellowship. At the DCF IL Table, the young people had the option to complete a survey about the transition planning process, with approximately 75 young people completing the survey. All youth and young adult attendees received a goodie bag at the conference with a t-shirt and other conference items. After the conference, youth and young adult attendees received an array of self-sufficiency items including suitcase or duffel bag, headphones, wallet, and water bottle. Graduates were recognized during a ceremony and were provided with a lap desk, keyboard, mouse, and a Hydroflask.

KYAC will host the annual Summer 2024 conference on June 18, 2024, at the Double Tree in Lawrence, Kansas again. The theme of the conference will be, "Shine Like the Kansas Stars; Empowering Tomorrows Leaders." There will be a keynote speaker, several life skills sessions, and inspirational speakers. Prizes and self-sufficiency items will be given out at the conference.

KYAC held their SPC on September 16th and 17th in Topeka, KS. The council reviewed current documents such as the handbook, grievance policy and procedure, media release forms, and behavioral notices, and made changes, such as updating language to include young adults rather than just youth, and ensured the current structure of the council was accurately reflected. The council also updated the onboarding process for new members including identifying trainings new members will be required to take part in and how the stipends work. The council reviewed the budget and started to plan and allocate

money to activities such as Band Together Day, a community service event, and Summer Conference 2024. Finally, KYAC attended to the Five-Year Work Plan.

KYAC's Five-Year Work Plan shifted in the last six months to focus more on SMART (Specific, Measurable, Attainable, Relevant, and Time-Based) goals. KYAC prioritized recruitment of new members and retention of current members along with increasing efforts at recruiting BIPOC members. Other short-term goals include planning for Band Together Day in May, creating a training matrix for KYAC members, and participating in a community service event doing care packets for the homeless. Longer term goals include extending healthcare coverage for young adults including dental and vision coverage to age 26, training for council members in first aid, mental health, and strategic sharing, a mentorship program for alumni to work with current and future members, streamlining the aging out process to make it easier for young people to navigate services and benefits, creating a resource directory, and financial literacy classes to ensure young adults are thoroughly prepared to transition into adulthood.

DCF determines how the agency can support KYAC in addressing the work plan objectives throughout the year. This work plan is an integral part of the State's KCPSTA, as it is a basis for coordinating work on specific projects. Past work plan objectives have resulted in the passing of legislation, court improvement initiatives, and changes in policy and practice. During SFY23, KYAC focused on updating their Five-Year Work Plan, The Foster Youth Bill of Rights, and the KYAC handbook with an emphasis on reaching or welcoming underserved and marginalized young people.

KYAC presented at the 47th annual Governor's Conference for the Prevention of Child Abuse and Neglect in October 2023. In this presentation, Information was shared on how to authentically engage young people in care during the meetings about their care, what it means from a lived experience perspective to be authentically included, as well as what the transition planning process is and how imperative it is that young people are included every step of the way. See Attachment 47, KYAC Governor's Conference 2023—Exiting Foster Care and Preparing for Adulthood, for more information.

In December 2023, KYAC hosted their annual holiday party to celebrate the work they completed throughout the year and to spend time working on KYAC business. Discussion items included ideas for recruitment of men and people of color, feedback regarding changes to the DCF Transition Plan (My Plan for Successful Adulthood), continued edits to documents and process for onboarding of new members, and ideas for 2024 Summer Conference.

In August 2021 DCF contracted with DCCCA in to develop and administer the We Kan Drive program being piloted in DCF's East Region which consists of 24 counties. We Kan Drive is designed to support older youth and young adults receiving FC or DCF IL services in obtaining their lawful driver's license in the state of Kansas. This includes, but is not limited to, assisting, educating, and paying for anything related to successfully obtaining a driver's permit or license, completing driver's education, and obtaining auto insurance. This also includes educating older youth and young adults on maintaining vehicles and the financial options available for purchasing a vehicle. The We Kan Drive Program Coordinator started accepting referrals and providing services in November 2021.

The Kansas Legislature appropriated funding for We Kan Drive to expand statewide in 2023. Once necessary paperwork was completed for the contract amendment, We Kan Drive started working on statewide implementation. Additional staff were hired, and the program started accepting statewide referrals in November 2023. DCCCA connected with CWCMP providers throughout the state to discuss referral processes and services available and had a social media campaign advertising the statewide expansion which was also share on Facebook by DCF.

The program has received a total of 498 referrals from the beginning of the program in November 2021 through March 2024 and of those referrals, 439 youth engaged in services and opened a case with a We Kan Drive Coordinator. During this same time frame, We Kan Drive reports the following outcomes:

Number of youth who completed driver's education:	180
Number of youth who obtained an instruction permit (ages 14-16):	33
Number of youth who obtained an instruction permit (ages 17 and above):	14
Number of youth who obtained a farm permit:	2
Number of youth who obtained a restricted driver's license:	7
Number of youth who obtained a non-restricted driver's license:	91

Note that numbers vary slightly from dashboard due to youth obtaining driver's license overlapping with youth obtaining restricted or non-restricted driver's license.

See the Attachment 48 We Kan Drive Dashboard for more information.

DCF IL Coordinators reported information on youth and young adults 17-26 participating in DCF IL services regarding completion of driver's education, licensing, access to a vehicle and insurance coverage, please see Attachment 49 DCF IL Driving and Transportation. Associated question showing full text of response options is in Attachment 50, DCF IL Data Elements Feb 1, 2024, Snapshot. This information was collected from IL Coordinators based on their knowledge of young people on their caseloads as part of a snapshot of data elements as of February 1, 2024.

DCF IL Administration staff participate in quarterly Driving Program for Youth in FC conference calls with representatives from Florida's Keys 2 Independence Program and other states that have established or are working to establish a driver's education program for the Chafee-eligible population. This group served as an invaluable resource as DCF planned and implemented the We Kan Drive initiative. Kansas was awarded TA through the federal contract partnership with the CB, ICF, Embrace Families, and Treehouse in January 2022. The DCF Deputy Director of Youth Programs, IL Program Manager, IL Assistant Program Manager, the DCCCA, Inc. We Kan Drive Program Coordinator, and Director of Placements attended the TA meetings and received a final report with recommendations at the end. Although We Kan Drive is now implemented statewide, DCF IL Administration staff and DCCCA staff continue to participate in the quarterly conference calls as we are able. This forum provides an opportunity to share ideas and learn from other states who also have implemented a driving program.

KCPSTA supports youth involvement in internships with organizations such as FosterClub, the National Foster Youth Institute (NFYI), Youth Leadership Institute (YLI), and the Congressional Coalition on Adoption Institute. DCF sponsored one FosterClub All-Star in Summer 2019, one in Summer 2020, and one in Summer 2021 after the second All-Star was unable to continue in the program. The current DCF IL Program Consultant and the two persons in that role previously were FosterClub All-Stars. Kansas sponsored three FosterClub All-Stars for Summer 2022, but DCF IL Administration staff have elected not to sponsor any FosterClub All-Stars for 2023 or 2024.

Each year, the Annie E. Casey Foundation hosts the YLI for participants with lived experience in FC between the ages of 18-25 to increase their knowledge and practice skills related to personal leadership, communication, and advocacy. Upon completing YLI, if a participant wants to become a Jim Casey Fellow, they complete and submit a Fellowship Letter of Interest, which is reviewed by the Youth Engagement Team. For the first time, Kansas was invited to nominate a youth to join the YLI. This opportunity arose due to the work that Kansas is doing with Annie E. Casey Foundation on the SOUL permanency option. The young leader selected to represent Kansas earned her Bachelor of General

Studies in Social Work during the Spring of 2022, completed the FosterClub 2022 All Star Internship, and is a former IL Program participant. This young adult took the next step to apply for and was accepted as a Jim Casey Fellow. The fellow was working with the DCF IL Administration team and KYAC on a project to increase youth participation and engagement with youth councils at the regional and state level but ended up changing focus to participate on a PIP workgroup. In 2023, Kansas had another young person participate in YLI. This young person earned a bachelor's degree, has professional experience working as a CM advocating for individuals with disabilities, and is a former IL program participant. This individual has been named as a Jim Casey Fellow as part of the 2023 cohort. Due to some structural changes in the fellowship, the fellow won't be available to do a project with the agency until next year. The IL Admin team looks forward to connecting with the new fellow around a project in the future.

A former Kansas FC alum was selected for the Congressional Coalition on Adoption Institutes Foster Youth Internship Program. This individual spent time over summer 2022 with six peers in a congressional internship program in Washington DC. The interns use their legislative knowledge combined with their personal experience to educate federal policymakers on opportunities to improve the US FC system. The intern took this opportunity to complete his policy report on the intersect between corrections and FC. The intern completed a degree in criminal justice in 2019 and plans to attend law school in 2023.

The IL Program manager participates in the Casey Youth Engagement Community of Practice Meetings. Casey invited the Youth Services Deputy Director and IL Program manager to be part of this ongoing group as Kansas is hosting a Casey fellow. The Community of Practice is made up of youth engagement professionals in Jim Casey sites and TFSC jurisdictions across the country. The purpose of the meetings is to provide opportunities to share best practices, support one another's work, and have community in the youth engagement work being done across the country.

In October 2022, Kansas joined in celebrating Foster Youth Voice Month (FYVM) for the first time. One Voice One Impact (OVI) based out of Florida started the campaign and asked Kansas to join. Kansas was excited to be a part of an initiative that highlights and honors older youth perspectives in a movement to shift the culture of viewing youth directly impacted by FC as service recipients to viewing them as assets to service design and delivery. An IL participant from the West region was nominated to attend workshops to help her strategically share her story and write a blog post which was shared on a national level, along with other young people's stories. Kansas also celebrated FYVM in October 2023. Unfortunately, no blogs were submitted for publication in 2023 from young people in Kansas. The governor did sign a proclamation though recognizing October as FYVM.

The IL Administration team participated in the inaugural OVI National Network call in February. OVI National Network is a powerful union of youth advocacy councils from across the country, coming together to improve outcomes for youth transitioning out of the FC system. OVI is the Florida group who organized 38 states to join in FYVM last year. The meeting focused on feedback about FYVM, providing results of the survey of participants, information on the Think Tank opportunity in 2023, and breakout session where participants could discuss common challenges and practices regarding youth engagement and other relevant IL topics. The IL Administration continues to participate in these meetings to date.

The IL Program Manager, IL Program Consultant and KYAC co-chair, attended the National Think Tank on Permanent Connections in Broomfield, Colorado October 4-5th. A senior associate with Annie E. Casey Foundation, presented on the proposed SOUL permanency option with assistance from the Kansas team. The event brought 27 states together to discuss the importance of permanent connections for youth in care and best practices to ensure that youth leave care with permanent connections. There were presentations and much discussion by youth and state staff about increasing efforts to ensure youth have

permanent connections. Chapin Hall staff were present at the event and will provide a summary of the event and work accomplished by early 2024.

The IL Program Manager and IL consultant volunteered to be part of the steering committee for the National Network calls hosted by OVI. A major focus of this group is determining next steps for the National Network and how best to keep momentum from the National Think Tank and implementation of recommendations that came out of that event.

The IL Program Manager had been attending meetings for an interagency suicide prevention group coordinated by the AG's office and the IL Assistant Program Manager is now attending these meetings. Other agencies in the group include KDHE, KDADS, Kansas Department of Wildlife & Parks, KDOC, Kansas Suicide Prevention HQ, and Kansas State University. Work efforts include a Suicide Prevention Needs Assessment which is being cross walked with the Kansas Suicide Prevention Plan. A Suicide Prevention Coalition is being launched to bring together state partners, community-based organizations, persons with lived experience and stakeholders to work on action items. Efforts have been made to reach out to PRTFs and share what is happening, including the Youth Suicide Prevention art contest. The group wants to identify needs and move toward addressing those needs for DCF. The group also narrowed its focus to youth and renamed the group to Youth Suicide Prevention.

KCPSTA will continue to work toward increasing youth participation in child welfare workgroups and meetings to ensure the youth voice is represented in the development of agency policies, procedures, and initiatives. Due to focus on implementation of the CAA and staff changes, KCPSTA did not make as much progress as hoped in this area. The IL Leadership Team will consider how best to use an equity lens to engage a diverse representation of young people with lived experience to serve in these roles for remainder of SFY 2024 through SFY 2025. The IL Leadership Team also would like to have appropriate plans in place so that lived experts are equipped with knowledge about the process, have preparation and debriefing opportunities available, and ensure that the team has a shared vision.

Staff from DCF IL and the CWCMPs collaborate with other government agencies, non-profit community organizations, private businesses, and individuals to provide opportunities and resources for current and former foster youth to achieve independence. Events are held by community partners to provide youth with items and information needed to start a household. Business owners, housing resource organizations, educational institutions, and health providers participate in the annual youth conference. Efforts continue to secure support from private sources of funding for providing youth with the resources needed to secure housing, start college, find employment, transportation, or other items needed to achieve independence.

KCPSTA partners with the KDADS to assist youth with applying for and coordinating HCBS waiver programs. DCF IL and CWCMP staff have regular contact with the Social Security Administration to assist youth in applying for Social Security Benefits and receiving and utilizing to their WARDS accounts to support their daily living needs, employment and/or educational goals, and efforts towards self-sufficiency. The KCPSTA has also partnered with the Kansas Department of Revenue and the Office of Vital Statistics to assist with obtaining identification cards and birth certificates for current and former foster youth. DCF IL and CWCMP staff support youth in applying for and accessing medical coverage through the State's KanCare Medicaid Program.

DCF and CWCMP staff have partnered with Kansas Kids @ Gear Up (KKGU) until KKGU lost grant funding for this FFY. KKGU is a U.S. Department of Education-funded program with WSU serving as the PA. The mission of KKGU is to increase the number of students graduating from high school who are prepared for enrollment in post-secondary education, thereby enabling youth to reach their full potential and improving educational and social outcomes. KKGU serves up to 2,500 youth per year who have

experienced FC. Program components include tutoring, educational workshops, summer programs, ACT/SAT test preparation, mentoring, career exploration, college scholarships, and cultural activities. KKGU provides support at KCPSTA events, including RYACs, and the annual KYAC youth conference. Although regular programming ended due to the loss of the grant, KKGU still offer scholarships and the IL program continues to work closely with the scholarship coordinator for young people receiving ETV and the KKGU scholarship. KKGU plans to reapply for the grant for next fiscal year with hopes to continue serving this population as the only Gear Up program focused solely on foster youth.

The DCF IL Program partners with Youthrive, a non-profit organization, to enhance services for older foster youth and IL Program participants. Youthrive serves Chafee-eligible youth in Johnson, Wyandotte, Douglas, and Shawnee Counties. During SFY 2021, Youthrive shifted funding sources from a DCF Chafee grant to a DCF TANF Youth and Family Stability grant. Due to limited program growth from SFY 2018 to SFY 2020, Youthrive ended services in Sedgwick and Reno Counties in June 2021. Thanks to private donations from the community, services have continued in Reno County but are administered separately from the Youthrive Corporation. Additionally, the program had limited growth during the pandemic which can be attributed to challenges recruiting support families to engage with young adults during a pandemic. The Youthrive Board of Directors wanted to ensure sustainability of the program and explored options of how best to do that for some time. Shortly after the Youthrive grant was renewed for SFY 2023, the board announced its decision to merge with another agency to take over the program. The executive director left the role, and the entirety of the program is now managed by FAC. The grant with Youthrive was ended and a new grant was signed to reflect FAC as administering the program effective September 1, 2022. Participation has decreased slightly, down to 27 young people in February 2023, with this change. That decrease is likely attributable to staffing issues and taking over a new program. FAC now has the program fully staffed and is focused on updating background checks to make support families active again as well as recruiting new support families.

The grant was amended again in again in SFY 24 to extend the original term an additional year to include SFY 24 allowing the services to continue while aligning with an upcoming SFY 25 RFP. At the time of the amendment, FAC also rebranded the services as Community Connections Youthrive and included some services offered through their Community Connections program in Missouri. Other changes included offering assistance with transportation services and legal advocacy services to youth and young adults, if needed. As of February 2024, FAC is serving 30 active youth or young adults in the program with seven more in the referral or enrollment process.

Key Community Connections Youthrive Program Components:
Recruit, train, and support adult and family volunteers who commit to coaching and supporting youth in FC through the end of their first year out of FC, or for a minimum of one year, if the youth has already aged out of FC.
Financial literacy education and a matched savings account Individual Development Account (IDA) for purchasing productive assets and other critical needs of the youth.
Driver's education, driver's license attainment, and car purchases.
Leadership and advocacy skills.
Short-term rewards for program participation and completion.
Community service projects.
Partner with service providers in the community to assist youth with education, housing, and employment opportunities.
Assistance with transportation needs
Legal advocacy

The new TANF Gen 2 grants are focused on a whole family approach and Community Connections Youthrive was not a recipient of one of those grants.

The DCF IL Program works with the KDOC-CBS to offer KCPSTA services to youth in their custody and in transitional living programs. Outreach is done to inform youth and staff about the Aged Out Medical Card and other IL Program benefits, engage youth in completing NYTD surveys, and participation in KCPSTA events, including RYACs, KYAC, and youth conferences. DCF IL informed KDOC-CBS of the availability of the We Kan Drive program so that youth and young adults with KDOC-CBS history can benefit from assistance to obtain a driver's license and other assistance offered.

The DCF IL Program partners with Pre-ETS a RS Program. Eligibility for Pre-ETS services is available to 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 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. Over time Pre-ETS program has provided information at the annual KYAC conference, presented at statewide IL Quarterly Meetings, and participated in workgroups with IL staff to improve collaboration efforts, and increase the number of youth who access each program. KCPSTA staff also refer young adults to RS, as needed, to support young adults with a diagnosed disability with their education and employment goals.

KCPSTA staff regularly refer youth to programs and support services through local KansasWorks workforce centers. Programs and support services include resume building, interview skills, completing job applications, and on the job training.

CarePortal is an online faith-based engagement tool to connect child welfare professionals to their local faith-based communities. When a child welfare professional identifies a concrete or relational need, they can access 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. CarePortal provides ownership to the community regarding local social problems needing support and creates awareness of needs. Since the beginning of DCF's relationship with CarePortal, the IL Program has submitted several requests to assist youth with car repairs and obtaining needed items, such as cribs and household appliances. The KCPSTA also refers youth to DreamMakers and One Simple Wish to help meet youth's needs and goals, including orthodontic services, car repair, and specialized computers and software for post-secondary education programs. These resources have been utilized less frequently since CAA funding and with the receipt of reappropriated Chafee funds. Resources are invaluable to help young people meet needs that are not within the parameters of the IL program or the young person's individual eligibility.

During SFY 2021, the DCF IL Program and COC partnered with Emerging Builders to offer paid, on-the-job training for construction sites in Wyandotte County. This partnership focuses on trainees with lived experience in State custody who are interested in exploring careers in the construction sector. Emerging Builders is a ten-week pre-apprenticeship program which includes a combination of experiential training, intensive classroom learning and person-centered services which support the individual development of the trainee outside of the construction skills. A key component of the Emerging Builder's experience is provided through their program support including ensuring young people have access to staff members for guidance and problem solving during their program participation. A cohort of five youth and young adults were selected for participation in the Emerging Builders program in Spring 2021, one young adult successfully completed the program. The Emerging Builders partnership is funded by a contract with DCF IL with intent to support a second cohort of five youth and young adults during SFY 2022. The pandemic and staff time spent on implementation and service delivery associated with the CAA made it difficult to recruit youth and young adults for a second cohort. The contract with Emerging Builders was renewed for SFY 2023, but efforts were not successful to launch a second cohort. The contract ended

June 2023 and was not renewed due to changes occurring with the organization's staffing affecting their ability to complete the process for renewal.

The DCF IL Program has partnered with Kansas CoC and local housing agencies to access the U.S. Department of Housing and Urban Development (HUD)'s FYI Initiative. See attachment 51 Foster Youth to Independence (FYI) Housing Vouchers to learn more. During the remainder of SFY 2024, DCF will continue focusing on collaborating with local housing programs, organizations, and other resources to develop housing options for youth.

Kansas Statewide Homeless Coalition invited members of KYAC to participate in starting Young Kansans 4 Action. The group plans to apply for the HUD Youth Homeless Demonstration Program grant funding and needs to ensure youth with lived experience of housing instability are at the table in the effort. The Assistant IL Program Manager will help facilitate communication and engagement of KYAC for this effort. She will also be joining the Balance of State (BOS) and bringing her experience in IL and housing to help combat homelessness for transitional age youth. The IL supervisors have been attending meetings of the Youth Action Board and providing support through presentations and resource booths during seminars aimed at Transition Age Youth. The DCF IL Administration team is excited about the collaboration between the Statewide Homeless Coalition, Youth Advisory Board, and all levels of the DCF IL program.

On January 16th, 2024, the Deputy Director of Youth Programs, IL Program Manager, and IL Assistant Program Manager met with Kansas Housing Resource Corporation (KHRC) staff about the possibility of being part of a statewide collaborative of partners to apply for a HUD Youth Homelessness System Improvement grant. This is a statewide effort to improve systems to better respond to and support young people at risk of or experiencing homelessness. The four continuums of care across the state are working together along with KHRC on this application. The DCF IL Administration team is very excited about partnering on this project, which may create opportunities to collaborate on future Youth Homelessness Demonstration Program grant applications. Such opportunities may benefit the youth and young adults transitioning from FC with housing needs.

The IL Administration team and IL Supervisors have participated in regular IL Coordinator calls and virtual meetings with Region 7 ACF representatives and other Region 7 States. Resources and training opportunities are shared at the meetings. Various topics such as NYTD and FYI are regularly discussed, and states have opportunities to highlight best practices or programs. The IL team appreciates the opportunity to collaborate with and learn from peers in the region. In May 2023, the Deputy Director of Youth Programs presented information about youth engagement in the CFSR for Kansas. Discussion included preparation and planning for the focus groups held with young people, both in and out of care.

15 young people with lived experience in FC participated in CRSR Focus Groups on April 24th. Both afternoon and evening times were available for young people to choose from. Participants were asked questions about their experience in FC related to engagement in case planning and services.

See Attachment 43 DCF IL Regional Activities SFY 2024, for information on regional partnerships and involvement with other federal and state agencies and public and private organizations.

Statewide IL meetings are held every quarter. Participation at these meetings by DCF IL, CWCMP IL, KDOC-CBS, Tribal, KKGU, and JAG-K TS Staff is encouraged. Many community partners attend these meetings to share program information and facilitate ongoing collaboration. Community Partners include but are not limited to: KYAC/RyAC and Pathway FS Presenters over the last year included:

Youth Suicide Prevention Coordinator from the Victim Services Division of the AG's office

KBOR Associate Director for Adult & Career Technical Education (CTE) who shared information on the AOK and CTE programming available to youth across the state.

A representative from the Step-Up Adult Diploma Program who shared information on resources available to support young people to obtain their high school diploma and planning for post-secondary education

The ongoing group facilitation increases community resource awareness for youth currently and formerly in FC. This encourages an increased level of collaboration between private and public agencies.

The IL Program Manager developed a Microsoft Forms survey to collect information about IL participants. DCF IL Coordinators in the region collect and submit survey information. Information requested is intended to help the program plan for effective services and to quickly respond to requests from leadership and legislators. The intent is to have aggregate data at the regional and state level in the following areas: eligibility; types of services received; child welfare and other community services involvement; pregnant, parenting, or both; secondary and post-secondary education; employment; housing; health and wellness; driving and vehicle access; and demographics. The information collected was based on a snapshot in time as of 3/1/2023. A similar, but much shorter, Microsoft Forms survey was sent to CWCMP staff for completion for all youth ages 14 and above in out of home care for SFY 23. This survey focused mostly on driving related questions to help support the need for the expansion We Kan Drive statewide. The survey for CWCMPs was not repeated for SFY 24. The IL Program plans to repeat the survey with DCF IL Coordinators every six months to keep current information and identify trends over time. Due to the need to refine questions to optimize the data collected, the survey was not administered again until Feb 2024. See Attachment 50 DCF IL Data Elements Feb. 1, 2024, Snapshot, for a copy of the refined and expanded 2024 survey questions.

The IL Program Manager was discussing the possibility of integrating these questions in another program information system, but that no longer appears feasible. Other reporting methods are currently being explored. The IL Program manager and Deputy Director of Youth Services met with the communications department to discuss the development a document which can be shared with leadership and others as needed, presenting information in an engaging and useful way. Based on that meeting, the program is exploring reporting methods and will then evaluate with the communications team their capacity to assist with creating an accessible report to share with stakeholders.

DCF IL staff and CWCMP IL staff regularly attend agency required trainings and other trainings pertinent to child welfare and IL. See Attachment 52, Trainings Attended by Kansas Independent Living Staff during SFY2024.

National Youth in Transition Database (NYTD)

IL Program Consultant facilitates collection of surveys from youth at ages 17, and again at ages 19 and 21. The IL Program Consultant collaborates with the DCF IL program staff, CWCMPs, Tribes and KDOC-CBS to locate and connect with youth. The connection attempts include phone calls, text messaging, email, mail, and social media. In SFY21, DCF developed online surveys accessible for youth on the web or through a mobile device.

DCF developed an automated system for collecting NYTD survey results. Data from this system is the source for meeting the NYTD requirement of reporting to ACF. Training related to data collection was provided to staff. Ongoing training to support survey model fidelity is provided to staff as needed. Data includes collection efforts by DCF IL, Tribes and CWCMPs. Data is entered into FACTS.

DCF Youth Services and IL staff met with representatives from CB, Region 7 ACF and the Division X Young Adult Consultant (YAC). This was the second meeting between this group with the first being

held in April of 2021. Due to some delays, the ideas from the first meeting were revisited. It was decided assistance with analyzing NYTD data and engagement with youth and young adults with lived experience were areas the YAC and DCF IL staff could collaborate. Collaboration would focus on improvements and innovation. The assistance was mainly focused on learning opportunities with other states, especially with Iowa who is also part of Region 7.

At the March 20, 2023, Region 7 IL Coordinator meeting, DCF was presented with the opportunity to learn from other states. DCF learned how Indiana shares data with youth, state leaders, and stakeholders.

On March 30, 2023, DCF attended another peer group hosted by the CB and CBC for states and facilitated by JB International, Inc. Iowa shared challenges and best practices related to youth engagement in NYTD surveys. They send care packages to youth, personalized birthday cards and add the youth to their social media accounts to support connection in future surveys. In addition, Iowa provides incentive cards when a youth completes the survey if they have the contact information for the youth. They increase incentive amounts with young adults aged 19 and 21. As a takeaway, DCF IL plans to send youth and young adults with self-sufficiency items if they engage in NYTD. Items will be provided as a random give-away to followers of the NYTD/IL Facebook page initially. Implementation is scheduled to begin SFY24. Items were ordered for giveaways, but due to difficulties experienced reaching young people in the current 21-year-old cohort, actual giveaways were postponed. The IL Administration team will revisit engagement strategies and strengthen data sharing with stakeholders.

On June 27, 2023, the IL Program Consultant and IL Program Manager participated as panelists in a NYTD Peer Event: Continuing Engagement with 17 Year Old's and Preparing to Survey 21 Year Old's. Panelists were involved from other states, including Ohio and Colorado. There was good attendance for the event with representation from many states. A key takeaway for Kansas was how other states are providing higher levels of compensation to youth for completing the NYTD surveys as well innovative ways to keep young people engaged with NYTD Coordinators. The DCF IL Consultant is planning for some new ways to engage young people via Facebook to keep their contact information updated and consider compensation amounts for NYTD participants.

The IL Program Consultant attended the 3rd annual Family and Youth Engagement Summit in Ankeny, Iowa held September 5 and 6th, 2023. The theme this year was “Moving from Conversation to Action,” highlighting the need to stop having conversations about change and moving forward with making the change happen. Keynote speakers from across the country presented on the current state of youth and families, the power of authentic partnerships, prioritizing healing, and wellbeing, supporting and affirming LGBTQIA+ youth and young adults, and system-level and public policy advocacy. The IL Consultant was also able to make connections with NYTD contacts in Iowa, Colorado, Idaho, and Hawaii at the National Think Tank on Permanent Connections that was held in Denver in October 2023. Connecting with peers across the country allows opportunity for exchange of ideas and support beyond what may be available via Region 7 meetings and webinars focused on NYTD.

The DCF IL Administration team increased the incentive for NYTD survey completion to \$50 for the 21-year-old cohort this past year. The increase has helped some young people to be more willing to participate in the NYTD survey. The IL Administration team, along with the statewide IL supervisors, identified a gap in information from exit interviews during the pandemic which made the 2024A cohort difficult to contact, even more so than previous 21-year-old cohorts. As a result, supervisors have communicated to CWCMP's the continued need for exit interviews to be sent to the IL teams in the regions and in addition the information is now requested to be sent to the IL Program Consultant who focuses on NYTD as well. This will allow the primary NYTD staff to start reaching out to young people

as they exit care for engagement purposes related to NYTD. Additionally, IL Coordinators in the region have been requested to emphasize NYTD during exit interviews.

Since the beginning of the NYTD initiative, DCF has met or surpassed required participation rates and data compliance requirements. Please see Attachment 53 KS 2023 Full Baseline and Attachment 54 KS 2023 Full Served for the most recent Kansas NYTD data available. Baseline data from 2020 is included for comparison, please see Attachment 55 KS 2020 Full Baseline.

In the NYTD outcome data there are six areas which help program understand what services and resource young people would most benefit receiving. Some examples include financial self-sufficiency, educational attainment, and positive connections with adults. See outcome data from FFY14, Attachment 56 KS FY14-18 Data Snapshot and outcome data from 2021, Attachment 57 KS 2021 Full Follow-up 21. The FFY14 and FFY21 data demonstrate an increase in the percentage of 21-year-old young adults who report current part or full-time employment. There was also an increase in the percentage of those who have completed high school or received their GED. An increase in available jobs in the 2021 job market could have contributed to young adults reporting a higher percentage of employment. In this same population there was an increase in young adults enrolled in Medicaid or other health insurance. The extension of Medicaid during the pandemic could contribute to the increase.

FY21 Data identified there was a slight decrease in youth reporting a current positive connection to an adult. Data identified an increase in young adults who experience homelessness and those who had children. This time frame during the pandemic had an impact on individuals across the country who struggled with isolation and loneliness. The same was true for young adults. It was forecasted positive adult connections would increase as professionals continued to serve this population. Continued effects of the pandemic, including isolation and loneliness could have impacted positive connections with an adult. These same reasons may have attributed to the increase in homelessness if a youth did not have an adult to connect with to assist them in obtaining stable housing.

Data identified a decrease in the reported percentage of youth incarcerated, referred for substance use, or receiving public assistance. Decreases could be attributed to the increase in employment and available pandemic funding.

The most recent data available is for the baseline population surveyed October 1, 2022, through September 30, 2023. There doesn't appear to be significant differences in the baseline population compared to 2020 other than a nearly five percent decrease in the number of Black or African American survey participants and a slight decrease, nearly four percent, in the number of survey participants reporting that they were receiving services. As far as outcomes, there was a significant increase in the number of youth reporting receipt of employment related training in the past year. In 2020, only 23.96 % reported receipt of this type of training while in 2023 this number rose to 35.2%. Additionally, 88.5% reported being enrolled and attending school in 2023 while only 80.47% reported as such in 2020. There was also a small increase in the number of young people reporting a current positive connection to an adult in 2023 at 98.3% compared to 95.56% in 2020. It may be that young people are feeling more connected and progressing with education and job training since the pandemic.

NYTD Data Snapshots are shared with DCF, CWCMPs, Tribes, and KDOC-CBS. Youth, courts, and community partners. The NYTD Coordinator uses email addresses provided by youth who have completed the survey and shares data related to their cohort. In SFY23-24, KCPSTA planned to focus on sharing data with an expanded group of stakeholders. For example, foster parents, placement providers and publicly. KCPSTA continually seeks ways to close the feedback loop and engage youth in program improvement and will continue to consider how best to expand the stakeholder group for distribution of NYTD data and information.

C.6. Consultation and Coordination Between States and Tribes

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

There are four federally recognized tribes headquartered in Kansas. Those tribes and their contacts include:

Iowa Tribe of Kansas and Nebraska	Peggy Libel plibel@iowas.org
Kickapoo Tribe in Kansas	Patricia Pena patricia.pena@ktik-nsn.gov
Prairie Band Potawatomi Nation (PBPn)	Keirsten Hale Keirstenhale@pbpnation.org
Sac and Fox of Missouri and Nebraska	Pam Burden pam.burden@sacandfoxks.com

Individual virtual meetings are scheduled with each tribe, serving as a site visit, to exchange and share program information. This exchange most often includes policy updates, identifying challenges, TA, grant related questions, ICWA policies, general updates, upcoming events, and existing requests for tribal representation in meetings. This connection has proven to be beneficial in nurturing ongoing communication and partnership between DCF and the tribes. The tribes have voiced their preference in meeting virtually as a savings on time and travel.

The following are standing invitations to tribes for representation and participation:

ITT CRP	CTT CRP	PAC
Diligent Recruitment (DR)	KanCare High Needs Workgroup	Psychotropic Medication Workgroup
CCWIS Delopment Team	Crossover Youth	Education and Training Voucher (ETV)
TDM	CFSR	Quarterly Supervisor Meetings
FC in KaCare	Icebreakers Implementation Group	Independent Living Program (ILP)

Tribal representatives participated in the CFSR Round 4 kickoff meetings, statewide assessment focus groups, and review week stakeholder interviews. The tribes encourage and recruit lived expertise to participate. One tribal member with lived expertise joined the statewide assessment focus group. DCF shares CFSR, PIP and state planning information with each tribe.

MOUs remain current and are updated when the Tribe(s) request revisions which have been approved by all parties. DCF and the tribes collaborate in business related to their grant, renewals, amendments, Budget and Itemization Reports, line-item justifications and modifications, budget revisions, and Quarterly Program Reports. The tribes and DCF share program information with each other. See MOUs in attachments 58-61.

DCF recently lost the agency's tribal specialist. Planning is happening toward re-envisioning the responsibilities of this role.

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

The comprehensive Social Service Grant with each residential tribe in Kansas for FPS, CPS, and FC Services are funded through State General Funds (SGF). The Residential Kansas Tribes submit quarterly status and program reports to DCF. These include data regarding the number of Tribal families, children served, and specifying provided services under each program per the agreed Notice of Grant Agreement (NOGA). Each program report is reviewed by the FC Program Manager in PPS Administration and then submitted to the DCF Office of Grants and Contracts. DCF is available for consultation related to ICWA matters, policy discussion, case specific staffing, protective services, adoption, transfer to Tribal courts, FC, FPS, and FFPSA. Provision of information and TA is available to Tribes wanting to pursue Title IV-E funding. Such information and TA can include Title IV-E requirements, data collection, CPA,

background checks, fingerprints, QA, PI, licensing standards/regulations, Tribal agreements, calculating cost allocations, and general process information.

B. Child Protection Services

DCF has entered MOUs with Native American Family Services (NAFS-Iowa Tribe in Kansas and Nebraska), PBPN, Sac and Fox, and Kickapoo Tribes regarding family services. During SFY22, significant change occurred within the Iowa Tribe in Kansas and Nebraska social services program. Iowa Tribal leadership disbanded the NAFS contract. Iowa Tribe of Kansas and Nebraska began running child welfare services directly. Their leadership expressed this decision was not made lightly. An updated MOU with the Iowa Tribe is pending at time of submission of this APSR. The Tribe is waiting on feedback from ACF. The program will be called Cina Akidawe.

At the time of intake, DCF KPRC requests ethnicity and tribal information from the reporter for the children and family and then documents the information gathered on the DCF PPS 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 Tribal agencies may send notice(s) of substantiated findings of abuse and neglect in connection with the Tribe's investigations 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 and forwarded to DCF and result in the placement of the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry without further DCF review. If a substantiated finding is received from tribes other than the four federally recognized tribes headquartered in Kansas, such finding will be reviewed by DCF to determine if the finding is 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. If the finding includes sufficient information, it may result in the name of the perpetrator being entered in 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 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 shall be 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 CINC 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:

Tribal affiliation	The maiden names of all females (if applicable).
Full name and birth date of the child or children involved	The identity of a qualified expert witness who can testify to 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's responsibility ends with children who reside in out-of-home placement when there is a transfer of the child's case to the court of a federally recognized Tribe. The CWCMP notifies regional DCF PPS staff by submitting an Acknowledgement of Referral/Notification of Move/Placement Change 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 who address child welfare issues occurring on the Reservation and with Tribal members living near the Reservation. If the CINC case, for a child living on or near the Reservation is transferred to the Tribal Court, the Tribal Court Judge presides over all related child welfare matters.

C. Family Preservation Services (FPS)

The tribes provide prevention services to families who have a child at risk for removal. Services provided support maintaining the family unit and preserving tribal connections. Prevention services range from providing intensive direct services to assisting with a referral to a community resource. 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. DCF collaborates with the Tribes when requested or as needed.

In FY22, FFPSA began collaboration with Kansas tribes to develop a prevention track to better serve Tribal communities by identifying and eliminating gaps in services. As conversations have continued, Tribes have been introduced to and formed professional relationships with prevention providers in their areas. Information is shared relating to each Tribe's cultural practices and beliefs to better understand services which meet or can adapt to meet needs in their populations. FFPSA continued to build ongoing communication with Tribal partners around prevention opportunities in SFY23 and SFY24 by attending meetings with the tribes as requested.

D. Foster Care Services

Tribes provide services for children in need of out-of-home placement. Each Tribe has staff to provide services, which may include a tribal support worker.

Services include:

Placement (licensed or approved by the tribe/ICWA placement preferences)	Case planning	Case management
Reports to court on family progress	Childcare cost assistance	Direct provision of services to the family and child toward reintegration

The services may also be provided for any children OOH and reintegration is not viable. Services available to families may vary from tribe to tribe.

E. Chafee

The comprehensive social service grants with all four Tribes for IL services are funded through the Kansas Chafee program. Grants serve as agreements with each Tribe to administer Chafee services. Regular contact with the Tribes occurs through meetings scheduled by DCF PPS staff and includes coordination of child wellbeing services. PPS staff and each Tribe share information about ongoing and scheduled Chafee activities. Tribal youth are included in youth conferences, learning opportunities, and the KYAC. Each Tribe submits a quarterly program report reflecting the number of Tribal families and children served. The report is reviewed by the DCF PPS Administration Program Manager. The regional Tribal liaison is available for consultation regarding case-specific IL services.

Tribes assist youth who are ages 14-21 and in custody pursuant to an order of the Tribal court. The services provided in this program include services to promote youth's independence, including subsidy, adult education classes, IL classes, and assistance with developing job skills. Life skill services provided by Tribal staff are identical to those provided by the CWCMP.

Chafee program benefits, services, and supports are available to Tribal youth in the same way they are to other youth. Tribal staff members are aware of programs and benefits. IL services are delivered to Tribal youth under custody of the Tribal Authority by social workers or other support staff as designated by each tribe. Service delivery is included in the quarterly program reports. Services and transitional planning for youth who have been released from Tribal custody are coordinated between IL Program and Tribal staff.

F. IL Services

Tribes assist youth who are ages 14-20 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, subsidy, adult education classes, IL classes, and assistance with obtaining job skills. Life Skills services provided by Tribal workers are identical to those provided by the CWCMPs. The Tribes and DCF PPS maintain regular contact through scheduled meetings arranged to coordinate child welfare services. Tribal youth in OOH care or in custody are informed of program eligibility and resources by the CWCMP, KDOC-CBS tribal and/or PPS staff at case planning conferences. Tribal youth have a standing invitation to participate in RYAC, KYAC, and annual KYAC Youth Conference.

G. Memoranda of Understanding

DCF provides a copy of the current MOU with each Tribe annually. If there are questions or updates needed this is discussed. The MOU is a living document and can be edited anytime up agreement between both agencies. See attachments 58-61 for the most current MOUs for each Kansas federally recognized Tribe. Negotiations continue with any Tribe where there is not an updated MOU.

During the annual review, each individual MOU is emailed to the Tribal Chairperson(s) and Tribal Social Service Director for review, comments, and questions. The Tribe should submit any comments, suggestions, and questions to be reviewed and discussed. If language changes are warranted and agreed upon by DCF and the Tribe, a draft of the revised MOU will be sent for Tribal review. After DCF and

Tribal discussions, a draft MOU will be sent to each Tribe. If there are no suggested revisions and the tribe executes the MOU, it will be sent through the DCF concurrence process for DCF signature and forwarded to each individual Tribe and subsequently forwarded to the federal partners with each annual update.

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 or under the jurisdiction of the tribal court. In addition, each MOU indicates DCF as the single state agency statutorily 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 FC and compliance with all applicable state and federal child welfare laws. The MOU affirms the state commitment to prevent unnecessary removal of Indian children from their parents or caregivers, and to secure placement with an Indian relative or an Indian foster home whenever possible if placement becomes necessary.

MOUs outline with each Tribe the policy of DCF 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 residing in Kansas or from Tribes whose headquarters are 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 ICWA.
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, assessments of a child alleged or adjudicated to be a CINC, services to prevent OOH placements, the decision to request filing a CINC petition, transfer of jurisdiction of CINC case, adoption, and funding for Indian children in FC and licensing requirements for foster homes.

A letter from the Secretary of DCF is sent to the Tribes annually confirming commitment to effective collaboration and consultation related to social services with the four federally recognized Tribes in Kansas. 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.

A child considered to be an Indian child when DCF, the CWCMP, or the Court, is informed, by any party to the case, any person, Indian Tribe, Indian organization or public or private agency 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 CINC petition or receipt of a copy of a petition whichever occurs first, pursuant to such code, regarding a child whom a PPS CPS knows or has reason to know that a child is an Indian child, the CPS practitioner will immediately contact Tribal social services regarding the child.

The Kansas Judicial Council maintains specific court forms for cases involving Indian children to comply 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. The revised forms, except for the ICWA permanency hearing forms, were approved

by the Kansas Judicial Council and posted on their website on December 27, 2018. The ICWA permanency hearings subsequently received final Judicial Council approval and have been posted on their website as of December 2019.

If a Tribal court does not accept jurisdiction of the child, Indian children in the DCF Secretary's custody receive services promoting safety, permanency, and wellbeing and are monitored through a Kansas district court. Services are designed to help children, when safe and appropriate, return to their family or to a stable permanent placement.

H. Other Collaboration, Coordination and Technical Assistance (TA)

OneDrive folders were created for the tribal group and individually by Tribe. This created a shared access space for communication and saved documents. Within each individual Tribe folder, they can find copies of their grant, MOU, signed quarterly reports, monthly meeting minutes, and more.

When onboarding staff, Tribal matters are discussed in initial training. New PPS practitioners are required to complete a Child Welfare Basics course during PPS academy before a caseload is assigned. The course includes information on reason to know the child is an Indian Child, ICWA requirements for active efforts, Top 10 ICWA myths and facts sheet, and an ICWA case scenario is reviewed. Prior to class, a video presentation is required on the background and purpose of ICWA by Justice William Thorne, Associate Presiding Judge of the Utah Court of Appeals and former Tribal court judges in Utah, Idaho, Montana, New Mexico, Colorado, Arizona, Wisconsin, South Dakota, Nebraska, and Michigan.

In FY2022, the following online courses were published for DCF, CWCMPs, and Tribal partners through the Kansas Learning Management Performance System (KLPMS). The ICWA online course has been shared by the Child Welfare CBC Center for Courts where it was designed with attorneys, judges, and court stakeholders in mind. The course covers the Act's black letter law and historical context in ten short modules and topics specific to application notice, active efforts, securing appropriate placements, and examining a qualified expert witness.

Cultural and Historical Perspectives – Why do we have ICWA?	Applicability – How to determine who ICWA applies to
Jurisdiction & Emergency Removal – Requirements when ICWA applies for a family	Inquiry and Notice – Requirements for inquiring about eligibility and providing notices
Transfer- When and how jurisdiction may be transferred between County/District Courts and Tribal Courts	Expert Witnesses – Requirements of Expert Witnesses specific to ICWA
Placement Preferences – Priorities for placement of children and youth when ICWA applies for a family	Evidentiary Standards – Standards of evidence specific to families where ICWA applies
Active efforts – How active efforts differ from reasonable efforts and are required under ICWA	Intervention – Priorities for options of intervention when ICWA applies

DCF transitioned from Pathlore to the KLPMS in SFY2022 for online learning and tracking. An agreement briefly outlined in the MOUs includes tribal access to the KLPMS and the trainings offered on the platform. Sign-on directions were provided to the Tribes.

The KLPMS was updated in SFY2023 to include and update to the ICWA Session. This session now includes interactive lessons where a participant can stop any place in the session and return without losing what had been completed. DCF and the Tribes have talked about this session as a learning tool when onboarding new staff.

The Tribes have expressed their desire to participate in the long-term plans for the CCWIS. They would like to be involved in the planning, design, and outcome of the new system. The Tribes do not have the IT capacity but would still like to be a part of the project as contributing stakeholders.

During monthly meetings there were equity and inclusion discussions pertaining to each Tribe's unique communities. Outcomes of the discussions addressed hardships their communities face. Equity terminology discussions are ongoing within the Tribes and DCF. All parties acknowledge disparity looks different on each reservation.

All four Tribes social service staff were invited to participate in the CFSR Round 4 Statewide Assessment and the CFSR onsite week focus group. DCF asked each Tribe to recruit any parents, kin, caregivers, or youth who had current or previous experience with the child welfare system to be involved in the statewide assessment. Participants who with lived expertise who participated were compensated with a stipend for their time.

D. CAPTA State Plan Requirements and Update

NAME AND ADDRESS OF APPLICANT AGENCY

Kansas Department for Children and Families
Prevention and Protection Services
DCF Administration Building
555 S Kansas Ave 2nd Floor
Topeka, KS 66603

STATE LIAISON OFFICER:

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APPLICANT AGENCY'S EMPLOYER IDENTIFICATION NUMBER:

48-6029925

DUN AND BRADSTREET DATA UNIVERSAL NUMBERING SYSTEM (DUNS):

175 -37-804

The CAPTA state plan is embedded within the Annual Program and Service Review, which can be found here:

<https://www.dcf.ks.gov/services/PPS/pages/PPSservices.aspx>

CAPTA Report Updates SFY 24

There were no substantive changes which would affect Kansas eligibility for CAPTA in SFY 24.

In previous years, Kansas identified purposes (1), (4), and (7) to support the states CAPTA efforts. As the state moves toward a more holistic view of supporting families and working toward primary prevention from child abuse and neglect, you will read how Kansas has used the (14) CAPTA purposes more expansively in SFY 24. These programs and activities funded with CAPTA promote a broader vision of child and family well-being and help build lasting safety for children and families.

Kansas CAPTA purposes related to funding in SFY 24 include:

CAPTA purposes - 106(a) of CAPTA	
1.	the intake, assessment, screening, and investigation of reports of child abuse or neglect;
2.	(A) creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and (B) improving legal preparation and representation, including— (i) procedures for appealing and

responding to appeals of substantiated reports of child abuse or neglect; and (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
4. enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
6. developing, strengthening, and facilitating training including (A) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;
7. improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
8. developing and facilitating training protocols for individuals mandated to report child abuse or neglect;
10. developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;
11. developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
13. supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—A. to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and B. to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or
14. developing and implementing procedures for collaboration among CPS, DV services, and other agencies in— A. investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and B. the provision of services that assist children exposed to DV, and that also support the caregiving role of their non-abusing parents.

CAPTA funding, SFY 24

The following is a list of the current grants and/or contracts for SFY 24, funded with CAPTA, or in combination with CAPTA:

Provider, Grant/Contract Title	Funding (CAPTA Purpose) - summary of scope of work
Mainstream Nonprofit Solutions, CRP facilitation and Conferences	100% CAPTA (2), (7)- Continuing their contract since 2021, Mainstream Nonprofit Solutions provides facilitation for two of the Citizen Review Panels, the Intake to Petition panel and the CTT panel. The facilitator organizes the panels, coordinates, and helps recruit new and retain existing members, and synthesizes communication and feedback. In addition, the facilitator coordinates the development of the three-year assessment (due in May 2024) and annual report for both citizen review panels. In addition to the CRPs, this contract funds the planning and execution of the two annual in-person events, the Supervisors Conference, and the KPM Showcase.
KCSDV Trainings	100% CAPTA (14)- This contract builds capacity of child welfare professionals on issues related to DV, sexual abuse, and child maltreatment. Trainings provide practitioners with best practice resources and skills-based training in screening, interviewing, assessment, safety and permanency planning and resource referral actions.
Safe Generations Power of Partnership, KPM	Partial CAPTA (1), (4), (6), (7), and partial SGF, Safe Generations provides the State with an essential training component included in the KPM. The KPM integrates aspects and tools from multiple practice approaches with promising evidence research and best practices for working with families. It provides a consistent and customized framework to support engagement, safety planning, and decision-making to front line practitioners in child protection, who work alongside caregivers and community members to ensure a network of safety and support for the child and adults who care for them. This contract provides statewide onsite training workshops, small group online facilitation, whole system case consultation with an online classroom, video consults, implementation strategy and support, collaborative case reviews, trainer development, and TA.
WCCAP	100% CAPTA (11)- A sole source grant was awarded in 2022 and continues work in SFY24. WCCAP was formed to create and carry out prevention initiatives as a community response to the number of child abuse fatalities in Wichita. From 2017-2021, there were 376 child deaths (ages 0-17) in Sedgwick County. Workgroups develop strategies to address issues identified in data related to fatalities. Focused workgroups are meet on community awareness, childcare, leadership, and then are brought back together in the large group.
Wichita Police LE, Community Support Specialists	100% CAPTA (13)- An Interagency Agreement funds two CSS positions to coordinate with Wichita LE officers, receive referrals for families and provide education on community and public health programs, safe sleep education, parent skill building, mental health and/or substance use services and similar safety network supports.

Sedgwick county leads the number of intakes DCF receives for the state at 29% (11,010 for FY 23). At the end of FY23, there were 1,789 children in FC in the Wichita Region. With the use of the Community Support Specialists in the Wichita area, 438 families were able to be assisted without a referral to DCF. These referrals come from Wichita Police Department officers, community members, and DCF. The prevention efforts made by WSU and Wichita Police LE are targeted at one of the areas highest in need.

To learn more about DCF's agreement with Wichita Police Department, see Item 29: Array of Services – Referral Programs.

CAPTA funds are allocated throughout PPS in Administration and to each DCF region to provide education and resources promoting the prevention of child abuse and neglect. Activities for the SFY24 reporting period include:
KPM Showcase- An annual event to highlight and celebrate the work being done with families by the frontline assessment and protection teams across the state. The Showcase includes lived expertise and a variety of stakeholders presenting with DCF teams from all regions.
Excellence in Supervision Conference- An annual team building event for child welfare supervisors across DCF, contractors, grantees, tribal partners, and other stakeholders. The event features inspirational speakers and promotes collaboration, self-care, supervision, and leadership.
Safe Sleep cribs- The six DCF regions used allocated CAPTA funds to purchase portable pack and plays to have ready in DCF offices. When a CPS assessed a family with an infant in need of a safe sleep environment, they can provide it to the family on the same day.
National Child Abuse Prevention Month- DCF uses funding in various ways to promote, educate, and build community awareness around child abuse prevention and supporting families.
Travel and training- This includes registrations fees, hotels, per diem and travel related expenses for the six DCF Regions, DCF Administration, and KPRC. More information on this is provided below.

Associated expenses for CPS practitioners to attend various educational and continued education courses and associated expenses are significant. Courses include pre-service training for new CPS practitioners and advanced training for veteran staff. Expenses include supporting staff in maintaining their social work license and attending conferences. Examples of the types of trainings CAPTA funding includes but is not limited to the following:

Annual Governor's Conference for the Prevention of Child Abuse and Neglect – This 3-day statewide conference focuses on education, networking, recognition and addressing key issues regarding child abuse and neglect. KCSL plans and executes this event as the Prevent Child Abuse Kansas chapter.
Interviewing Skills for child welfare training; five annual workshops with paid live actors to provide CPS practitioners with the experience of doing realistic interviews.
ChildFirst Forensic Interview Protocol
HT supplementary trainings

In addition to the above-mentioned activities, CAPTA funds (3) positions in PPS Administration; the FPS PA, The CAPTA Grant Administrator, and the CJA Grant Administrator.

Related to CAPTA, the following CJA grants began in SFY 22 and will run through this SFY 24 Annual Report. At the time of writing this report, a RFP has been developed in collaboration with the CJA Taskforce and will be released in March 2024. Also, during the writing of this Annual Report, the Taskforce is working on the required Three-Year CJA Taskforce Assessment due in May 2024. More information regarding the following grants can be found in the completed assessment.

Provider, Grant or Contract Title	Funding- Purpose
Children's Advocacy Center of Kansas (CAACKS), Multidisciplinary Team trainings	CJA grant- This grant's focus is on enhancing the work of children advocacy centers and multidisciplinary teams (MDT's) to provide a comprehensive, high-quality response to children following their disclosure of abuse. The goal is to increase the capacity of MDT professionals

	throughout Kansas, by trainings, to manage child abuse cases and improve medical evaluations for children.
Kansas ChildFirst Inc., Forensic Interviewing Training Protocol	CJA grant This grant aims to improve the process of investigation and quality of evidence presented in the cases of child abuse, providing a direct impact on both the victim and the accused.
KCSL, Annual Governor's Conference	CJA grant- The Governor's Conference is a networking and comprehensive educational conference provided to professionals in social work, human services, in-home services, LE, medical, legal and child advocacy. All professionals are invited in the State of Kansas. Workshops include experimental and innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases.
Children's Mercy of Kansas City, Safe-Care Kansas pilot	CJA grant did not renew SFY 24 as more funding became available from KDHE. This pilot started in Atchison, Douglas, Johnson, Leavenworth, Wyandotte counties and transitioned to statewide delivery, see following paragraph below.

In 2021 Children's Mercy Hospitals were awarded a grant through the CJA Task Force in Kansas to begin a pilot program titled Care in Johnson and Wyandotte counties targeting children under the age of four. Care Kansas provides for young children who may be victims of physical abuse or physical neglect receive an expert assessment, including a medical evaluation when indicated, to aid in the determination of whether abuse has resulted in injury and/or safety risks requiring intervention. Still funded by the CJA grant in SFY23, the program expanded to include children under the age of six in Atchison, Douglas, Johnson, Leavenworth, and Wyandotte counties. In SFY 24, Children's Mercy elected to not renew their CJA grant, and the project was transferred to KDHE. This allowed the Safe-Care Kansas program to roll-out statewide.

The APSR contains Annual Reports from the State of Kansas' CRP See Attachments 13 and 15.

Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015

On July 1, 2015, Kansas added aggravated human trafficking to the revised 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, legislation went into effect which expanded the definition of sexual abuse as it relates to HT.

As previously mentioned, the Justice for Victims of Trafficking Act of 2015 included amendments to CAPTA which were effective on May 29, 2017. Key provisions included the following:

When a report is received alleging HT PPS policy requires the report be assigned for investigation. The reports are assigned for alleged HT-sex, HT-labor, or both. In July 2016 Kansas statute was amended to include aggravated HT to the definition of sexual abuse. Reports are coordinated with LE agency or agencies having jurisdiction over the criminal activity. Additional policies address making reasonable efforts to locate the alleged victim of HT provisions and procedures for training CPS practitioners on how to identify, assess, and provide comprehensive services to children who are CST victims, including efforts to coordinate with state LE, juvenile justice, and social service agencies such as runaway and homeless youth shelters to serve this population. Staff completing investigations are required to complete PPS Introduction to HT course within six months of hire. See all courses in section C.1.1 HT.

Kansas established a HTAB in 2010 which is facilitated by the AG's office staff. The board is multi-disciplinary in nature having representation from child welfare, LE, Exploited and Missing Children's Unit, juvenile justice, legal, CASA, AG'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 HT 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, HT on more than one occasion. There are ongoing meetings with KDOC and the AG's office regarding HT related issues.

The HT Prevention and Initiatives program Manager is dedicated to leading 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 HT. This program manager participates in local HT task force meetings statewide to gather information about efforts across the state to combat HT and offer assistance and resources. They have assisted task forces in collaborating with other groups across the state. The program manager collaborates with other systems/agencies to provide statewide multidisciplinary HT training.

The amendments added data elements a state must report annually, to the maximum extent practicable, as a condition of receiving the CAPTA State Grant. Beginning with submission of FY 2018 data, the CB has asked states to report the number of children who are victims of sex trafficking through NCANDS. DCF collects HT allegations, assigned reports, and substantiated HT finding data. This information is available for NCANDS submission.

PPS policies state the investigation may be done by the CPS practitioner alone or in cooperation with LE. If LE does not want the agency to assist in the investigation, the agency can assess the family and identified victim for services and provide or make a referral for services. The state has identified no TA needs at this time. The state is constantly reviewing and revising and will seek TA if need is determined.

Kansas law includes sex trafficking in the definition of child abuse and neglect:

KSA 38-2202a. (d) CINC means a person less than 18 years of age at the time of filing of the petition or issuance of an ex parte protective custody order pursuant to KSA. 38-2242, and amendments thereto, who:

(14) has been subjected to an act that would constitute HT or aggravated HT, as defined by K.S.A. 21-5426, and amendments thereto, or commercial sexual exploitation of a child, as defined by K.S.A. 21-6422, and amendments thereto, or has committed an act which, if committed by an adult, would constitute selling sexual relations as defined by K.S.A. 21-6419, and amendments thereto.

21-5426 (ksrevisor.org) Sex trafficking is included in the definition of aggravated HT:

(b) Aggravated HT is:

(1) HT, as defined in subsection (a), involving the commission or attempted commission of kidnapping, as defined in K.S.A. 21-5408(a), and amendments thereto;

(2) HT, as defined in subsection (a), committed in whole or in part for the purpose of the sexual gratification of the defendant or another;

(3) HT, as defined in subsection (a), resulting in a death;

(4) recruiting, harboring, transporting, providing, or obtaining, by any means, a child knowing that the child, with or without force, fraud, threat or coercion, will be used to engage in: (A) Forced labor; (B) involuntary servitude; or (C) sexual gratification of the defendant or another involving the exchange of anything of value; or

(5) hiring a child by giving, or offering or agreeing to give, anything of value to any person, to engage in manual or other bodily contact stimulation of the genitals of any person with the intent to arouse or gratify the sexual desires of the offender or another, sexual intercourse, sodomy or any unlawful sexual act, and the offender recklessly disregards the age of the child.

This definition will be incorporated in KSA 38-2202 on July 1, 2024, to reconcile multiple amendments to KSA 38-2202 that occurred during the 2023 Legislative Session. The language above will remain consistent as in the reconciliation.

Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers

The DCF Policy and Procedures Manual includes Policy 2050 *Plan of Safe Care*, which directly relates to the CARA legislation and the requirements for Plans of Safe Care. When families need a Plan of Safe Care, they are referred to an FPS program for intensive in-home services to meet the needs identified in the family assessment and described in their plan. The plan is monitored by the provider and ensures continuous, long-term focus on the infant's health and development. Agencies are required to describe their Plan of Safe Care services when applying in response to an RFP.

In addition to monitoring mother and child, providing case management and connection to prenatal resources and SUD resources, each SFY 24 FPS contractor provides a unique array of services for their Plan of Safe Care, a summary provided in the following table:

Provider- Region	Plan of Safe Care
DCCCA – Wichita and KC	DCCCA has two residential treatment locations that allow mothers with substance-affected infants to bring their baby with them while they are in treatment. This promotes bonding between mother and an infant while seeking timely treatment for SUD. Our residential programs provide a unique opportunity for on-site childcare allowing the mother to parent her child throughout her time in treatment and have childcare when she is in specific treatment interventions. This allows the mother to continue bonding while learning new parenting skills and allows staff to assist and monitor the baby's safety, health, and well-being.
TFI Family Services- Northwest and Southwest	TFI has connections with local health departments, various safety net clinics, rural health clinics, and Federally Qualified Health Care Centers, should the mother not have an option for a personal physician. Coordination of care with a substance abuse treatment provider is essential as the health of the mother-to-be is also a primary concern. Direct services will be provided by the FPS Therapist. The scope of necessary services needs to be flexible and should consider the involvement of relatives or other personal contacts that can be supportive of the woman and child before, during, and after the baby is born.
COC- Northeast and Southeast	COC will assist family members with referrals for services as needed. If the parent is participating in substance use treatment, the CM will communicate with the treatment provider regarding attendance, engagement, and progress. If the parent is not already participating in treatment, the Agency Addiction Counselor will complete the SASSI with the parent to determine treatment needs. The COC Addiction Counselor will either provide the treatment or refer the parent to a DCF approved substance abuse treatment provider.

SUD program improvements, trainings, and targeted education are led by the Kansas Drug Endangered Children's Alliance of Kansas (DEC). There is a governing state board and local community alliances also referred to as DEC's. The state board members include representation from nonprofit and government across the state, including the DCF RD from Wichita and Northwest. The goal of DEC alliances is to raise awareness and increase community collaboration. These efforts will help and support families in Kansas, including the very vulnerable population of infants born as being substance affected or having symptoms resulting from prenatal drug exposure or fetal alcohol spectrum disorder.

Community collaboration is essential to help support families with caregivers experiencing substance use from places of risk to resiliency. The DEC Alliance, in partnership with KDHE, received approximately two million dollars from the Department of Justice to address substance use and misuse, promote public safety, reduce overdose deaths, and support access to prevention, harm reduction, treatment, and recovery services in Kansas. Community grantees include select local health departments, the Elk County Sheriff's office and local organizations such as the Liberal Area Coalition for Families.

The Kansas DEC Alliance hosts an annual conference in conjunction with the Kansas Public Health conference. The conference event was held in Wichita on March 4, 2024. Presentation topics included: Current Drug Trends presented by the Reno District Attorney, Handle with Care for presented by the Tennessee Bureau of Investigation, a panel presentation from those with lived recovery experience, and a discussion on harm reduction led by the director of the Wichita methadone clinic.

Other targeted education includes a brown bag series of weekly trainings, in recognition of child abuse prevention month, which will include presentation from experts, people with lived experiences, and professionals working in the field. By raising awareness of DEC issues and promoting local collaboration, the DEC Alliances will improve the safety and wellbeing of infants affected by prenatal substance use. This will strengthen the multidisciplinary team approach and will create stronger Plans of Safe Care.

In SFY 24, DCCCA implemented the evidence-based practice model START, Sobriety Treatment and Recovery Teams. This intervention utilizes a rapid timeline to have the parent or caregiver assessed for treatment and into the appropriate treatment program within 11 days of receiving the referral. The program includes a bachelors level CM who works with the parent or caregiver, the hospital nurses and social worker, and DCF to identify and put in place the appropriate supports for the infant and the parent or caregiver. A family mentor also works with the parent or caregiver. The family mentor is a person with lived experience in addiction, recovery, and the child welfare system. Their purpose is not just for mentorship but in fostering a trusting relationship with the parent based on their similar experiences and to navigate them to their next steps toward sobriety and healthy parenting. This program is available in 22 counties in Kansas and has received exceptions by DCF to serve families outside the service region when appropriate. A video about START provided by DCCA can be viewed at this link: <https://www.youtube.com/watch?v=4hWQoE92eF0&feature=youtu.be>

DCCCA also convenes monthly meeting with START teams, DCF, and other treatment providers in the Kansas City and Wichita regions to discuss ways in which collaboration between the agencies can be improved along with addressing barriers so infants, parents or caregivers can be provided necessary supports to assist current families in services and future families. These meetings include best practice trainings to increase knowledge and support services affecting children exposed to substance use in the home.

In SFY 24, DCCCA facilitated a training in the Kansas City region with Children and Family Futures regarding neonatal substance exposure. DCCCA START staff, DCF, and recovery treatment providers were invited and participated in the training to educate anyone working with parents or caregivers and infants with neonatal substance exposure on common short term and long side effects, withdrawal symptoms, and ways to support families when neonatal substance exposure has occurred. Finally, DCF regularly participates on the KDHE Kansas Maternal Mortality Review Committee. Their mission is to increase awareness of issues surrounding deaths during pregnancy and to promote change among individuals, communities, and health care systems to reduce the number of deaths. The committee consists of 31 members representing various specialties, facilities, and systems that interact and impact maternal health. The key recommendations from this year's annual Executive Summary for preventing pregnancy related deaths are:

Screen, provide brief intervention, and referrals for:		
Comorbidities and chronic illness	Intimate partner violence	Pregnancy intention
SUD	Patient Education and empowerment	
Mental health conditions (including postpartum, anxiety, and depression)	Better communication and multidisciplinary collaboration between providers, including referrals	

Additional information regarding this committee can be found at <https://kmmrc.org/>

ARPA of 2021

Kansas DCF received \$949,707 in CAPTA funds related to the 2021 American Rescue Plan. These funds were allocated to support a sole source contract with KCSL to build individual community capacity for FRC and provide updated mandated reporter training statewide. Relating to CAPTA purpose (10), the

mandated reporter training expanded the concept of reporters to also be family supporters, identifying prevention resources, and services before a family's situation escalates to a level needing a report to KPRC. Other KCSL trainings are cross promoted with the mandated reporter training, such as building cultural competency and supporting LGBTQIA+ individuals, and the Shift in Perspective training, which demonstrates supporting families and identifying poverty vs. neglect.

Since 2021, Kansas joined the NFSN through KCSL to standardize FRCs. KCSL provides free certified training to those seeking membership in the KFSN. FRCs promote stability and provide access to services for families to prevent crisis and a need to interact with the child welfare system. Funds are on target to be expended by 9/30/2025. Data for the mandated reporter and supporting families training and the Kansas NFSN FRC training, see the following table for SFY 24:

Training Type	SFY 24 (July 2023- March 2024)
KCSL # Trained Mandated Reporter/Supporter	2,283
DCF # Trained Mandated Reporter/Supporter	90
KCSL # Shift in Perspective Training	371
KCSL # Trained LGBTQIA+/cultural competency	297
KCSL NFSN Training (FRC)	95
All other KCSL Special Topics Training	473
Total # of Training Hours Provided	168.30
Total Trained	3,609
% or participants reporting learned new skills	96.55%

More information about KCSL trainings can be found on their website: <https://www.kcsl.org/what-we-do/education/training/>

E. Updates to Targeted Plans within the 2020-2024 CFSP

E.1 Foster and Adoptive Parent DR Plan

DCF and its community and contracted partners have worked together to develop a cohesive DR Plan. The first publication of the plan occurred in 2016. It was first developed in partnership with CBC for States for guidance and support. It was led by Kathy Ledesma, the Program Area Manager for Adoption, and Christine DeTienne, the State/Territory Liaison. In SFY 22-23, it has since undergone some clerical updates by FAC who now oversees the DR Plan and updates, Attachment 62 DCF DR Plan.

This plan was developed to showcase	Data Driven Goals are:	DR Goals Are:
Consistent messaging and communication related to DR with an emphasis on improved data collection and analysis.	Recruit, prepare, and retain foster and adoptive families for children who are age 13 and older and who have significant behavioral and mental health needs.	Intentionally recruit, prepare, and retain foster or adoptive parents who are best able to meet the needs of children in care and who will actively support reintegration and understand the importance of connection with birth families.
Implementation of effective strategies for recruiting and supporting families.	Recruit, prepare, and support African American foster and adoptive families.	Demonstrate the understanding and commitment to serve children affected by trauma.
Improve outcomes of timely permanency, PS, and foster or adoptive parent licensing, recruitment, and retention.	Recruit, prepare, and support adoptive families for children and youth registered on the adoption exchange.	Willing to meet the immediate and long-term needs of the child.

DR brings together community partners along with FAC, DCF and CWCMPs to review data on Kansas children in OOH placement (regardless of case plan goal) and discuss needs and options. This includes continuous analysis of data supporting the agency in effectively communicate with partners and stakeholders and adjust the plan accordingly.

This effort focuses on a one-system approach to child welfare by connecting programs, agencies and community stakeholders to the fullest extent possible, allowing for maximization of services to children and families. The comprehensive, data-driven DR Plan outlined here is the vision and unified framework for all stakeholders to utilize in their work with foster and adoptive families.

The group holds shared recruitment commitments, and while CPAs numbers have slightly decreased, there remains a significant need for foster homes to care for high acuity children. The leaders for DR have a shared mission which is to model responsibility to all agencies and staff.

The leaders for DR have a shared mission which is to model responsibility to all agencies and staff:
Reduce number of children in OOH care
Share resources to close the gap between placement capacity and placement needs.
Advocate for change in culture by moving/building the support system as this group's goal is about providing resources for kids to get to permanency quicker.
Move the needle on definition/language of foster parents by changing the language. One Message for One Child Welfare System.

Attachments for CWCMPR Plans:		
Attachment 63 TFI DR Plan	Attachment 64 KVC DR Plan FY 25	Attachment 65 SFM DR Plan
Attachment 66 COC DR Pla	Attachment 67 KVC DR Plan FY 23	

E.2 Health Care Oversight and Coordination Plan

See Attachment 3 for the Update to Health Care Oversight and Coordination Plan.

E.3 Disaster Plan

See Attachment 68 for the DCF Administration Disaster Plan. Each DCF region has developed and maintains a disaster plan. All use the same plan structure and include an emergency contact number specific to the region. The plan is audited annually by the Kansas Division of Emergency Management (KDEM) looking to ensure it is updated and complete and outlines continuity of operations. DCF completes post-audit revisions based on resulting recommendations. KDEM completed an audit of DCF's disaster plan in late 2023. The audit results reflected DCF had met requirements of the Federal Emergency Management Agency (FEMA).

DCF Operations are directly responsible for implementation of the plan. The team is dedicated to operationalizing the plan with agency program staff to minimize interruptions in services for children and families in the event of a disaster.

During a widespread disaster DCF functions as part of the human services branch of KDEM. One of the primary goals of the human services branch is identifying and addressing disparities for marginalized groups in any aspect impacted by the disaster. DCF collaborates directly with the Americans with Disabilities Act (ADA) coordinator, Kansas Commission for the Deaf and Hard of Hearing, volunteer organizations active in disasters, and other resources to address disparities in real time during a disaster.

During the Covid pandemic, DCF and KDEM collaborated to secure shelter for Kansans exposed or sick and unable to quarantine in their own homes. Shelter included accommodating medical needs, allergies, religious preferences, and all types of disabilities including accessibility. This experience was valuable in educating the agency how to project the needs for marginalized communities and the impact a future

disaster might present. Planning to address the disparities before they have an impact is the goal of the agency disaster plan.

Please also see attached disaster planning documents from the CWCMPs: Attachment 69 KVC, Attachment 70 Saint Francis Ministries. Attachment 71 TFI, and Attachment 72 Cornerstones of Care. Additionally, See Attachment 73 for the Independent Living Disaster Plan.

E.4 Training Plan

Attachment 74 for DCF Training Plan	Attachment 75 for TFI's Training Plan	Attachment 76 for COC Training Plan
Attachment 77 for SFM Training Pla	Attachment 78 for KVC Training Plan	

F. Statistical and Supporting Information

F.1 CAPTA Annual State Data Report Items

i. Information on Child Protective Service Workforce

			Training Requirement	
Position	Education Requirements	Qualification	Pre-Service*	Annually
Administrative Specialist	Education may be substituted for experience	Two years of experience in general office, clerical and administrative support work	12 hours	1 hour minimum
Intake Protection Specialist (IPS)	Two years of college or two years of work experience in KPRC	Two years of experience at call center/customer service center; bilingual in English/Spanish preferred.	12 hours	1 hour minimum
Child Protection Specialist	Four-year degree in a Human Services or Behavioral Sciences field of study, or education determined relevant by the agency	License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas	PPS social work specialists = 78 hours, KPRC social work specialists = 59 hours	40 continuing education hours every 2 years to maintain licensure
Child Protection Supervisor	Bachelor's level social worker or master's level Professional Counseling or Marriage and Family Therapy	License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas plus one year of social work experience	11 additional program related hours (to above) plus approximately 24 hours of agency-related training	40 continuing education hours every 2 years to maintain licensure

*Pre-Service occurs within 90 days of employment

ii. Data on education, qualifications, and training

Count of Education Lvl	Column Labels				
Row Labels	IPS	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
Bachelor's Degree	1	254	75	12	342
Doctorate		1			1
Four Years College		10	1		11
HS Graduate or Equivalent	1	11			12
Master's Degree	1	36	10	5	52
Not Indicated	2	25	5	1	33
One Year College	1	10	1		12
Some Graduate School		3			3
Technical School		1	1		2
Three Years College		24	1		25

Two Years College	1	9	1		11
Two-Year College Degree	3	12	2		17
Grand Total	10	396	97	18	521

Qualifications and Training Requirements are met 100% of the time employees to retain employment. There are no specific educational requirements for advancement in the agency. A minimum of one year's child welfare experience is required to be eligible for a supervisory position.

iii. Demographic information of the child protective service personnel

Count of Ethnic	Column Labels				
Row Labels	IPS	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
	2	129	23	1	155
AMIND		2	1		3
ASIAN		2			2
BLACK	4	31	5	3	43
HISPA		21	2		23
NSPEC		5	1		6
WHITE	4	206	65	14	289
Grand Total	10	396	97	18	521

Count of Gender	Column Labels				
Row Labels	IPS	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
Female	10	333	92	18	453
Male		63	5		68
Grand Total	10	396	97	18	521

Count of Age	Column Labels				
Row Labels	IPS	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
20-30	1	143	17		161
30-40	2	111	36	3	152
40-50	1	66	19	4	90
50-60	4	49	19	6	78
60-70	2	24	6	5	37
70-80		2			2
80-90		1			1
Grand Total	10	396	97	18	521

iv. Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

June 2023 Caseload	Child Protection Specialist (CPS)	CPS Supervisors	CPS Staff and Supervisors
Average Monthly cas	10.8	0.8	8.5

June 2023 Caseload	CPS to Supervisor Ratio
Average Monthly Ratio	194:57

June 2023 Caseload	CPS to Supervisor Ratio	CPS Staff Ratio	Total cases per Supervisor
Average Monthly Rio/Cases	3.4	11:4	38:9

F. 2 Juvenile Justice Transfers

Number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2023	10
Source of the information	FACTS, DCF's Child Welfare Reporting System
How the state defines the reporting population	Youth transferred to another state agency

F.3 Education and Training Vouchers (ETV)

The DCF IL Program administers the State's ETV Program. The ETV Program serves youth and young adults by extending eligibility to the following for attendance at certified training programs and post-secondary educational institutions:

Youth who were in the custody of the Kansas DCF, KDOC-CBS, or Tribal Authority and in an eligible OOH FC placement on the date the youth attained 18 years of age; or
Youth who left an eligible OOH FC placement subject to a permanent custodianship or guardianship on or after the youth's 16th birthday; or
Youth who were adopted from an eligible OOH FC placement on or after the youth's 16th birthday; or
Youth who were in an eligible OOH placement for any length of time on or after their 14th birthday, unless an adoption, permanent custodianship, or guardianship is finalized prior to the youth's 16th birthday.

Youth who continue to be under the responsibility of the CWCMP, KDOC-CBS, or Tribal Authority and meet the above criteria may receive ETV supports prior to their release from custody. Tribal CM, KDOC-CBS CM, and CWCMP CM shall coordinate services for youth eligible for ETV and still in their care and custody through communication with the Regional DCF IL Coordinator.

ETV assistance is available to eligible youth and young adults for assistance with post-secondary education and certified training programs based on need and availability. ETV funds may be used for costs associated with post-secondary education and/or training only. Total expenditures per youth cannot exceed \$5000 or the total financial need identified on the ETV Program plan (PPS 7001) for that youth or young adult per plan year, whichever is less. The ETV plan year begins on July 1 and ends on June 30 of the following year. ETV amounts changed in DCF policy to a maximum ETV amount of \$5000 per youth or young adult for SFY 2023; after the end of the increased amount allowed per CAA ended September 30, 2022. Policy changed due to guidance from ACF indicating the maximum ETV award, including state match, cannot exceed \$5000 per student. The DCF IL program had been allowing a maximum of \$6250 utilizing a state match of \$1250 in addition to the \$5000.

DCF IL staff in the field are trained on eligibility and payment information for ETV. They manage the ETV program for young adults in their region. DCF IL staff and young adults complete the PPS 7001 ETV Program Plan together, see Attachment 79. Youth and young adults participating in post-secondary education or training plans must be actively involved in all stages of the plan.

Documentation to support all identified costs associated with the plan must be attached to the PPS 7001 ETV Program Plan. To avoid duplication of benefits, documentation of all Federal or State financial

awards associated with the ETV plan must also be attached (e.g., Pell Grant and scholarships). All youth and young adults applying for ETV funds must complete a minimum of three scholarship applications with proof of documentation provided at the time of completing the PPS 7001 ETV Program Plan. Youth and young adults must complete the FAFSA prior to applying for ETV funds. Youth and young adults who are eligible for the Kansas Foster Child Educational Assistance Act, also known as the Tuition Waiver, may be eligible to receive ETV funds, based on need. The PPS 7001 ETV Program Plan is signed by the youth or young adult, the IL Coordinator, and the CWCMP CM, if applicable.

The IL Coordinators track all expenses, so the total does not exceed the maximum allowable funds per year, or the total financial need identified in the ETV plan per youth. Expenses are entered into DCF's SSIS through the State's accounting system and are tracked by each region and DCF Administration.

The chart below includes ETV expenditure data from SFY 2018 to SFY 2024 (See attachment 44 SSIS Annual Report SFY 2024 through February).

	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY2022	SFY2023	*SFY2024
# Young Adults Served	330	281	264	276	226	225	214
Payment Totals	\$520,596	\$437,620	\$437,620	\$1,046,850	\$916,407	\$997,590	\$409,052
Annual Average per Yo Adult	\$1,577.56	\$1,557.37	\$1,657.65	\$3,792.93	\$4,054.90	\$4,433.73	\$1,911.46

*Through February 2024

The data shows a decrease in the number of youth and young adults receiving ETV funds in SFY 2019 and SFY 2020 compared to SFY 2018. However, the annual average per young adult remained the same or increased each year. This increase could have been an indication less youth attended a post-secondary program during SFY 2020 but the need for financial support was higher. The decrease in youth and young adults receiving ETV funds could have also been correlated with secondary education graduation rates upon exiting FC custody. There was a very slight increase in the number of youth and young adults receiving ETV funds in SFY 2021. As data was updated the increase in SFY 2021 was not continued and decrease to the lowest numbers in the program since at least SFY2008. The decrease may be attributable to students who discontinued their education during the pandemic. Some did not adapt positively to online learning environments and did not re-engage as the public health emergency subsided. The average amount spent for youth in the ETV program has continued to increase until the current fiscal year, SFY 2024. A decrease in the average amount spent per student would be expected after September 30, 2022, when the provisions of CAA ended for the ETV program.

While the East Region experienced a slight increase of five young people receiving ETV from SFY2023 to SFY2024, all the other regions experienced a decrease of at least five young people receiving ETV. The Kansas City Region has had the highest percentage of ETV youth in the state since SFY2021.

Beginning January 2021, the DCF IL Program implemented the ETV Program provisions of the Supporting Foster Youth and Families through the Pandemic Act, Division X of the CAA of 2021 (Division X). The maximum ETV limit was raised to \$12,000 (100% Federal funds) per academic year through September 30, 2022. Other flexibilities in the ETV program were phased out the previous year. Many ETV Program participants struggled to maintain academic progress during the pandemic as mentioned above. Students faced challenges with online learning environments and there was a lack of available campus academic and social supports. This impacted student health and well-being as well as the student's ability to attend classes and complete assignments. IL Coordinators have been steadfast advocates for youth by working with schools to find supportive resources and assisting youth with withdrawing from classes when necessary. Many ETV participants have stayed enrolled or have re-

enrolled in academic programs. The increased funding provided through the CAA until the end of September 2022 was a significant factor for some young people to continue their education.

In July 2020, DCF IL experts provided virtual ETV training to IL teams statewide to connect with new IL coordinators and promote consistency in implementation. This IL training team has provided instruction on eligibility, processes, and payments ongoing as IL teams have expanded. Regional staff have taken the lead in providing ongoing training making it important to continue regular IL Leadership meetings and statewide trainings to support consistent practice. Planning for future training is happening in the remaining months of SFY24 and will continue throughout SFY25. The DCF IL Leadership team reviews policy, comes to a shared understanding and considers ideas for implementation through training or sharing at the peer level through the IL Coordinators.

DCF IL staff will continue to present ETV program information to stakeholders in the remaining months of SFY24 and into SFY25. Feedback from the stakeholders will be incorporated when establishing goals for the ETV program and Tuition Waiver. The stakeholder voice will assist in developing measures for accountability.

See Attachment 80 Annual Reporting of Education and Training Vouchers (D).

Please see Attachment 44 SSIS Annual Report SFY 2024 through February. Attachment 81 contains Attachment C.

F.4 Inter-Country Adoptions

During SFY each case management provider served the following number of youth who had previously been adopted from another country.

CWCMP	SFY 2023	SFY 2024*
KVC	0	6
COC	0	0
SFM	Unknown	2 **
TFI	0	0

Data Source: CWCMP records

* SFY 2024 information is current as of 5/30/2024

** number of youth currently in care, does not include youth who may have been released from care

An element in the FACTS system has been included to increase the reliability of tracking this information.

G. Financial Information

1. Payment Limitations

A. Title IV-B, Subpart 1

FFY 2005 Title IV-B, Subpart 1 & State Match Expenditures

The Title IV-B, Subpart 1, payment limitations are identified below.

Category	Title IV-B	State match	All Funds
Child Cae	0	0	0
Foster Cae	439,792	146,597	586,389
Adoptissistance	95,070	31,690	126,760
Total FF 2005 Expenditures	534,862	178,287	713,149

B. Title IV-B, Subpart 2

FFY 1992 Title IV-B Subpart 2, Supplantation Requirements Per Section 432(a)(7)(A)

Category	1992	2022
Family Svices	\$1,661	\$403,440
Family Peservation	\$ -	\$2,441,888
Time Limd Reunification	\$27,424,568	\$70,182,462
Adoption omotion & support	\$1,072,510	\$6,253,429
Total	\$28,498,739	\$79,281,218

C. Chafee Program

See John H Chafee Foster Care Program for Successful Transition to Adulthood

2. Reallotment of FY 2024 (Current Year) Funding

DCF Submitted reallotment request.

3. FY 2025 Budget Request – CFS 101, Part 1 and 2

Please see Attachment 38 Kansas FY 2025 CFS-101s Excel and Attachment 39 Kansas FY 2025 CFS-101s PDF.

4. FY 2022 Title IV-B Expenditure Report – CFS 101, Part III

Please see Attachment 38 Kansas FY 2025 CFS-101s Excel and Attachment 39 Kansas FY 2025 CFS-101s PDF.

5. Expenditure Periods and Submission of Standard Form 425 (SF-425) Federal Financial Report

These reports have been submitted via PMS therefore are not included in this submission.

Attachment Guide

1. DCF PPS Organizational Chart
2. DEI Training and Services
3. Health Care Oversight and Coordination Plan
4. Kansas/Missouri Border Agreement
5. Contact List
6. SPT State Flyer
7. DCF, KDOC, OJA MOU
8. SNCO Protocol Map
9. MGCO Protocol Map
10. CAFAS Referral Form
11. Judicial Involvement for Crossover Youth
12. Understanding Crossover
13. CRP ITP 2023 Annual Report
14. CRP ITP 2023 Annual Report Response
15. CRP CTT 2023 Annual Report
16. CRP CTT 2023 Annual Report Response
17. SCRDB Annual Report
18. SCRDB Annual Report Response
19. Wichita Civic Engagement
20. KPM Explainer
21. KS R4 PIP Approved Plan
22. CAK SFY24 Q1
23. CAK SFY24 Q2
24. License Exception Report
25. FFPSA Services Grantees 24
26. ICAB Fact Sheet
27. SOUL Family Handout
28. SOUL Family Backgrounder
29. SOUL Family Talking Points Guidance
30. SOUL Family FAC
31. SOUL Authentic Youth Engagement
32. SOUL Workgroups
33. SOUL Family Demonstration Team – Meeting Attendance 2022
34. SOUL Family Demonstration Team – Meeting Attendance 2023
35. DCCCA Post Adoption Flyer
36. ASAP Brochure
37. Economic and Employment Services Overview
38. **Kansas FY 2025 CFS-101s Excel**
39. **Kansas FY 2025 CFS-101s PDF**
40. Youth Recovery Report SFY 2024
41. PPS 3059 My Plan for Successful Adulthood
42. CWCMP IL Activities SFY 2024
43. DCF Regional Activities SFY 2024
44. SSIS Annual Report SFY 2024 through February
45. IL Monthly Demographic Report SFY 24
46. KYAC and RYAC Activities and Attendance SFY2024
47. KYAC Governor’s Conference – Exiting Foster Care and Preparing for Adulthood
48. We Kan Drive Dashboard
49. DCF IL Driving and Transportation
50. DCF IL Data Elements Feb 1, 2024 Snapshot
51. Foster Youth to Independence (FYI) Housing Vouchers
52. Trainings Attended by Kansas Independent Living Staff During SFY2024
53. KS 2023 Full Baseline
54. KS Full Served
55. KS 2020 Full Baseline
56. KS FY14-18 Data Snapshot
57. KS 2021 Full Follow-up 21
58. DCF and Iowa Tribe ICWA MOU
59. DCF and Kickapoo Tribe in Kansas ICWA MOU
60. DCF and PBPB ICWA MOU
61. DCF and Sac and Fox Nation of Missouri in Kansas and Nebraska ICWA MOU
62. DCF Diligent Recruitment Plan
63. TFI DR Plan
64. KVC DR Plan FY 25
65. SFM DR Plan
66. COC DR Plan
67. KVC DR Plan FY 23
68. DCF Administration Disaster Plan
69. KVC Disaster Plan
70. SFM Disaster Plan
71. TFI Disaster Pan
72. COC Disaster Plan
73. IL Disaster Plan
74. DCF Training Plan
75. TFI Training Plan
76. COC Training Plan
77. SFM Training Plan
78. KVC Training Plan
79. ETV Program Plan
80. **Attachment D Annual Reporting of Education and Training Vouchers**
81. **Attachment C**
82. CAK SFY24 Q3

Acronym Guide

A

AA: Adoption Accelerators
AAP: American Academy of Pediatrics
ACE: Adverse Childhood Experience
ACF: Administration for Children and Families
ACMHC: Association of Community Mental Health Centers
ADA: Americans with Disabilities Act
AFCARS: Adoption and Foster Care Analysis Reporting System
AG: Attorney General
AI: Artificial Intelligence
AKK: Adopt Kansas Kids
ANI: Area needing Improvement
AP: Assessment and Prevention
APA: Adoptive Placement Agreement
APHSA: American Public Human Service Association
APPLA: Another Planned Permanent Living Arrangement
APSR: Annual Progress and Services Report
ARD: Assistant Regional Director
ARPA: American Rescue Plan Act
ASD: Autism Spectrum Disorder
ASFA: Adoption and Safe Families Act
ASN: Ally Support Network
ASQ-SE: Ages and Stages Questionnaire, Social Emotions
ATT: Adoption Tracking Tool
AUK: AdoptUSKids

B

BAFO: Best and Final Offer
BI: Behavioral Interventionist
BI: Brain Injury
BI: Business Intelligence
BIPOC: Black, Brown, Indigenous, People of Color
BoS: Balance of State
BPR: Business Process Reengineering
BSRB: Kansas Behavioral Science Regulatory Board
BWBSWF: Building Well-Being and Safety with Families

C

CAA: Consolidated Appropriations Act
CAFAS: Child and Adolescent Functional Assessment Scale
CAK: Children's Alliance of Kansas
CAP: Compliance Action Plan
CAP: Corrective Action Plan
CAPTA: Child Abuse Prevention and Treatment Act
CARA: Comprehensive Addiction and Recovery Act
CARE: Child Abuse Review & Care
CASA: Court Appointed Special Advocate
CB: Children's Bureau
CBC: Capacity Building Center
CBCAP: Community-Based Child Abuse Prevention
CBI: Children's Behavioral Interventionist
CBST: Cognitive Behavioral Skills Training
CCBHC: Community Behavioral Health Clinics
CCDF: Child Care Development Fund
CCWIS: Comprehensive Child Welfare Information System
CDDO: Community Developmental Disability Organization
CDDE: Child Care and Developmental Fund
CDSC: Child Stress Disorder Checklist
CEI: Community Engagement Institute

CEU: Continuing Education Unit
CFP: Casey Family Programs
CFSP: Child and Family Services Plan
CFSR: Child and Family Services Review
CI: Critical Incident
CIF: Children's Initiatives Fund
CINC: Child in Need of Care
CIP: Court Improvement Program
CIS: Cognitive Interaction Skills
CJA: Children Justice Act
CJJR: Center for Juvenile Justice Reform
CLARIS: Childcare Licensing and Regulation Information System
CLE: Continuing Legal Education
CLSA: Casey Life Skills Assessment
CM: Case Manager
CMHC: Community Mental Health Center
CMP: Case Management Provider
CMS: Centers for Medicare and Medicaid Services
CoC: Continuum of Care
COC: Cornerstones of Care
CPA: Child Placing Agency
CPS: Child Protection Specialist
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CRB: Citizen Review Board
CRP-ITP: Citizen Review Panel – Intake to Petition
CSDC: Child Stress Disorder Checklist
CSE-IT: Commercial Sexual Exploitation-Identification Tool
CSG: Council of State Governments
CSR-TTAC: Crisis Systems Response Training and Technical Assistance Center
CSS: Child Support Services
CSS: Community Support Specialist
CST: Child Sex Trafficking
CTE: Career Technical Education
CTT: Custody to Transition Panel
CWCMP: Child Welfare Case Management Provider
CWS: Child Welfare Summit
CYPM: Crossover Youth Practice Model

D

DA: District Attorney
DAISEY: Data Application and Integration Solutions for the Early Years
DCF: Department for Children and Families
DDI: Design, Development, and Implementation
DEC: Drug Endangered Children
DEI: DCF Equity and Inclusion
DR: Diligent Recruitment
DT: Deciding Together
DV: Domestic Violence

E

EAC: Employee Advisory Committee
EAL: Everyone a Leader
EBT: Electronic Benefit Transfer
EBP: Evidence Based Programs
ECE: Early Care and Education
ECID: Early Childhood Integrated Data
ECMU: Exploited and Missing Child Unit

EES: Economic and Employment Services
EHS: Early Head Start
EMS: Emergency Medical Services
ETV: Education and Training Voucher

F

FAC: Family Advisory Council
FAC: FosterAdopt Connect
FACTS: Family and Child Tracking System
FAFSA: Free Application for Federal Student Aid
FAST: Family Advocacy, Support, and Training
FBI: Federal Bureau of Investigation
FC: Foster Care
FCL: Foster Care Licensing
FCT: Family Centered Treatment
FEMA: Federal Emergency Management Agency
FFFC: Family First Family Council
FFPSA CM: Family First Case Manager
FFPSA: Family First Prevention Services Act
FFY: Federal Fiscal Year
FINA: Family in Need of Assessment
FPL: Federal Poverty Level
FPS: Family Preservation Services
FRCs: Family Resource Centers
FS: Family Services
FSGC: Family Service and Guidance Center
FSW: Family Support Workers
FT: Families Together
FY: Fiscal Year

G

GAL: Guardian ad Litem
GBHSPC: Governor's Behavioral Health Services Planning Council
GED: General Equivalency Developmental Test

H

HCBS: Home and Community Based Services
HFA: Healthy Families America
HHS: Health and Human Services
HISM: Hotline/Intake/Screening Managers
HT: Human Trafficking
HTAB: Human Trafficking Advisory Board
HTPI: Human Trafficking Prevention and Initiatives
HUD: Housing and Urban Development
HV: Home Visitation

I

I/DD: Intellectual Developmental Disability
IAB: Interagency Advisory Board
ICAB: Interagency Community Advisory Board
ICPC: Interstate Compact on the Placement of Children
ICWA: Indian Child Welfare Act
IDA: Individual Development Account
IEP: Individualized Education Program
IFM: Initial Family Meeting
IIP: Immediate Intervention Programs
IJP: Individualized Justice Plans
IL: Independent Living
ILP: Independent Living Program
IPS: Intake Protection Specialist
IRC: International Rescue Committee
IRP: Individualized Recruitment Plan
IRT: Immediate Response Team

ISP: Initial Service Plan
ITP: Intake to Petition
IV&V: Independent Verification and Validation

J

JAG- K: Jobs for America's Graduates – Kansas
JDAI: Juvenile Detention Alternatives Initiative
JIAC: Juvenile Intake and Assessment Center
JIAS: Juvenile Intake and Assessment Services
JJOC: Juvenile Justice Oversight Committee
JO/CINC: Juvenile Offender/Child in Need of Care
JO: Juvenile Offender

K

KAN: Kansas Adoption Network
KANLINK: Kansas Linking Infrastructure for Nurturing Kids
KBI: Kansas Bureau of Investigation
KBOR: Kansas Board of Regents
KCCFE: Kansas Children's Cabinet and Trust Fund
KCCTO-ITSN: Kansas Child Care Training Opportunities-Infant Toddler Specialist Network
KCPSTA: Kansas Chafee Program for Successful Transition to Adulthood
KCSDV: Kansas Coalition for Sexual and Domestic Violence
KCSL: Kansas Children's Service League
KDADS: Kansas Department for Aging and Disability Services
KDHE: Kansas Department of Health and Environment
KDOC: Kansas Department of Corrections
KDOC-CBS: Kansas Department of Corrections – Community Based Services
KEES: Kansas Eligibility Enforcement System
KEHS: Kansas Early Head Start
KEHS-CCP: Kansas Early Head Start Child Care Partnerships
KEHS-HV: Kansas Early Head Start Home Visitation
KEY: Kansas Endowment for Youth
KFAN: Kansas Family Advisory Network
KFAPA: Kansas Foster and Adoptive Parent Association
KFSN: Kansas Family Support Network
KHI: Kansas Health Institute
KHP: Kansas Highway Patrol
KHRC: Kansas Housing Resource Corporation
KIDS: Kansas Infant Death and SIDS
KIDS: Kansas Initiative for Decision Support
KIPS: Kansas Intake/Investigation Protection System
KKGU: Kansas Kids @ GEAR UP
KJCC: Kansas Juvenile Correctional Complex
KKCC: Kansas Kinship Caregivers Council
KLC: Kansas Leadership Center
KLS: Kansas Legal Services
KNP: Kinship Navigator Program
KLPMS: Kansas Learning & Performance Management System
K-PARC: Kansas Post Adoption Resource Center
KPM: Kansas Practice Model
KPMO: Kansas Practice Model Overview
KPM SC: Kansas Practice Model Steering Committee
KPP: Kansas Preschool Pilot
KPOC: Kansas Perinatal Quality Collaborative
KPRC: Kansas Protection Report Center
KSDE: Kansas State Department of Education
KU: University of Kansas

KU CPPR: University of Kansas Center for Public Partnerships and Research
KUSSW: University of Kansas School of Social Welfare
KVC: KVC Health Systems
KYAC: Kansas Youth Advisory Council

L

L&D: Learning and Development
LDS: Learning and Development Specialist
LE: Law Enforcement
LFR: Leading for Results
LMS: Learning Management System

M

MCO: Managed Care Organization
MCV: Monthly Caseworker Visits
MDT: Multi-Disciplinary Team
MHIT: Mental Health Intervention Team
MI: Motivational Interviewing
MIS: Management Information System
MNS: Mainstream Non-Profit Solutions
MOE: Maintenance of Effort
MOU: Memorandum of Understanding
MRSS: Mobile Response Stabilization Services

N

NAFS: Native American Family Services
NCANDS: National Child Abuse and Neglect Data System
NCFAS-G+R: North Carolina Family Assessment Scale for General Services and Reintegration
NCIC: National Crime Information Center
NCMEC: National Center for Missing and Exploited Children
NCWWI: National Child Welfare Workforce Institute
NEICE: National Electronic Interstate Compact Enterprise
NFYI: National Foster Youth Institute
NGA: National Governors Association
NNC: Notice of Noncompliance
NOGA: Notice of Grant Award
NOSF: Notice of Survey Findings
NRCDR: National Resource Center for Diligent Recruitment
NRKIN: Non-Related Kin
NTA: Notice to Appear
NTDC: National Training and Development Curriculum
NTI: National Training Institute
NYTD: National Youth in Transition Database

O

OCK: One Care Kansas
OCM: Organizational Change Management
OJA: Office of Judicial Administration
OOH: Out of home
OSINT: Open-Source Intelligence
OSRI: Onsite Review Instrument
OVI: One Voice One Impact

P

P&P: Policy & Procedures
PA: Program Administrators
PAC: Permanency Advisory Committee
PAR: Pre-Authorization Review
PAT: Parents as Teachers

PBPN: Prairie Band Potawatomi Nation
PCAA: Prevent Child Abuse America
PCG: Public Consulting Group
PCS: Permanent Custodianship Subsidy
PDP: Professional Development Plan
PECFAS: Preschool and Early Childhood Functional Assessment Scale
PGS: Permanent Guardianship Subsidy
PILS: Performance Improvement and Learning System
PIP: Program Improvement Plan
PM: Program managers
PMUR: Psychiatric Medication Utilization Review
PPC: Police Protective Custody
PPM: Policy and Procedure Manual
PPS: Prevention and Protection Services
Pre-ETS: Pre-Employment Transition Services
PRT: Parental Rights Termination
PRTF: Psychiatric Residential Treatment Facility
PS: Placement Stability
PSI: Parenting Stress Index
PSSF: Promoting Safe and Stable Families
PS-TDM: Placement Stability Team Decision Making
PUR: Period Under Review
PWC: PPS Wellness Coordinator
PWS: Pregnant Woman Using Substances
PYF: Parent/Youth Facilitation

Q

QA: Quality Assurance
QRTF: Qualified Residential Treatment Program
QTMAD: Questions That Make A Difference

R

RD: Regional Director
REC: Racial Equity Collaborative
RI: Risk Intelligence
RFP: Request for Proposal
RRT: Rapid Response Team
RS: Rehabilitation Services
RST: Recovery Services Team
RTS: Response Team Specialist
RYAC: Regional Youth Advisory Council

S

SACWIS: Statewide Automated Child Welfare Information System
SAMHSA: Substance Abuse and Mental Health Services Administration
SCDRB: State Child Death Review Board
SCRIPTS: Statewide Contractor Reimbursement Information and Payment Tracking System
SCTFPP: Supreme Court Task Force on Permanency Planning
SDM: Structured Decision Making
SDOH: Social Determinants of Health
SFFC: Safe Families for Children
SFM: Saint Francis Ministries
SFY: State Fiscal Year
SGF: State General Fund
SITs: Strategic Implementation Teams
SME: Subject Matter Expert
SOC: System of Care
SOS: Wichita Children's Home Street Outreach Services
SOUL: Support, Opportunity, Unity, Legal Relationship
SPC: Strategic Planning Conference

SPT: State Policy Team
SRT: Special Response Team
SS: Seeking Safety
SSDI: Social Security Disability Insurance
SSI: Safe Sleep Instructor
SSI: Supplemental Security Income
SSIS: Self-Sufficiency Information System
STD: Sexually Transmitted Diseases
SUID: Sudden Unexpected Infant Deaths
SUD: Substance Use Disorder
SWA: Statewide Assessment

T

TA: Technical Assistance
TANF: Temporary Assistance for Needy Families
TDM: Team Decision Making
TF-CBT: Trauma Focused Cognitive Behavioral Therapy
TFFH: Therapeutic Family Foster Homes
TFI: TFI Family Services
TFSC: Thriving Families Safer Children
TIPS-MAPP: Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting

TPR: Termination of Parental Rights
TS: Transition Services

U

USC: Urban Scholastic Center

V

VIH: Visits In-Home
VR: Vocational Rehabilitation

W

WCCAP: Wichita Coalition for Child Abuse Prevention
WCH: Wichita Children's Home
WSU: Wichita State University
WWSS: Wrestling with Safe Sleep

Y

YAC: Young Adult Consultant
YLI: Youth Leadership Institute