



TITLE IV-B Annual Progress and Services Report

Submitted To:

U.S. Department of Health and Human Services

June 18, 2025

Revised July 7, 2025

This 2026 Annual Progress and Services Report (APSR) is the first annual report related to the Title IV-B Child and Family Services Plan (CFSP) for the five-year time period Fiscal Year (FY) 2025-2029.

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A. OVERVIEW OF THE CHILD AND FAMILY SERVICES PLAN (CFSP), ANNUAL PROGRESS AND SERVICES REPORT (APSR), AND CHILDREN AND FAMILY SERVICES REVIEW (CFSR)

CHILD AND FAMILY SERVICES PLAN (CFSP)

The Kansas 2025 - 2029 CFSP was submitted in June 2025.

ANNUAL PROGRESS AND SERVICES REPORT (APSR)

This APSR serves as the 2026 APSR to address activities completed since the submission of the 2025-2029 CFSP and is the first installment of the five-year plan. Information contained within the APSR updates summarizes DCF activity for the FY. In some cases, activities which are ongoing in nature may be carried forward year to year. In other cases, the progress reviews will complete or close out reporting on the subject or activity. DCF has responded to ACF-ACYF-CB-PI-25-01 as prescribed.

CHILD AND FAMILY SERVICES REVIEW (CFSR)

Kansas completed CFSR Round Four in April 2023.

CONTINUED INTEGRATION OF CFSP AND APSR PROCESS AND ROUND 4 OF THE CFSR

DCF's goals and strategies align with the Program Improvement Plan (PIP) and reflect strategies DCF believes will improve outcomes.

B. REQUIREMENTS FOR THE 2026 APSR

I. UPDATE TO THE VISION & COLLABORATION

The Kansas Department for Children and Families (DCF) has made progress toward its vision to shift from a child welfare system to a child and family well-being system. A child and family well-being system prioritizes family voice and partnership, primary prevention resources, policy co-design, and thrives on community engagement. Under the leadership of Kansas Governor Laura Kelly, DCF Secretary Laura Howard, and the extraordinary work and dedication of more than 2,100 DCF employees, employees of the private child welfare case management providers (CWCMPs), and the support of community partners throughout the State, outcomes for children and families are significantly improving.

DCF is building and fostering 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 accomplished. Creating safe and nurturing environments for children in the state is an agency priority. As Kansas DCF continues to transform, including families as experts and innovators in co-designing and individualizing services is at the forefront. DCF continues to cultivate local support networks.

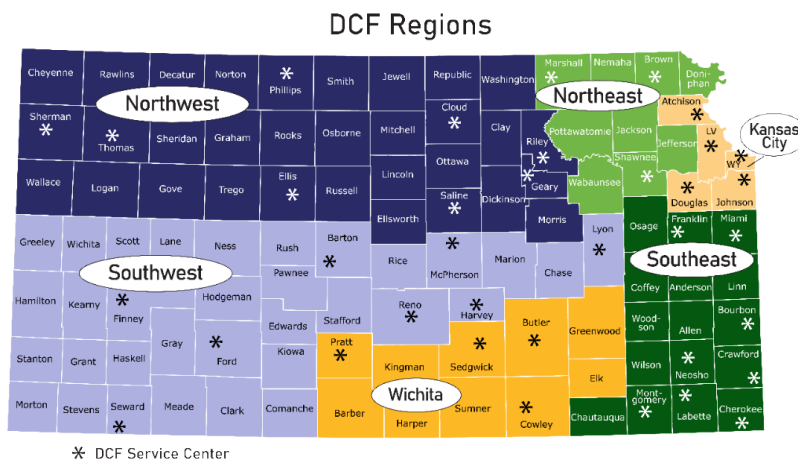
DCF manages programs within Economic and Employment Services (EES), Prevention and Protection Services (PPS), Rehabilitation Services (RS), and Child Support Services (CSS) departments. Services are provided directly by the agency or through contracted providers and community partnerships. Programs serve children, families, 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. They are led by the Secretary through the Deputy Secretary of Family Services. The Deputy Secretary oversees four Directors of PPS based in administration. These four directors have responsibility for services outlined within this plan. Directors are assisted by Deputy Directors, Program Administrators (PA) and 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, permanency and youth programs, and support services. See Attachment 1 DCF PPS Organization Chart.

VISION STATEMENT

DCF partners with communities and families to achieve lasting safety and increase well-being.

Kansas Regional Map



DCF PPS is responsible for administering the State's child and family well-being programs. The State administers child and family well-being services through regional offices and contracts. DCF Child Protective Services (CPS) practitioners assess child abuse and neglect reports to determine assignment. Practitioners in each region respond to child abuse and neglect and family in need of assessment (FINA) assigned reports through investigation and assessment. Regional practitioners may refer a family to prevention services including community primary prevention resources, family services, 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, increasing immediate and lasting safety and improving outcomes. If a child cannot remain safely in their home, the practitioner may initiate a referral to foster care (FC).

Introducing families to available programs which target increasing safety, stability, and well-being is a strategy focused on the whole family. Aligning available services with individual family strengths and needs increases the likelihood of engagement in services. Selecting services alongside the family and in collaboration with the service provider promotes timely interventions. Increasing immediate and lasting safety for children and youth, promoting healthy development, and guiding youth transitioning from care toward self-sufficiency continue to be the focus of efforts and strategies deployed by the agency.

The 2025-2029 CSFP and the APSR 2026 may be found on the DCF website 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:
https://www.ksrevisor.gov/statutes/ksa_ch38.html

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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COLLABORATION

DCF continues to convene and attend meetings, workgroups, and committees.

FEEDBACK FROM STAKEHOLDERS

Group	Convened By	Facilitated By	Frequency
Citizen Review Panel (CRP)	DCF	Mainstream Non-Profit Solutions (MNS)	Bi-monthly
Members Represent	Focus		Evidence of Work (Section(s))
Child welfare, legal, volunteers, DCF, lived expert consultants.	Intake to Petition (ITP) policy/procedure recommendations; serves as the Children's Justice Act (CJA) Task Force.		Collaboration – I

Group	Convened By	Facilitated By	Frequency
CRP	DCF	MNS	Bi-monthly
Members Represent	Focus		Evidence of Work (Section(s))
Child welfare, volunteers, legal, DCF and lived expert consultants.	Custody to Transition (CTT): Review of policies, procedures, and practices of the state CPS system.		Collaboration – I

Group	Convened By	Facilitated By	Frequency
Kansas State Child Death Review Board (SCDRB)	Kansas Attorney General (AG)	Executive Director, Kansas AG's Office	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, AG, Board of Healing Arts, Education, Legal, Kansas Bureau of Investigation (KBI), Kansas Department of Health and Environment (KDHE), County Attorney (CA) and District Attorney (DA)	Examines trends and patterns to identify risk factors in the deaths of children, from birth through 17 years of age. Functions as the State's 3 rd CRP.		Collaboration – I: CRP and CJA

Group	Convened By	Facilitated By	Frequency
PPS Policy Workgroup	DCF	Policy Workgroup Members	Weekly
Members Represent	Focus		Evidence of Work (Section(s))
Each PPS Program	Policy writers develop, revise and/or clarify policies based on feedback from legislation, federal guidance, administrative requests, and others.		PPS PPM

Group	Convened By	Facilitated By	Frequency
Kansas Youth Advisory Council (KYAC)	DCF	DCCCA	Monthly
Members Represent	Focus		Evidence of Work (Section(s))

Youth council members, DCF Independent Living (IL), CWCMP IL, Tribal IL, Kansas Department of Corrections – Community Based Services (KDOC-CBS)	Empower youth and young adults by having an organized structure for them to share their experiences and provide recommendations concerning the child and family well-being system in Kansas and on a national level. DCCCA was selected to facilitate KYAC beginning July 1, 2024.	John H Chafee FC Program for Successful Transition to Adulthood: Description of Program Design and Delivery
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Group	Convened By	Facilitated By	Frequency
Regional Youth Advisory Council (RYAC)	DCF	CWCMPs	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Youth council members, DCF IL, CWCMP IL, Tribal IL, KDOC- CBS	Empower youth and young adults in an organized framework to share their experiences and propose change in the family and child well-being landscape. Meetings will be facilitated by individual CWCMPs beginning July 1, 2024.		John H Chafee Foster FC for Successful Transition to Adulthood: Description of Program Design Delivery

Group	Convened By	Facilitated By	Frequency
Interagency Community Advisory Board (ICAB)	University of Kansas Center for Public Partnerships and Research (KU-CPPR)	KU-CPPR	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, community service providers and lived expert consultants.	Data, services gaps, improvement, and growth in prevention; regional and community specific breakout conversations.		This group is a partner in co-design and review of policy and state planning.

Group	Convened By	Facilitated By	Frequency
Family First Family Council (FFFC)	KU-CPPR	KU-CPPR	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
Lived expert consultants, DCF Admin, KU-CPPR	Feedback informing policy, practice, statewide service provision and ideas for meeting basic needs of families.		Prevention plan; Family Resource Centers (FRC); PPM; Support, Opportunity, Unity, Legal Relationship (SOUL) Current and planned activities: Safety

Group	Convened By	Facilitated By	Frequency
FFPSA Case Manager (CM) Workgroup	DCF Administration	FFPSA PM -Administration	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
DCF Region FFPSA CMs	Program process, policy, and agency vision; improving statewide capacity, promote utilization of prevention programs, best practice, and enhancing collaboration and coordination between DCF and the providers.		This group is a contributing partner in co-design and review of policy. PPM Current and planned activities: Safety

Group	Convened By	Facilitated By	Frequency
Kansas Tribal Collaboration	DCF	DCF	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
Tribes, Administration for Children and Youth Services (ACYF) Children's Bureau (CB) Region 7, Office of Judicial Administration (OJA), DCF	Policy changes, improved procedures and communication with DCF; identify unmet needs and assist with solutions, if needed.		VI. Consultation and Coordination Between States and Tribes

Group	Convened By	Facilitated By	Frequency
Tribal Meetings	DCF	DCF	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Tribes and DCF	Conversations with tribes individually to hear and understand barriers to services Tribes encounter.		VI. Consultation and Coordination Between States and Tribes

Group	Convened By	Facilitated By	Frequency
Kansas Linked Infrastructure for Nurturing Kids (KAN-LINK)	Children's Cabinet	KU-CPPR	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Children's Cabinet, DCF, KDHE, early childhood education (ECE) partners, lived expert consultants, Kansas Office of the Child Advocate (OCA)	State level program coordination, alignment, policy, and infrastructure addressing EC needs of children at risk or involved in the child and family well-being system.		Services for Children Under the Age of Five

Group	Convened By	Facilitated By	Frequency
KS Early Childhood (EC) Data Trust Governance Board	Children's Cabinet	KU-CPPR	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
KU-CPPR, Kansas Department of Education (KSDE), DCF, KDHE	The aim of this governance board is to discuss and consider shared initiatives, research, and areas of interest that may require sharing of data across entities. This group evaluates and approves these projects. For example, the Children's Cabinet and DCF have linked datasets to determine if exposure to the Children's Cabinet's EC ecosystem and programs may prevent unnecessary removals to FC.		

Group	Convened By	Facilitated By	Frequency
Stakeholder Meeting	DCF	Secretary Howard	Annual
Members Represent	Focus		Evidence of Work (Section(s))
Statewide community	Share budget, initiatives, answer stakeholder questions		Stakeholder sessions held at DCF Administration and virtually.

Group	Convened By	Facilitated By	Frequency
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Permanency Advisory Committee (PAC)	DCF Permanency	DCF	Every 2 months – Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, CWCMPs, Tribes, Kansas Family Advisory Network (KFAN), Kansas Foster and Adoptive Parent Association (KFAPA), Wichita State University Caregivers Support Association, Child Placing Agencies (CPA), and foster and adoptive parents.	Policy and program ideas shared and brought forward from foster parent advisory board meetings, stakeholder venues, youth, birth parents, relative caregivers, and case level service providers.		Group informs practice and policy development, clarification, or revision. PPM See Current and Planned Activities: Permanency - PAC

Group	Convened By	Facilitated By	Frequency
Kansas Supreme Court Task Force on Permanency Planning (SCTFPP) Legislative Subcommittee	OJA	OJA	Monthly Weekly/as needed during legislative session
Members Represent	Focus		Evidence of Work (Section(s))
Legal, Tribal courts, DCF, Court Appointed Special Advocate (CASA), Citizen Review Board (CRB), Mental and Behavioral Health treatment providers, Substance Use Disorder (SUD) treatment providers, KSDE, domestic violence (DV) agency	Ongoing collaboration among courts, DCF, and Tribes to develop and implement strategic plans and monitor progress toward outcomes, oversee Court Improvement Project (CIP) grants to KS Supreme Court, advise OJA on purposes, projects, and functions for such funds.		Collaboration - J: Collaboration between DCF and Judicial Branch: Kansas CIP

Group	Convened By	Facilitated By	Frequency
Juvenile Offender (JO)/Child in Need of Care (CINC) Committee	Kansas Judicial Council	Kansas Judicial Council	Monthly as needed
Members Represent	Focus		Evidence of Work (Section(s))
Legal, DCF	The members act in an advisory capacity to the Judicial Council. Judicial Council may request agency or other expertise on issues being considered. Judicial Council develops and designs mandatory and optional court forms for use in JO and CINC cases.		Collaboration: K – Collaboration between DCF and Judicial Branch: Kansas CIP

Group	Convened By	Facilitated By	Frequency
Permanent Families Fund Advisory Committee (PFF)	OJA	OJA	Annual and as needed
Members Represent	Focus		Evidence of Work (Section(s))
Courts, CRB, CASA, DCF	CRB and CASA Funding		Collaboration I: CRP and CJA

CROSS AGENCY AND PROVIDER

Group	Convened By	Facilitated By	Frequency
FPS Program Directors Meeting	DCF	DCF	Monthly
Members Represent	Focus		Evidence of Work (Section(s))

DCF, FPS Providers, DCF Regions	Support FPS contractors with program implementation, policy feedback, referral numbers, outcomes, successes, and challenges regarding FPS.	Safety - Current and Planned Activities: FPS
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Group	Convened By	Facilitated By	Frequency
Interstate Compact on the Placement of Children (ICPC) Workgroup	Kansas ICPC	DCF	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
DCF, CWCMP	Review policies and procedures; develop clarification or revisions related to ICPC regulations and best practices; goal to strive for.	Uniform application of ICPC regulation, practices, and procedures across the state	

Group	Convened By	Facilitated By	Frequency
Kansas Crossover Youth State Policy Team (SPT)	Georgetown University, DCF, KDOC-CBS, and OJA	Crossover Youth Coordinators at DCF, KDOC-CBS, and OJA.	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
Sedgwick (SG) County DA's office, 4 th Judicial District Community Corrections, KDOC, DCF, OJA, KSDE, Brown County Sheriff, Ellsworth Police Department, USD 237, CWCMPs, FPS, KFAN, Wyandotte County Court Services, Children's Alliance of Kansas (CAK), and Kansas Health Institute (KHI)	Promote family and child well-being. Address juvenile justice (JJ), education, mental and behavioral health, and legal challenges. Plan and develop comprehensive and adaptable activities to address unique needs within individual communities. Information sharing and youth voice.	See Collaboration: E - KDOC-CBS	

Group	Convened By	Facilitated By	Frequency
Kansas Adoption Network (KAN)	FosterAdopt Connect (FAC)	FAC	Quarterly
Members Represent	Focus	Evidence of Work (Section(s))	
DCF PPS permanency administration staff, DCF regional administrators and permanency supervisors, CWCMP representatives.	Review and provide input into development of new and existing adoption policies; permanency outcomes; standardizing CWCMPs and other statewide adoption partner procedures.	PPS PPM	

Group	Convened By	Facilitated By	Frequency
Psychotropic Medication Workgroup	DCF	DCF	Bi-Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
DCF, Kansas Department for Aging and Disability Services (KDADS), KDHE, KDOC, CWCMPs, Managed Care Organizations (MCO), physicians, pharmacists, and psychiatrists.	Appropriate prescribing of psychotropic medication consistent with current evidenced-based practices for children in out of home (OOH) placement.	Attachment 2 DCF Health Care Oversight and Coordination Plan	

Group	Convened By	Facilitated By	Frequency
Statewide Kansas Kinship Advisory Board Meeting	KFAN	KFAN	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Kansas Kinship programs, community partners, DCF	Elevate support provided to kinship families; increase knowledge of board members by sharing resources and services available to families.		Safety Current and Planned Activities: Kinship Navigator

Group	Convened By	Facilitated By	Frequency
Kansas Family Support Network (KFSN) FRC Meeting	Kansas Children's Service League (KCSL)	KCSL	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
KCSL, DCF, KU-CPPR, and 10 granted FRCs	Grant related information and share challenges experienced; collaborate with KU-CPPR for evaluation planning.		Safety – Current and Planned Activities: FRC

Group	Convened By	Facilitated By	Frequency
KFSN FRC Statewide Meeting	KCSL	KCSL	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
KCSL, DCF, KU-CPPR, FRCs statewide regional and statewide stakeholders	Connect statewide FRCs who comprise the KFSN; peer learning and education; space for collaboration; network with stakeholders; addressing key issues impacting families; promote further expansion of the KFSN.		Safety – Current and Planned Activities: FRC

Group	Convened By	Facilitated By	Frequency
Educational Stability for Children in FC	DCF	DCF	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
Admin, regional DCF, CWCMP Educational Coordinators, KSDE, Kansas Association of School Boards (KASB)	Educational Stability		IV. Services – Reintegration and FC

Group	Convened By	Facilitated By	Frequency
Multisystemic Therapy (MST)	DCF	DCF	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
DCF supervisors; Community Solutions, Inc.	Case updates, questions, worries, opportunities for collaboration		Safety – Current and Planned Activities: Family First

Group	Convened By	Facilitated By	Frequency
Parents as Teachers (PAT)	DCF	DCF	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
DCF and PAT	Nurture partnerships and collaboration between DCF and PAT.		Safety – Current and Planned Activities: Family First

Group	Convened By	Facilitated By	Frequency
Early Childhood Directors Meeting	Children's Cabinet	KU-CPPR	Every two weeks
Members Represent	Focus		Evidence of Work (Section(s))
KDHE, Kansas Children's Cabinet, and DCF	Agency collaboration; program alignment; information sharing; review EC programming; identify braided funding opportunities; EC services need assessment; strategic planning; data driven conversation areas of focus.		Services for Children Under the Age of 5

Group	Convened By	Facilitated By	Frequency
Community of Practice for Attorneys representing the child welfare agency	American Bar Association and Casey Family Programs	American Bar Association and Casey Family Programs	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
State IV-E agency legal counsel and prosecutors who file CINC cases	Provides training on topics universal to child welfare agency legal counsel, Technical Assistance (TA), training and sharing expertise of broad group of agency counsel, share information		ICWA training in March

Group	Convened By	Facilitated By	Frequency
Child Welfare Agency Collaborative	American Bar Association and Casey Family Programs	American Bar Association and Casey Family Programs	Monthly and annual in person meeting
Members Represent	Focus		Evidence of Work (Section(s))
Group of child welfare agency legal counsel and some prosecutors who file CINC actions	To improve practice by sharing expertise		Formed a board with lived experience consultants, helped to create TA center for legal, child welfare stakeholders and public

Group	Convened By	Facilitated By	Frequency
Kansas SOUL Family Site Team	Family Well-Being Strategy Group, Center for Systems Innovation, Annie E. Casey Foundation	Family Well-Being Strategy Group, Center for Systems Innovation, Annie E. Casey Foundation	Bi-monthly
Members Represent	Focus		Evidence of Work (Section(s))
DCF, child welfare stakeholders, lived experience	Development and growth of SOUL Family permanency option in KS through policy, training, public information and more.		Formed a board with lived experience consultants, helped to create TA center for legal, child welfare stakeholders and public

Group	Convened By	Facilitated By	Frequency
Family Ad Astra	Rob Wyman, Casey Family Programs	Rob Wyman, Casey Family Programs	Bimonthly or as needed
Members Represent	Focus		Evidence of Work (Section(s))

Supreme Court Justice, prosecutor, parent attorney, legal services corporation, child advocate, OJA	To improve the court and judicial experience of families involved in CINC cases	In Development
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Group	Convened By	Facilitated By	Frequency
Child Welfare Summit Group	OJA	OJA	As needed
Members Represent	Focus	Evidence of Work (Section(s))	
Judicial district personnel, attorneys, judges, court staff, child welfare stakeholders, DCF legal and staff	Improve communication across CINC stakeholders including court staff and judges.	Judicial District Reports	

Group	Convened By	Facilitated By	Frequency
Educational Stability DCF KSDE Collaboration	KSDE & DCF	KSDE & DCF	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	
KSDE, DCF	Identify concerns and requests from monthly Educational Stability Workgroup and provide collaborative responses	Ongoing	

Group	Convened By	Facilitated By	Frequency
DCF/CIP	OJA	OJA	Weekly
Members Represent	Focus	Evidence of Work (Section(s))	
OJA, DCF	To collaborate and complete CIP strategic plan tasks and requirements, communicate on matters concerning Task Force, work together to improve child welfare system through our respective organizations	See Collaboration: A & J	

INTERNAL PROGRAM AND REGIONAL COLLABORATION

Group	Convened By	Facilitated By	Frequency
Adoption Policy and Adoption Assistance Advisory Workgroup	DCF	DCF	Quarterly
Members Represent	Focus	Evidence of Work (Section(s))	
PPS administration, regional administrators, and supervisors.	Adoption and adoption assistance policies and best practices; improving effectiveness, efficiency, and permanency outcomes for children with a goal of adoption; statewide standardization and adherence in eligibility determinations; negotiations/renegotiations of adoption assistance, result from this workgroup.	PPS PPM, will resume in FY25	

Group	Convened By	Facilitated By	Frequency
3 rd Tuesday Talk: Program Directors	DCF	DCF Deputy Secretary of Family Services	Monthly
Members Represent	Focus	Evidence of Work (Section(s))	

DCF administration program directors	Legislation, personnel policies and procedures, share project information, agency and personal vision planning.	Legislative fund assignments and tasks associated such as FT. Testimony to legislature.
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Group	Convened By	Facilitated By	Frequency
1 st Tuesday Talk: All Directors	DCF	DCF Deputy Secretary of Family Services	Monthly
Members Represent	Focus		Evidence of Work (Section(s))
DCF RD, administrative program directors, and administrative directors	Legislation, personnel policies, procedures, share project and regional information, agency and personal vision planning, etc.		Implementation of programming within each region and statewide. PIP planning.

Group	Convened By	Facilitated By	Frequency
Comprehensive Addiction and Recovery Act (CARA)	DCF	DCF	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
DCF staff and external partners with expertise in perinatal substance misuse.	Review current practice in Kansas and ensure compliance with CARA requirements while expanding conversations and efforts to collaborate with community partners. The workgroup reviews data specific to CARA and is monitoring and evaluating policies and procedures based on current strengths and needs of the program.		Began July 2024

Group	Convened By	Facilitated By	Frequency
IL Statewide Quarterly Meeting	DCF	DCF	Quarterly
Members Represent	Focus		Evidence of Work (Section(s))
DCF FC, IL, Adoption, CPA staff	Inform policy, practice, statewide services provision		Collaboration with Other Private and Public Agencies: John H Chafee FC Program for Successful Transition to Adulthood

STRATEGIC IMPLEMENTATION TEAMS (SIT)

Group	Convened By	Facilitated By	Frequency
Employee Advisory Committee (EAC)	DCF	EAC Leadership Team: Chair, Vice Chair, and Secretary	Quarterly
Members Represent	Focus		
Per the terms of the EAC Charter, the EAC is to be comprised of DCF staff with skills and experiences, representing the various DCF programs.	The EAC was started with the purpose of informing DCF Leadership. The Charter indicates the EAC is tasked with making suggestions, recommendations, and advising on impact of policies and practices. EAC has committed to this work by engaging in strategic communications and participating in employee focus groups.		

Group	Convened By	Facilitated By	Frequency
Kansas Practice Model (KPM) Statewide	DCF	Deputy Director of Safety & Thriving Families and Safety & Thriving Families PA	Quarterly
Members Represent	Focus		

DCF regional and administration staff and external partners	To identify practice enhancements and sets goals that will further our mission and vision of walking along side children and families while helping them build and maintain lasting safety.
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DCF COMMUNICATION

DCF.KS.GOV REDESIGN

The DCF website underwent a redesign that launched in February 2025. The new design features a streamlined navigation, modern layout and elements as well as new features to help all Kansans find what they need. Visit DCF.KS.Gov to explore the DCF website redesign. New features include simplified contact and locations page, enhanced careers page, and easier access to benefit program links.

DCF DIRECT, E-NEWSLETTER COMMUNICATION

DCF launched of the first-ever agency e-newsletter, **DCF Direct**! The e-newsletter allows DCF to share agency information directly with the Kansans being served and other key audiences through email and SMS/text interactions. The tool will streamline broad communications to key stakeholders with tailored email messages to ensure audiences receive consistent, timely, and relevant updates as well as vital updates, program information, and eligibility requirements for our services in a way our agency has not done before.

DCF SOCIAL MEDIA

Kansans, community members and key stakeholders will find engaging and relevant information on DCF's social media sites which are Facebook (@kansasDCF), Instagram (@kansasDCF), X (@dcfkansas), Linked In, and Vimeo. The social media sites are updated daily with information about programs, prevention efforts, weather related issues, and other helpful information for Kansans.

A. DCF AND THE LEGAL COMMUNITY – CONTINUING LEGAL EDUCATION (CLE) IN CHILD AND FAMILY WELL-BEING

DCF permanency staff presented draft Case Planning information and a revised Case Plan form to the SCTFPP in March 2025. The permanency team explained the case planning process discussed the KPM and sought comments from the Task Force. The Task Force committee includes several district court judges, attorneys, a prosecutor and CASA Executive Director. DCF staff have presented information about other projects and initiatives at SCTFPP throughout the year at SCTFPP's invitation.

Regional attorneys provide outreach and engage with regional child and family well-being stakeholders in the many ways. In the past year, DCF legal in the west region provided trainings in person for DCF staff and court partners, in the cities of Liberal and Abilene. In Shawnee County (SN), DCF legal gave two presentations on the pilot initiative *4 Questions for Permanency* to case management provider KVC in SN and to the SN CINC attorney bar.

For information regarding statewide collaboration between the OJA, Kansas Judicial Branch, and DCF, see Section J.

B. COLLABORATION BETWEEN DCF AND OTHER STATES: KANSAS AND MISSOURI BORDER AGREEMENT

DCF and the Children's Division of the Missouri Department of Social Services operate under a border agreement for the placement of children across state lines. Proposed placements must be within 60 miles of the state border. Placements made under this agreement cannot 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 in less time, even if the placement is in the other state. Please see Attachment 3 Kansas/Missouri Border Agreement.

C. GOVERNOR’S BEHAVIORAL HEALTH SERVICES PLANNING COUNCIL (GBHSPC)

Kansas DCF collaborates with the GBHSPC through participation on the Council and the Children’s Mental Health Subcommittee. The Director of Medicaid and Children’s Mental Health is a council member and the standing representative for these bi-monthly meetings. Annual recommendations from the GBHSPC subcommittees are presented to the Council and Secretary of KDADS, who also serves as the Secretary of DCF.

In State Fiscal Year (SFY) 2025, the GBHSPC approved the development of a Youth Subcommittee. The intent is for this subcommittee to work closely with the Children’s Mental Health Subcommittee.

SFY 2025, Goals:

1. Continuing work and funding with KSKidsMAP program
2. Support EC mental health services
 - o Focusing on prevention, positive childhood experiences and healthy pregnancy/postpartum impact on development and identifying resources needed through the development in the early years.
 - o Support implementation of DC 0-5 in Kansas
3. Support community developed behavioral health services across Kansas youth and families.
 - o Emphasis on:
 1. Supporting the Community Support Waiver to assist families access services in the community.
 2. Fund and develop specialty PRTFs for the difficult to treat complex populations.

Support EC mental health services:
Focusing on prevention, positive childhood experiences and healthy pregnancy/postpartum impact on development and identifying resources needed through the development in the early years.
Support implementation of DC 0-5 in Kansas
Support community developed behavioral health services across Kansas youth and families.
Emphasis on: Supporting the Community Support Waiver to assist families access services in the community.
Emphasis on: Fund and develop specialty Psychiatric Residential Treatment Facilities (PRTF) for the difficult to treat complex populations.

D. SYSTEMS COLLABORATION

In Kansas, programs and services impacting children in custody of the Secretary are provided through many statewide and local organizations, including: DCF, KDADS, KDHE, KSDE and local school districts, KDOC-CBS, Certified Community Behavioral Health Clinics (CCBHC), and Community Developmental Disability Organizations (CDDO). Services include Medicaid (KanCare), Home and Community Based Services (HCBS) waiver services, EC education and visiting programs, PRTF, and state hospitals. Due to the variety of agencies providing or overseeing the service provision, ongoing collaboration between state agencies and private providers is essential to understand, monitor, and effectuate the array of services needed to increase health and well-being of those effected by the child and family well-being system.

System coordination and collaboration are opportunities for growth to improve health care oversight and coordination for children in the custody of the Secretary. In Kansas, key system collaboration workgroups exist. Here are a few examples of groups coordinating and collaborating through meetings and service development:

FC in KanCare	Consultation between DCF, KDHE, and KDADS regarding KanCare issues which affect children and families experiencing FC; meets monthly; representatives include DCF, KDHE, KDADS, KDOC-CBS, CWCMP, and Medicaid MCOs.												
State Agency FC in KanCare	Consultation between DCF, KDHE and KDADS regarding KanCare issues which affect children and families in FC; multi-state and community agencies; meets, at a minimum monthly; to focused on minimizing barriers and state agency coordination; supports ongoing collaboration.												
PRTF Stakeholders	Stakeholder group to share changes/updates from each PRTF and state agencies related to children in FC who are receiving or need to receive treatment in a PRTF, meets bi-monthly; coordinated by PRTF providers; participants include PRTFs, KDADS, DCF, KDOC-CBS, KDHE, CWCMP, and MCOs.												
PRTF Waitlist Staffing	DCF partnership with KDHE, KDADS, and MCOs to reduce the number of children on the PRTF waitlist by reviewing status and services provided to each youth on the waitlist; occurs every two weeks.												
State Complex Case Staffing	DCF partnership with KDHE, KDADS, and MCOs to convene state level subject matter experts to locate necessary resources, services, or treatment for a youth and family when all other methods have been exhausted; occurs every two weeks.												
Children’s Behavioral Interventionist (CBI)	CBI became a new Medicaid covered service in Kansas in October 2023. This Medicaid billable service 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 Transition Rate	This allows reimbursement for the cost associated to active and present involvement in the youth’s discharge planning; available to caregivers up to 6 months (180 days) while engaged in additional services needed to help transition home.												
Mobile Response and Stabilization Services (MRSS)	MRSS is rapid response, home and community-based crisis intervention model customized to meet developmental needs of children, youth, young adults, and their families; de-escalates and stabilizes by responding to youth and families in their homes and communities and connecting them to community-based supports; grounded in System of Care (SOC) values and principles; Helplines include 988, Carelon, or Community Mental Health Centers CMHC crisis line; available to any youth between 0-20 years of age.												
Children’s Crisis Respite Programs	Stabilization of youth and families; centers build capacity of non-hospital or non-PRTF services for youth ages 5-17; services within a defined geographical area through consultation; TA, crisis intervention, crisis stabilization, and care management keeping youth in their community.												
Children’s Mental Health Policy Academy	Kansas was selected 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, JJ, 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	Partnership with KDHE and University of Kansas (KU) School of Medicine-Wichita Departments of Pediatrics and Psychiatry & Behavioral Sciences; supports primary care physicians and clinicians through a telehealth network of treatment for children and adolescents with a variety of mental and behavioral health needs; allows clinicians to connect with a social work care coordinator for referral information and mental health resources; provides recommendations and education based on best practices to screen, assess, diagnose, and treat children and adolescents who are presenting with behavioral challenges.												
Stepping Up For Youth Kansas	The Council of State Governments (CSG) Justice Center—a national nonprofit with expertise in supporting states in advancing adult and youth justice and behavioral health— is partnering with Kansas leaders to identify and implement strategies that strengthen public safety and improve outcomes for youth with behavioral health needs who come into contact with the JJ system by enhancing community-based services, cross-system collaboration, and the efficient use of resources. CSG previously partnered with Kansas to develop the adult Stepping UP TA Center.												
One Care Kansas (OCK)	<div>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.</div> <div>OCK Enrollment January 1, 2024 – December 31, 2023, listed below. This program was discontinued at the end of 2024 due to low enrollment.</div> <table><tr><td>Jan</td><td>Feb</td><td>Mar</td><td>April</td><td>May</td><td>June</td><td>July</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td></tr></table>	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec		

		51	48	51	44	41	52	41	41	30	23	21	19	
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E. KDOC-CBS AND OJA

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

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 Crossover Youth Practice Model (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 and has identified cross-county cases as an opportunity for improvement. This collaboration includes discussion around courtesy supervision, improving communication between CWCMP's 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 JJ and child and family well-being systems. See Attachment 4 for FC CMP and Tribal Contact List.

The SPT steering committee meets quarterly, while subcommittees meet monthly.

The Policy subcommittee is reviewing DCF policy and developing recommendations for change to include expanding communication and coordination between agencies. This work has resulted in policy discussion and policy changes including addition of several definitions to the glossary of the DCF PPM.

The Practice subcommittee developed guidelines for multidisciplinary team (MDT) meetings to address or prevent youth crossover. Due to CYPM implementation in the pilot sites and CYPM expansion, the team will pilot this MDT in the future. CJJR created a statewide toolkit to help with expansion across the state. In April 2025, a webinar was held to discuss the toolkit. Following the webinar, the toolkit and a readiness survey was sent to CWCMP's, courts, judicial district directors, and other stakeholders. The recipients of the toolkit and readiness survey have six weeks to complete the survey and notify the state coordinators of their interest in implementing CYPM in their community. The coordinators will choose two to four counties to begin the implementation process. Counties can also begin the work on their own, using the coordinators for TA. See Attachment 5 for CYPM Readiness Survey.

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 JJ systems. Involvement in the JJ system includes court ordered community supervision, and Immediate Intervention Programs (IIP). Involvement in the child welfare system includes OOH placement, or participation in preventative services.

The definition has also been adopted at the local level in SN, Montgomery (MG), and SG counties. Guidance provided by the SPT applies to all jurisdictions focused on crossover youth.

SN, MG, and SG counties fully implemented the CYPM in the fall of 2024. Each county team held a launch event to inform staff of the CYPM protocols. Both SN and MG counties held their trainings via a virtual platform and SG held theirs in person. Right now, the teams are working toward sustainability by discussing the roles of each team member, creating a standard agenda, and discussing data. See Attachments 6 for the SNCO, 7 for the MGCO, and 8 for SGCO Protocol Maps.

Coordinators formed two additional workgroups outside of the regular SPT, MG, SN, and SG 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 JJ Code 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) to assess youth receiving FPS or FC services for appropriateness for referral to KDOC-CBS services. This workgroup met to outline a process for referral. The process was implemented in the fall of 2023. The workgroup meets quarterly 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 9 for the Juvenile Justice Community Services Referral Form.

The second workgroup was formed to address youth who are in FC and are sentenced to Kansas Juvenile Correctional Complex (KJCC). While in KJCC the CWCMP continues to be responsible for case planning, placement planning upon release, monthly worker child visits and case management (CM). The workgroup created protocols for sharing information, communication, and collaboration between the CWCMPs and KJCC. This team meets quarterly to ensure sustainability of the KJCC Protocol. See Attachment 10 for the KJCC Protocol.

Kansas is the first state in the nation to pilot the "Stepping Up for Youth" initiative. The original Stepping Up launched in 2015 for adults and has been successful in other states as well as counties in Kansas. This program aims to improve outcomes for young people with behavioral health needs who are involved in the JJ system. Working at the state and local level, the initiative seeks to enhance community-based services, foster cross-system collaboration, and efficiently utilize resources, in efforts to divert youth from the JJ system, detention in particular, and into the appropriate level of community-based care; without creating additional system involvement with the child and family wellbeing system. The DCF coordinator is participating on the Stepping Up for Youth initiative as a core team member.

Coordinators presented at various conferences across the state throughout this past year. This included the, the 48th Annual Governor’s Conference on Child Abuse and Neglect, KSDE’s Safe and Supportive Schools, and the Kansas Association of Court Services Officers (KSCSO) Conference. 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.

F. KANSAS EARLY HEAD START (KEHS)

KEHS provides grants to local Head Start programs allowing them to serve pregnant women, infants, and toddlers through Early Head Start (EHS) programs. In 1998, the Kansas Legislature approved funding for a state-administered EHS initiative. Kansas was the first state in the nation to fund EHS modeled after the federal program. This initiative created a partnership with the Administration for Children and Families (ACF), the U.S. Department of Health and Human Services and its Region VII Kansas City Office.

All services delivered by 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, and 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 family service professions in the area and is gathered via open forums, town meetings, individual interviews, focus groups, community surveys or other stakeholder voice.

DCF awards grants to 11 KEHS programs in 44 counties, with 827 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-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 and comprehensive health and mental health services.

The KEHS-CCP service model requires grantees to partner with community childcare providers to improve the quality of childcare. 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-CCP grantee. Goals include increasing availability of childcare for infants and toddlers and increasing quality of childcare for all Kansas children. The model allows KEHS-CCP 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 Head Start Program 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 EC, 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), district sponsored PAT and higher education institutions.

KEHS programs are successful in preventing maltreatment and out-of-home placement. KEHS CCP models provide childcare services for young children which promote socialization and proven educational services. KEHS HV models provide in-home parent skill-building training. Children who may otherwise be isolated experience outside interaction and connections. Families receiving services including FS, FPS, FFPSA, and FC including children in 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 Substantiated Case Findings on Children Under the Age of Three.

G. JOBS FOR AMERICA’S GRADUATES – KANSAS (JAG-K)

In 2025, JAG-K changed the name of the program from Transition Services (TA) back to Success Academy. Please see chart below for information on students served and graduation percentages:

Academic Year	Number of Students Served Statewide in FC	Number from this Group that were Seniors	Number of Seniors that Graduated	Graduation Percentage
2018-2019	24	8	7	90%
2019-2020	83	22	17	78%
2020-2021	70	31	25	81%
2021-2022	75	20	17	85%
2022-2023	96	17	15	88.24%
2023/2024 – end of March 2025	41	9	8	88.89%

**Transition/ Success Academy Model Only*

H. COMMUNITY-BASED CHILD ABUSE PREVENTION (CBCAP)

In FFY 2025, nine communities and one statewide grantee received CBCAP funds. These programs provided a range of services targeting the unique needs of their communities. These include parent and child education programs, parent support groups, family support services, preventive legal support, peer support, family engagement in libraries, parent substance use support, crisis nursery services, CM for families in crisis, supportive housing, home visiting, parent leadership opportunities, and professional training/education. Protective factors research is conducted through CBCAP to inform prevention activities.

Prior to SFY 25, FPS was partially funded by CIF funds. It is now funded through State General Funds (SGF). This program solely serves families referred by PPS. See Current and Planned Activities – Safety: FPS. Other CBCAP and CIF-funded programs are available to children and families receiving PPS services if they otherwise meet eligibility requirements. DCF collaborates closely with the Children’s Cabinet to ensure communication and coordination across the prevention continuum to better serve and provide preventative services for the families in Kansas.

I. CITIZEN REVIEW PANEL (CRP) AND CHILDREN'S JUSTICE ACT (CJA)

CJA grant funding assists states and territories in improving their approach and response to child abuse and neglect. The focus of the funding is to create systemic changes that prevent additional trauma to child victims, and to protect their rights more effectively. 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 CRPs.

Kansas has three CRPs each consisting of multiple stakeholders from child welfare professionals, volunteers, legal partners, state agency personnel, and lived expert consultants. These volunteers are charged with reviewing the state child protective service system and making recommendations for improvement. The CRPs are outlined in bold below.

Intake to Petition Panel - Also serves as the CJA Taskforce, this panel places an emphasis on review of policies, procedures, and practices of the state child protective service system from ITP. They assist the state in determining if child protection responsibilities have been met, ensuring consumer voice is included in assessing system effectiveness and identifying areas for improvement. This panel meets every other month. CJA grant recipients and DCF program areas attend and present to the panel as information is relevant to agenda.

The ITP annual report outlines the purpose, function, process, membership, goals, and recommendations from the panel to Kansas DCF. See Attachment 12 for the KS CRP ITP Annual Report and Attachment 13 DCF Annual Response ITP for PPS Director response to the panel's recommendations.

Custody to Transition Panel - This panel focuses on review of policies, procedures and practice of the state child protective service system from CTT. They assist the state in determining if child protection responsibilities have been met, ensuring consumer voice is included in assessing system effectiveness and identifying areas for improvement. This panel meets every other month. DCF program areas and community providers attend and present to the panel as information is relevant to agenda.

The CTT annual report for outlines the purpose, function, process, membership, goals, and recommendations from the panel to DCF. See Attachment 14 KS CRP CTT Annual Report and Attachment 15 for DCF Annual Response to the CTT panel's recommendations.

CAPTA funds are utilized by DCF to contract with MNS to facilitate the ITT and CTT CRPs. MNS also writes annual reports for each panel and assists with the preparation of the CJA Three-Year Assessment.

The Kansas State Child Death Review Board - 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, employed by the Office of the AG.

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 potential changes in policy and practice. 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, law enforcement, and the courts.

J. COLLABORATION BETWEEN DCF AND JUDICIAL BRANCH: KANSAS CIP

Collaboration continues between DCF and the Kansas Judicial Branch through the Kansas Supreme Court's appointment of a DCF liaison to the Kansas SCTFPP as well as active participation by court personnel on DCF working groups and advisory panels. There is court or legal system participation on all three CRPs: CRP- ITP, CRP-CTT and KSCDRB. Collaboration has been further supported with the implementation of the Strengthening Child Welfare Systems to Achieve Expected Child and Families Outcomes Grant, Kansas Strong for Children and Families.

Coordination between the three branches of government is facilitated by the ongoing involvement of a Kansas Judicial Council subcommittee, the Judicial Council JO/CINC Advisory Committee. The subcommittee includes representatives from the judicial, legislative, and executive branches of government. DCF has a representative member on the Judicial JO/CINC Advisory Committee. The committee addresses issues related to the JO system, child welfare system and crossover youth. The committee reviews and provides legislative and technical updates to the Judicial Council JO/CINC forms. The committee works on tasks referred to them from the Judicial Council. Presently the committee is reviewing the Guardian Ad Litem (GAL) system model in Kansas for its effectiveness and sustainability and will provide a report including recommendations by the end of the year (2025).

Kansas Best Practices in Child Welfare. OJA conducts two annual Best Practices in Child Welfare Law Trainings often with collaboration from DCF. Best Practices trainings provide continuing education for both legal and non-legal professionals in attendance. Participants include judges, CAs and DAs, agency attorneys, parents' attorneys, GALs, CASA and CRB staff, DCF and CWCMP staff and volunteers, foster parents, lived experience consultants and other stakeholders and professionals. On August 20-21, 2024, the Best Practices training focused on termination of parental rights (TPR). A total of 502 participants included judges, attorneys, CASA, CRB members, CWCMP staff, DCF staff and other child welfare stakeholders.

On April 15 and 16, 2025, OJA presented the annual spring training which included sessions on Trauma in the Legal Context: What is Trauma and Why Does it Matter for Lawyers, Legal Professionals and clients; Advocacy for Youth, for Families, and in Communities: The Impact of Child Trauma and Toxic Stress on the Child Welfare System; Trauma-Informed Lawyering and Advocacy: Practical tips for Attorneys with a Focus on Communication; Trauma-Informed Legal Processes in the Courtroom: Practical Tips on Becoming a Trauma-Informed Courtroom and the Legal Professionals Who Work With Them. Two sessions on Ethics in Child Welfare were also presented.

Court Improvement Project (CIP) - Joint Project-Judicial Branch with DCF. The overall goal and mission of the CIP strategic plan is to increase the safety, permanency, and wellbeing of children in care in Kansas.

Priority Areas: Quality Court Hearings and Quality Legal Representation are two focus areas with the goal of increasing child wellbeing expertise within the legal community and the larger child wellbeing community through facilitated cross-training opportunities for child wellbeing providers, tribes, and courts. The first Child Welfare Summit was held on April 15 – 16, 2024, as reported in the APSR. Approximately 788 people registered to participate in the Summit in-person or virtually. One of the Summit goals was for Kansas judicial districts to discuss and collaborate to create an action plan specific to the needs of their district. The Center for Legal and Judicial Innovation and Advancement (CLJIA) partnered with OJA to provide an AI analysis of trends both in terms of what was helpful from the

summit and where training needs lie. The Kansas Supreme Court Permanency Planning Task Force was informed of these trends. Follow up meetings are held twice a year to follow up and ensure continued involvement, communication and collaboration between child welfare partners and the judicial districts. The last meeting was in December 2024 and the next meeting is scheduled in June 2025.

Several Kansas judicial districts reported that because of the Child Welfare Summit, communication has improved, and professionals are meeting regularly to address systemic issues at their onset. Local teams report that regular meetings have increased their knowledge of available resources and result in improved services to families. The Task Force also developed calendars for parents and youth to provide information and assist with organizing case plan meetings, court hearing dates and other information. These calendars were distributed to local courts to provide to parents and youth.

CINC and JJ Code books. CINC and JJ code books are provided to practitioners to increase practical access to Kansas statutes. In early 2025, 5240 hard copies of the CINC and JJ code books were provided to judges, attorneys, DCF staff, CASA, and CRB volunteers, law enforcement, and other stakeholders. Electronic versions are available on the judicial branch website.
Quality Court Hearings. To improve the quality of court hearings a CIP project is to engage DCF, judges, prosecutors and attorneys and other child welfare stakeholders to develop and present trainings related to improved court hearings. These trainings are actively being developed and facilitated by OJA CIP coordinator with expectations for delivery in late fall or winter 2025.
CASA and CRB. CASA and CRB directors have planned annual trainings, in-person, in Salina, Kansas on July 30, 2025, at which DCF Director of Permanency will share updates and information on programs and activities.
CASA Training. Upon request of CASA, on February 13, 2025, DCF legal and an attorney for a Kansas tribal nation provided ICWA training for CASA staff and volunteers.
Improve quality of court hearings, provide judges with updated CINC bench cards in electronic format. Bench cards are being revised to reflect recent legislation including adding an additional permanency option (SOUL). Revised judicial bench cards should be approved Fall 2025.
Increased quality of court hearings by improving the knowledge and expertise of CINC attorneys regarding agency reasonable efforts. An Attorney Academy on Reasonable and Active Efforts will be provided on September 25-26, 2025, to Kansas attorneys. This training is facilitated by and done in collaboration with the CLIJA. The academy faculty include a prosecutor, GAL, parent attorney, agency attorney, and judges.
Family Treatment Courts (FTC). A FTC model is being piloted in three Kansas counties. FTCs are intended to secure needed services and treatment for family's services toward supporting permanent reintegration and reduce children reentering FC. These courts are voluntary specialty courts that provide wraparound services to families where substance use, or mental health disorders exist. The pilot sites of the FTC are Miami, Cowley, and Lyon County courts. Studies indicate that families who participate in FTC are twice as likely to achieve permanency than those who receive traditional child welfare services. Despite ample referrals, many families have declined to participate. There are currently 11 active, and 2 pending cases assigned to FTC.

K. HUMAN TRAFFICKING

Number of Reports Assigned by SFY	SFY 2025 (July-March)	SFY 2024	SFY 2023	SFY 2022	SFY 2021	SFY 2020	SFY 2019
Human Trafficking- Sex	105	177	186	146	154	147	172
Human Trafficking- Labor	14	15	11	8	10	15	9

Provisions and procedures for training CPS practitioners on how to identify, assess, and provide comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, JJ, 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 Human Trafficking course within six months of hire.

- Training for child protective service workers is provided by DCF Training Development, HTPI Manager, and providers training programs.
- In 2023, DCF was able to partner with the National Center for Missing and Exploited Children (NCMEC) in providing NCMEC's training Human Trafficking modules through DCF's training platform Learning and Performance Management System. This training is available to all DCF and providers employees.

CST Legislation – What It Means for You	Module 1 Recognizing CST
Module 2 CST Vulnerabilities and Grooming	Module 3 CST and Trauma
Online Enticement – Examining Risk Factors Webinar Dec 2019	Resources and Assistance for Indigenous Communities Video
Reporting Children Missing from Care – How NCMEC Can Support You	Resources for Child Welfare Professionals

- Training for Kansas Protection Report Center (KPRC) workers is conducted by the HTPI Manager. Training for KPRC workers is conducted by the HTPI Manager. In FY 2025 four trainings were conducted for new employees at the Kansas Prevention and Reporting Center on the dynamics of human trafficking and identifying Human Trafficking cases that are called into the child abuse hotline.
- Training for the Immediate Response Team new workers is conducted by the HTPI Manager. In FY 2025 two trainings were conducted.
- Coordinate with law enforcement, JJ system, social services agencies, and non-profits to address human trafficking and participate in multidisciplinary training.
 - DCF coordinates with all other state agencies, local law enforcement, providers, and non-profits in the state to address human trafficking and participates in multidisciplinary training that is periodically conducted statewide.

KDCF partnered with KDOC and provided training in 2025 to statewide JIAS workers in preparation for the launch of the JIAS Human Trafficking Screening Instrument.
KDCF partnered with the CAK to present two Sex Trafficking Awareness and Prevention training sessions for foster parents in the state of Kansas.
KDCF partnered with the KSDE and non-profit ICT/SOS to present at the 2025 conference Great Ideas in Education Conference on human trafficking in Kansas schools. The presentation focused on human trafficking awareness, intervention, and prevention in Kansas schools and was open to school administrators, teachers, school security, coaches, bus drivers, etc.
KDCF partnered with the non-profit Topeka SN Anti-Human Trafficking Coalition to presented at the 2025 Kansas Crime Victim's Rights Conference on the use of force, fraud, and coercion in human trafficking.

Immediate Response Teams (IRT)

Kansas currently has five FC providers that provider services to youth across Kansas. The case teams from the providers can request an Immediate Response Assessment if they have concerns.

Assessments	SFY 2025
Law Enforcement Requested	12
Court Ordered	3
JIAS Requested	31
Internal Requests	31

Kansas State Statutory Requirements for DCF

In 2025, KDCF participated in the Kansas Human Trafficking and Advisory Board (HTAB). Kansas law

established the crimes of trafficking and aggravated trafficking in 2005. The Kansas AG's HTAB was established in 2010 as the official board to explore and oversee human trafficking issues within the state of Kansas. Kansas statute defines the structure and membership of the board that includes, but is not limited to, law enforcement personnel, prosecutors, court personnel, advocates, legislators, victims of human trafficking, staff from the DCF and other parties who have expertise related to issues of human trafficking. The HTPI Manager participates in local human trafficking task force meetings statewide to gather information of efforts across the state to combat human trafficking and provide assistance and resources. The PM works regularly with the Kansas AG's Office, the three law enforcement associations across the state (Kansas Association of Chiefs of Police, Kansas Sheriff's Association, and the Kansas Peace Officers Association), the KBI, the Kansas Highway Patrol, and the Exploited and Missing Child Unit in Wichita and KDOC. The PM also works with our contracted service providers is assisting them in training and other human trafficking related issues.

HTPI FY 2025

<p>Development of a short trafficking screening tool to be used by our providers to interview youth who have returned after missing from care.</p> <ul style="list-style-type: none"> Presently, each provider uses their own screening tool for youth who have returned missing from care. The SRT Workgroup will develop a screening tool to assist in the identification of youth who were victims of human trafficking while missing from placement that will then be used by every provider to develop consistency in the program.
<p>Statewide Multidisciplinary Training on Human Trafficking in Kansas.</p> <ul style="list-style-type: none"> In 2019 several state agencies developed a one-day training on human trafficking and traveled across the state presenting the training to law enforcement, child welfare providers, medical, and non-profits. This year the KDOC and Kansas DCF will lead the state in developing and conducting another state-wide multidisciplinary training.
<p>Update and revise policy 0260.</p> <ul style="list-style-type: none"> Policy 0260 Child Safety, Placement and Needs Assessments for HT/CSEC Concerns will be revised and updated. This policy covers the IRT and their responsibilities.
<p>Conduct an operation in Wichita for high-risk youth.</p> <ul style="list-style-type: none"> In collaboration with law enforcement, EMCU, SFM, Ember Hope Connections (EHC), Child Advocacy Center of SG, WCH ICT/SOS, and other organizations DCF will conduct an operation for youth who are missing from placement and have a history of involvement or are at high-risk for involvement in sex trafficking.
<p>Continue to collaborate with our state agencies, providers, and community partners to address human trafficking in our state.</p> <ul style="list-style-type: none"> DCF will continue to be a member of the HTAB and participate in the Law Enforcement Committee and the Victims Service Committee. DCF will continue being a partner with law enforcement (federal, state, local), National Center for Exploited and Missing Children, the WCH, ICT/SOS, CAK, local community and law enforcement task forces, and other non-profits and community partners to address human trafficking.

HTPI Program Accomplishments 2025

The HTPI PM conducted four trainings to new intake workers assigned to KPRC. This training explains the dynamics of human trafficking so that intake workers will have a better understanding on what to look for and questions to ask when taking possible Human Trafficking related intakes through the child abuse hotline.
The HTPI PM collaborated with the KDOC Youth Services to provide training to JIAS workers, across the state of Kansas, to train them in preparation for the launch of the JIAS Human Trafficking Screening Instrument.
HTPI PM partnered with the CAK to present two Sex Trafficking Awareness and Prevention training sessions for foster parents in the state of Kansas.
HTPI PM partnered with the KSDE and Wichita non-profit ICT/SOS to present at the 2025 conference Great Ideas in Education Conference on human trafficking in Kansas schools. The presentation focused on human trafficking awareness, intervention, and prevention in Kansas schools and was open to school administrators, teachers, school security, coaches, bus drivers, etc.

HTPI PM with the non-profit Topeka SN Anti-Human Trafficking Coalition to presented at the 2025 Kansas Crime Victim’s Rights Conference on the use of force, fraud, and coercion in human trafficking.
HTPI PM conducted a two-day training for new workers of the IRT on the dynamics of human trafficking, interviewing victims, filling out the IRT assessment and the CSE-IT screening tool.

L. STAKEHOLDER MEETINGS

In addition to utilizing already established workgroups outlined in Collaboration, DCF conducted a minimum of semi-annual meetings with internal division staff, external stakeholders, and the community to discuss CFSR results, PIP development, PIP progress, and new improvement initiatives.

M. WELLNESS

The PPS Wellness Coordinator (PWC) collaborates with both internal staff and external partners:

Quarterly Supervisor Collaboration Meetings- Prepares educational training opportunities and activities for each quarterly meeting that align with best practice and wellness for DCF supervisors and providers. One example of a training activity includes “Mental Health in the work environment and how our work is impacted.”
Excellence In Supervision Conference- Interweaves wellness, collaboration, education, and building capacity of supervisors from DCF and all providers
PPS Statewide Leadership meetings- Presents learning opportunities for information on wellness topics and engaging in that wellness topic activity.
Employee Experience (EE) Committee- Quarterly opportunity for volunteers and other supporters of the program to connect in planning of this program to reflect on challenges they are navigating during employee connections after a child death, or their own wellness support.
PPS Wellness Committee- This committee is comprised of several DCF leaders who are passionate about wellness. This committee meets quarterly to discuss strategies for improving PPS Wellness initiatives such as CI Debriefing and what other areas need to be explored for employee wellness. There is current consideration of moving this committee from leaders to be predominately made up of PPS Practitioners and other leaders from each region.
PPS Admin Morale and Event Committee- PPS Admin leaders plan team building and collaboration for PPS Admin staff in the summer and winter seasons.
Department of Corrections Wellness Consortium- A nationwide group of wellness coordinators who are all associated with their state departments of Corrections, that meet in a virtual format, monthly, to converse about strategies to promote wellness programs and ideas to further wellness. At times there are guest speakers from other agencies or organizations.

EMPLOYEE EXPERIENCE

Between July 1, 2024, and March 30, 2025, there were 48 referrals to the EE Program (see section C.5.a., *Efforts to Track and Prevent Child Maltreatment Deaths* for more information). In comparison to FY2024, DCF had a similar number of referrals, with 46 from August 29th, 2023-June 31,2024.

EE Referral Breakdown by region for FY 2025:

NE: 5	SE: 8	KC: 11
SW: 7	Wichita: 11	NW: 6

CRITICAL INCIDENT(CI) DEBRIEFING

DCF entered a contract with Cornerstones of Care in FY 25 to provide CI Debriefing to DCF staff. CI such as a violent encounter, or the death of a client, are eligible for the service. The Critical Incident Debriefing experience is to assess and nurture the internal resources and external supports available to an individual. The goal is to manage trauma symptoms, identify a path to healing, re-establish a sense of stability, and build resilience. Debriefings are facilitated by trained responders from Cornerstones of

Care and these debriefings may occur individually or in groups. From July 2024 – March of 2025, 36 referrals for debriefing have been sent to Cornerstones of Care (COC), which have included three group debriefings and approximately eight individual debriefings.

OTHER AREAS OF INVOLVEMENT

The following wellness training opportunities for supervisors and other leaders in PPS have been presented in SFY 25:

Trauma Informed Supervision	CI Management for Supervisors	S.E.L.F. (Safety, Emotional, Loss, and Future)
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The PWC also hosts the internal Wellness Hub, a place where DCF PPS practitioners and leaders can find resources, announcements and opportunities related to the topic.

N. CHILD PROTECTION AND EDUCATOR REFLECTION WORKSHOP

An advisory committee was established with members from the Kansas education system, Kansas Children Services League and DCF which guides the primary workgroup dedicated to developing a Mandated Reporter Training specifically for educators. The workgroup meets monthly to develop a training during the calendar year of 2025 and to ensure the voices of educators are at the forefront.

O. CHILD WELFARE SUPERVISOR COLLABORATION

In FY25, two collaboration events were held. Topics included but were not limited to best practice on risk and safety assessments, safety planning with families, working through dispute and denial with families, KDHE collaborative presentations on suicide prevention tools and substance use disorder resources, PIP updates, and legislative and policy changes. The Child Welfare Supervisor Collaborations continue to meet up to quarterly each year.

P. REGIONAL COMMUNITY ACTIVITIES

NORTHEAST REGION

The Northeast Region consists of nine counties, including the urban capital county and eight rural counties. In FY 2024, the Northeast Region was assigned 4,189 CPS Reports and had an average of 925 children in OOH care on the last day of the month. The OOH number has been decreasing throughout FY 2025, and in January 2025 the region had 793 children in OOH care on the last day of the month. The Northeast Region has been decreasing the need for FC through many strategies, including Team Decision Making (TDM) and community connection. Care packages were sent to public and private elementary schools in the Northeast Region to encourage engagement in the Four Questions to prevent OOH placement. The care packages contained school supplies such as crayons and highlighters, and four questions promotional magnets and stress cubes. It also contained a link to this school-friendly video, explaining how the four questions can be applied: <https://vimeo.com/dcfkansas>. Regional staff have also been visiting school districts to discuss topics related to child abuse and neglect and continued collaboration.

SN county has 73% of the Northeast Region's children in OOH placement. On 3/28/2025, the Northeast region hosted a meeting with the SN CINC judge, attorneys, and community partners to discuss data presented by the KU. The team goal was to safely decrease how many children experience FC. Data indicates children placed with relatives or non-related kin (NRKIN) experience increased placement stability and less time in care. The region has a goal of 50% of initial placements being with relative or

NRKIN. For July 2024-January 2025, the Northeast Region is at 47.56% initial placement with relative or NRKIN. KU and the region will continue to monitor initial placements.

Finally, the region has noted substance use is a contributing factor in many FC referrals. The Northeast Region participates in both the state and local chapters of the Kansas Drug Endangered Children's Alliance. The alliance creates MDT to effectively respond to drug endangered children in the communities. Professions represented include school counselors, service providers, child protection, prosecutors, law enforcement, and medical personnel. In April 2025, the SN Drug Endangered Children's Alliance hosted educational webinars, inviting people to attend virtually from across Kansas. Topics included: prenatal marijuana exposure, a panel presented by individuals with lived experience, and the familial impacts of substance misuse.

NORTHWEST COMMUNITY ACTIVITIES

A hospital and medical engagement meeting, convened by DCF, pulled together key medical and hospital partners to focus on prevention and holistic family services. This meeting increased shared knowledge while enhancing support of populations.

Starting June 2025, Salina and area agencies plan to start Salina Area Partnerships in Action to implement community-based agency sharing models to serve families collectively. Local agencies will have the opportunity to showcase their resources during meetings and utilize Microsoft Teams as an avenue to offer client-based resources.

AGENCIES WORKING TOGETHER

DCF SE Region facilitates this group of about 230 local community service providers who meet virtually monthly and collaborate daily through a Teams channel dedicated to collaboratively serving families within their communities. Virtual meetings often include guest speakers who describe their role in the community and what they have to offer families. Replicating this model in other areas in the coming years will add another layer of resources to families which do not require involvement with the agency and have the potential to prevent a child from entering FC.

COMMUNITIES SUPPORTING FAMILIES – EMPORIA AND HUTCHINSON

In 2021 and 2022 DCF entered into agreements with Emporia, Wichita, and Hutchinson school districts to support salaries and operational costs of liaisons to assist families and prevent the need for agency involvement. Each of these agreements ends at the conclusions of the 2024-2025 school year. Emporia and Hutchinson school districts recognized success of the liaisons.

Q. KANSAS COALITION FOR SEXUAL AND DOMESTIC VIOLENCE (KCSDV)

DCF continues to collaborate with KCSDV to provide training addressing DV in child welfare and participate in the steering committee for the PIP to bring stakeholder insight to training needs.

S. STUDENT SERVICES

In SFY25, DCF continued our focus on obtaining and retaining practicum students and interns in human service-related fields. The Student Trainee Practicum/Intern program has continued and is led by a dedicated administrator. DCF now has seven positions dedicated to recruiting new hires, practicum students and interns. DCF currently is working with 28 in and out of state colleges or universities. The administrator manages six student services supervisors. One supervisor position in each of the six regions. The supervisor's role includes reaching out to educational institutions and sharing information, presenting to classes, educating potential practitioners and educators of human services programs. In

addition, the supervisor facilitates placement for practicum students/interns and provides weekly supervision and support. The student services supervisors have assisted with Employee Based Practicums for bachelor's in social work and in master's in social work students. Upon completion of the program, they agree to commit to working for the agency for another year. This has increased retention and assisted with increasing number of social workers within the agency. DCF is dedicated to ensuring practicum students and interns experience cross-program opportunities. This allows students to build a portfolio of experience within the Safety and Thriving Families department and other departments and programs within the agency. April 2025 data reflects there has been 91 practicum students across the state. DCF is experiencing an increase in applications for practicum positions, interns and full-time Safety and Thriving Families positions. As part of the recruitment effort for students we have utilized recruitment post card and flyers with a URL scan to take them to our Practicum web site at www.dcf.ks.gov/Agency/Pages/Social-Work-Practicums.aspx. Attachment 16 Student Services Practicum Flyer.

Kansas has hosted 206 students across the state since starting the program in July 2022.

FYs	Total # of Practicum/Interns who completed Practicums	Students Hired
2025	72	17
2023 to Present	176	69

II. UPDATE TO THE ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

DCF developed a new vision and goals for the 2025 - 2029 CFSP. The following goals and strategies align with the PIP and reflect strategies DCF believes will improve outcomes.

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

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 CFSR assesses the state's performance on seven outcomes related to safety, permanency, and well-being and seven systemic factors affecting outcomes.

The DCF PIP was approved 4/29/2024, implementation began 5/1/2024.

QUARTERLY CASE REVIEWS

In addition to CFSR onsite review, Kansas conducts quarterly case reviews for CPS, in-home and out-of-home services via the PIP measurement reviews. The random sample of cases is derived from the respective case populations and stratified by geographic service areas selected as "measurement sites". The CFSR Onsite Review Instrument (OSRI) is utilized to conduct the reviews, and the reviews are then entered in the Online Management System (OMS). Quarterly case review results can be found on the

DCF public website: <http://www.dcf.ks.gov/services/PPS/Pages/CaseReadResults.aspx>. An initial analysis and review occur upon completion of the quarterly case read with DCF administration, regional performance improvement teams, and DCF program staff. DCF regional performance improvement staff, regional permanency staff and contracted providers engage in a regional review. DCF is gathering information from providers on where case read data is disseminated and preparing for more consistent engagement with providers across the State of Kansas.

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 biannual submission of Kansas AFCARS data and the annual submission of Kansas NCANDS data. AFCARS data is comprised of case-level information for all children in out-of-home FC and those who have been adopted from FC. NCANDS data is comprised of reports of child abuse and neglect.

ADMINISTRATIVE DATA

In addition to 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.

RATINGS FOR SAFETY, PERMANENCY, AND WELL-BEING OUTCOMES AND ITEMS

OUTCOME ACHIEVEMENT

Outcomes are rated as in substantial conformity or not in substantial conformity. Ninety-five percent (95%) of the applicable cases reviewed must be rated as having substantially achieved the outcome for the state to be in substantial conformity with the outcome.

ITEM ACHIEVEMENT

Items are rated as a Strength or as an Area Needing Improvement (ANI). For an overall rating of Strength, 90% of the cases reviewed for the item (except for Item 1 and Item 16) must be rated as a Strength. Because Item 1 is the only item for Safety Outcome 1 and Item 16 is the only item for Well-Being Outcome 2, the requirement of a 95% Strength rating applies.

SAFETY

SAFETY OUTCOMES 1 AND 2

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

Item 1: Timeliness of investigations

During CFSR Round 4, Kansas received an overall rating of ANI for Item 1.

Strengths	See Collaboration: O – Child Protection and Educator Reflection Workshop – details working with the education community to reduce KPRC calls not related to abuse or neglect.
Worries	Educators make reports lacking safety concerns or suspicion of abuse or neglect more than double any other source, (Collaboration: O Child Protection and Educator Reflection).
PIP Goals/Strategies	Goal #1 – Safety Goal 1

Kansas Protection Report Center (KPRC)

Estimated Number of Individuals and Families to be Served	52,336 Intake Reports Received *As of April 1, 2025
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Population to be Served	Reporters calling with concerns for Kansas families. When the reporter does not speak English, a designated Spanish line is available and as well as other translation services.
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 the KPRC. KPRC receives reports regarding allegations of abuse or neglect statewide, 24 hours per day, and seven days per week, including holidays. The majority of KPRC employees choose to telework with only a few employees reporting to a service center on a regular basis. KPRC works in a web-based phone service, Amazon Connect that allows 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 of the report to inform an assignment decision. During regular business hours, a report can be made in English or Spanish. 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 CINC. Reports meeting criteria for further assessment are assigned with one of the following response types: Abuse/Neglect, FINA, or PWS.

The Quality Assurance (QA) Review Team consists of 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 assessment, the report is available immediately to the regions in the KPRC web-based information system.

As of April 14, 2025:

Reporting Month		Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Average YTD
Statewide	# of Events Assessed Timely	4,937	6,125	6,596	7,232	6,161	6,132	6,293	5,930	6,654				6,229
	Total # of Events	5,148	6,221	6,834	7,403	6,246	6,262	6,430	6,055	6,814				6,379
	% of Timely Initial Assessments for reporting month	95.9%	98.5%	96.5%	97.7%	98.6%	97.9%	97.9%	97.9%	97.7%				97.6%

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

KPRC continues its partnership with SafeGenerations to provide staff with training in Risk Intelligence (RI) and Questions That Make a Difference (QTMAD). RI helps KPRC staff conduct more balanced and thoughtful assessments by improving their ability to ask purposeful questions, build engagement, explore family strengths, and apply critical thinking throughout the intake process. QTMAD focuses specifically on enhancing how staff engage with reporters, equipping them with strategies to ask clear, meaningful questions that lead to more accurate and comprehensive information gathering. Several training cohorts were held in Fall 2024 and continued through Spring and Summer 2025.

KPRC also collaborates with SafeGenerations to strengthen its learning through the Group Learning and Consultation (GLC) process. This ongoing partnership supports reflective practice, shared learning, and continuous improvement across the organization. To further enhance the relevance and impact of this approach, KPRC is developing a targeted GLC for KPRC staff. The goal is to ensure that the learning is

directly transferable to the initial assessment process, reinforcing alignment with KPM and improving the quality and consistency of decision-making from the very beginning of each case.

KPRC continues to implement a structured Support Consultation process for staff who receive reports involving the death of a child—cases identified as CI. This process is intentionally aligned with the KPM framework. The Support Consultation provides space for reflection, coaching, and guidance from KPRC leadership during the initial review of the report and prior to assignment. This approach not only strengthens decision-making but also supports the emotional wellbeing of staff. This ongoing effort underscores KPRC's commitment to fostering organizational health, addressing secondary trauma, and creating a supportive, trauma-informed environment. By prioritizing the care and resilience of its workforce, KPRC continues to build a compassion, stability, and professional integrity.

In July 2024, KPRC finalized the Kansas Intake Guidance and the Kansas Intake Tool, both of which were added to policy in January 2025. These resources establish a new foundation for staff decision-making, providing a structured and consistent approach rooted in the principles of the KPM. While they reflect the intent of the former Structured Decision Making Manual, they serve as its formal replacement following its phase-out in January 2024.

The Kansas Intake Guidance helps build confidence in decision-making by offering clear definitions, step-by-step instructions, practice guidelines, and relevant references, making it the comprehensive resource for policy guidance.

The Kansas Intake Tool is designed to support critical thinking and help staff make informed decisions. The questions within the tool are structured to map out the decision-making process, ensuring that all relevant factors are carefully considered before reaching a conclusion. Additionally, the tool covers safety scaling and appropriate responses to prioritize safety. This approach mirrors the process used in investigations and promotes a unified, consistent method across the board. By using the same information from intake forward, we can establish a stronger connection with the family, provide clearer starting points for investigators, and increase consistency throughout the entire process.

KPRC hosted all-staff in-person meetings to discuss critical topics such as Danger, Risk, and Safety; Safe Sleep Guidance; and training on the Kansas Intake Tool and Guidance.

In August 2024, new staff interview questions were developed to align with KPM aimed at enhancing recruitment efforts and increase hiring staff with the necessary skills and qualifications. These questions are designed to better assess candidates' alignment with the core values and competencies required for success within KPRC, ultimately helping to build a stronger and more effective workforce.

In October 2024, KPRC and Amazon enhanced the capabilities of DANA, the virtual assistant available on the DCF website, by adding its own top 10 most frequently asked questions. The questions expanded community access to information related to reporting abuse and neglect of both children and adults. This collaboration represents a meaningful step toward making resources more accessible to those who need them most.

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 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 the need for a hotline report. Through a strengthening families framework, emphasizing protective factors, and factors that impact child abuse and neglect can be reduced. This training will allow dialogue on this perspective shift and allow for attendees to brainstorm best practices and create achievable action steps to prioritize supporting families in our communities.

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.

DCF continues to partner with Kansas Department for Health and Environment (KDHE) to provide learning opportunities for reporters surrounding perinatal substance use. The Perinatal Substance Use: Mandated Reporting and Best Practices for Supporting Families was presented at the 2024 Kansas Home Visiting Virtual Conference, 2024 Kansas Stimulant and Opioid Conference, 2025 Kansas Association of Osteopathic Medicine Spring Conference, Mirror Inc. employee training, and virtually offered in the fall of 2024 and spring of 2025 through KCSL. The Kansas Connecting Communities (KCC) continues to promote and facilitate opportunities to present. In 2025, revisions were made to the training to include partners from DCCCA who work for the Sobriety Treatment and Recovery Team (START) program. DCCCA has provided a cadre of lived experience consultants to assist with presenting and bringing forward their story along with those they serve.

Learning objectives for the training include:

Overview of the role of mandated reporters and types of cases for decisions about reporting.
To have knowledge of substance use screening tools and the use of the Prenatal Provider Workflow during work with pregnant and postpartum individuals.
To learn about the DCF KPM.
To learn about ways to connect a person using substances to support or services.
To have open discussion on case vignettes to enhance learning <ul style="list-style-type: none"> • What are the risk factors? • What is the danger? • What are the protective factors, supports or services? • What referrals could be made for the family? • Discussion on reporting to DCF • How can you partner with DCF?

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

Item 2: Services to protect child(ren) in the home and prevent removal or re-entry into foster care

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

Strengths	In-home services continue to be developed based on client input. FPS removed tiered services for families to provide tailored services to clients.
Worries	Local resources, such as community programs, often lack funding to support families in their home through concrete goods. When services are available waitlists slow access to services.
PIP Goals/Strategies	Goal #1 – Safety Goal 1

Please see Current and Planned Activities: Safety – Family First.

Item 3: Risk and safety assessment and management

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

Strengths	Safety Planning Intensives have been introduced and continue to be held to focus on immediate and lasting safety, writing safety plans and inclusion of family safety networks.
Worries	When safety concerns are identified workers do not know when or how to update and monitor safety plan due to lack of focused training regarding this practice. Safety plans are not monitored for family engagement in safety-related services for changes in concerning behaviors.
PIP Goals/Strategies	Goal #1 – Safety Goal 1

Safety is assessed and planning is inclusive of visits.

Agency OOH Case Read Question	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024	SFY 2025
If the case was opened during the PUR, did the agency conduct an initial assessment that accurately assessed all risk and safety concerns for the target child in FC and/or any child(ren) in the family remaining in the home?	83%	77%	94%	84%	82.14%	91.43%	91.30%
During the PUR, did the agency conduct ongoing assessments that accurately assessed all of the risk and safety concerns for the target child in FC and/or any child(ren) in the family remaining in the home?	74%	65%	76%	73%	76.68%	82.21%	78.33%
During the PUR, if safety concerns were present, did the agency: (1) develop an appropriate safety plan with the family and (2) continually monitor and update the safety plan as needed, including monitoring family engagement in any safety-related services?	74%	50%	66%	56%	53.85%	54.35%	74.07%
During the PUR, were there safety concerns pertaining to the target child in FC and/or any child(ren) in the family remaining in the home that were not adequately or appropriately addressed by the agency?	85%	87%	85%	81%	83.33%	81.58%	86.79%

*SFY represents SFY24 Q1 average, Source: Agency Case Read Reviews

During the PIP process, Kansas considered why safety plan creation and ongoing monitoring was the area with the lowest performing practice. In completing a root cause analysis, the workgroup determined the following:

Workers do not know when a safety plan needs to be monitored or updated.
Inconsistency as to when a safety plan is required or needs updated.
There is a lack of training on when or how to update safety plans.
There is not a dedicated training to create and monitor safety plans.
DCF policy does not outline specific training requirements for this type of training.

Kansas has engaged the Safety and Thriving Families team, CWCMPs for FC and FPS, legal and judicial partners, tribal partners and lived expert consultants to make improvements to improve this practice area. One identified update is to have engagement and monitoring requirements built into policy and practices for DCF and CWCMPs for FC and FPS. This update resulted from an intensive held in November of 2024 and efforts from the Safety Workgroup for the PIP due to the needs found in the CFSR audit. These changes to practice and policy began occurring in January of 2025 with each grantee as well as DCF. In July 2025, safety plan forms and additional language guiding how a safety plan should be monitored, by whom and how frequently will be updated.

CURRENT AND PLANNED ACTIVITIES FOR SAFETY

FAMILY RESOURCE CENTERS (FRC)

FRCs continued to carry out ongoing work providing services to their communities. Nine grantees are renewing for an additional year, July 1, 2025 – June 30, 2026, with one optional renewal remaining. This continued support will allow families to access services and concrete goods prior to, or simultaneously with, DCF intervention.

FAMILY RESOURCE CENTER (FRC) EVALUATION

Since submission of the CFSP, between March 2024 when data collection and tracking began, and December 2024 when the most recent report was produced, DCF-funded FRCs delivered 2,259 individual concrete supports to 1,227 families across the state, with an average of approximately two services per family per visit. The five resources for which there is the highest need to date were clothing (n = 605 needs met), childcare related items (n = 599 needs met), household and hygiene items (n = 248 needs met), community resource information (n = 229), and food assistance (n = 189). Additional details of concrete supports delivered statewide and by individual site are available.

With an aim of ensuring holistic support, FRCs use a “no wrong door” approach to understand the full scope of family need and connect them to the services best aligned with those needs. FRCs use a variety of tools (e.g., IRIS, UniteUS, DAISEY) to support referring families to needed services and other local community organizations within the community network. Future evaluation activities include conducting social network analyses of each community provider network to understand the degree to which FRCs serve as a community connection hub.

At a community level, The Family Well-Being Survey will be administered beginning in June 2025 as part of a statewide survey of parents and caregivers. This assessment will provide a statewide and local community snapshot of family well-being and annual changes in well-being across the five social determinants of health domains. Comparisons will be made to understand differences between individuals and communities served by local FRCs and those who have not accessed the FRCs.

In addition, evaluators are administering the Kansas Prevention Survey – an online survey tool that captures families' perceptions of well-being and help-seeking behaviors through personal narratives and self-reflections statewide – with support from FRC site staff. Survey responses, including qualitative story components will be used in each community to support community sensemaking sessions to make meaning of local data and generate action to further support FRC impact for families. Sensemaking sessions will use stories from the Kansas Prevention Survey to co-interpret data with members of the local communities to understand and act in response to families' experiences seeking support.

As of December 31, 2024, 321 survey responses had been collected statewide and evaluators hosted a virtual statewide sensemaking session with the KFSN of FRC. Key takeaways included: 1) Families face complex and compounding barriers when seeking supports; 2) Inadequate community resources and support result in negative service experiences, discouraging future help-seeking; and 3) System accountability to families builds trust and is an essential facilitator of service uptake and effectiveness.

FRCs receive individualized TA from KU-CPPR evaluators as needed to support their data collection efforts and ensure data quality. FRCs receive quarterly output reports to inform internal CQI and evaluators are currently developing an annual report of statewide and site level metrics and analysis for

FY-end understanding of reach and impact to date. The evaluation team participates in the Monthly and Quarterly KFSN Meetings to understand local site context and engage sites in evaluation updates and activities.

FAMILIES TOGETHER (FT)

FT's Family, Advocacy, Support, and Training (FAST) program continues to provide statewide services in Kansas. Since submission, FAST has started offering Tuesday Talks for families to attend a virtual connection to discuss Individualized Education Plan (IEP) tips/requirements and stress relief/self-care techniques. FAST held three family retreats this fiscal year. FAST staff invited families to attend retreats in Wichita, Overland Park, and Salina. Regional retreats provide an opportunity for families to connect with other families. They attend sessions on topics including, but not limited to parent skills, fatherhood, mental wellness and taking care of yourself, trauma informed care and building capacity, and power of a personal story. Families learn new strategies and skills necessary to become more functioning family units. FAST will utilize their partners to bring speakers with expertise and lived experiences to these retreats. FAST continues to seek opportunities to support families.

July 1, 2024 – March 31, 2025	
Referrals	310
Contacts with families	1,692

KINSHIP NAVIGATOR

KCSL has been a proven partner in providing support to kinship caregivers during their interactions with the child and family wellbeing system. Navigating meetings, appointments, and court hearings is not only challenging, but is often overwhelming for the kinship caregiver's success in reaching their goals. KCSL provides the voice of kinship caregiver's needs at council and committee meetings. KCSL utilizes the Washington State Kinship Navigator Program, "Supported" on the Title IV-E Clearinghouse Registry. KCSL operates a FRC supporting the Wichita, KS community. FRCs serve families as a whole and utilize a multigenerational approach. FRCs connects families and unrelated kin to needed community resources. Workshops and community events target multigenerational families for engagement. Through information, education, and access to tailored services, this Kinship Navigator program aims to support families and meet their unique needs. With Kinship Navigation housed in an existing FRC, this allows kinship families to access additional services offered through the FRCs which include resources and services for the community in which they exist. FRCs provide a unique series of services in their communities and include resources based on their local needs. Additional information: V. Update on the Service Descriptions: MaryLee Allen Promoting Safe and Stable Families – Kinship Navigator Funding.

FAMILY PRESERVATION SERVICES (FPS)

Estimated Number of Individuals and Families to be served annually:	Approximately 1600 families
Annual Budget	\$13,000,000.00
Populations to be served	Families with at least one child at risk for FC
Geographic Areas where the services are available	Statewide (all 105 Kansas counties)

FPS provide voluntary services alongside families to build their strengths and reduce the risk of children being placed in FC. Families must meet the following eligibility requirements to participate in FPS:

Reside in Kansas	Be at risk for having a child placed in FC
Have a parent or caregiver available to protect the child	Be willing and able to participate in FPS

FPS provides an array of services developed to meet child and family needs. These services are provided on a continuum of high to low intensity throughout the service period with CM services or non-CM meaningful supports or intervention approaches with the family or a combination of service types. Services provided through FPS are in the family home and serve families who have one or more children at risk for OOH placement or who will be at risk of OOH placement at birth.

FPS services are provided for an established service period with the intent to mitigate immediate child safety concerns and stabilize family crisis and assess the family's needs.

FPS CM services are provided to the family to include ongoing assessment of risk and emergent safety issues, service coordination, and when identified, initiating services to stabilize and support the family.

FPS services are services targeted to eliminate barriers to a child safely remaining in their home and promote family stabilization and thriving. The period in which the family is receiving FPS services is called the referral period. The family helps define barriers to children remaining safely at home and assist in identifying ways to overcome these barriers. Formal assessment tools are utilized to determine initial and ongoing child safety, identify existing risk factors and establishing family or individual needs. Formal assessment results are used to evaluate family attributes for safety, in-home permanency, and well-being.

Program requirements are designed to provide quality services to families which incorporate Child Protective Factors, address findings of the Federal CFSR, meet benchmarks within DCF PIP, support KPM, and promote family and child well-being.

This is the first year of the new contracts awarded to DCCCA, COC, and TFI. The contract period is July 1, 2024, to June 30, 2028, with an optional one-time, two-year renewal.

For this contract period DCF will make a general referral to FPS. The provider then assesses the family's needs. The provider will have the ability to vary the intensity of the services based on the family's needs and meet them where they are. Every family will have CM services.

All FPS Providers will be utilizing Evidence Based Practices (EBP).

FPS Provider	Evidence-Based Model	California Evidence-Based Clearinghouse for Child Welfare Rating	IV-E Prevention Clearinghouse Rating
TFI	Trust Based Relational Intervention (TBRI)	Promising	Promising
	Solution Based Casework (SBC)	Promising	Does not currently meet criteria
COC	Functional Family Therapy (FFT)	Well-supported	Well-supported
	SBC	Promising	Does not currently meet criteria
	Motivation Interviewing (MI)	Well-supported	Well-supported
DCCCA	FFT	Well-supported	Well-supported
	Together Facing the Challenge (TFTC)	Supported	Does not currently meet criteria
	MI	Well-supported	Well-supported
	START	Promising	Supported

Historical Data of Outcome Measures

	21	22	23	24
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Children are Maintained at Home with Family <i>Families referred for family preservation services will not have a child placed outside the home into the FC program during the service period or within 30 days of case closure.</i> Standard: 90%	89%	90%	89%	91%
Children are Maintained at Home <i>Children referred for family preservation services will not be placed outside the home into the FC program during the service period or within 30 days of case closure.</i> Standard: 90%	91%	92%	91%	92%
Safety During Family Preservation <i>Families will not experience substantiated or affirmed abuse or neglect between referral and case closure.</i> Standard: 95% Data Source: FACTS	97%	98%	98%	97%

The State of Kansas FY measures data beginning July 1, 2024, through June 30, 2025. The data below represents the most recent available for period July 1, 2024, to March 2025, which can be found on the DCF public website.

Children are Maintained at Home with Family

Families referred for FPS will not have a child placed outside the home into the FC program during the service period or within 30 days of case closure.

Performance SFY24 to date: 88.2% (Performance Standard is 90%)

Children are Maintained at Home

Children referred for FPS will not be placed outside the home into the FC program during the service period or within 30 days of case closure.

Performance SFY24 to date: 90.6% (Performance Standard is 90%)

Safety During Family Preservation

Families will not experience substantiated or affirmed abuse or neglect between referral and case closure.

Performance FY24 to date: 98.1% (Performance Standard is 95%)

Providers are reporting in some cases they are taking court ordered referrals where a child has already been placed OOH. One provider had four cases referred to OOH in March 2025, with a total of eight children. Three out of the four cases had some degree of the of the children being safety planned with another caregiver during the time the case was open, due to concerns with one or both parents. Other challenges FPS providers are facing are serious social ills including gun violence, homelessness, and severe mental health challenges. Despite these challenges, FPS providers are meeting or exceeding these measures, keeping children safe from maltreatment during services, and maintaining children safely at home.

FAMILY FIRST PREVENTION SERVICES ACT (FFPSA)

DCF continues to focus on the prevention services array as we begin our second five-year plan. In FFPSA, DCF continues to explore specific service types and geography when assessing for additional prevention services. Currently SGF are dedicated to prevention services not approved through the Title IV-E Prevention Clearinghouse. A selection of these state funded services are offered to and available to

families without the need for a report to KPRC. Services include pre-petition legal services, Strengthening Families, Fostering Prevention, Seeking Safety, Parent-Child Assistance program and community support specialists imbedded with law enforcement in some areas of the state. State funded primary prevention services account for 11% of all FFSPA referrals statewide.

FFPSA grants were awarded for SFY24 with three optional one year renewals beginning on 7/1/2023 and are currently renewed through SFY26. For a list of current grantees, please see Attachment 17. The next Request for Proposals (RFP) for the FFSPA grant will be held in August of 2026 with a start date of July 2027, when the last renewal option expires.

DCF FFPSA CMs provide support to practitioners and grantees each within their assigned regions. Examples of support include assisting grantees with obtaining DCF resources, referral assistance to PPS practitioners, facilitating communication, providing CM to families, completing Family and Child Tracking System (FACTS) entry and reconciliation, improving processes, and providing education to the community about Family First.

DCF FFPSA CMs support each region by sharing prevention expertise and serve as the front line for questions about FFPSA. DCF FFPSA CMs, along with DCF FFPSA Program Manager and Grant Administrator, are the liaisons between DCF and the grantees. The role of a DCF FFPSA Program Manager includes hosting regularly scheduled check-in meetings with each grantee. These meetings have provided an opportunity for discussion of adding service areas when DCF is not utilizing all openings in granted areas. For example, SFM provides Family Centered Treatment (FCT) within the awarded areas (Northwest, Southwest, and Wichita regions). With capacity available, DCF FFPSA CMs and SFM collaborated and agreed to expand FCT into the Northeast and Southeast region through an exception process. This opportunity allows families to access FCT services who otherwise would have not due to grant boundaries. In addition, this agreement promotes maximum utilization of services and informs DCF, through data, of future service area needs during the next RFP.

DCF FFPSA administrative staff solicit feedback from stakeholders through many avenues such as the FFFC and FFPSA grantee meetings. The commitment toward incorporating voices of lived expert consultants can be seen in policy changes. A specific example of this can be found in a recent policy change combining two forms. This change created efficiency and lessened the administrative burden for families, practitioners, and service providers. Reconciling data was identified as a pain point by regional FFPSA CMs and grantees. The process was reviewed, and data delivery moved to a centralized space rather than multiple emails and spreadsheets sent back and forth between administration, regional FFPSA CMs and grantees. Also streamlined is a process implemented to track open cases by provider monthly. This has improved early detection and correction of data in preparation for federal submissions. These changes were driven by those most impacted by the processes and increased data accuracy.

FFPSA Administrative staff meet quarterly with tribal social services staff to hear concerns and needs related to accessing FFPSA services. Strong collaboration occurs when DCF administration shares this message with regional FFPSA CMs who communicate service availability.

In December 2024, DCF's second five-year Prevention Plan was approved. During various stakeholder venues, State Legislators, collaborative partners and families continue to express a desire to access services in their communities without contact with DCF. DCF continues to work in partnership with FFFC, KU-CPPR, Family First Evaluation Team, and our FFPSA Service Providers toward developing a community pathway that will allow more families to access services in their communities without the need to hotline DCF for a child abuse/neglect assignment.

As Kansas moves forward, prevention partners have committed to creating better outcomes for all children, youth, and families. Partners all over the state continue to amplify and listen to the voices of those with lived expertise, guiding the future of our child and family well-being system.

FFPSA Services

Since SFY 2020, FFPSA services have been provided to families to prevent children’s entry (or re-entry) into 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 service. Pregnant and parenting youth in FC are also eligible for Family First Prevention Services. FFPSA services are provided through community-based partnerships, and services target mental health, substance use, parent skill-building and kinship navigation services. Evidence-based practice models are required. Data reflected below includes all services Kansas categorizes as Family First, whether state or federally funded.

Administrative Data

Outcome Measure	SFY 2020*	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025**
<i>Families referred to Family First were engaged in timely in services (within 2 days). (GOAL: 95% of cases)</i>	80.3%	72.7%	75.1%	79%	75%	77.3%
Target children and youth receiving family first services placed in foster care during an open case (Goal: Less than 10%)	2.3%	3.9%	2.59%	3.12%	3.07%	3.04%
<i>Cases served and closed who had successfully completed the referred service. (GOAL: 95% of cases)</i>	32.5%	44.8%	51.4%	49.8%	51.3%	51%
<i>Target children and youth who have reached 12 months from the time of service referral remained together at home without need for foster care.** (GOAL: 90% of cases)</i>	N/A	90.5%	92%	91.8%	90.1%	90.4%

Data Source: FACTS & ROM

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

**SFY 2025 data reflects from July 2024– March 2025

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 18 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>.

TEAM DECISION MAKING™ (TDM)


TDM meetings have also been found helpful by other states that have been asked to participate in the meeting. Nebraska DHHS was invited to participate and gave feedback stating “Kudos to you guys in Kansas. I was impressed with the format of that meeting and how it was conducted. We are not doing anything close to that as far as problem solving with our families here in Nebraska so wanted to reach out and share my appreciation for how that was handled. Gold Star!”

TDM Data Snapshot – Attendance and Recommendations (7/1/2024-04/25/2025)	
# of TDM Meetings	#of Children Impacted
1114	1926
Attendance By Mother	Attendance By Father
81% (902)	48% (533)

Attendance By Child	
42% (810)	
Maintain at Home	Placement w/Relative (w/out Court Oversight)
51% (979)	15% (298)
OOH Placement	
34% (649)	

Of the 651 children where the recommendation was to file for custody to include OOH placement, 63% (413) recommended the child be placed with a relative or NRKIN, and only 34% (222) be placed in a traditional foster home.

Administrative Data

 SFY 2025 TDM YTD Report - Statewide Summary July 1, 2024 - March 31, 2025		
Section I: PPS FACTS & TDM Application Data		
1a. Reports assigned for Further Assessment*	TBD**	
Reports assigned for Further Assessment with a TDM Meeting (subset of 1a)	TBD**	TBD**
1b. Children/Youth Removals	1812	63%
Children/Youth Removals by Law Enforcement (PPC) (subset of 1b)	1133	63%
Children/Youth Removals with a TDM (subset of 1b)	652	36%
Section II: Characteristics of TDM Meetings - TDM Application Data		
2a. TDM Meetings	1014	
2b. TDM with Suspected/Confirmed Domestic Violence	150	15%
2c. Attendance at Meetings		
DCF Worker	1007	99%
DCF Supervisor	920	91%
Other DCF Staff (not assigned worker/supervisor)	0	0%
Mother	810	80%
Father	472	47%
Children/Youth	290	29%
Caregivers	18	2%
Family Members and Friends	643	63%
Contract Agency Staff	0	0%
Neighborhood / Community Representatives	28	3%
Service providers / Other supports	255	25%
Section III: Summary of Children/Youth Identified with a TDM Meeting		
3a. Children/Youth with a TDM Meeting (ages 0-17 yrs)***	1754	
3b. Youth ages 10-17 with a TDM Meeting	741	42%
3c. Children ages 0-9 with a TDM Meeting	1022	58%
Section IV: Child/Youth Placement & Recommendation		
4a. Child/Youth Location at Time of TDM (subset of 3a)		
In Home	679	39%
Separated	1075	61%
Removed by Law Enforcement (subset of "Separated")	869	81%
4b. Recommendation for Custody & Care (subset of 3a)		
Maintain Child/Youth in own home, no court involvement	454	26%
File for court intervention not involving out of home placement	174	10%
Immediately return Child/Youth to own home, no court involvement	258	15%
Place Child/Youth with relative, no court involvement	275	16%
File for any type of custody that includes out of home placement (OOH)	592	34%
4c. Placement Recommendations for Child/Youth Placed Out of Home (subset of "OOH")		
Place with a Relative	265	45%
Place with Unrelated person, not Foster Parent, NRKIN or Kinship	116	20%
Place in Foster Home	200	34%
Place in Group Home	3	1%
Place in Residential Treatment	7	1%
Place in Independent Living	1	0%

Updated April 15, 2025

*Data in 1a excludes ICPC 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 retaining PII.

PERMANENCY

PERMANENCY OUTCOMES 1 AND 2

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

Item 4: Stability of foster care placement

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

Kansas monitors placement stability outcomes from Child and Family Services Review (CFSR) Round 4. Placement stability continues to be an area of opportunity for Kansas.

Strengths	Placement Stability Team Decision Making (PS-TDM) have been implemented and have been shown to be an effective placement stabilizing strategy.
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Worries	Increasing supports for youth ages 11 to 17. Youth with high acuity needs entering the system struggle to find safe and stable placement due to mental and behavioral health challenges. Youth between 13 and 18 are placed with relatives less frequently than other youth in Kansas.
PIP Goals/Strategies	Goal #2 – Placement Stability Goal 1

Ongoing implementation to improve this outcome is occurring.

Item 5: Permanency goal for child

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

Strengths	Four Questions Model could identify supports leading to reintegration.
Worries	DCF is not meeting the timely to permanency within 12 months because there are policies, procedures, and practices hindering safe and timely permanency.
PIP Goals/Strategies	Goal #3 – Permanency Goal 1, Goal #4 – Permanency Goal 2

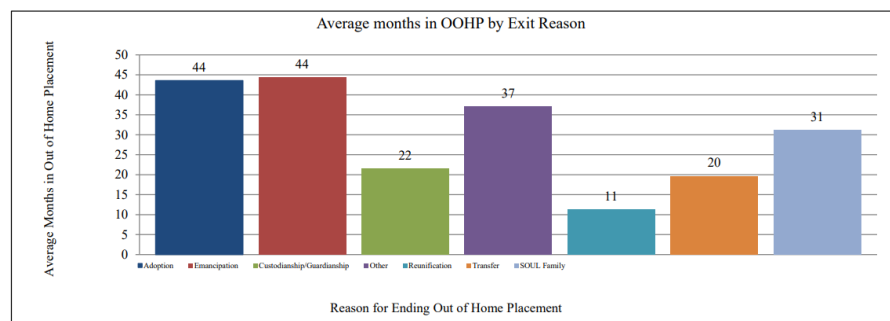
Reporting and data analysis is present in Item 6 regarding permanency and timely permanency initiatives.

Item 6: Achieving reunification, guardianship, adoption, or another planned permanent living arrangement (APPLA)

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

Strengths	Four Questions model could be modified to support reintegration options and permanency plan questions.
Worries	Process for displaying key OOH dates to the Court report should be consistent. Currently, some CWCMP court reports capture the 15 of 22-month deadline date on their cover page, the DCF court report form, PPS 3003, only requires a yes or no answer as to whether the child has reached 15 of 22 months.
PIP Goals/Strategies	Goal #3 – Permanency Goal 1, Goal #4 – Permanency Goal 2

Kansas recognizes the following seven reasons for ending OOH placement: Adoption, Emancipation, Custodianship/Guardianship, SOUL Family Legal Permanency, Other, Reunification and Transfer, which is defined as transfer to another state agency, such as KDOC-CBS. The reason of “Other” includes death of a child, discharged for living with relative, or runaway. For IV-E purposes youth achieving permanency through SOUL Family Legal Permanency will be considered to achieve permanency through Custodianship if the young person is under the age of 18 and APPLA if the young person is 18 or older. Kansas monitors average length of stay for each of the reasons for ending OOH placement. The graph below represents SFY 2025, July 2024 – March 2025.



Data for SFY 2025 shows decrease in performance for children who were in FC less than 12 months and 12 to 23 months. For children who were in FC 24 months or longer performance increased.

Federal Outcome	SFY 2024	*SFY 2025
% of children who discharged to permanency within 12 months of entering foster care and before turning 18. Standard: 40.5% for SFY24 Standard: 35.2% for SFY25	33.6%	31.9%
% of children who were in foster care 12 to 23 months on the first day of the 12-month reporting period, who discharged to permanency within 12 months and before turning 18. Standard: 43.6% for SFY24 Standard: 43.8 for SFY25	36.9%	32.4%
% of children who were in foster care 24 months or longer on the first day of the 12-month reporting period, who discharged to permanency within 12 months and before turning 18. Standard: 30.3% for SFY24 Standard: 37.3 for SFY25	29.9%	30.4%

*SFY 2025 reflects July 2024 – March 2025

During the 2025 Kansas Legislative Session, House Bill 2075 was passed which amends K.S.A. 38-2264(f). This reduces the number of months from 12 to 9 months for an initial permanency hearing and ongoing permanency hearings will be held every 6 months thereafter. This will help reduce the amount of time children are separated from their family and to achieve timely legal permanency.

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

Item 7: Placement with siblings

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

Strengths	CWCMP contracts stress importance of placing sibling groups together. Contract outcomes include placement with siblings within measured outcomes. DCF has worked with CMP's and statewide partner agencies to draft updates to policy guiding sibling visitation for clarity and to emphasize focus on having siblings placed together.
Worries	Placement with siblings has dropped in this and the previous FY. Maintaining consistency of strong practices used in the past will be necessary to regain lost ground and initiate growth in youth being placed together with siblings.
PIP Goals/Strategies	NA

CWCMP contracts continue to stress the importance of keeping siblings placed together in FC. The current contract includes sibling placement as a contract outcome. According to provided data, placement with at least one sibling remained the same in the last complete FY.

Outcome Measure	SFY 2024	*SFY 2025
Children in FC, with siblings in FC, placed with at least one sibling Standard: 78%	73%	73%

Data Source: FACTS

*SFY 2025 data reflects data from July 2024 through March 2025

Agency OOH Case Read Question

	SFY 2024	SFY 2025
During the PUR, was the child placed with all siblings who also were in FC?	54.63%	59.09%
If the answer to the above question is "no", was there a valid reason for the	66%	77.78%

child's separation from the siblings?		
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*SFY represents SFY25 Q2 average

There is a significant difference in the number of youth who are placed with at least one sibling, per the outcome measure, and youth who are placed with all siblings also in FC, per the OOH case read question. PIP tasks regarding placement stability should increase opportunities for youth to be placed with at least one sibling and preferably with all their siblings who are experiencing a placement in FC. Updates to the DCF PPM to emphasize a focus on placing siblings together and provide clarity to agencies on sibling connection expectations should also increase the attention and prioritization of keeping siblings connected.

The goal of 50% of youth entering care will be initially placed with relatives or NRKIN should also increase the number of siblings placed together.

Item 8: Visiting with parents and siblings in foster care

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

Strengths	Kansas is beginning the process of integrating KPM language through the FC CM. This process will take time, however, will increase the consistency of practices to identify what is going well, worries, and next steps families are familiar with to allow discussions of how to continue relationships with mothers, fathers, and siblings throughout a need for FC.
Worries	Parents and Caregivers are not being sought out for invitation to meetings; parents or caregivers are not being asked what they think is important and what they would like help on; inconsistency in structure of case plan meeting across agencies as well as inconsistency in structure of case plan meeting from worker to worker within same agency; privatization; poor rapport between case manager and parent or caregiver; cultural components involving parent feeling shame around involvement with child welfare; lack of consistent acknowledgement of cultural components such as language or tradition during case plans and worker-parent visits; worker turnover; power dynamic between case manager and parent or caregiver; lack of consistent natural support involvement during case plans and visitations.
PIP Goals/Strategies	NA

Ongoing implementation to improve this outcome is occurring.

Item 9: Preserving connections

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

Strengths	CWCMPs are expected to preserve connections for children in FC. Kansas has passed and is implementing SOUL Family Legal Permanency as an additional way in which youth can be released from the custody of the Secretary to permanency. This option, available only to youth over the age of 16, focuses as its core in ensuring that youth who are released from the custody of the Secretary are surrounded by at least one, if not many, supportive adults. Practice improvements coming from SOUL are expected to impact DCF practice in strengthening connections for youth who are not eligible to achieve permanency through SOUL.
Worries	Placement stability concerns impact the ability of youth to create connections with supportive adults, community, faith, extended family, Tribes, schools and friends. Efforts to improve placement stability should also impact the preservation of connections for youth who enter care.
PIP Goals/Strategies	NA

No new data to report for SFY 2025.

Item 10: Relative placement

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

Strengths	Kansas' definition of relative is inclusive of types of family members. DCF is increasing year after year toward the 50% standard. Kansas has created an abridged licensing process that will be available to relatives and NRKIN.
Worries	Continued collaboration with Courts and legal partners will be required to overcome concerns that can arise regarding the ability of families to provide care. Abridged licensing procedures, while helpful, do not overcome a Kansas statutory list of prohibited offenses which can create a barrier to relative and NRKIN placements.
PIP Goals	Placement Stability Strategy 1.2.2

No new data has been reported. Implementation and initiative efforts are ongoing.

Item 11: Relationship of child in care with parents

During CFSR Round 4, Kansas received an overall rating of ANI for Item 11.

Strengths	Policy states, parent/child interaction shall occur at least once a week when the case plan goal is reintegration. This may be through telephone or email if deemed appropriate and is in the best interest of the child. Interaction shall increase in duration, as appropriate.
Worries	As detailed in the wellbeing section of Kansas' PIP, DCF policy lacks clarity surrounding expectations for engagement between a CWCMP and a parent during case plan, worker client visits, and family visitation.
PIP Goals/Strategies	Wellbeing Strategy 1.1

There is ongoing work aligning areas to KPM, to support engagement with families and children. No data to report.

CURRENT AND PLANNED ACTIVITIES FOR PERMANENCY

SPECIAL RESPONSE TEAMS (SRT)

External Collaboration

During SFY 2025, DCF Youth Programs continued to partner with NCMEC for children missing from care that includes poster distribution and CM. Youth Programs SRT teams also utilize NCMEC's newly formed Child Sex Trafficking (CST) Recovery Services Team (RST). The RST is created to assist child welfare professionals, law enforcement, and other MDT members in developing intentional, victim-centered, and trauma-informed recovery plans for children missing from care who are suspected or confirmed to be victims of CST. The team consists of four Resource Specialists who are assigned to a multi-state area of responsibility and become experts in all CST-related laws, policies, and resources in their states. A CST Resource Specialist has been assigned to Kansas and began active collaboration efforts in March 2021 and continues to present day. The partnership has resulted in the NCMEC RST joining efforts with Kansas to further develop Kansas' Recovery Plan for youth with recurring running behaviors and assist with improving services for children at risk of or involved in HT.

SRT Program Goals FY2025

To continue to improve our response to youth missing from care the SRT set four goals for 2025.

Develop a document to give to youth who are at risk of running away. <ul style="list-style-type: none"> The document will list phone numbers, resources, and other helpful information that will be given to high-risk youth who are at-risk of going missing from care. The information on the document will assist on keeping them safe and provide contact information in case they find themselves needing help or wanting to return to placement.
Improve collaboration between missing from placement and human trafficking initiatives. <ul style="list-style-type: none"> Conduct combined quarterly meetings for the Special Response Teams (SRT) and the IRT to improve communications, share information, and support each other.
Work with our SRT Workgroup in developing a Recovery and Prevention Plan for youth when they have been returned from a missing from placement episode. <ul style="list-style-type: none"> The document will assist in the development of a collaborative plan with the child or youth, caseworker, and SRT worker that will aid in the prevention of runaway occurrences for an individual child or youth who is at a higher risk of running away.
Seek opportunities to bring awareness and education about the Special Response Teams.
In collaboration with law enforcement and DCF providers conduct operations across the state to recover missing youth from placement. <ul style="list-style-type: none"> The DCF Special Response Team will conduct at least three operations (Wichita, Topeka, Kansas City).
Develop a job description for DCF Special Response Team leaders.
Revise and update policy 5245 Responsibilities When Child is Missing from Placement.

SRT Program Accomplishments 2025

In August 2024 a multidisciplinary operation was conducted in the Wichita area to locate runaway youth including youth that were missing from care. A total of 24 high-risk youth were recovered. Organizations involved included:		
Bourbon County Sheriff Department	Butler County Sheriff Department	Child Advocacy Center of SG
EmberHope Connections	FBI	ICT/SOS
Homeland Security Investigations	DCF	Kansas AG's Office
Leavenworth CA's Office	NCMEC	Proximus
Ray County Sheriff Department (MO)	Saint Francis Ministries (SFM)	SG Sheriff's Department (EMCU, patrol)
US Marshall Service	WCH	Wichita Police Department (EMCU, Vice Section, Patrol)

In August 2024 a multidisciplinary operation was conducted in the Topeka area to locate runaway youth including youth that were missing from care. Although several high-risk youth were identified, and leads were followed, no recoveries were made. Organizations involved included:		
American Medical Response	Kansas Attorney's Generals Office	KBI
DCF Youth Services Unit	KDOC	Kansas Highway Patrol
Kaw Valley Anti Human Trafficking Task Force	Lifeshouse Child Advocacy Center	SN DA's Office
SN Sheriff's Department	Stormont Vail Hospital	Topeka Police Department
Topeka SN anti-Human Trafficking Coalition (non-profit)		

Additional accomplishments:

In November 2024, a multidisciplinary operation was conducted in the Kansas City Metro area with the FBI Human Trafficking Task Force. One high-risk missing youth missing from care was recovered.
The DCF SRT presented at the Kansas Governor's Conference on missing youth from care and the SRT team's function.
The DCF SRT presented at the Midwest Vice Investigations Summit on missing youth from care and the SRT team's function.
The DCF SERT presented at the KYAC Summer Conference.
The DCF SRT team participated with the Kaw Valley Task Force (Topeka SN) and the FBI Human Trafficking Task Force in Kansas City.
The DCF SRT team onboarded a new contractor, EmberHope Connections, in the Wichita area and provided them training on the SRT team and youth missing from care.
The DCF SRT team worked with the contractor's SRT teams to revise the policy on youth missing from care.

SUPPORT, OPPORTUNITY, UNITY, AND LEGAL RELATIONSHIPS (SOUL)

SOUL (Support, Opportunity, Unity, and Legal Relationships) is a permanency option where young people aged 16 and older can 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, limited to adoption, guardianship, reunification or APPLA. The addition of SOUL expands options for young people by establishing a legal connection with at least one adult, helping to increase the chances the young person exits FC with a support system. This permanency option was developed by young people with lived experience and has been championed by Annie E. Casey Foundation.

The SOUL Family permanency option was made part of the Kansas Children in Need of Care code effective July 1, 2024. DCF implemented the program statewide. Lived experts and stakeholders have continued to be an invaluable part of the implementation team. Lived experts, alongside DCF, delivered the SOUL Family Legal Permanency Foundational Knowledge training to DCF PPS staff and Child Welfare Case Management (CWCMP) staff statewide multiple dates in June and July 2024.

Policies, procedures, and forms were added to the policy manual to support implementation and practice for this innovative new permanency goal. The statewide implementation group continues to meet, and a SOUL advisory board comprised of lived experts, DCF, and stakeholders is being formed to support coordination and alignment of SOUL Family across partners and communities to improve permanency outcomes for older youth in care.

Data collection measures are being put into place at the beginning of implementation to ensure data points are captured. The Kansas SOUL Demonstration Site team will be working to establish goals and determining how the team will know the program has been implemented successfully.

As of March 31st, 10 young people have exited care via SOUL Family Legal Permanency. Those young people spent an average of 31.1 months in care prior to achieving permanency. The number of young people with SOUL Family identified as their case plan goal is still quite small at only 3, equivalent to 0.05% of the OOH population, as of the end of March. During the most recent SOUL meeting, a possible explanation for the small number of youth with this case plan goal was explored. For many youth, SOUL FLP is not made the case plan goal until immediately before appointment of the SOUL FLP and release from DCF custody. DCF will continue to monitor this number to determine if this is the case. Young people in 4 DCF regions have achieved permanency through SOUL. Seven of the 10 youth achieved permanency in either their home county or an adjacent county. All SOUL FLP finalizations have occurred in rural or frontier areas of Kansas. Of the 10 young people who achieved permanency through SOUL FLP 6 of these cases were done with the consent of the parent to the SOUL FLP arrangement.

Please see Attachment 19 Frequently Asked Questions: Proposed SOUL Family Legal Permanency Option for more information on SOUL in Kansas.

INDEPENDENT LIVING SERVICES (IL)

IL Services are available to adults ages 18 and above who have been released from DCF Secretary's custody until age 21, or until age 26 if enrolled in post-secondary education or training programs and participating in the Education and Training Voucher (ETV) Program. The IL Program is voluntary, and adults may receive services in all 105 counties in Kansas. Adults ages 18-26 complete the Kansas IL Self-Sufficiency Matrix and develop a Self-Sufficiency Services Case Plan with the regional Independent Living Coordinator (ILC). The plan is young adult driven and identifies the individual's goals and the steps to achieve them. Adults involved in the IL Program are eligible to receive assistance with room and board, medical care, completion of high school or General Equivalency Diploma (GED), post-secondary

education or training, career planning, assistance with checking and correcting credit reports, life skills, transportation, and other services as identified by the adult.

The Kansas Foster Child Education Assistance Act, commonly called the tuition waiver, began July 1, 2006, and requires tuition and fees to be waived by Kansas Board of Regents educational institutions for Kansas DCF youth who meet eligibility criteria up 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 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. Due to requirements in the SUPPORT for Patients and Communities Act of 2018, Aged Out Medical is now available to young adults residing in Kansas who turned age 18 on or after January 1, 2023, and exited FC from another state or territory at age 18 or after.

ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA)

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 stating compelling reasons exist making all other permanency options unacceptable. DCF PPS is compliant with Preventing Sex Trafficking and Strengthening Families Act regulations requiring youth with a case plan goal of APPLA to be 16 or older. As of March 31, 2025, 11.08% (n=638) of youth in DCF custody had a current case plan goal of APPLA. This represents 6 more youth compared to last year at the same time and the percentage has increased slightly more due to an overall decrease in the number of children in care.

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

APPLA permanency plan goals are 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. In SFY25, 11 SOUL permanencies. Five had a prior goal of APPLA, two Adoption, one Reintegration, and three SOUL.

The PPS regional ILC or designee attends scheduled case plans for all youth in OOH placement with a case plan goal of APPLA beginning at age 16. The ILC attend case planning conferences for all other youth in care age 17 and older to begin discussion and preparation for self-sufficiency services. The PPS regional ILC or designee continues to attend permanency case plans for the youth until attainment of permanency or transitioning from FC into adulthood. Continued involvement assists with engaging youth and ongoing rapport building.

A transition plan, My Plan for Successful Adulthood or My Adult Services Plan, is initiated, beginning at age 14, for all youth OOH regardless of case plan goal. The youth is assisted in identifying specific options on the transition plan for housing, health care, insurance, education, ongoing support services, employment and financial support and services, transportation, and other services needed to achieve and maintain self-sufficiency and if applicable, for any minor child the youth may be parenting. Information on available resources from internal and external programs is provided. Referrals to

supportive services are made when applicable. The transition plan identifies the members of the youth's support network, which includes adults and other resources to whom the youth would reach out to for assistance as they travel their path to independence.

WELL-BEING

WELL-BEING OUTCOMES 1, 2, AND 3

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

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

Strengths	Mental or behavioral health initiatives are in place – additional supports within schools and MRSS. Expanding stable placement through Therapeutic Family Foster Homes (TFFH).
Worries	There are gaps of service across Kansas, often impacting rural areas significantly.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2

Ongoing implementation to improve this outcome is occurring.

Item 13: Child and family involvement in case planning

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

Strengths	Leverage use of KPM as it is not yet integrated into all areas of the Kansas child and family well-being system. KPM incorporates families in walking alongside them.
Worries	Parents and caregivers of youth involved with or at risk of being involved with the child well-being system are not being engaged as collaborative partners.
PIP Goals/Strategies	Goal #5 – Well-Being Goal 1

FC Case Read Question	SFY 2024	SFY 2025
During the PUR, did the agency make concerted efforts to actively involve the child in the case planning process?	61.26%	81.4%
During the PUR, did the agency make concerted efforts to actively involve the mother in the case planning process?	52.59%	65.85%
During the PUR, did the agency make concerted efforts to actively involve the father in the case planning process?	40.7%	59.26%

*SFY represents SFY25 Q2 average

Case read data shows that DCF does better in engaging youth in the case planning process than it does with mothers and fathers (who decrease respectively). Increasing the active engagement in the case planning process of all individual's youth, mother and father is a focus of DCF through educational outreach with CWCMP and Court partners by discouraging "cookie cutter" case planning tasks as well as infusing KPM into the process of achieving permanency.

Case Review data suggests involving the child(ren), mothers, and fathers in the case planning process remains areas of opportunity for Kansas. DCF will revise DCF PPM policies and forms as needed to align with KPM and improve consistent in engagement with families. Child and family well-being professionals will also require training and implementation of updated policies and practices.

Ongoing implementation to improve this outcome is occurring.

Item 14: Caseworker visits with child

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

Strengths	KPM views families as experts in their lives which could empower parents and caregivers to engage.
Worries	Problem Statement 1 from PIP – Parents and Caregivers of youth involved with or at risk of being involved with the Kansas child and family well-being system are not being engaged as collaborative partners.
PIP Goals/Strategies	Goal #5 – Well-Being Goal 1

Ongoing implementation to improve this outcome is occurring.

Item 15: Caseworker visits with parents

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

Strengths	KPM views families as experts in their lives which could empower parents and caregivers to engage.
Worries	Problem Statement 1 from PIP – Parents and Caregivers of youth involved with or at risk of being involved with the Kansas child and family well-being system are not being engaged as collaborative partners.
PIP Goals/Strategies	Goal #5 – Well-Being Goal 1

FC Case Read Question	SFY 2024	SFY 2025
During the PUR, was the frequency of the visits between the caseworker (or other responsible party) and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	40.87%	67.5%
During the PUR, was the quality of the visits between the caseworker and the mother sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	62.64%	58.97%
During the PUR, was the frequency of the visits between the caseworker (or other responsible party) and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	29.76%	53.85%
During the PUR, was the quality of the visits between the caseworker and the father sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals?	53.57%	58.33%

Engagement of parents in all aspects of a foster care case continues to be an area of opportunity for Kansas.

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

Item 16: Educational needs of the child

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

Strengths	In CFSR Round 4, DCF made concerted efforts to accurately assess the children's education needs at 92.5%. CWCMP agencies have educational specialists who provide support for youth who are OOH to assist in meeting the needs of youth. DCF cooperates with KSDE in creating the "Foster Care Report Card" which addresses educational attainment for youth in care, providing both agencies opportunities to assess progress and target interventions to improve outcomes for youth.
Worries	There was room for improvement on making concerted efforts to address the children's education needs through appropriate services.
PIP Goals/Strategies	NA

Ongoing implementation to improve this outcome is occurring.

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

Item 17: Physical health of the child

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

Strengths	Kansas does well in assessing needs for physical and dental health needs. Mental and behavioral health assessments are generally done.
Worries	Kansas is inconsistent in ensuring children receiving routine well-child visits, particularly dental, as well as medication oversight and providing foster parents with medical and dental records. Findings were similar regarding mental and behavioral health. Accurate assessments were generally done, however, the agency ensured appropriate services were provided in half the applicable cases reviewed, despite children's significant needs. Efforts to obtain dental services are often unsuccessful due to the lack of dental providers who accept Medicaid for payment.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2

Ongoing implementation to improve this outcome is occurring.

Item 18: Mental/behavioral health of the child

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

Strengths	Case reads have shown an increase in initial mental health assessments completed timely and by a trained reliable assessor, Kansas updated policies to be clearer on assessment expectations, Mental and behavioral health initiatives are in place – additional supports within schools and MRSS. Creation of CBI code, development of parent peer support (individual and group) for an increased workforce. Expanding stable placement through TFFH. Kansas has created regulations for Juvenile Crisis Intervention Centers and funding exists to support startup of such facilities through reinvestment dollars, these services will be available to youth OOH and youth who remain with their families and need services. Creation of Crisis Respite Centers which provide brief short-term community-based crisis intervention and treatment,
Worries	Lack of documentation in youth case files to document agency activities to address behavioral and mental health needs.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2

Mental Health Intervention Team (MHIT) program is based on a partnership between KSDE school districts and their CMHC. In 2024, the program moved from KSDE to KDADS and has expanded to serving 91 school districts and 23 private schools. MHIT provides school-based mental health services to children. Currently, there are 21 CMHCs and three Federally Qualified Health Centers participating in the program across Kansas. The behavioral intervention teams consist of a school liaison, a clinician, and a mental health case manager. The MHIT PM and DCF work closely to identify youth in FC who could benefit from additional school-based services. Service provision in the school setting has increased access to mental health services for children in FC.

Carelon Behavioral Health continues to manage the Family Mobile Crisis Helpline for centralized behavioral health crisis resources, screening, MRSS. The Helpline was implemented to promote coordination and access to community-based services to lessen reliance on hospitalization or other out-of-home placements.

SERVICES FOR CHILDREN WITH HIGH NEEDS

DCF Programing: In SFY 2023, DCF launched the TFFH model and level of care. This model is designed to reduce reliance on congregate care and increase services in family like homes for youth with high needs, with an operating capacity of two children in the home. In SFY25, DCF's seven capacity building awards had the opportunity to continue progressing towards increasing the array of services available to youth with therapeutic needs. Since their inception, DCF has increased the number of therapeutic homes from 12 to 90. Additionally, through these awards there's been expansion in available CBI services, increased support for natural respite in prevention services, and progress towards implementation of the Mockingbird Model. DCF has also approved the Pressley Ridge Treatment FC per-service training as meeting the pre-service requirements for licensure in KS.

In January of 2025, DCF began three new awards with FC CWCMPs for Behavioral Health Intervention Teams. Each of the three agencies has structured their team differently, but the goal of each award is to provide targeted support to youth experiencing extreme placement instability. The teams support these youth for a short period of time until their stability improves, and they no longer need the intensive support to maintain that stability.

Carelon Behavioral Health runs the Family Mobile Crisis Helpline managing the centralized behavioral health crisis helpline, screening and mobile response stabilization services, www.dcf.ks.gov/FCR/Pages/default.aspx. The Helpline promotes coordination and access of community-based services as a deterrent from hospitalization or other out-of-home placements. The target goals are to deescalate and ameliorate a crisis before more restrictive or institutional interventions become necessary and provide a connection to needed supports and services for children and youth.

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.

MHIT program is based on a partnership between KSDE school districts and their CMHC. Currently, there are 21 CMHCs and 3 Federally Qualified Health Centers participating in the program across Kansas. The behavioral intervention teams consist of a school liaison, a clinician, and a mental health CM. The MHIT PM and DCF work closely to identify youth in FC who could benefit from additional school-based services. Service provision in the school setting has increased access to mental health services for children in FC.

Children's Crisis Respite Programs, through KDADS became a new service in SFY 2023, for stabilization of youth and families. In SFY 2025, KDADS doubled the facilities offering this service to six, with work continuing in building additional programing across the state.

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. In SFY 2025, the group has developed and tested the online training, created a rubric for in

person observation, selected the pilot sites to test the programing. WSU is currently working with the pilot sites to move forward.

In SFY 2024, KDADS and DCF launched the MRSS Just Go Pilot. MRSS is a rapid response, home-and community-based, crisis intervention model customized to meet the developmental needs of youth, young adults, and their families. MRSS de-escalates and stabilizes by responding to youth and families in their homes and communities to connect them to community-based supports. MRSS is grounded in SOC values and principles. These principles outline how services should be: driven by the youth and families; accessible to all (youth, young adults, and families); culturally humble and linguistically competent; trauma-responsive; strengths-based; individualized; data-driven; and outcome-oriented. The pilot includes two CCBHC's; Wyandot Center for Community Behavioral Health for an urban approach in Kansas City, KS, and Compass Behavioral Health in Garden City, KS, for a rural and frontier approach and finished in the first part of SFY 2025. The goal of the project was for the CMHC to dispatch, with youth or parent permission, a mental health team to the caller's requested location when one of the three helplines is contacted. The helplines are 988, Carelon, or the CMHC crisis line. The service is available to any child between 0-20 years of age. The mental health team provides on-site, in-person, triage, de-escalation, assessment, and referrals as needed. The mental health center team provides 6 weeks of post call coordination of services and aftercare. Inefficiency in the processes were identified and solved through the development of the MCR/MRSS Practice Standards for adults and youth created by KDADS.

DCF is participating in the Children's Mental Health Policy Academy through Annie E. Casey. This work is supported through KDADS, DCF, KDHE, KDOC and KSDE to convene state interagency teams to collectively strategize, learn from innovators in the field and promote cross system alignment to drive outcomes for children, youth and families. In SFY 2025, the group has created the Children's Continuum of Care Services and Treatment Document meant to identify services from prevention through treatment for birth to adulthood in Kansas.

In SFY 2024, Kansas was selected 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 Tribes to ensure capacity and relationships sufficient to supports children and adults with Intellectual/Developmental Disability (I/DD), brain injury (BI), and other cognitive or communication difference who need 988 or other crisis response. Kansas through work with the Policy Academy has developed resources and standard operating strategies to assure an accessible 988 Lifeline and Crisis Response system while also cultivating necessary in-state, cross system strategies for needed ongoing support for individuals.

Some of the goals accomplished or in progress are:
The development and release of the Mobile Crisis Response standards, with inclusion of the co-occurring cognitive disabilities and BH conditions
Guidehouse Inc. is conducting a comprehensive assessment of BH services for those living with I/DD and will develop training modules on several trainings specific for these populations
The workgroup is developing an online toolkit of resources
Kansas Council of Developmental Disabilities is providing a monthly support group facilitated by KU School of Social Welfare students for people with co-occurring needs.
KDADS launched an I/DD Crisis Stabilization Request for Application (RFA)

KDADS applied and was accepted for a Crisis Academy on Systems Design through The Crisis Systems Response Training and Technical Assistance (CSR-TTAC) and funded by Substance Abuse and Mental Health Services Administration (SAMHSA) that was held in April 2024. A post-academy workgroup was constructed soon after to build upon the state specific goals and next steps that were identified and developed at the Academy. This special workgroup focused on crisis care, specifically in the state's rural and frontier settings, began meeting in August, including twenty different stakeholders representing all regions of the state. The final workgroup call was completed in February. Gaps for designing solutions were prioritized and selected along with recommendations for services, resources, and collaboration.

In SFY, 2024, KDOC with support of DCF and KDADS, launched the nation's first JJ focused Stepping Up for Youth in Kansas to identify, implement, and expand best practices centered on improving community-based services, cross system collaboration, the efficient use of resource and outcomes for youth with behavioral health needs who experience the JJ system. In SFY 2025, the taskforce approved two large scale recommendations and several discrete recommendations to start the work, including an Action Planning phase to beginning in SFY 2026.

RATINGS FOR SYSTEMIC FACTORS

CB determines whether a state is in substantial conformity with federal requirements for the seven systemic factors based on the level of functioning of each systemic factor across the state. CB determines substantial conformity with the systemic factors based on ratings for the item or items within each factor. Performance on five of the seven systemic factors is determined based on ratings for multiple items or plan requirements. For a state to be found in substantial conformity with these systemic factors, CB must find that no more than 1 of the required items for that systemic factor fails to function as required. For a state to be found in substantial conformity with the 2 systemic factors that are determined based on the rating of a single item, CB must find that the item is functioning as required.

SYSTEMIC FACTORS

INFORMATION SYSTEM

Item 19: Statewide Information System

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) or 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 locations and placements, case plan management information, current and previous case plan goals for all children who currently are or have been the subject of an investigation and 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 and 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 for 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%

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 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 date as indicated on the PPS 3051?	98%	99%	97%	95%	93%	78%	85%	91%	85%	84%	94%
Does the information in FACTS accurately reflect the child's current permanency goal as indicated on the most recent PPS 3051?	99%	98%	98%	96%	95%	96%	96%	90%	93%	86%	97%
If the child's out of home placement has ended, does 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.

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 2025, Kansas DCF’s CCWIS Project Team advanced preparation efforts with PCG, selecting DDI, QA, and IV&V vendors. QA contract approval is in process; DDI and IV&V contracts await ACF approval. Key PMO activities include completion of BPR workflows, ongoing Data Governance initiatives, formalization of OCM structures, and readiness for DDI onboarding. Additional milestones include launching a CCWIS Naming Contest, developing multiple data dictionaries, and finalizing the Project Management Plan.

The Data Governance Council and Charter were established, grounded in five principles from the Data Quality Plan. Throughout FY 2025, engagement with CWCMPs, policy development participation, and internal/external collaboration have supported CCWIS progress, ensuring a strong foundation for system implementation.

CASE REVIEW SYSTEM

Item 20: Written Case Plan

During CFSR Round 4, Kansas received a rating of ANI for Item 20.

Strengths	Written case plans are required for each individual child in DCF custody and approved by CPS practitioners. Youth are typically engaged in case planning.
Worries	Parents are not engaged in the case planning process. Youth who are engaged do not feel like their voice is heard or represented in the case planning process. 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, cancelled, or both without notification to parents.
PIP Goals/Strategies	Wellbeing Goal 1 – Outcome 1

Per Kansas statute and DCF policy, a written case plan is required for each individual child in DCF custody. All CWCMPs are required to use DCF case plan forms as the template for the written plan. Case plan forms are in the PPS PPM and comply with applicable federal case plan requirements. Case plans are reviewed for requirements and approved by DCF CPS practitioners to include the FC Liaison. For in-home services, the initial case plan is completed no later than 20 days from the date of referral with the active participation of all persons identified at the initial team meeting and other resources identified by the family. For FC, the initial case plan is completed no later than 30 days from the date of referral OOH. Subsequent case planning meetings are conducted at minimum every 170 days. A case planning meeting is required within 30 days of any permanency goal change.

Following a FC case planning meeting, the CWCMP submits required DCF forms to the DCF FC Liaison assigned to the case. The DCF FC Liaison reviews submitted documents and completes the PPS 3058 Permanency Plan Checklist. Once the checklist is completed, it is returned to the CWCMP indicating whether forms are approved or require corrections. If needed, the CWCMP agency makes corrections and resubmits required forms to DCF. Upon approval of case plan documents by the DCF FC Liaison, the CWCMP submits a copy to the court and the DCF FC Liaison submits a copy to regional FACTS entry staff.

DCF policy requires an initial team meeting between the assigned case worker and the family to occur within two business days of referral for both in-home and OOH services. This meeting provides an opportunity for the team to clarify each person’s role, continue the assessment process, and build a support network for the child and family.

DCF has created a workgroup comprised of various DCF professionals, FPS partners, FC partners from CWCMPs and lived experience consultants, called Families in Focus, which aims to align the case planning process with the KPM. This model values family input, development and engagement of natural supports, and provides clarity and understanding to all members of the family network. The new case plan is expected to be piloted from July 2025 to fall 2025, with a fully published date in the PPM January 2026.

Item 21: Periodic Reviews

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

Strengths	Periodic reviews both by DCF and the Court are all occurring and are tracked by multiple entities (Courts, Prosecutors, and DCF). Some Courts hear cases more frequently than every 6 months.
Worries	NA
PIP Goals/Strategies	NA

Case planning conferences are also 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 OOH 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 30 days. This report is used by supervisors.

All 105 counties in Kansas have transitioned to a new Court CM system (Odyssey). This CM 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 the 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.

Kansas recognizes continued opportunities exist in gathering quantitative and qualitative data to determine functioning statewide of Item 21 Periodic Reviews.

Item 22: Permanency Hearings

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

Strengths	DCF was rated as Strength for Item 22.
Worries	N/A
PIP Goals/Strategies	N/A

DCF Title IVE eligibility staff reviews journal entries and relevant court forms to determine if permanency hearings are held within 12 months and if court findings for reasonable efforts to achieve permanency

were made. 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.

The Kansas Legislature passed House Bill 2075 revising K.S.A. 38-2264(d) to require the initial permanency hearing be held within nine months of the date the court authorizes the child's removal from the home and not less than every six months thereafter. This bill will become law on July 1, 2025. Permanency hearings will be held more frequently which means the court will review efforts made towards the permanency goal more frequently. The increased frequency in permanency hearings means the court will also be making more frequent findings of whether the appropriate agencies have made reasonable efforts to rehabilitate the family and achieve the permanency goal in place at the time of the hearing. House Bill 2075 also requires the court to review at each permanency hearing, the current permanency goal and on the record ask each party if they have (1) participated in the most recent permanency plan (2) received a copy of the permanency plan (3) if they have made reasonable efforts to achieve the permanency goal in place at the time of the hearing. If a party did not participate in the plan, the court must ask what the reason for the nonparticipation is. If a party did not receive a copy of the permanency plan, the court must order the secretary to provide that party with a copy within two business days of entering such order.

Item 23: Termination of Parental Rights (TPR)

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

Strengths	Collaboration between DCF and CIP creates opportunities to lessen the number of days a youth is in care and to achieve permanency timelier through adoption. Partnerships with KU-CPPR provide opportunities for review of adoption processes throughout the state and use of the adoption tracking tool.
Worries	The process for timely filing of TPR varies across the state and is not uniformly tracked. There was no indication that compelling reasons not to file or exceptions are tracked. Stakeholders said that although the 15-out-of-22-month deadline date is captured on the first page of some court reports, it does not appear to assist with the timely filing of TPR. Filing of TPR typically occurs after the court finds that reintegration is no longer viable, which happens at inconsistent timeframes across the state. Stakeholders also noted other challenges to the timely filing of TPR, such as some courts requiring that an adoptive resource be identified before TPR is filed, some county/DA wanting the agency to make more efforts before they agree to file the TPR, the extensive time required by workers to provide county/DAs with all the information needed to prepare the motion for TPR, and some county/DAs handling other types of cases, including criminal matters, that can take precedence.
PIP Goals/Strategies	Goal #4 – Permanency Goal 2

Agency Administrative Data

Measure	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	*SFY 2024
For children who became legally free in state fiscal year, average days between removal and date legally free	662	691	737	718	711	702

Data Source: FACTS

*SFY 2024 reflects July 1, 2023 – June 11, 2024

CIP and DCF continue conversations about ways to reduce the number of days to permanency for children in the custody of the secretary. OJA produced Kansas Best Practices in Child Welfare training August 21 and 22, 2024. The theme of that training focused on TPR. The large attendance for this presentation included 502 participants total with 372-455 in each session. The audience for these

trainings included attorneys, judges, CASAs, CRB members, CM provider and agency staff, and other child welfare stakeholders.

Item 24: Notice of Hearings and Reviews to Caregivers

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

Strengths	Kansas statute provides a mechanism for service of notice of hearings to parties.
Worries	The state does not have a consistent process for notifying foster parents, pre-adoptive parents, and relative caregivers of periodic reviews and permanency hearings that includes notification of their right to be heard. Stakeholders described multiple methods for providing notice of court hearings. There is no statewide process for tracking whether foster parents, pre-adoptive parents, and caregivers receive court notifications that includes their right to be heard.
PIP Goals/Strategies	N/A

When a CINC petition is filed, a copy must be served on the parents having legal custody and the person with whom the child resides, as well as anyone else designated by the county or DA (K.S.A. 38-2236)

Once a CINC petition is filed, notice of hearings shall 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. (K.S.A. 38-2239)

For permanency hearings, the court requires notice and the right to be heard be given for permanency hearings, to parties, interested parties, foster parents, preadoptive parents, grandparents, permanent custodian, and any person having close emotional ties, upon request and if court deems essential. (K.S.A. 38-2265). Changes to the permanency hearing statutes, discussed above in HB 2075, may move courts away from holding review hearings, which have different notice requirements. This means that all hearings may be permanency hearings, with more stringent notice requirements, increasing consistency of notices.

DCF provides PPS Form 5120 to the Court with updated placement information, to increase the court's ability to provide written notices as required by statute.

Item 25: Quality Assurance (QA) System

During CSFR Round 4, Kansas received an overall rating of ANI for Item 25.

Strengths	N/A
Worries	DCF does not have a cohesive and clear systemic process for using evidence collected through its Performance Quality Improvement activities to inform, implement, and assess program improvement.
PIP Goals/Strategies	Goal #7 – QA – Systemic Factor 3

Prior to CFSR Round 3, DCF established a comprehensive QA process grounded in CQI principles. This foundation remains strong, and as we move into CFSR Round 4 PIP, we are taking the opportunity to enhance this process through the integration of the Plan-Do-Study-Act (PDSA) model. This approach builds on the same core functions—identifying strengths and needs, assessing program improvement measures, and evaluating quality of services—while adding critical layers of practitioner and stakeholder engagement, data-driven decision-making, and small, incremental tests of change. These refinements aim to strengthen our ability to respond flexibly to emerging needs and sustain long-term improvements in practice.

Functional components of the QA system continue to include data collection, analysis, interpretation, communication, and collaboration. As part of this ongoing work, DCF is integrating the PDSA model to enhance our ability to test and refine improvement strategies in real time. Dedicated Quality Improvement staff are responsible for supporting this structure, providing accountability, and fostering continuous learning that emphasizes both technical accuracy and meaningful practitioner engagement. This approach aligns our internal processes more closely with those of our CM partners, creating a more cohesive and responsive statewide system.

Plan Do Study Act (PDSA) Cycle within the CQI Process



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 Performance Improvement 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. As part of the updated system, regional teams will have access to a variety of templates and methods for synthesizing data, allowing them to choose formats that best align with their unique contexts and the needs of the teams they work with. These templates are designed to provide clear, accessible snapshots of strengths and areas needing improvement (ANI), with a focus on making data more digestible and relevant for frontline teams. They aim to foster ongoing dialogue, support targeted learning, and promote shared understanding by presenting information in a format that is both engaging and actionable. As the regional DCF performance improvement teams build relationships with provider staff, the items covered through templates and discussion become a regular part of that ongoing dialogue in quarterly reconciliation meetings as well as leadership meetings. Performance improvement in administration and at regional level can 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 QA 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, OOH 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 OOH 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 exploration.

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 QA meetings. DCF also utilizes a multi-tiered QA process to ensure accuracy and consistency of case read ratings. This process includes structured supervisory QA reviews, which apply to both federal and internal reviews, as well as ongoing feedback loops with case reviewers. Each review is conducted using standardized tools and current guidance to ensure ratings reflect the most accurate assessment of case performance. Supervisory reviews provide an additional layer of validation, verifying that ratings are consistent with established criteria and guidance.

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 QA 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 progress is a critical component of the PDSA and QA cycle. This process involves ongoing evaluation to determine whether the actions taken are producing meaningful, sustained improvement. The PDSA cycle emphasizes small, iterative tests of change, allowing teams to refine their approaches based on real-world feedback, emerging data, and evolving circumstances. If a particular approach or adjustment demonstrates positive impact, it can be expanded or adapted for broader use, while less effective strategies can be recalibrated or reconsidered as part of a continuous learning process. This ongoing cycle supports a more responsive, context-aware approach to addressing complex challenges, fostering growth, innovation, and shared accountability.

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.

Item 26: Initial Staff Training

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

Strengths	Some licensure requires certain CEU requirements are met regularly; renewal verifies staff have achieved requirements.
Worries	There's not a current set of competencies between child welfare practitioners or a tracking process. This is in development through the PIP.
PIP Goals/Strategies	Goal # 8 – Training Goal 1

The goal is DCF will ensure staff training is based on shared expectations and provides the basic skills and knowledge related to child and family well-being. The CFSR Round 4 Training PIP was designed to identify a core set of competencies for each child welfare practitioner in Kansas to practice according to, 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 begun 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).

In FY2025, the Inter-Agency Training Steering Committee compiled a report of each agency's training plans, and competencies addressed by all required agency trainings. With this information, the Steering Committee will identify any gaps in agency training plans to ensure that all initial training plans are equipping staff across the entire system with the skills and knowledge needed to competently carry out their duties. The Steering committee is also currently in development of a mechanism for measuring performance according to the competency framework to equip supervisors and staff with a framework to determine readiness and training needs for staff.

All new hires, or current staff who transition to unlicensed CPS Specialist 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 (L&D) Specialists. 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.

PPS Academy courses				
Course number	Course name		FY24	FY25
	Child Welfare Basics		112	110
	Policy and Procedure		98	107

	Kansas Practice Model Overview	94	108
PPGSSI0112	Facilitated Discussions Ethics & Confidentiality	124	86
PPGSSI0113	FD - Meeting With Resistance	124	86
PPGSSI0117	FD- Worker Safety	122	86
PPGSSI0106	FD- Times Management	121	85
PPGSSI0105	FD- Self Care	123	86
	Investigation and Assessment Online	78	46
	Job Shadowing		4
PPIMCW0101	KIDS		
ODGSCE0101	Excellent Customer Service	110	184
	Identifying and Explaining Parent and ALP Rights	73	97
PPPSCW0123	DVD: Interviewing Children Getting More with Less	67	89
PPCOCW0235	MECAN: Abusive Head Trauma in Infants and Children	75	97
	The Period of Purple Crying	53	115
PPGSCO0120	TDM Staff Orientation	64	90
	Group Learning and Consultation Sessions	342	672
Required within 90 Days			
Course number	Course name	FY24	FY25
	Wrestling with Safe Sleep	236	220
	Using the Child Protector App- Protecting Against Child Abuse (webinar)	82	97
PPPSCW0215	Baby Bumps and Bruises: Sentinel injuries (webinar)	NA	45
Required within 6mo			
Course Number	Course name	FY24	FY25
PPCOCW0221	Interviewing Skills for Child Welfare	35	75
PPPSCW0171	Family Finding and Participatory Practice bootcamp	NA	NA
	Family Seeing Family Finding From the Start		55
	From No one to Network	99	133
PPCOCWV268	Using Engagement Strategies: A KPM skill Building Activity	68	96
Courses Required for DCF/CWCMP Saff			
Course number	Course name	FY24	FY25
PPPSCF0107	Documentation 101	662	746
	PPS Policy and Procedures Online Venue- July 2024	NA	1263
	PPS Policy and Procedures Online Venue- January 25	NA	1638
Ongoing Training			
Course number	Course name	FY24	FY25
	SafeGenerations Advanced Practice and Leadership		
	QTMAD session 1	35	43
	QTMAD session 2	29	50
	QTMAD session 3	19	57
	QTMAD session 4	26	61
	QTMAD session 5	26	72
	QTMAD session 6	26	76
	QTMAD session 7	24	71
	QTMAD session 8	24	70

	It's Not all on You! How to Create a High-Impact Safety Plan With (not for) A Family	12	46
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Training Communication: CPS and CIP

Pre-Service Training Requirements and Expectations are Communicated to CPS Supervisors and newly hired staff through:

DCF.PPSTraining@ks.gov and/or the assigned Learning & Development Specialist (LDS) is notified by regions as new hires and start dates are identified.
The training requirements document is emailed to the supervisor before a new hire comes on board by the assigned LDS. Included is 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. Supervisors share this information at the time a new hire enters the position.
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 Building Well-being and Safety With Families, Part 1, a third email is sent to participants and supervisors with a review of material covered in the class and recommended activities/online courses to complete as a prerequisite the week before the next class.
After Building Well-Being and Safety With Families, 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.

All CWCMP agencies are also required to take a preservice series through DCF's Learning Management System (LMS). There are 15 modules that are required of each new client-facing staff member at each CWCMP. Completion for preservice modules is as follows:

Course #	Name	FY24	FY25	DCCCA	TFI	KVC	EHC	COC	SFM
PPPSCW0138	Pre-Service 01- Introduction	239	483	14/29	59/115	64/98	53/145	16/38	31/62
PPPSCW0138	Pre-Service 02-Confidentiality	236	481	14/18	57/116	63/97	53/145	16/40	31/62
PPPSCW0138	Pre-Service 03 - Documentation	231	483	13/18	59/117	59/97	52/144	15/41	31/62
PPPSCW0138	Pre-Service 04 - Child Abuse and Neglect	232	481	13/18	58/117	61/97	53/144	16/37	31/62
PPPSCW0138	Pre-Service 05- Culturally Responsive Practice	225	471	14/18	54/117	56/95	53/140	15/35	31/62
PPPSCW0138	Pre-Service 06 - Child Welfare Laws	220	475	13/18	53/118	56/95	52/141	14/36	31/62
PPPSCW0138	Pre-Service 07 - Principles of Family Engagement	217	474	13/17	54/118	53/95	51/143	15/34	31/62
PPPSCW0138	Pre-Service 08 - Worker Safety	217	474	12/18	52/117	56/93	50/143	15/34	31/62
PPPSCW0138	Pre-Service 09 - Professional Boundaries	216	471	12/17	54/116	55/93	49/143	16/34	31/62
PPPSCW0138	Pre-Service 10 - Parental Rights	208	463	12/18	54/116	47/89	49/139	13/34	32/62
PPPSCW0138	Pre-Service 11 - Assessment and Family Involvement	201	464	12/17	51/119	49/89	47/142	11/34	31/62
PPPSCW0138	Pre-Service 12 - Case Planning, Visitation, and Contacts	202	466	12/18	52/118	48/91	47/141	11/32	31/62
PPPSCW0138	Pre-Service 13 - Child In Need of Care Courts	205	463	12/18	54/119	50/91	47/140	11/29	31/62
PPPSCW0138	Pre-Service 14 - Working with Community Partners	204	462	12/18	53/118	50/91	47/140	11/29	31/62
PPPSCW0138	Pre-Service 15 - Self-Care	208	464	12/18	55/118	50/93	47/140	11/29	31/62

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 told to schedule a meeting time within one week, one month, and three months of the final day of class. This meeting is meant for them to come together and reflect on their learning and to provide help and guidance to each other. This activity is not further monitored by the L&D Team.

Each academy course has undergone significant transformation, and with the last update to academy structure, the course evaluations were revised as well, with a focus on participant comfort with the content that they had learned.

Child Welfare Basics Course Evaluation- 187 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	5.26
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	8.13
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."	4.51
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."	4.73
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."	4.70
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."	4.90

Policy and Procedure Course Evaluation- 136 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.	5.81
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.	8.14
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 Family in Need of Assessment (FINA) intakes, and I feel knowledgeable about the different responsibilities required for each kind of intake."	4.51
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."	4.56
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."	4.38
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."	4.82

KPMO Course Evaluation- 183 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.	6.43
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.	8.51
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."	4.34
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."	4.53
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 case management providers."	4.33
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."	4.67

The L&D Team has also revised the Interviewing Skills for Child Welfare workshop in a similar fashion, after receiving feedback that some of the course material was not relevant to a CPS worker's duties, and that staff would like more relevant skills to be trained at this workshop. The largest change was reduction of material focused on training staff how to gather information surrounding sexual abuse, and to provide information about how to collect Minimal Facts information (Who, what, when, where) to be able to provide to Law Enforcement or Advocacy Centers so that forensic interviews will not be contaminated. Participant feedback regarding their knowledge gain from the course and ability to practice according to learning objectives is as follows:

85 Responses

PRIOR TO THIS WORKSHOP: If 10 means "I am conducting interviews with 100% adherence to the Kansas Interview Protocol and can explain the importance of utilizing a standardized protocol to my peers," and 0 means, "I had no idea there was a standardized protocol for Kansas and I have never seen another worker attempt to utilize any of these practices in the field," where would you rate your knowledge PRIOR to this workshop:	6.12
AFTER THIS WORKSHOP: If 10 means "I am conducting interviews with 100% adherence to the Kansas Interview Protocol and can explain the importance of utilizing a standardized protocol to my peers," and 0 means, "I had no idea there was a standardized protocol for Kansas and I have never seen another worker attempt to utilize any of these practices in the field," where would you rate your knowledge AFTER to this workshop:	8.73
If one star means "I strongly disagree" and five stars mean "I strongly agree" please rate the following statement: "I am confident in my ability to utilize all four permission instructions and complete a developmental assessment with a child in an interview."	4.41
If one star means "I strongly disagree" and five stars mean "I strongly agree" please rate the following statement: "I feel confident in my policy knowledge to discern when I will need parental consent to interview a child, when I may interview a child without parental consent, and the timeframe I in which I am required to inform parents of the interview."	4.67
If one star means "I strongly disagree" and five stars mean "I strongly agree" please rate the following statement: "I can identify (my own or others') biases when working with families and am confident in my ability to keep my interviews with children free of statements or questions that may indicate bias or judgement."	4.40
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

Item 27: Ongoing Staff Training

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

Strengths	Some licensure requires certain CEU requirements are met regularly; renewal verifies staff have achieved requirements.
Worries	There's not a current set of competencies between child welfare practitioners or a tracking process. This is in development through the PIP.
PIP Goals/Strategies	Goal # 8 – Training Goal 1

Improving the tracking of training requirements will be addressed the CFSR PIP. Since DCF and CWCMPs have been meeting, there has been a significant emphasis on working together to find a system that works for reporting that staff are meeting training requirements.

The Inter-Agency Training steering committee in FY 2026 will be developing a reporting process to ensure that staff are completing their ongoing training requirements. While it may not be feasible to anticipate that DCF have access to every staff member at each agency's training plans, what is currently being discussed is a random selection of staff at regular intervals to assess whether staff are regularly completing ongoing training requirements, or whether there's a trend amongst staff of regularly missing ongoing training plans.

All DCF CPS, CPS Investigators and CWCMP case managers are required to complete a minimum of 40 hours of continuing education, including three hours of ethics bi-annually. All licensed child welfare staff must continue to meet the Kansas Behavioral Science Regulatory Board (BSRB) standards for licensure within their profession. Additionally, 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 the 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 the KPM, PPS training was led by four regional trainers who focused on delivery of pre-service courses. Since December 2019, the on-going learning and development of PPS practitioners has been expanded to include advanced practice courses led by consultations; group learning and consultation sessions led by trained PPS learning leaders; 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 learning and development of PPS practitioners in Kansas.

Each CWCMP Grantee agency has their own internal requirements for Ongoing Training:

- Evident Change: TA, training, and consultation for Initial TDM and Placement Stability TDM

- KCSDV: regular workshops, webinars, and case consultation related to Domestic Violence
- 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. DCF currently has approximately 40 Safe Sleep Instructors (SSI) located across the state who are actively providing training to child welfare professionals, expectant parents, their family members, and other families with children under the age of one.
- Kevin Campbell, Model Author of Family Finding and Family Seeing and his partner Elizabeth Wendel, both now co-founders at Pale Blue: brought Family Finding Bootcamps to Kansas for DCF, CWCMPs, and other community partners. Sessions were held in-person and virtually during SYF 2020 and 2021; mentorship, and support for Family Finding Leads through SFY 2021 as 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 deliver will continue quarterly around the state.
- Butler Institute for Families: to adapt an interviewing skills course for use in Kansas in collaboration with Finding Words (now Child First) co-founder Kelly Robbins and Helen Swan 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. For a list of courses available, please see section C.1.I Human Trafficking.
- Academy for Professional Excellence, San Diego State University: Adapt three courses to Kansas.
- National Child Welfare Workforce Institute (NCWWI): Leadership Academy series available for supervisors and managers in support of ongoing skill-building and learning. Launch of the first class is expected in SFY 2024.

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 Learning and Development team has undergone structural position changes and introduced a Practice Model Alignment and Implementation Lead who will be primarily focused with meeting the goals of the PIP and identifying how best for the agency to move forward with evaluating ongoing training in a similar fashion to how the team is currently evaluating initial training.

In FY 2025; three members of the DCF Learning and Development team have become certified Forerunners of the Kansas Practice Model through working with SafeGenerations partners. These staff have been able to facilitate Advanced Practice without SafeGenerations' support one time so far, with another date scheduled in October 2025. Learning and Development plans to offer this workshop at

least twice per year, and potentially more often if needed and as Forerunners are available.

Feedback from this workshop will be gathered in a similar fashion to our initial workshop, and the first cohort of training revealed the following:

8 Responses

PRIOR TO THIS WORKSHOP, on a scale from 1-10, where 10 means "I am confident in my practice and use of Kansas Practice Model tools and strategies and can comfortably guide others in growing their own skills with the KPM", and 1 means "I lack confidence in my ability to utilize Kansas Practice Model tools and strategies and would not be able to lead others in continued learning due to my lack of understanding and confidence " where would you rate your knowledge PRIOR to this workshop?	6.13
AFTER THIS WORKSHOP, on a scale from 1-10, where 10 means "I am confident in my practice and use of Kansas Practice Model tools and strategies and can comfortably guide others in growing their own skills with the KPM", and 1 means "I lack confidence in my ability to utilize Kansas Practice Model tools and strategies and would not be able to lead others in continued learning due to my lack of understanding and confidence " where would you rate your knowledge AFTER this workshop?	8.25
If one star means "I strongly disagree" and five stars means "I strongly agree" please rate the following statement: "I am confident in my ability to use a balanced assessment framework to gather information while building collaboration."	4.50
If one star means "I strongly disagree" and five stars means "I strongly agree" please rate the following statement: "I am confident in my ability to evaluate the quality of an Assessment Map and the individual Building Blocks."	4.38
If one star means "I strongly disagree" and five stars means "I strongly agree" please rate the following statement: "I am confident in my ability to integrate the safety-oriented components of this course and apply them in various practice leadership scenarios."	4.38
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."	5

DCF is also attempting to build a cadre of small group facilitators, whose responsibility at the onset of bringing that role to Kansas was to facilitate pre-developed SafeGenerations Workshops such as QTMAD, It's not All on You, Getting Unstuck, and more.

Recently, Learning and Development has reimagined the role of Small Group Facilitators to maximize those skills so that staff who are able, willing, and energized to bring their peers into learning can utilize their knowledge and skills in a broader way to support ongoing learning in their regions and statewide. A Facilitator Developer workshop was held in May 2025, and five participants were present. DCF is looking forward to utilizing small group facilitators in the capacity mentioned above throughout FY 2026.

In FY 2025, DCF initiated a steering committee to focus primarily on internal training issues and track what ongoing learning is happening in the regions. All regions were made aware of the CEU form so that trainings developed internally may be given appropriate credit. The Learning and Development team also utilizes this form to enter courses into the LMS for Tracking purposes. The steering committee meets quarterly to discuss training issues, as well as collaborate on needs that the agency is noticing on a statewide level. Through FY 2026, DCF hopes to have a consistent reporting and tracking process of all ongoing trainings, and a comprehensive understanding of what those trainings do to further worker skill and the mission of the agency.

DCF has also implemented use of the NCWWI's Leadership Academy Curriculum to increase supervisor skill. One cohort has now completed this series, with participants being given through June 2026 to complete any missed work. Participants went through the course individually, completing online modules on their own time, then attended facilitated discussions every other week for shared learning and discussion. Feedback for this workshop is as follows:

6 Responses

PRIOR TO THIS SERIES, if 10 means "I have a framework for supervision in mind and a solid plan for how to show my staff they are valuable and make their work experience with DCF a positive one," and 1 means "I am not confident in my ability to manage the staff that I supervise, and I do not know what I can do to show them that they're valuable to this agency and make their work experience with DCF a positive one", where would you rate yourself PRIOR to this series?	7.5
AFTER THIS SERIES, if 10 means "I have a framework for supervision in mind and a solid plan for how to show my staff they are valuable and make their work experience with DCF a positive one," and 1 means "I am not confident in my ability to manage the staff that I supervise, and I do not know what I can do to show them that they're valuable to this agency and make their work experience with DCF a positive one", where would you rate yourself AFTER this series?	8.67
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 work on my own or with my colleagues in leadership to address persistent adaptive challenges, and I have the skills to implement sustainable systems change.	4.83
If one star means "I strongly disagree" and five stars means "I strongly agree" please rate the following statement: I can confidently engage with colleagues to develop relationships that will enhance family-centered practice and transformational systems change	5
If one star means "I strongly disagree" and five stars means "I strongly agree" please rate the following statement: Utilizing data and other means of collecting information, I can work with colleagues to make decisions that improve the well-being of staff and families.	4.83
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."	4.83

DCF will facilitate another cohort through this workshop in FY2026, then utilize narrative feedback from the course evaluation to develop a supervisor training series that holds concepts that participants felt was useful and combine with Practice Model Concepts so that supervisors are reaping the benefit of leadership skills taught by the NCWWI series, as well as gaining tangible skills in providing supervision under the Practice Model.

DCF also plans in FY 2026 to have finished a Kansas Practice Model for Case Management Providers Learning Opportunity to have increased whole-system exposure to the Practice Model, and bolster education that CWCMP agencies may already be getting through various contracts and opportunities they've taken with SafeGenerations.

Item 28: Foster and Adoptive Parent Training

During CFSR Round 4, Kansas received an overall rating of Strength for Item 28.

Strengths	DCF received an overall rating of Strength for Item 28.
Worries	N/A
PIP Goals/Strategies	N/A

CAK continues to provide training to prospective foster and adoptive parents. All foster and adoptive parents are required to complete Trauma Informed Partnering for Safety and Permanence Model Approach to Partnerships in Parenting (TIPS-MAPP), MAPP Foundations, Trauma Informed Partnering for Safety and Performance— Deciding Together (TIPS-DT), or Kinship Path 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 Kinship Path to prospective foster, adoptive and kinship parents. CAK assures all necessary training is conducted by certified leaders and upholds the fidelity of each program. CAK is responsible for assessing statewide training needs of foster and adoptive parents and staff of group residential facilities. This includes developing an ongoing training network and ensuring training is

provided statewide and is based on identified needs of foster and adoptive parents. indicate how many foster parents/prospective foster parents/adoptive parents completed the required training. CAK does not track each individual foster parent compliance with ongoing training requirements. This is overseen by CPA licensing compliance. CPAs have their own training requirements in addition to those CAK provides. It is the CPA's responsibility to ensure current foster parents complete required ongoing training.

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.

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

Total individuals trained	SFY 18	SFY 19	SFY 20	SFY 21	SFY 22	SFY 23	*SFY24
TIPS-MAPP	1292	1522	0	411	513	740	370
DT	535	530	2260	1115	555	583	357
Kinship Path	N/A	N/A	N/A	N/A	N/A	7	7

*July 1, 2023 – March 2024

Training evaluations are housed in the LMS for families to use after 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 State Fiscal Year

	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

DCF, at this time, does not intend to make any changes for FY 2026.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services

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

Strengths	Some programs are targeted to reach rural areas, such as FRCs.
Worries	There's a lack of easily accessible information on available services to meet individual needs. Low number of available services in rural areas and barriers to access services in rural areas. Not all services are available outside of regular business hours, such as crisis centers.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2

The PIP addresses increasing array of mental health services and additional collaboration with KDADS on improvements to crisis mental health services. Additional services are filling in these gaps, such as MRSS, available statewide 24/7.

DCF provides targeted services designed to assist in reunifying a family and preventing removal and placement in FC. DCF serves children placed for adoption with a legal guardian. If adoption or legal custodianship are not in the best interest of the child, DCF serves them while in APPLA. Intake, investigation, assessment, FS, FPS, reintegration, adoption, and IL services are available statewide in all 105 counties. Community-based mental health services are available statewide through CCBHC, CMHC, and their satellite offices. I/DD services are available statewide through CDDOs and their affiliated community service providers. SUD assessment, referral and treatment is available statewide through a provider network managed by KDADS-Behavioral Health Services. KPRC supports communities in development of long-term comprehensive prevention plans to support the targeted statewide prevention outcomes.

The passage of FFSPA in 2018 continues to provide an opportunity for communities to be responsive, supportive and a part of meeting specific needs of children, teens, and families in Kansas. DCF has amplified FC prevention services through grant awards for emerging and evidenced-based prevention services to include mental health, SUD, and parenting education programs supported by the Title IV-E Prevention Services Clearinghouse. Grant awards occur after careful analysis of many factors. Part of this analysis includes an assessment of geography to identify service gaps. DCF has experience over the past five years which is applied in understanding what services are accessed, utilized, and reflect positive outcomes for families through the FFSPA path. In Kansas, the program is fortunate to have many established methods for hearing from and partnering with stakeholders from communities across Kansas, to inform and assist in co-planning the prevention service array. Input and design recommendations are weighted heavily in grant funding decisions and service implementation.

DCF awarded FC contracts to five agencies who will implement programming in SFY25. Stakeholder feedback helped to inform desired attributes present in the proposals awarded for contracts. Programming requirements within each contract include establishing smaller caseloads. New FC contracts require agencies to focus on supporting children and families to permanency and being accountable and responsive to judicial partners. The new contracts awarded programming focused on trauma informed care and strong community partnership.

Kansas has awarded multiple grants which will expand Behavioral Intervention services (BI) throughout the state over the next five years. The BI program is designed to provide one-on-one services within the family home to children who struggle with behavioral and emotional management to the degree behaviors threaten stability in their current placement. Some of the goals of the program are to assist both parents and child in the daily management of behaviors, thus decreasing the need for short term hospitalizations, long-term residential admittance, and/or placement disruptions. This includes preserving adoptive placements. The individual Behavior Interventionist in the home assists with managing crisis de-escalation, re-direction, and teaching of positive replacement behaviors with the child. See Current and Planned Activities to learn more about DCF's Service Array.

DCF and KDADs have worked with CCBHCs to implement a MRSS model in their continuum of care. KDADs will be funding up to 400 users (subscriptions) for a 12-month period, in which all will be asked to provide MRSS responses and services by Spring 2025.

Item 30: Individualizing Services

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

Strengths	Programs are being developed and strengthened to support Item 30.
Worries	The current service array is not functioning at its highest capacity which is needed to adequately serve Kansas families.
PIP Goals/Strategies	Goal #6 – Well-Being Goal 2

Services are individualized through the development of a case plan for each child or family which addresses their needs to assure safety, permanency, and well-being of children. Services are provided to children from birth to age three with identified developmental delays available through a statewide network of providers. DCF offers many forms, brochures, and appendices in Spanish, and has capacity to provide them in additional languages. DCF contracts for translation services including verbal, telephonic and braille translation services. The KPRC accepts reports in any language.

Services through the HCBS waiver are individualized based on the needs of the child. These waivers include services for I/DD, Physically Disabled, Technology Assisted, Head Injury, Severely Emotionally Disturbed, Autism, and PRTF.

Kansas recognizes services to Kansas families must be unique to their needs. Kansas has awarded several grants which will expand the availability of BI. DCF has reviewed case planning policy including forms to align with values of the KPM more closely, see above information about Families in Focus workgroup and new case planning processes implementation. This will support CWCMPs in planning with families in a more engaging manner to identify their individual needs and plan for services appropriately.

*AGENCY RESPONSIVENESS TO THE COMMUNITY***Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR**

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

Strengths	DCF received an overall rating of Strength for Item 31.
Worries	N/A
PIP Goals/Strategies	N/A

Detailed information regarding consultation with stakeholders is provided in Collaboration as well as CRP and OJA collaboration.

Item 32: Coordination of CFSP Services with Other Federal Programs

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

Strengths	DCF received an overall rating of Strength for Item 31.
Worries	N/A
PIP Goals/Strategies	N/A

DCF has regular communication with agencies responsible for implementing other federal programs and services. System collaboration meetings include representatives from the Children's Cabinet, KDADS, KSDE, KDOC-CBS and KDHE. DCF also collaborates with EES, RS, and CSS on an as needed basis. See Collaboration for detailed information regarding consultation with stakeholders.

DCF Regions collaborate, for example, Memorandum of Understanding (MOU) 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.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Item 33: Standards Applied Equally

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

Strengths	DCF received an overall rating of Strength for Item 33.
Worries	N/A
PIP Goals/Strategies	N/A

DCF completes a redetermination for IV-E maintenance eligibility for all placement changes for IV-E eligible children in FC. A review is completed for all placements for licensing compliance to accurately claim IV-E funds each time a new placement is entered in the Kansas Eligibility Enforcement System (KEES). A review is done a minimum of once every twelve months. Reviewing all placements annually ensures standards are applied equally.

Fully licensed foster homes and childcare institutions are claimed by the State for federal funds reimbursement. Standards are applied equally to licensed family foster homes and facilities. Standards for licensing relative and NRKIN families are applied equally through Abridged Family Foster Home Regulations. Placements in approved relative homes are allowed in Kansas, but IV-E and IV-B funding are not claimed for these homes unless abridged licensing requirements are met. Relative 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 relative.

DCF licenses 24-hour childcare facilities including: Attendant Care Centers, Group Boarding Home/Residential Centers, CPAs, and Family Foster Homes, Relative and NRKIN Homes. Each program type has a corresponding set of regulatory requirements. In March 2024, public hearings were held on the proposed Family Foster Home Regulations and the CPA Regulations. New Family Foster Home and CPA regulations were implemented in June 2024. At the same time period DCF implemented abridged regulations for relative and NRKIN placements.

For a child in the custody of DCF and residing in out-of-home care, DCF will place the child in one of four placement options: 1) a licensed foster home 2) relative or NRKIN family foster home 3) an unlicensed relative home, or in 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 the rules, licensing standards, and procedures to ensure licensing practices are applied equally across the state. DCF utilizes a licensing survey tool which includes all requirements based on program type. This survey tool is electronically applied within Childcare Licensing and Regulation Information System (CLARIS). The DCF surveyor completes on sites visit 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 Compliance Action Plan (CAP) within five 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 in 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 Foster Care Licensing (FCL) units receive complaints alleging violations of licensing 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 Foster Care and Residential Facility License (FCRFL) as a licensing investigation. Each licensed facility is surveyed on an annual basis by a FCRFL Surveyor. The facility receives a notice of survey findings (NOSF) citing noncompliance during a complaint investigation or annual review and the facility is required to submit a CAP within 5 days. The FCRFL Surveyor completes a compliance survey to verify all corrections were completed and the facility complies.

A relative who desires to be licensed and a NRKIN home may apply for licensure under the Abridged Relative and NRKIN Family Foster Home 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 and is granted by the Secretary to an applicant or a licensee. See Attachment 20 Exception Policy, Attachment 21 FCL 661 Relative and Non-Relative Kinship Application, Attachment 22 FCL 660.1 Family Foster Home and Non-Related Kinship Relative Comparison, and Attachment 23 FCL 660 Relative and Non-Related Kinship Waiver.

Kansas DCF provides waivers of regulations related to application, training, incident report and record keeping requirements to Relative and NRKIN caregivers.

The FCL 660 Relative Waiver is submitted with the application for licensure. The FCL 660 and the FCL 661 Application for licensure are imaged in CLARIS. A licensed relative and non- relative kinship home must meet all non-waived regulations to obtain a full license. A relative or NRKIN caregiver who wants to apply for licensure as a 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 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 effective and was updated 07/01/2024 including allowable reasons to exceed capacity and establishing one active over capacity exception. A Residential Child Care Facilities exception may be requested when admitting a child and the facility is at capacity, or a youth turns 18 while in treatment and needs to finish treatment. A residential facility may request exceptions for staff qualifications to aid in hiring staffing to meet ratio requirements. DCF does not claim IV-Funds prior to a facility being licensed.

Item 34: Requirements for Criminal Background Checks

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

Strengths	DCF received an overall rating of Strength for Item 34.
Worries	N/A
PIP Goals/Strategies	N/A

Kansas DCF updated the Regulations for Family Foster Homes and CPA in June 2024. Regulatory changes related to background checks were promulgated which included, a change in the age for requiring fingerprints of residents of a family foster home and fingerprinting requirements of a non-resident substitute caregiver. DCF changed the age range for fingerprinting of residents from age 14 to age 18. A substitute caregiver providing care in the family foster home, three or more times in a 12-month period shall be fingerprinted.

DCF will issue a full license after the regulatory background checks have been completed and cleared 1) a federal fingerprint-based background check 2) a name-based criminal history check through the KBI, 3) a Child Abuse/Neglect Central Registry check, and 4) A national Sex Offender Registry check. 5) An out of state child Abuse/Neglect check from each state of residence within 5 previous years of application. 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 that time. Correction must be made prior to issuance of license. NRKIN and relative placements who wish to license must comply with the Abridged Family Foster Home Relative and NRKIN Regulations, including a walk through, background checks through KBI, Child Abuse Central Registry, and fingerprints. Within two weeks of placement, relatives who wish to license and NRKIN begin the licensing process are issued a temporary permit upon return of the background check clearances, generally within 30 days of placement. The temporary permit remains in effect for 90 days.

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

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

Strengths	CWCMPs update their DR plans regularly.
Worries	While Kansas has a DR plan, it is not updated annually and efforts to put the plan into place and recruit families who reflect the youth who are in care is not clear.
PIP Goals/Strategies	NA

DR Meetings are held at least twice each year to have consistency in messaging and measuring of progress towards goals. Meetings include key stakeholders to support and monitor Foster and Adoptive Parent Recruitment and Retention activities in the State. Stakeholders include tribal leadership, the Kansas Caregiver's Association, KFAN, KDHE, and CAK which is an umbrella agency for private CPAs in the state. The participation of the Kansas Adoption Exchange, AdoptKsKids, will be crucial in accomplishing the DR goals. Foster Adopt Connect contracts with DCF to implement the DR plan.

Each CWCMP and CPA has an individual recruitment plan which includes general, targeted, and individual recruitment strategies. Targeted recruitment activities include a wide variety of audiences. Targeted recruitment occurs in communities specified as needing more foster homes based on referral and placement data.

CWCMPs and CPAs host recruitment activities to recruit foster families to meet the needs of children in care. The CPAs host recruitment activities to recruit foster homes. The CWCMPs share recruitment plans with DCF and conduct joint recruitment activities. CWCMPs, CPAs, and other community stakeholders are engaged with DCF DR Planning and dedicated to making improvements and meeting the needs of children in care.

Kansas has with its partners created a DR recruitment plan. Kansas will continue to focus on the goals indicated on the DR plan to improve the ability to meet the needs of children in FC.

	SFY 2014	SFY 2015	SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025*
# of licensed Homes	2568	2664	2873	2721	2717	2760	2874	2775	2493	2372	2316	2189
# of license foster parents	4330	4448	4738	4508	4512	4403	4680	4655	4139	3959	3838	3569
*# of African American licensed foster parents	557	553	558	517	476	470	490	483	491	516	547	563

*Data pulled May 2, 2025, and is not representative of a full FY.

As of May 2, 2025, statewide, 34.03% of children are placed with relatives and 6.29% are placed in group or residential care. The low percentage of children placed in a congregate care setting demonstrates moderate success in recruiting and retaining foster and adoptive families meeting the needs of children in care.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

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

Strengths	DCF received an overall rating of Strength for Item 36.
Worries	N/A
PIP Goals/Strategies	N/A

In the statewide assessment (SWA), Kansas said the state seeks relatives for placement when a child enters FC and on an ongoing basis. Relatives receive priority consideration for placement of children in FC regardless of where the relatives reside. Kansas described the structure in place for sending and responding to ICPC requests. Information collected during stakeholder interviews also referenced a border agreement with the state of Missouri to allow placement and supervision within a specific distance of the state border.

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 in SFY25. Providers for seven of the eight service catchment areas remain the same. The CM provider for the Wichita Region changed July 1, 2024. All

open ICPC cases in this region transferred to the new provider and all new incoming cases have now been assigned. Each provider has assigned dedicated ICPC staff for consistency.

Together, the Kansas ICPC office and CWCMP ICPC staff form the ICPC Workgroup. Efforts from this workgroup focus on resolving issues with other states, streamlining Kansas ICPC processes, and promoting statewide consistency. The ICPC Workgroup has had 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 obtaining background checks occurs at the time of case assignment. In addition, continued submission of the preliminary home assessment form will help in increasing timeliness.

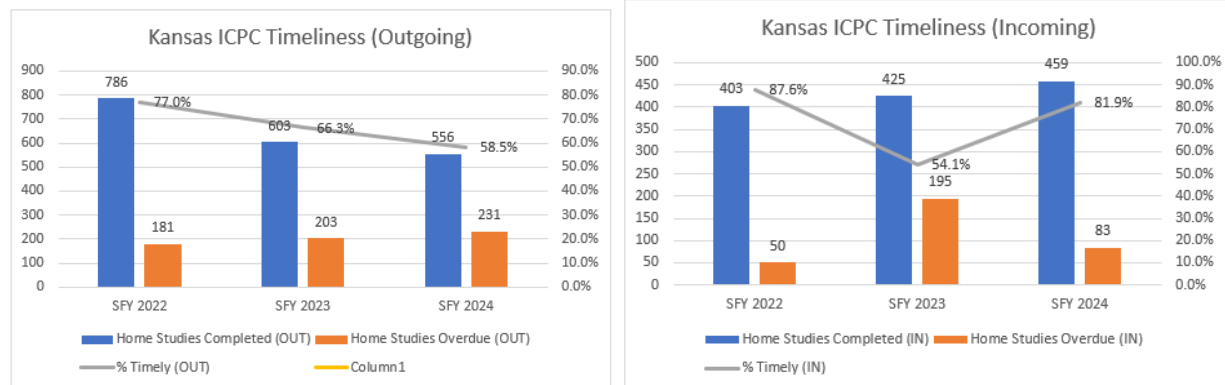
Kansas implemented the National Electronic Interstate Compact Enterprise (NEICE) in October 2018. The NEICE is a national electronic system for quickly and securely exchanging the data and documents required by the ICPC to place children across state lines. As of April 2025, a total of 50 states are utilizing the NEICE. The NEICE reduces the time children spend awaiting placement.

Kansas NEICE Administrative Data

	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Home Study Requests IN	403	425	459	288
Home Study Requests OUT	786	603	556	456
Placements IN	167	164	347	308
Placements OUT	330	242	281	238
Private Adoptions IN	46	40	34	36
Private Adoptions OUT	38	59	52	35
Residential Requests IN	56	56	65	83
Residential Requests OUT	33	23	51	35

Resource: NEICE

*SFY 25 is from July 1, 2024 to April 30, 2025



Resource: NEICE

Analysis of the data available in the NEICE indicates Kansas sends more home studies out than we receive requests for placements in Kansas (Incoming). Data, shown above, provides some information Kansas will use to improve timeliness of home studies. Results for incoming home studies for SFY 2024, are showing an increase in timeliness from the previous FY. Timeliness issues and barriers will continue to be addressed with the providers and through the ICPC workgroup quarterly meetings.

III. UPDATE TO THE PLAN FOR ENACTING THE STATE'S VISION & PROGRESS MADE TO IMPROVE OUTCOMES

REVIEW AND UPDATE, GOALS, OBJECTIVES, AND INTERVENTIONS

DCF utilized the unique position of completing CFSR Round 4 and a recently approved PIP when CFSP 2025 – 2029 was submitted to set the foundation for the upcoming five years. DCF will follow the PIP as laid out, sustain progress following the initial PIP period, and continue to monitor and calibrate goals following the completion of the PIP.

Kansas began implementing the CFSR Round 4 PIP on May 1, 2024. Since then, core workgroup leads have met at least monthly to review progress, share what is working well, discuss concerns, explore opportunities for cross-collaboration, and identify next steps. The workgroups have consistently reported steady progress, exchanging ideas to maintain momentum, identifying useful data to assess the strengths and challenges of ongoing changes, and developing methods to track implementation outcomes. Ongoing collaboration among workgroups has supported a coordinated rollout of changes, helping ensure implementation remains as consistent as possible statewide.

MEASURE PROGRESS

Safety

The Safety Workgroup has made substantial progress in aligning definitions and practices related to risk, safety, and danger in child welfare. The team successfully developed and introduced consistent terminology, reflected in updated policy and training efforts. Engagement across agencies and stakeholders—including Tribal partners, educators, and the judiciary—was a key focus, with presentations and interactive workshops used to transfer knowledge and encourage application in practice.

The group hosted multiple intensive training sessions and conferences, emphasizing the importance of engagement and monitoring in safety planning. Feedback from participants indicated a notable increase in critical thinking and understanding, with self-reported knowledge ratings averaging 7.55 in early phases and improving to 8.0 in later sessions. Definitions of "danger" and "risk" were understood and applied accurately by most participants, showing strong knowledge transfer.

In addition, the team laid groundwork for sustainability by working to integrate the training into the LMS system and exploring continuing education credits for social workers. They also broadened collaboration by inviting new members to the Performance Improvement Plan Workgroup, including representatives from the OJA and Iowa Tribe of Kansas and Nebraska.

Despite challenges with consistency in facilitation and survey participation, the group remains committed to refining the approach based on feedback and expanding training efforts across the state.

Data Update:

Since the federal review in April 2023, Kansas has seen steady improvement in safety outcomes, particularly around how consistently practitioners are identifying and documenting safety and danger concerns, which is foundational to case practice and decision-making.

Looking at the data trends, Kansas can see progress:

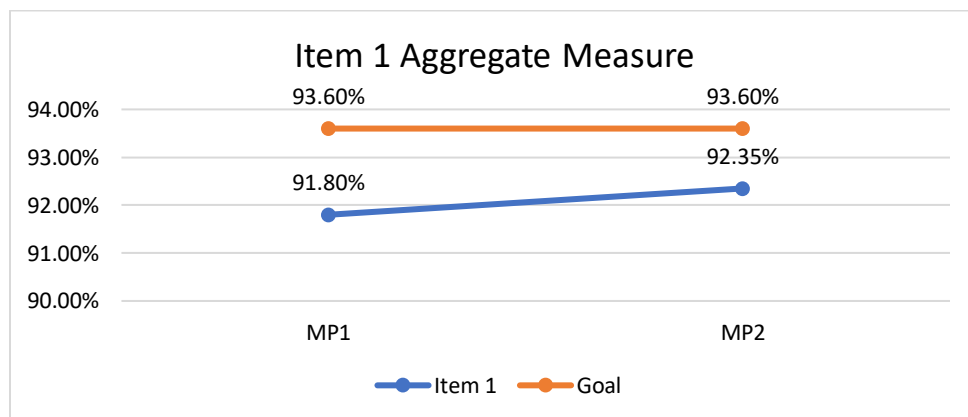
- Item 1, which reflects initial safety assessments when reports of abuse or neglect are received, has increased to 80% in Quarter 3.
- Questions like Q1A and Q1B—how well reports are screened in and face to face contact is made—have shown meaningful increases across quarters.
- The aggregate measure for Item 1 continues to increase and is nearing Kansas’ goal of 93.60% (Kansas will submit for MP3 Spring 2025).

Safety Outcome 2 and Items 2 and 3 reflect how we work with families to provide services that prevent removal (Item 2) and assess risk/safety on an ongoing basis (Item 3)—when children remain in the home or are in placement.

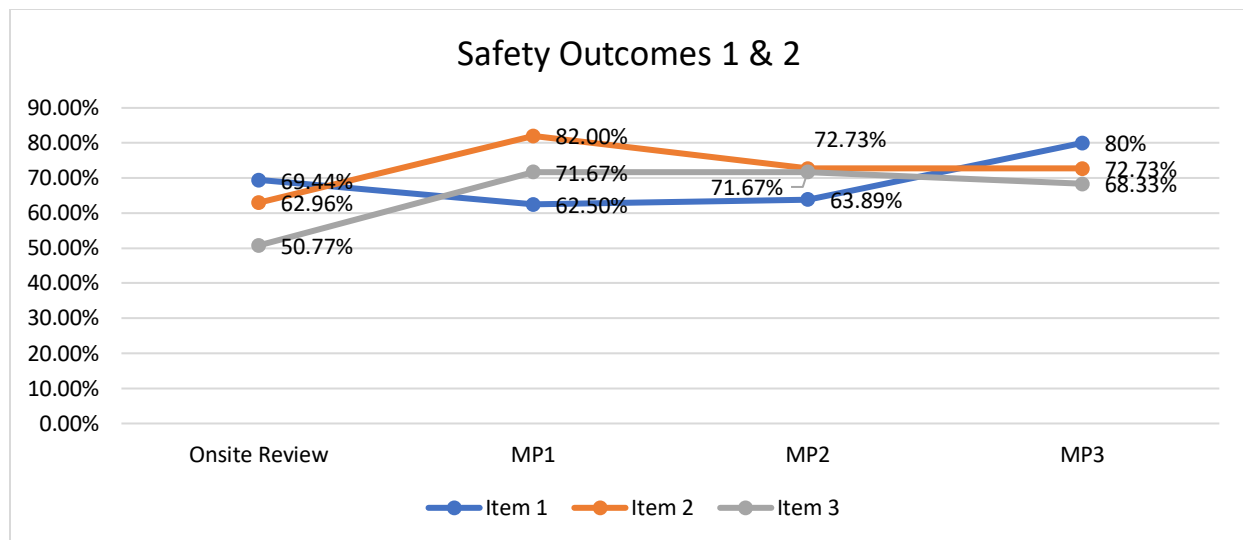
- Item 2, focused on services to keep children safely in the home, has fluctuated only slightly but remains below the sustained goal.
- Item 3, related to initial and ongoing safety assessments and ensuring safety during visitation and placement, has held steady around 71%, which is promising—especially considering these are more complex aspects of safety.

From both case participant interviews and case reviews, Kansas has learned when multiple safety concerns are present, it tends to be more difficult for practitioners to address all of them thoroughly and consistently, especially in cases with staffing transitions or heavy workloads. These are not just operational challenges—they can impact how confident practitioners, community partners, and the courts feel about a family’s readiness for reunification or continued in-home care.

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



Safety Outcomes 1 & 2: Children are, first and foremost, protected from abuse and neglect and children are safely maintained in their homes whenever possible and appropriate



Placement Stability

The Placement Stability Workgroup has made significant strides in understanding and addressing factors affecting youth placement stability and permanency outcomes. A foundational achievement was conducting a detailed analysis of placement moves by entry/removal reasons, which helped quantify the scale of youth entering care and highlighted disparities in stability and time to permanency. These findings are now serving as an essential awareness tool, supporting the case for ongoing system improvement and FC recruitment.

To address systemic drivers of instability, the group explored the work of the FINA workgroup. Recommendations were made to align FINA definitions, policies, and assessments with KPM, with the goal of reducing unnecessary system entry and accelerating permanency—especially in communities disproportionately affected by current practices.

A key structural initiative was the completion of business process mapping with all CWCMP, tracking the full trajectory from entry into care to permanency. This mapping identified critical goals and consistency gaps across the state, particularly around service arrays and data procedures. Updates include input procedures for CareMatch and improved access standards for CCBHCs, helping standardize resource access and data tracking statewide.

The group also conducted peer-to-peer learning sessions with other states and Tribal partners, focusing on strategies to increase relative placements for youth aged 11–17. Insights from these sessions informed recommendations to leadership for potential policy and practice improvements.

Collaboration was strengthened by reconvening the Leading for Results (LFR) workgroup. LFR has been instrumental in guiding gap analysis, feedback collection, and implementation tracking—especially for strategies aimed at reducing disproportionalities.

Additionally, the PAC played a vital role in providing feedback on standardized definitions to ensure shared understanding of key terminology. The workgroup also reviewed FC level-of-care attributes to ensure they are clear, complete, and culturally responsive.

Together, these efforts are laying the groundwork for a more consistent and stable placement experience for youth in care across Kansas.

Data Update:

Based on the February 2025 Data Profile, Kansas has shown significant progress towards meeting the Observed Performance Goal of 6.55 moves/1,000 days in care for Placement Stability. For the most recent reporting period, Kansas recorded a rate of 6.83 moves/1,000 days in care, which is approximately a 5% decrease in the rate of moves from the previous reporting period.

	PIP Status: PIP or No PIP	12-Month Reporting Period	Observed Performance	Observed Performance Goal
Statewide Data Indicator				
Placement Stability	PIP	22A22B	7.30	6.55
		22B23A	6.84	
		23A23B	7.99	
		23B24A	7.19	
		24A24B	6.83	

Permanency

The Permanency Workgroup made significant progress in promoting timely reintegration, permanency goal selection, and TPR filings through cross-system collaboration, targeted education, and data-driven improvements. They successfully partnered with stakeholders in Judicial District 3—including courts, attorneys, Case Management Providers (CWCMPs), GAL parents’ attorneys, and DCF staff—to modify the original Four Questions framework. These revisions were designed to address safety concerns and better support reintegration and permanency planning. The workgroup ensured that the modified questions were integrated consistently across all stakeholder roles and developed training plans to support their implementation throughout the life of a case.

In addition, the workgroup enhanced understanding of federal permanency timelines by educating DCF staff, legal partners, and CWCMPs through major events such as the Child Welfare Summit in April 2024 and biannual Best Practices in Child Welfare Law Trainings. They collaborated with the OJA to develop Summit questionnaires and action plans, disseminate materials to those unable to attend, and analyze evaluation data to assess effectiveness and behavioral change. These evaluations informed future training needs for both child welfare and judicial stakeholders.

To address delays in TPR filings, the workgroup employed collaborative process mapping to identify barriers and streamline procedures. Strategies proven effective in Judicial District 3 were identified for potential replication in other jurisdictions to foster broader system improvements. Through the development and implementation of the modified Four Questions, robust training initiatives, and process improvements, the Permanency Workgroup strengthened alignment among child welfare and legal stakeholders and laid the groundwork for more consistent, timely permanency outcomes for children and families.

Data Update:

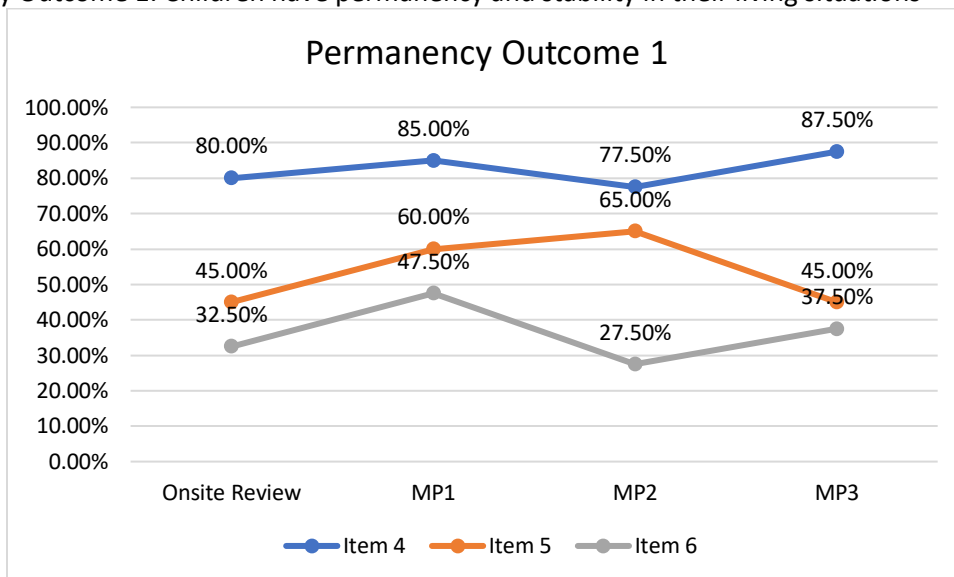
While Kansas has seen improvement in setting appropriate permanency goals, they are not always set early enough, especially when it comes to backup or “concurrent” goals.

Another area Kansas is monitoring and working to improve is TPR:

- In some cases, TPR is not filed in a timely way, or the documentation for why it was not filed is unclear.

When this happens, combined with delays between court hearings, it can cause children to remain in temporary care longer than needed.

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



Statewide Data Indicator	PIP Status: PIP or No PIP	12-Month Reporting Period	Observed Performance	Observed Performance Goal
Permanency in 12 Months (Entries)	PIP	20B21A	31.7%	33.5%
		21A21B	33.4%	
		21B22A	33.5%	
		22A22B	31.4%	
		22B23A	32.0%	
Permanency in 12 Months (12-23 Months)	PIP	22A22B	37.5%	39.9%
		22B23A	37.5%	
		23A23B	34.8%	
		23B24A	34.6%	
		24A24B	31.4%	
Permanency in 12 Months (24+ Months)	PIP	22A22B	36.0%	37.5%
		22B23A	34.1%	
		23A23B	33.7%	
		23B24A	32.6%	
		24A24B	26.6%	

Well-Being

The Well-Being Workgroup has made meaningful progress in improving access to mental health services and aligning policies to support child and family well-being through the Children's Behavioral Intervention (CBI) policy. The Director of Medicaid and Children's Mental Health worked with FAC to create a CBI one-pager and FAQ that clearly outlines service processes and expectations, helping to improve stakeholder understanding and engagement. Additionally, a process was developed to connect FAC with potential providers to expand service capacity, while a separate review process was created to approve or deny training certifications for providers seeking to bill Medicaid as CBI providers. In terms of funding and accountability, the RFP review team evaluated proposals to identify outcomes to be built into grant awards. Grantees have collaborated with DCF to create appropriate measurement tools and define specific outcomes. On the policy front, DCF's FC and Permanency policy writers coordinated with the KPM Statewide Implementation Team and Steering Committee to align the workgroup's goals with existing strategies and to identify additional participants or workgroups for a more comprehensive policy review. To evaluate the impact of recent changes, DCF initiated an internal audit process to assess whether the policy updates implemented on July 1, 2023, have improved access to mental health services. This audit, running from January through March 2024, included case reads and interviews to determine if practices are beginning to align with CCBHC standards. Together, these efforts reflect a coordinated and strategic approach to enhancing the well-being of children and families involved in the child and family well-being system.

Data Update:

Since the federal review, Kansas has seen steady progress in how the agency assesses child and family needs and connects families with services—particularly at the start of cases and for children specifically.

Item 12, which looks at whether the needs of children, parents, and foster parents are both assessed and met, has improved from 33.85% during the federal review to 51.67% in Quarter 3.

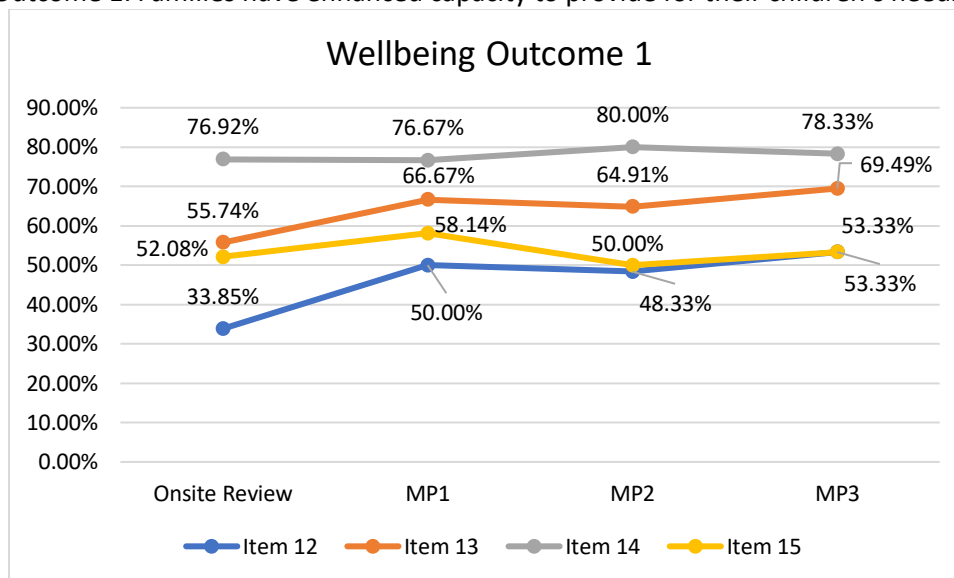
- Item 12:
 - Children's needs (Item 12A) are being assessed and addressed at a much stronger rate—holding consistently above 85% in recent quarters.
 - But for parents (Item 12B), especially when looking at fathers, the scores are lower and more variable—around 50% overall in Q3. This indicates Kansas performs 20+% better (for parents and foster parents) at identifying needs than at consistently providing the right services or following through over time.
 - Foster parents (Item 12C) Kansas has seen steady progress over the quarters – from 47% during on site review to 77.5% in Quarter 3.

Item 13, which reflects whether children and families are actively involved in case planning, has improved steadily from 56% in the federal review to nearly 70% in Quarter 3. While this shows progress, Kansas still sees some variance between mothers, fathers, and case type.

Items 14 and 15, which reflect caseworker visits with children and parents indicates Kansas is consistently performing well with caseworker visits with children. However, visits with parents (Item 15), especially fathers, remain a challenge—averaging 53.33% in Quarter 3, a 1% increase from where Kansas was during on site review at 52.08%. From the state's analysis of qualitative data and case review rationales, it is noted that in many cases, case plans do not fully reflect the family's unique needs or the underlying barriers to permanency and well-being. Often, there's an expectation that families will complete tasks without consistent support, clear connection to their circumstances, or a shared understanding of what success looks like. When families are assigned tasks before their needs are fully

assessed—or when services are not sustained throughout the life of the case—it can lead to frustration, disengagement, or stalled progress. Over time, this increases the risk that a case moves toward TPR—not necessarily because of a parent’s unwillingness, but because the system did not align support with the family’s reality.

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children’s needs



Quality Assurance (QA)

The QA Workgroup accomplished several foundational tasks aimed at strengthening consistency, accessibility, and collaboration across agencies involved in systemic performance improvement (PI). They established a DCF Teams Resource Channel to serve as a centralized PI Systemic Resource hub, giving staff across all agencies equal access to case read tools, outcome resources, and performance improvement materials. To further support uniformity in quality practices, a temporary DCF Task Force was formed to create a consistent case read reconciliation and feedback structure, ensuring the process of sharing and receiving case read findings was standardized across all regions and CWCMPs.

The group also updated the Performance Improvement Learning System (PILS), enhancing its capacity to capture and analyze youth characteristics alongside case read results. This update allowed data to reflect practice across youth demographics, supporting more informed Continuous Quality Improvement (CQI) efforts. The expanded data set included variables such as race, ethnicity, sex, tribal affiliations, grade level, disability status, reason for removal or extended care, and more.

To improve communication and data sharing, the workgroup gathered and combined Performance Improvement and QA organizational charts from all agencies. They created a unified systemic chart introducing current PI staff, their roles, and contact information. This chart was shared via the new PI Systemic Resource Channel, promoting transparency and facilitating consistent data exchange across agencies.

Additionally, a crosswalk of each region’s current case read feedback and reconciliation methods was compiled to support the development of a standardized structure statewide. The workgroup also drafted a comprehensive memorandum outlining Alliance expectations, including team charters, group

objectives, meeting logistics, and agreements on data disaggregation. This document served to clearly define the collaborative foundation and roles within the Alliance.

Finally, the group developed and implemented a Resource Monitoring Agreement, which established procedures for maintaining and updating shared resources, identified responsible roles within each agency, and introduced accountability structures to ensure ongoing commitment. A timeline for monitoring activities and evaluating the effectiveness of the Resource Channel was also included to support the long-term success of maintaining current and accessible resources for all stakeholders.

Training

The Training Workgroup successfully advanced efforts to establish a shared set of core competencies for Kansas' child welfare workforce. They began by researching core competencies used by other states and organizations, then analyzed and compared these findings with the competencies currently identified and trained by DCF and each CWCMP. To ensure a well-rounded perspective, the workgroup recruited focus group members representing frontline staff, lived experience consultants, subpopulations, and other key stakeholders. Using input from these voices, the group reached consensus on a shared set of core competencies. This unified framework was then presented to the inter-agency Training Steering Committee. Based on the committee's feedback, the workgroup revised the competencies as needed, ensuring they reflected both best practices and the unique needs of Kansas' child and family well-being system.

IV. QUALITY ASSURANCE SYSTEM

See Item 19.

V. UPDATE ON THE SERVICE DESCRIPTIONS

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM (TITLE IV-B, SUBPART 1)

Services have been and will continue to be described throughout this APSR. Please see Attachments 24 and 25 to review the CFS101s.

SERVICES AND DATA ON CHILDREN ADOPTED FROM OTHER COUNTRIES

Families who adopt children from other countries may access Kansas Post Adoption Resource Center (K-PARC) for services and supports, as well as DCCCA and TFI who also provide Post Adoption Supports.

In Kansas, if an adoption of a child from another country disrupts and the adoption has not been finalized, 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 with them to plan for the child accordingly. In the interim, DCF provides the same care and services for this child as it would for any other child in DCF custody.

If a finalized adoption dissolves, the child is placed in DCF custody and receives the same care and services as other children in DCF custody. Children receive services in support of achieving permanency through reintegration, adoption, permanent custodianship, SOUL Family Legal Permanency, or APPLA.

FACTS includes information about whether a child in the custody of the Secretary has had previous DCF involvement, a previous adoption, and whether the parents have relinquished their parental rights or if the court has terminated their rights.

SERVICES FOR CHILDREN UNDER THE AGE OF FIVE

Addressing the developmental needs of children is a priority of DCF as it's a critical developmental period. EC services act as a significant protective factor against removal into FC in Kansas. DCF and CWCMPs collaborate in developing procedures to reduce the length of time in FC for children under age five without a permanent family.

Activities to address developmental needs of children under age 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 will refer the child to an appropriate age level EC service. An Infant-Toddler Services program referral is made for children birth to age two. Children three years and above are referred to their local school district's Individuals with Disabilities Education Act (IDEA) preschool or child find program. Head Start and EHS programs have policies which place children in FC at the top of the list for admission. In addition to the assessments, DCF requires a Fetal Alcohol Spectrum Disorder Screening at referral for youth of all ages.

CWCMPs are required to assess a child's emotional, behavioral and well-being needs using the following tools: Child Stress Disorder Checklist-KS (CSDC-KS) and the Ages and Stages Questionnaire Social Emotional (ASQ-SE), Preschool and Early Childhood Functional Assessment Scale (PECFAS). Some CWCMPs may choose to supplement these screenings with other tools that fit their service provision models.

The Early Childhood Integrated Data (ECID) Distinct Count Dashboard developed by KU-CPPR was launched in SFY24. This dashboard identifies how many 0-5 aged youth are receiving an early childhood service. Agencies use this data to understand where to focus promotion of existing programs and informing future programming implementation. The dashboard is publicly available here: <https://kschildrenscabinet.gov/ecids-dashboard/>

DCF employees attend the Safe Sleep Certification Training, provided by The Kansas Initiative for Decision Support (KIDS) Network, to become certified SSI. The KIDS Network requires each certified SSI to annually train 10 professionals utilizing the Wrestling with Safe Sleep (WWSS) curriculum, and host or volunteer at one Community Baby Shower or provide 10 Crib Clinics to families.

WWSS courses are designed for new and veteran staff within DCF, CWCMP, and community partners. This class educates staff on the American Academy of Pediatrics' safe sleep recommendations, including the "ABCs of Safe Sleep," (Alone, Back, Crib) which ensures staff have the knowledge to engage families in conversations surrounding safe sleep.

Community Baby Showers are events for expectant parents and their family members and are hosted by SSIs from any agency. These events provide information about safe sleep, breastfeeding, tobacco avoidance, perinatal mental health, substance use treatment resources, and additional prenatal and postnatal resources. DCF SSIs serve as hosts, volunteers, or both 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 and provide similar information as Community Baby Showers. Sessions are an opportunity for DCF SSIs to demonstrate in the family home what a safe sleep environment is.

For all PPS assessments involving a child under the age of one, policy requires the CPS practitioner assess the infant's sleep environment and provide information and resources, as needed. DCF is committed to train all staff in safe sleep practices, partnering with other community agencies to host Community Baby Showers and provide Crib Clinic sessions to families served by the agency. Families served by DCF may be eligible to receive free cribettes, wearable blankets, or other supplies to provide safe sleep environments for their infants. Increasing the number of staff trained in safe sleep increases community capacity to prevent sleep-related deaths in infants. Staff across the various DCF programs can engage and equip families with informative resources related to safe sleep practices.

KAN-LINK is a CB grant awarded to the Kansas Children's Cabinet and Trust Fund with the KSDE acting as the fiscal agent. Project goals for KAN-LINK are dedicated to improving coordination, collaboration, alignment, and infrastructure between the Kansas Early Care and Education 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 KAN-LINK. The KAN-LINK project team is establishing a Lived Expert team. This team will be embedded within the Steering Committee and 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 FC 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 family-driven improvements within and between state and local EC and child welfare policies and programming	Convene and engage people with lived expertise in the ECE system from communities across Kansas.

See Safety Current and Planned Activities: FRCs to learn more about the granted FRCs supporting needs of children under the age of five and their families.

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. Those include:

Temporary Assistance for Needy Families (TANF) Cash Assistance	Provide temporary cash assistance to low-income families with at least one child in the home. Eligibility is limited to 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 the final year of this grant SFY 2024 (July 1, 2023, through June 30, 2024) 507 participants have been served.
Healthy Families America (HFA) - KCSL	Provides EC home visitation programs, beginning at birth and continuing to age three or five. Promotes child well-being by strengthening families. Intensive home visitations are included in this program. Services are limited to families who are at-risk and low income. KCSL has served 335 families from 07/01/23-03/03/2024.
Communities in Schools (Sparkwheel)	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 over 1750 students in SFY2024.
KVC – Project Rise	Serves eight counties in NE Kansas. Focus is on engaging at-risk families and improving social and health outcomes associated with poverty including social determinants of health, financial literacy, and social support networks. CM and crisis stabilization services are offered to participating to increase opportunities for families to experience positive outcomes. From July 1, 2023, to April 30, 2024, KVC has received 46 referrals with 85 children being impacted.
Kansas Alliance Boys and Girls Club	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 are a reduction in unplanned pregnancies, increased academic achievement, and a reduction in need for future public assistance. This organization had 7511 unduplicated youth served through 02/28/2024 against a goal of 7000 (107.3%).
Urban Scholastic Center (USC)	Serves urban youth in grades preK-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. They are involved in several schools and local communities in the Wyandotte County, Kansas City, KS area and facilitate neighborhood outreach and special reading programs at their facility. Outcomes include to increase a child's chances of academic success and prepare participating students for post-secondary education and career paths. Staff recruit leaders to work with students within their own community. Leaders make 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 is no longer receiving this grant. In their final grant year of SFY2024, from July 1, 2023, through June 30, 2024, 277 students were served and 15,000 books disseminated.
Kansas Preschool Pilot (KPP)	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 is based upon research and evidence: Community Collaboration, Family Engagement, High Quality Early Learning

	Experiences, and Successful Children. Research supports the model has been successful supporting quality in early learning and success in school later years. In the SFY2024 86 school districts have been served as of April 30, 2024.
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 CM 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 CCDF DCF provides the following services directly or through grants, contracts, or agreements with other agencies:

Child Care Subsidy	Promotes economic self-sufficiency, provides financial support for affordable, high -quality early care, education and after school programs. Market Rate Surveys used to determine if agency rates, and county groupings are adequate to aid subsidized families in having purchase power equal to private pay families. Eligibility Requirements: Child under the age of 13, or age 13-18 and unable to care for themselves. Initial countable income below 85% of State Median Income (SMI).
Kansas Child Care Training Opportunities – Infant Toddler Specialist Network (KCCTO-ITSN)	TA to strengthen quality of infant and toddler care and coordination of resources to assist and support infant-toddler childcare providers.
KEHS-CCP	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 part of family strengthening. Financial and health literacy education is included.
KDHE	DCF shares 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	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	Increases access to quality childcare for Kansas families. Committed 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.

KANSAS 2GEN

Kansas 2Gen grants are replacing what was known as the Youth and Family Stability Grants. On March 19, 2024, ten contracts were awarded to community-based agencies.

The agencies will serve as an access point by assisting families in applying for programs such as Food Assistance, also known as SNAP, USDA Commodity Programs, Child Care Assistance, Low Income Energy Assistance Program, and Vocational RS. Agencies will be required to participate in ongoing training, collaborative meetings and recommend one parent being served by their organizations to serve on a statewide 2Gen parent advisory council.

Agency	Counties Served
IRC	SG IRC's Community Connections uses 2Gen approaches that provide child-centered, family-based programming that meets the needs of all family members and that is coordinated and complementary to existing resources in the community. The program will use specific trauma-informed strategies to increase stability, grow social connections, decrease maltreatment risk, and move families toward personal and family goals.

Mental Health Association of South-Central Kansas, Inc.	Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt, Sedgwick, and Sumner counties. Youth will receive mentoring and leadership skills training to propel them forward, while parents will receive parent training, prosocial skills, and assistance with job seeking. The entire family will receive mental health services, education in communication and boundaries, and mentoring support.
Kansas Alliance of Boys & Girls Clubs	Atchison, Brown, Douglas, Geary, Jackson, Jefferson, Johnson, Montgomery, Pottawatomie, Reno, Riley, Sedgwick, Shawnee. The Alliance will provide subgrants to 13 partner Boys & Girls Clubs who will, together with 27 partner organizations, expand opportunities for low-income children and families to increase their economic stability, make progress on their educational goals, deepen their social connections, and improve their health and well-being. The Alliance will focus on the Child-Parent approach.
FAC	Johnson, Wyandotte, Cherokee, Bourbon. The program will combat intergenerational poverty by supporting relatives and kin taking placement of children who would otherwise be placed in non-kin foster homes. The proposed project aims to take advantage of the surging population of relatives and kin providing care to non-biological children (including grandparents, aunts, uncles, and other kin) in Kansas and maintain the placement of children in these households by providing Kinship Navigator services and financial assistance.
Mirror, Inc.	SN, Jackson, Jefferson, Osage, Douglas, Wabaunsee, Pottawatomie. Work for Success will support the formation and maintenance of two-parent families through healthy relationship skills training, parenting connections training, prosocial leisure, and educational activities for families, as well as Personal and Professional Development (PPD) courses. PPD will assist unemployed or underemployed parents with employment, achieving financial independence, and providing stable homes for their children.
KVC Behavioral Healthcare, Inc	Chautauqua, MG, Labette, Cherokee, Crawford, Neosho, Wilson, Woodson, Allen, Bourbon, Linn, Anderson, Coffey, Osage, Franklin, Miami, Douglas, SN, Wabaunsee, Pottawatomie, Jackson, Marshall, Nemaha, Brown, Doniphan, Atchison, Jefferson. KVC will provide one-on-one, in-home, virtual, and group interventions to families with essential resources and referrals, ultimately addressing the underlying risk factors contributing to poverty.
Connections to Success	Wyandotte, Leavenworth, Johnson. Connections to Success offers a range of services that align with the 2Gen model. Services include evidence-based Personal and Professional Development Training for parents/caregivers (accompanied by individualized coaching/CM from Life Transformation Coaches, linkages to career training and education, and placements in jobs paying above the minimum wage); best practices in building social capital (through community connections, mentoring, and peer support activities)
Children First	SG. The program will impact both parents and children who are living in poverty through a three-generation approach and a combination of services using activities that are evidence-based or evidence-informed and other supports. Senior citizens serving in a “grandparent role” will mentor, encourage, and follow families through their journey out of poverty. Priority will be given to families experiencing or in danger of experiencing a housing crisis and families experiencing poverty.
O’Connell Children’s Shelter	Douglas. The program will function as One Complete Solution for Douglas County families at risk of encountering the child welfare and JJ systems by providing whole-family services aligned with the evidence-based Homebuilders program model. Homebuilders is a home- and community-based intensive FPS services treatment program designed to avoid unnecessary placement of children and youth into FC, group care, psychiatric hospitals, or JJ facilities.
SparkWheel	Bourbon, Butler, Crawford, Douglas, Finney, Ford, Franklin, Labette, Lyon, Marshall, MG, Neosho, SN, Wilson, Wyandotte. SparkWheel strives to break the cycle of generational poverty by placing staff to work full-time daily inside schools to partner with teachers, mobilize the community, and offer extra help for students to thrive. The program will target family members and students in pre-K through college attending 43 schools in 15 geographically counties across Kansas in both rural and urban settings.

EFFORTS TO TRACK AND PREVENT MALTREATMENT DEATHS (SECTION 422(B)(19) OF THE ACT)

The 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 agency's response to immediate critical events involving a child. The process takes a closer look into circumstances surrounding CI. This includes the agency's initial response to the CI and prior agency 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 agency's effectiveness moving forward.

Since July 2019, PPS has been using the following CI Response Protocol: When a child death occurs in Kansas, and DCF was actively involved in an abuse/neglect incident or has had any contact with the family within the last three years, a triage report is completed.

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 if the event meets criteria of the current CI response protocol, a triage report is completed. The triage team consists of PA and Deputy Directors from PPS.

Within one half workday of the initial notice, a triage report completed by a member of the triage team is provided to the Secretary, Deputy Secretary, Director of Communications, and General Counsel. This 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 law enforcement involvement.

In SFY 25, PPS have been offering the EE Program to staff. The EE Program consist of volunteers from DCF administration who wish to support their colleagues after a child death. Many volunteers have a history of working as a CPS. The PPS Deputy Director of Wellness connects a volunteer to the assigned front-line practitioner, supervisor, and regional PA to have a conversation related to their experience. This step of review informs systemic change by supporting and obtaining the perspective of child protection staff who have worked with and have knowledge of the family. The practitioner is asked to share their experience, any trauma which may result of a child death, how agency practices impacted their work, and offer feedback in the process to assist with future policy review and development. This information is then combined with the interviewer's observations and developed into recommendations for improvements in policy, practice, or partner engagement if indicated. DCF has set a goal to expand outreach in CY 25 to staff in all PPS programs.

The information gathered during review is shared with the Secretary and other members of DCF Administration. These conversations have led to implementation of program assistance and regional support to help child protection staff, and their supervisors serve alongside families. One example of continuous improvement gained from these reviews was the need to support awareness of safe sleep and reduce sleep related infant deaths. In calendar year 2024, DCF has trained 138 staff, 115 providers, and held two community baby showers in the largest metro areas of KC and Wichita. See Services for Children Under the Age of Five.

At the end of each FY, the CI and triage team summarizes, and reports findings related CI child deaths to the Secretary of DCF and executive staff which may include the Deputy Secretary, Deputy Directors, and RDs. Data includes age, DCF region, level of services received, and manner of death is analyzed to identify trends and patterns. This report also includes a summary of trends from the EE Program conversations with CPS.

DCF uses data from FACTS to report fatalities in NCANDS. Maltreatment findings recorded in FACTS regarding child fatalities are made from joint investigations with law enforcement and are reported to NCANDS as child deaths because of maltreatment. The investigation from law enforcement and any report from a medical examiner's office is used to determine if the child's fatality was caused by maltreatment. 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, law enforcement 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 Kansas residents in that age group who die outside Kansas. The Board works to identify patterns, trends, and risk factors, and to determine the circumstances surrounding child fatalities. The goal is to reduce the number of child fatalities in the state. The review by the Board does not take place at the time of death or during the investigation of death but after all information related to the death is made available to the Board. The Board meets monthly. Board members include professionals representing the AG's Office, KBI, DCF, KDHE, Commissioner of Education, State Board of Healing Arts, AG advocacy groups, and Kansas County DA Association.

To date, the SCRDB has reviewed 13,131 child deaths in Kansas since 1994. The overall death rate shows a stable trend for the last five reported years. In 2022, Kansas experienced 389 child deaths and in 2021, Kansas experienced 349 child deaths. The death rate calculated per 100,000 Kansas children increased in calendar year 2022, the overall death rate shows a stable trend for the last five reported years. The SCRDB completes an annual report with recommendations related to preventing child deaths. SCRDB report includes recommendations toward preventing 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 and 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
- compliance with laws intended to prevent child abuse or neglect deaths
- 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

The SCRDB 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 SFY 25, following the release of the SCRDB 2024 Annual Report, DCF performed a special internal case read to assess agency compliance in interactions with children who died in 2022 (the year that was

included in the report), and the review included any prior reports of abuse/neglect reported to the agency.

Case reviews provide an opportunity for data collection, data analysis and interpretation, communication and collaboration, and support for sustainable continuous performance improvement. Through continuous performance improvement, DCF works to enhance practices. Once case reviews are completed, Performance Improvement shares and discusses the data and analysis with PPS stakeholders so that the problem-solving process and cycle of learning and improvement can continue.

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 and/or risks to the child and determine relevancy to the current situation. The practitioner will consider ongoing risk/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 will incorporate knowledge of relevant history when interviewing and observing family members as part of the assessment of current function and ability to mitigate safety/risk worries. Exceptions to this process are when a report is assigned as Non-Family/Unregulated Caregiver and Facility.

Kansas is continually working on ways to collaborate and assist law enforcement when responding to a home involving children, DV, or in the matter of investigating a child death and continue to review our processes. The Wichita region receives the most reports in the State, at 10,397 of the total 35,251 for SFY 24. DCF has a grant with the Sedgewick County Sheriff's Department and a contract with the Wichita Police Department to provide Community Support Specialist positions in both agencies. See Item 29: Array of Services – Referral Programs.

Wichita Coalition for Child Abuse Prevention

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 the 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 work groups include:

Large Group – empower organizations to create an effective system to prevent child abuse and neglect. The Large Group will be focusing on fentanyl by bringing in speakers, connecting to the data and moving it to action, increasing communication with community leaders working in this area related to education for parents of young children, law enforcement, medical providers, etc.
Community Awareness Group – promote message that reframe childhood adversity as a public issue that is preventable and solvable. The Community Awareness Group is focused on educating parents on over-the-counter medication overdoses and online predators.
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. The Fatherhood Group is focusing on revamping the Fatherhood Training series.

Real Support for Families Work Group – 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. The Childcare Group remains focused on enhancing ways to connect childcare providers with employers and increasing employer awareness of the childcare tax credits.

Work groups 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, law enforcement, universities, school districts, neighborhood associations, faith-based agencies, 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.

MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES (PSSF) (TITLE IV-B, SUBPART 2)
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. Please see Attachment 24 Kansas FY 2025 CFS-101s Excel and Attachment 25 Kansas FY 2025 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.

FAMILY PRESERVATION

See Current and Planned Activities: Safety – FPS

FAMILY SUPPORT

Family Support, known as Family Services, are funds used to maintain children in their homes who are at risk for removal. This may include direct services or arrangement for purchase of services. Family Services supports statewide efforts. Based on expenditures processed by April 30, 2025, 3767 clients were served.

FAMILY REUNIFICATION

See Adoption Savings.

ADOPTION PROMOTION AND SUPPORT

See Item 6: Achieving reunification, guardianship, adoption, or APPLA.

POPULATIONS AT GREATEST RISK OF MALTREATMENT (SECTION 432(A)(10) OF THE ACT)

DCF regards children under the age of one as one of the most vulnerable populations. *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, home visitation or infant-toddler services.

Data from the SCDRB 2024 Annual Report for 2018-2022 shows over the last five years, infant deaths have increased throughout the entire state.

Calendar Year	Infants Deaths
2022	210
2021	173
2020	219
2019	203
2018	246

DCF is committed to continuing education and review of policy *2116 Requirements for Children Under the Age of One* with child welfare partners and continuing to support communities in connecting families and promoting services for EC and parent skill-building. The Family First Prevention Service grants made EC 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 Family First grant. Furthermore, DCF will refer a family to unique community-based providers of EC or home visitation services if they are available in their community.

The addition of the 2023 CARE legislation gives CPS an opportunity to build relationships with medical providers, while at the same time supporting families in following medical recommendations and building safety for children. The CARE program partners a CPS to a medical provider network who give an expert assessment when an allegation of abuse or physical neglect occurred involving a child under the age of six. More information on the CARE program is provided in Section D. of the *CAPTA State Plan*.

As done in previous years, DCF sent staff to training intensives hosted by SafeGenerations to develop skills and promote peer learning with a focus on safety planning. DCF and the CWCMPs also attended the 5-day training in the summer of SFY 25. Currently, DCF, prevention providers, and CWCMPs are participate in practice alignment intensives for safety assessment and planning. The intensive helps providers enhance and develop strong safety plans for families. One aim of the intensive is to provide information on the transfer of duties, so providers are receiving the best information available to DCF to support effective work with families. These groups have developed the following goals: promote the idea of the need for belonging, strengthening documentation, improving collaboration with law enforcement, and bolstering support for supervisors.

DCF continues growing the SSI within the agency, collaborating with the Kansas Infant Death and SIDS Network (KIDS Network). To date, 65 DCF staff have attended the training and in SFY 25, there are 27 active SSIs with the agency. Once trained, the SSIs present Safe Sleep Community Outreach Trainings, facilitate Community Baby Shower/Crib Clinics, provide access to safe sleep resources, and collaborate with other SSIs in the state. The safe sleep outreach training explores SIDS and SUID data, including high

risk populations and barriers to safe infant sleep. Sleep location, position, and environmental recommendations based on the 2016 American Academy of Pediatrics Safe Sleep Guidelines are discussed. This is required for all new DCF Child Protection Specialists and Investigators. The training is also available for other employees of DCF and the CM providers and is held each month. DCF service centers have access to portable pack and plays to provide a family if an unsafe sleep situation is identified. The SSIs are available to provide crib clinics for the identified families, which includes safe sleep information.

Data from Kansas SCRDB 2024 Annual Report demonstrates how unsafe sleep deaths have decreased since 2020.

Calendar Year	Sudden Unexpected Infant Deaths (SUID)
2022	45
2021	51
2020	52
2019	37
2018	43

DCF and KCSL collaborated on designing a revised mandated reporter training to help reporters identify safety vs. risk. DCF has been focused on improving the quality of risk and safety assessments and increasing the timeliness of initial assessments and safety determinations within assessment and prevention teams. Holding conversations with providers, law enforcement, courts, educators and other stakeholders, DCF has been educating on the differences between risk, safety, and danger, with the goal to align these definitions across the spectrum of the child and family wellbeing system. When the agency is involved with families who do not require building safety, it depletes DCF resources for families who need agency support. The KPRC now uses the KPM to ask 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
FY 24	71,536	35,569	49.7%
FY23	72,385	38,210	52.78%
FY22	70,057	38,870	55.48%
FY21	67,378	38,263	56.79%
FY20	66,525	37,940	57.03%

In FY 24, there was both a decrease in reports received, and percentage of reports assigned. The hope is that DCF's continued work with reporters to help support families directly in their communities will decrease unnecessary DCF interactions, thus reserving DCF resources for families who need them most.

KINSHIP NAVIGATOR FUNDING (TITLE IV-B, SUBPART 2)

See Current and Planned Activities: Safety – Kinship Navigator for more information about the KCSL Kinship Navigation program implemented through the existing KCSL FRC.

KINSHIP NAVIGATOR FUNDS

During the first quarter of implementation, KCSL focused on hiring staff for the Supervisor and CM positions as well as staff training. In January 2025, Kinship Navigator CM were hired and began their

training based on Washington State Kinship Navigator Program model. Training included detailed instruction on the required documentation and CM processes. Throughout the training period, the program supervisor conducted regular file reviews to review for adherence to the training model and fidelity to the program.

To support outreach efforts, program flyers and presentation materials were developed. Staff began engaging with community partners to raise awareness about the program and the support it offers to Kinship families. Outreach presentations took place at several local agencies. The Kinship Navigator program can be located on 1-800-Children via an app, phone call, or website.

Data pulled from program start – 5/6/2025		
KS Counties Served	Sedgwick	Butler
# of families Served	31	1
Children Served	34	2

DCF submitted a response to ACF-ACYF-CB-PI-25-05 on May 9, 2025, with the intention of continuing KCSL's Kinship Navigation Program if approved.

KINSHIP NAVIGATION PROGRAM EVALUATION

The Kinship Navigation Program launched in 2024 with an aim of supporting and strengthening kinship families through comprehensive navigation support, thus preventing unnecessary child removal to FC. The goals of the Kinship Navigation program include strengthening protective factors and reducing out-of-home placement to FC among families served. The evaluation design for this program is currently in a collaborative co-creation phase.

KU-CPPR evaluation team is working closely with DCF and KCSL partners to align the existing FRC framework with the specific services and goals of the Kinship Navigation Program.

This phase focuses on adapting the evaluation design to better capture the unique strategies, supports, and outcomes associated with Kinship Navigation. Key components under development include identifying and collecting service outputs, such as the number of families served, referrals made, and Protective Factors Surveys collected to reflect the program's impact on family stability and family well-being. Future planning efforts will focus on finalizing the evaluation plan, documenting progress to date, and establishing routine reporting processes that integrate outcomes reflecting both service delivery and family-level change.

KCSL's Kinship Navigator CM program participant files are reviewed twice a year. One review is completed in person by KCSL's administration team. They provide reports to the program to show compliance and fidelity to the model. The second review is a peer review that is conducted by reviewers from another KCSL CM program with guidance and oversight from KCSL's administration team. The peer reviewers provide reports to show compliance and fidelity to the model. Kinship Navigator Supervisor reviews participant files during monthly supervision to comply and meet fidelity to the model.

MONTHLY CASEWORKER VISIT STANDARDS AND FORMULA GRANTS

Monthly worker child visits are required per DCF policy and are a part of awards to CWCMPs. worker child visits are required for in-home FS, FPS, and OOH FC cases.

The CWCMP practitioner is required to 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 or youth's residence. Policy requires the CWCMP practitioner meet alone with the child and complete a walk-through of the home when it occurs in the residence. The practitioner is to assess whether the child is safe, and their needs are being met. Worker child visits begin in 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 practitioner and child is critical and supports their continued safety at home or in OOH placement. The practitioner determines if the child's needs, including both physical and developmental needs, are being met where they reside. During worker child visits the practitioner provides developmentally and age-appropriate information to the child. Worker child visits are documented on CWCMP forms which detail the worker child visit, including location, quality of the visit, and time spent alone with the child. The practitioner provides their contact information to the child at every worker child visit. Time spent listening to the child's perspective related to how visits and interaction are going is an important part of the worker child visit. The practitioner asks the child to share about how progress toward meeting the goals of the case plan is going. The child's reaction to information is observed in tandem with an assessment of safety and development progress. Case plan revisions can come from information gained during a worker child visit.

Encounter codes, submitted monthly by the CWCMP, are used to measure frequency of each OOH monthly CM visit(s). There are two encounter codes which track these visits. One indicates whether the visit took place in the child's residence and the other to indicate the visit took place elsewhere. No distinction is made between in state and out-of-state visits. Both have the same requirement for a minimum of monthly visits. The encounter codes are entered by the CWCMP, and each month the results are reviewed for trends and improvements. Section 424(f) of the Social Security Act established performance standards for completing 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 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.

ADOPTION AND LEGAL GUARDIAN INCENTIVE PAYMENTS (SECTION 473A OF THE ACT)

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 March 31, 2025	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	\$232,500	

FFY2023	\$1,175,000	\$768,376.11	\$406,623.89
FFY2024	\$334,000	\$0	\$334,000.00
Totals Across Years	\$8,872,548	\$6,973,574	\$740,623.89

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, JJ, 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 Adoption Accelerators. 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 Adopt Kansas Kids (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 used Adoption Incentive funds:
Continue funding the 2 Family Advocate positions with Wichita Unified School Districts
Continue to fund KCSL Mandated Reporter Training contract

In FFY25, DCF plans to use Adoption Incentive funds:
Continue funding the 2 Family Advocate positions with Wichita Unified School Districts
Continue to fund KCSL Mandated Reporter Training contract
Sedgewick County Child and Family well-being Continuum of Care Coalition

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 (SECTION 473(A)(8) OF THE ACT)

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 – FPS 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
Description	FFY 20	FFY 21	FFY 22	FFY 23	FFY 24
Adoption Support Savings	\$3,981,048	\$5,036,453	\$6,019,099	\$6,994,694	\$7,648,679
MOE Expenditures by Year *	3,573,302	4,320,510	5,027,192	6,033,308	6,914,997
Unexpended Adoption Savings	407,747	715,943	991,907	961,386	733,682
Cumulative MOE Deficit	834,364	1,550,308	2,542,215	3,503,601	4,237,284
Description	FFY 25 est	FFY 26 est			
Adoption Support Savings	\$7,855,193	\$8,067,284			
MOE Expenditures by Year *	6,756,202	7,971,926			
Unexpended Adoption Savings	1,098,991	95,358			
Cumulative MOE Deficit	5,336,275	5,431,633			

Challenges in accessing and spending the funds

The identification and development of applicable programs and projects took time to implement in Kansas. 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. Kansas was not allowed to claim all FFPSA program state funds due to it being deemed excess spending. If Kansas was allowed to claim those additional funds, we would not have an Adoption MOE deficit.

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.

Care Portal is used by the CWCMP's for FPS, FC, and DCF staff to support families in our community that need specific items or supports to provide stabilization. Care Portal is a verified method for social service professionals to seek community supports for families in need.

FAMILY FIRST PREVENTION SERVICES ACT TRANSITION GRANTS

DCF received FFPSA Transition Act Funds in the amount of \$4,837,702. As of December 2024, \$3,954,664 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	FY25 Est
Mobile Response team	\$0	\$771,490	\$0	\$0	\$0
TDM with Evident Change	\$63,140	\$540,040	\$250,355	\$116,030	\$33,850
KU Daisy system for Family First	\$100,000	\$209,290	\$210,195	\$307,777	\$849,188
FRC Development	\$0	\$0	\$0	\$1,386,347	\$0
PS Grants overage	\$0	\$0	\$0	\$0	\$0
Total	\$163,140	\$1,520,820	\$460,550	\$1,810,154	\$883,038

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 FFFC. FFFC representatives and co-chairs are compensated from the FFPSA Evaluation budget, which is streamed from the FFPSA Transition Act monies. See Collaboration – FFFC to learn more.

REINTEGRATION, FOSTER CARE, AND ADOPTION SERVICES

PERMANENT CUSTODIANSHIP

In 1999, the Kansas Legislature established State funding for a permanent guardianship subsidy (PGS) to assist families willing to assume responsibility for providing care for a youth to adulthood. Additional funding was designated for those guardianships established pursuant to K.S.A. Chapter 38, Article 15 (permanent guardians). Starting January 1, 2007, the CINC changed the name to Permanent Custodian and Permanent Custodianship Subsidy (PCS). PCS is supported solely through state funding; therefore, limited funds are available.

Legislation established permanent custodianship in the Kansas CINC to distinguish it from guardianship established in the probate court. The permanent custodianship process ensures the CINC case remains in the same court. Permanent custodianship creates a relationship between the child and the custodian. The custodian stands *in loco parentis* and exercises most rights of a parent.

PCS was established to provide financial assistance to those who care for children who have been in DCF custody and for whom the permanency plans of reunification and adoption have been ruled out. PPS approves and processes the payments for PCS and Regional DCF offices handle the medical card case and annual reviews.

The Permanent Custodian may be eligible for a monthly subsidy of up to \$300. Permanent Custodians may apply for a Medical Card through KanCare (or Medicaid through their state's agency, if not residing in Kansas) or place the child on their private insurance. The impact of permanent custodianship status on eligibility for Medicaid is not determined by DCF. As of March 2024, 85 children were receiving a PCS. Once established, PCS does not change unless there is a change in the child's circumstances.

The eligibility requirements considered to received PCS.
Child must be in the custody of the Secretary of DCF with or without parental rights terminated at the time permanent custodianship is established
A court order appointed a permanent custodian.
Not receiving Supplemental Security Income (SSI)
Child's countable income may not exceed \$486/month. Countable income may include: <ul style="list-style-type: none"> • Social Security Survivor's Benefits (SSA) • Social Security Disability Insurance (SSDI) • Child Support • Income from a trust or annuity • Other benefits such as railroad or veteran's benefits
The child is age 14 and over, or part of a sibling group, placed together, where one sibling is 14 or older
The child has been approved for an exception from DCF Administration for other extenuating circumstances making adoption not a reasonable option.

PCS ends when a child is 18 (unless the child is still in high school); the child becomes emancipated, dies, or otherwise ceases to need support; the child no longer resides with the permanent custodian; or the permanent custodian fails to complete and return the annual review.

Permanent Custodians are responsible for reporting the following changes regarding their household to the DCF:
Change in home address, phone number, email and/or child's living arrangement.
the custodianship is set aside, or they cease to be legally or financially responsible for the child
When the child reaches 18 and has completed high school
When the child becomes emancipated
If the child dies, or otherwise ceases to need support

The CWCMP is responsible for assessing whether a permanent custodianship best meets the child's needs and to prepare the family for the responsibilities associated with custodianship, including an assessment of the family's capacity for parenting the specific child. The assessment is completed through a home study and background checks.

DCF continues to provide support to CWCMPs to assist them in understanding financial benefits to all permanency goals and support their work with families and youth in determining what permanency goals will provide the stability and resources needed to raise the child into adulthood.

The CWCMPs are responsible for 6 months of aftercare, which includes a full array of services to the family, on an as needed basis, to ensure the success of the permanent custodianship. Families or individuals entering a permanent custodianship may need help understanding the effects of separation, abuse, and neglect. Families may also need added services such as transportation, respite care, mediation, etc. to ensure the success and stability of the custodianship.

ADOPTION ASSISTANCE

Adoption Assistance is designed to remove barriers to adoption of children with special needs who otherwise may not be adopted. The program is authorized by state and federal statutes and regulations. Kansas implemented a state adoption assistance program in 1972.

Adoption subsidy and medical assistance are provided for eligible children regardless of funding source. Eligibility for adoption assistance is based on the needs of the child and not income or resources of the family. In determining the type and amount of assistance, DCF assesses the community resources available to meet the child's needs.

Children in the custody of the Secretary of DCF 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	Non-Recurring Expense payment
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At the end of March 2024, the average subsidy payment was \$492.39 a month, and there were 8,818 open adoption assistance cases receiving subsidy. There were also 1,833 open cases that opted for medical card only, this brings the total receiving some type of assistance to 10,651. This represents a decrease of approximately 1.88 percent from March 2023 (10,855) to March 2024 (10,651.)

The CWCMPs are responsible for 6 months of aftercare, which includes a full array of services to the family, on an as needed basis, to ensure the success of the adoption. The Aftercare Contact Agreement is developed with the family to outline services and supports needed to maintain the placement and meet needs of the child. An Adoptive Placement Agreement (APA) is a written agreement between the family, child's CM and DCF as placement occurs in an adoptive home. Both the Aftercare Contract Agreement and APA are signed by the family. These are steps taken prior to finalization. The child remains in DCF custody until finalization.

DCF Policy regarding aftercare was strengthened in January 2017. The APA now includes agreement from the adoptive family to work collaboratively with the CWCMP to develop, implement, and participate in an aftercare plan. The PPS Adoption Specialists review the aftercare plan for approval. Once developed and approved, the CWCMP engages with the child and family to provide services and supports described in the plan. The CWCMP submits a monthly report to DCF.

If a family is not involved in aftercare services and experiences a need or crisis, the PPS Adoption Assistance Specialist supports families by connecting them to community services to address their crisis needs. If further assessment is needed, a report may be made to the KPRC to initiate an assessment for services. If assigned the PPS CPS Practitioner would complete an assessment and work with the family to determine services needed to maintain the child in the home and de-escalate the crisis.

DCF expanded the AKK contract to form the K-PARC. K-PARC supports families who have adopted children from FC or who are providing permanent care as a kinship placement. K-PARC serves families by offering parent, youth, and child education, 2) peer and community support and activities, and 3) resource development and referrals. For additional information about K-PARC, see Service Coordination: Adoption Assistance.

JOHN H CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (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 FC 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. CWCMP serve foster youth ages 14 and older and the DCF IL Program serves youth who have exited FC as they transition to adulthood.

DESCRIPTION OF PROGRAM DESIGN AND DELIVERY (SECTION 477(B)(2)(A) OF THE ACT)

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, and foster parents or placement staff are responsible for teaching or arranging for information to be provided to youth regarding all aspects of life skills.

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 ILC 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 FC services to self-sufficiency. It ensures no gaps in services occur between the time a youth leaves the care of the CWCMP and receives services from the DCF IL Program. A transition plan, titled My Plan for Successful Adulthood (or My Adult Services Plan for youth on an I/DD waiver or waitlist), is developed with youth addressing short- and long-term plans and identified needs in the following areas:

Support Network, 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.	Obtaining identifying documents, such as birth certificate, Social Security card, education and medical records, Tribal membership documentation, citizenship/immigration documents, voter registration, state photo ID or driver's license, selective service registration, and letter verifying the youth experienced FC.
Youth and worker or supportive adult assessments of life skills in the domains of self-care/ hygiene, laundry, healthy living environment, grocery shopping, cooking/ meal preparation, communication skills, money management and budgeting, accessing community resources and public transportation.	Assessing the youth's interest in participating in a RYAC and/or the KYAC or other youth advocacy organizations.
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 schedule appointments and fill prescriptions, learning about medications and the importance of taking them, and information on medical power of attorney and living will.
Employment/personal finances, including assistance preparing a resume/cover letter, completing job applications, interviewing, establishing a checking account, learning how to check credit reports and address credit issues, filing income taxes, accessing	Transportation, including current available and needed transportation options, obtaining a driver's license, obtaining a bus pass, and owning and maintaining a vehicle.

workforce programs, applying for Social Security Income (SSI)/SSDI, and referral to VR services.	
Housing, including current living situation, plans for where the youth will live when released from custody, assistance in locating housing and completing rental applications,	Legal, including information regarding any current or pending charges, past convictions, court fines or fees owed, plan for completing court orders and paying fines/ fees, and how legal status create barriers to the transition to adulthood.

PPS 3059A My Plan for Successful Adulthood or PPS 3059B My Adult Services Plan 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.

Within 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 on the Aged Out Medical Card Program, how to change MCOs, and the importance of notifying KanCare of address changes.
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 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 enrolled in the Aged Out Medical Card by PPS eligibility staff as the youth exits care and emphasis is given in the exit interview to the requirement for youth to inform KanCare of all address updates. 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 Education Training Voucher (ETV) Program, or for help in finding other resources if they are not eligible to participate in the IL Program.

The DCF IL Administration team re-envisioned the transition planning and exit interview process last year. The DCF IL Assistant PM collaborated with KYAC, DCF IL Supervisors and Coordinators, and CWCMP staff to revise the PPS 3059A, My Plan for Successful Adulthood and separate the exit interview section into its own form, the PPS3059C, My Exit Plan. A new transition planning document, the PPS 3059B My Adult Services Plan, was created to be used with youth on an I/DD waiver or waitlist. All forms were designed to be more youth friendly and less overwhelming. The PPS 3059B, My Adult Services Plan, is intended to better document and address the unique transition needs of I/DD youth. All forms became effective in policy January 1, 2025.

The IL Program serves young adults who have been released from the State's custody 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 people ages 18 to 26 complete the Kansas IL Self-Sufficiency Matrix and develop a Self-Sufficiency Services Case Plan with the regional ILC. This plan is driven by the young person and identifies his/her 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/GED completion	Post-Secondary Education/Training
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Life Skills	Career Planning	Transportation	Credit Report management
Pregnancy/Parenting Support		Other Services identified by the young at.	

Young adults 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 and are provided with guidance in forming and maintaining healthy interpersonal relationships. IL staff also work to connect young adults to mentors through local mentoring programs and academic success centers provided by post-secondary education institutions. IL staff speak with young people about their former foster families, birth families, and other existing relationships and encourage them to reconnect when appropriate. The Kansas Foster Child Educational Assistance Act, which began July 2006, requires tuition and fees to be waived by Kansas Board of Regents educational institutions for DCF youth who meet the eligibility criteria, through the semester the young person turns 23. Young adults are not required to be involved in DCF IL services to take advantage of this waiver. Young people may be eligible to receive additional funds through the ETV Program and /or SOUL Post-Secondary / Certified Training (PSCT) assistance to help offset other costs of post-secondary education.

For young adults who leave the State's custody at age 18, Kansas offers the Chafee Medicaid option which extends Medicaid coverage to young people until the end of their 26th birthday month. The young adult does not have to participate in any other services to be eligible for the Aged Out Medical Card. Effective January of 2023, Kansas Medicaid was made available to young adults who turned 18 and in OOH care on or after January 1, 2023, while in any state's custody.

All youth who participate in the DCF IL Program are required to develop a Self-Sufficiency Plan; maintain, at a minimum, monthly contact with their ILC; and participate in case plan reviews held at least every six months.

To strengthen awareness and understanding of the IL Program, DCF continues to inform community agencies, schools, faith-based organizations, JJ programs, and businesses of the services and resources available to youth formerly in FC. Presentations have been provided at conferences and statewide stakeholder meetings. Materials such as brochures, posters, banners, and handouts continue to be developed and are distributed to inform the public about the DCF IL Program. During SFY 2025 to 2029, DCF IL staff will work to develop mobile-friendly program materials, and program materials in Spanish.

IL Administration and CWCMP staff have developed communication tools for youth exiting care. Tools include desk guides, program brochures, quarterly newsletters, postcard mailers, PowerPoint presentations, resource lists for youth in care, and transition packets for youth exiting care. Tools are reviewed and updated as necessary.

The IL Administration team is awaiting minor edits to the IL Program brochure from the communications team. Once those edits to address recent changes are complete the brochure will be translated in Spanish and distributed to the DCF IL regional teams in SFY 26. The IL PM also worked with the communications team, PPS Medicaid Liaison, and PPS IV-E PM to develop a one-pager for Aged Out Medical Process and FAQs to distribute to the DCF IL and CWCMP teams.

Training on KCPSTA program components, including services available for youth ages 14 to 26 and best practices in service delivery, will continue to be provided in SFY25-SFY29 to:

DCF	CWCMPs	Tribes	KDOC-CBS	Youth
Youth Family	Foster Parents	Group Homes	Other Placements	Community agencies/organizations
Secondary/Post-Secondary Education Institutions	Judges	GALs	CASA	Other Stakeholders.

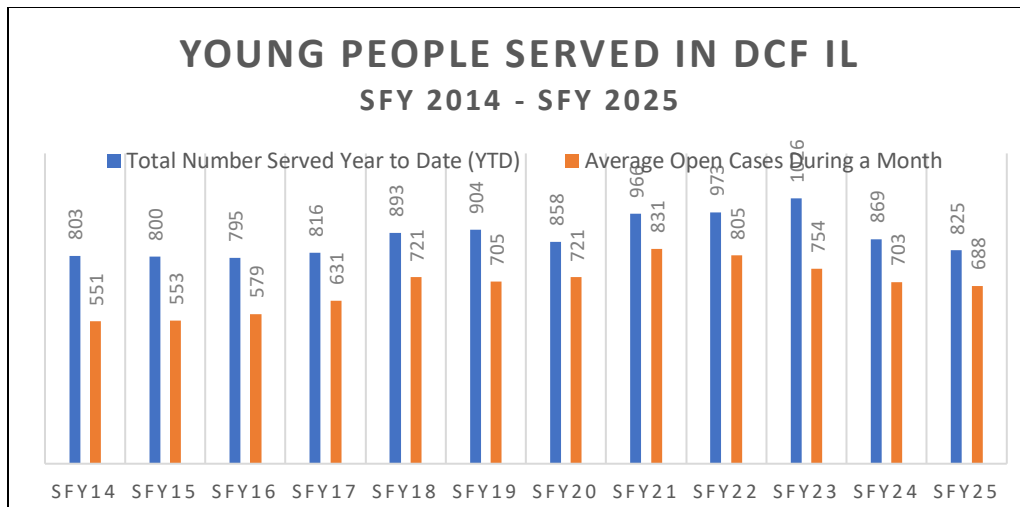
The IL Administration team continues collaboration within the program and with multiple community partners through involvement in community groups and organizations to explore initiatives which support youth currently and formerly in care.

Each DCF region is currently implementing an organizational service delivery model across programs which includes PPS IL services. In PPS IL the model is structured to include a regional supervisory position designated as the IL Adoption Supervisor and five to six assigned regional ILC. DCF IL Administration staff includes the IL PM, IL Assistant PM, and IL Program Consultant.

The IL Leadership team consists of the DCF IL Administration staff, regional IL supervisors and FC Administrators. The group meets monthly or as needed to discuss potential policy changes, program updates, challenges and successes, and other identified topics to help deliver effective and efficient services to young people across the state. The IL Leadership group has discussed adding young people with lived experience to this team for some time, but due to other priorities this has not yet occurred. This will be a priority during SFY 2025 to SFY 2029. The IL Administration team has observed skillful integration of lived expert voices into program design and implementation through the work with the Annie E. Casey Foundation on the SOUL Family Permanency option. The information gained through experience with SOUL design and implementation along with current engagement in Learning Community Training with Dr. Elizabeth Wynter will help guide the IL Leadership team in bringing lived experience voices to the table in a deliberate and meaningful way.

The IL Administration team continues to consider how best to bring in the voices of lived experts in a meaningful and trauma informed manner. The team did prioritize having three lived experts as NYTD Ambassadors for the NYTD Review the agency underwent in November 2024. Lived experts delivered SOUL Foundational Knowledge training for DCF and CWCMP staff at the end of SFY 24 and beginning of SFY 25. Additionally, three young people with lived experience were sponsored by the agency to attend the 2025 Daniel Memorial IL Conference in Orlando in August 2024. The IL PM is attending a webinar by Annie E. Casey Foundation in June titled Elevating Youth Engagement: A Training Curriculum for Meaningful Partnership with Young People in FC and will consider if this may be helpful for the program to consider as we continue to work toward bringing young people into more policy and workgroup arenas.

The IL Leadership team believed there was a decline in the numbers of young people engaging in DCF IL services since the pandemic. A review of the data shows a slight decrease since the pandemic which is not unexpected given the flexibilities provided for in Chafee and ETV services during the pandemic. There has also been an overall reduction in the number of children in care. See chart below:



ILC attend case plans and exit interviews and discuss IL services and benefits while youth are in care, but program staff consistently hear from young people who exited care, they did not know services were available. The IL Leadership group has hypothesized that young people may not be able to take in all the information they are presented with during case plans and exit interviews due to other more pressing concerns at the time, effects of trauma, or not feeling like it is relevant at that point in their life.

The IL Leadership group has challenged each other to consider ways to increase engagement with young people. Additional presentations have occurred to specifically target other child wellbeing professionals such as presenting at the Statewide Supervisor's meeting which included supervisors from DCF, FPS providers, and CWCMP's across the state. The team presented again at a statewide virtual meeting of CPA staff. One region is planning retreats with young people in care who will be eligible for DCF IL services. The retreats will include a speaker, a fun activity, and presentations about the DCF IL program. Another region is using a recurring data report showing young adults who exit care at age 18 or older and reaching out to young people at certain time frames after exit to see if they can offer any assistance and encourage participation in DCF IL services. The IL Leadership team will continue to explore ways to increase engagement in services including review of available data to determine characteristics and demographics of young people who engage in services compared to those who do not engage in services. The team will consider how to use information gained to develop more targeted approaches toward engagement in the DCF IL program.

The West Region hosted an IL retreat for foster youth ages 16 and older at the Rolling Hills Zoo in Salina, KS on October 19, 2024. The RD welcomed the group followed by a presentation on Remarkably Resilient Together anchored by the lived experiences of three sisters who survived a childhood of abuse. Attendees were also given Remarkably Resilient Together materials to take home with practices like journaling and self-reflection to share ideas on how to emotionally regulate (self-calm when you feel yourself shutting down or getting angry) and ideas for self-care. Lunch was provided and then the Rolling Hills Zoo brought in a few animals for the young people to interact with and learn about. The West Region ILC shared information on the IL program and what assistance or services are available upon exiting care. To conclude the day, youth were given an opportunity to share what they wished CWCMP and DCF professionals knew. The retreat received positive feedback, and the team is currently planning another retreat for May 2025 involving a cooking class. The East Region IL team started using a data report to identify young people who have exited care and not connected with DCF IL services. This

allows another opportunity to engage young people in services and educate them about available benefits.

The KYAC and RYAC are designed to empower youth by having an organized structure they can share their experiences and provide recommendations concerning the child wellbeing system in Kansas and on a national level. Chafee-eligible youth ages 14 to 20 are offered opportunity and encouraged to participate in RYAC events. The age range has extended to age 26 for KYAC membership and participation in KYAC events. Councils are supported by federal Chafee funds through the CWCMPs and contractor staff.

DCF IL Administration and regional staff partner with CWCMP and contractor staff to oversee and facilitate 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. Up to four youth representing the Tribes may serve in the East Region. Twenty-four total youth may serve on the KYAC.

The KYAC Annual Youth Summer Conference was held Tuesday, June 18, 2024, at the Doubletree by Hilton in Lawrence, KS. The theme was Shine Like the Kansas Stars: Empowering Tomorrow's Leaders. Sonia Emerson delivered the keynote address and was well received as she talked about her own time in FC. Workshops included sessions on Elevate Your Voice: KS Foster Youth Bill of Rights; Cheap Eats, Big Flavor: Budget Cooking Made Delicious; Container Gardening; Finding your Voice; Recognizing, Preventing, and Reporting Sextortion and Online Exploitation; First Aid & Health Management; and The Road from Missing/Runaway Youth in Care to Commercial Sexual Exploitation. Young people ages 14 to 21 received a t-shirt with the conference theme to wear during the conference and a backpack with registration items, water bottle, and information to help transition age youth. Breakfast sandwiches, lunch, snacks, and a box dinner were provided to participants. Young people left with self-sufficiency items including a suitcase and other items such as cookbooks, Essential Life Skills for Teens books, sunrise alarm clock, and other assorted items. Graduates were recognized and received a certificate along with additional items to help them as they launch into adulthood. The conference received great reviews and was well attended with approximately 98 young people and 52 staff members in attendance. There were 11 presenters for workshops and keynote address and 12 informational table representatives including SOUL Family Legal Permanency, Kansas Brave, NYTD, DCF IL, Foster Adopt Connect, We Kan Drive, and KDHE's Bureau of Family Health, Children and Family Section.

The DCF IL Program historically participated in bimonthly meetings with KYAC to gather youth's feedback and recommendations regarding program projects and improvement efforts, including the development of the Chafee state plan. This frequency was not sustained during the pandemic or since, partially due to staff changes and the size of the KYAC diminishing greatly. The Chafee state plan was discussed with KYAC with opportunity for input this year. The IL Administration Team has noted that with changeover in staff at DCCCA it has been difficult to follow through with previous plans for regular meetings with the council. DCCCA now has a new dedicated program coordinator, and the IL Administration team will make it a priority to start meeting with the council regularly in SFY 2026.

A Strategic Planning Conference (SPC) is facilitated by KYAC each year. At the SPC, KYAC members identify relevant issues concerning older youth in FC and youth who have aged out of FC and create a work plan to address these issues. DCF determines how the agency can support KYAC in addressing the work plan objectives throughout the year. Historically, the work plan has been presented to the PPS Director or the Secretary (or designee) to engage those higher levels of support in the agency. This was

overlooked during the pandemic and has not occurred. The IL Administration team will prioritize including division and agency leadership in reviewing the KYAC work plan during SFY 2025 to SFY 2029. The 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 passing of legislation, court improvement initiatives, and changes in policy and practice.

KYAC youth worked at the beginning of the year to develop a set of goals for the rest of the year. KYAC members used the SMART goal technique to make sure that they could achieve these goals by the end of the year. Ultimately, they came up with 4 main goals, that were then broken down into smaller specific sub-goals that contributed to the main goals' success. The first goal the youth decided on was "engagement and collaboration with Regional Youth Advisory Councils (RYAC)". They outlined success for this goal through three points; the first being that all KYAC members would regularly attend their local RYAC meetings by the end of 2025. Next, they wanted to partner with RYACs to plan and implement a community service event. Lastly, they wanted to find ways to collect feedback from RYACs and host at least one training for KYAC/RYACs on a topic they are interested in.

The next goal the members are pursuing is hosting the 2025 KYAC Summer Conference on June 12. They would like to see, as a part of this goal, a push for all members to volunteer for one task that they have not done before. The KYAC members would also like to see over 100 youth attend the conference. Members will work on achieving these goals by coordinating with each other and then doing individual outreach to their communities.

Their third goal is to put an emphasis on recommending changes to the Child Welfare System. For this goal they have outlined success as: collaborating with the OCA to develop a Know Your Rights campaign for youth who are or have been in care by end of 2025; creating and promoting an educational campaign to raise awareness about the child welfare system's challenges by the end of 2025; and reviewing 3-5 existing models of youth feedback systems in other states to understand how they allow youth voices to be heard in child welfare policy decisions (with the longer-term goal of engaging with DCF to design a feedback system) by the end of 2025.

Lastly, they want to put another focus on advocacy and working towards policy change in the Kansas Legislature. To achieve this they see themselves: hosting a virtual town hall to discuss issues facing youth in the Kansas Child Welfare System by the end of 2025; having a conversation with a least one state legislator who is focused on child welfare; and then starting the process of developing and distributing a resource guide for youth in FC those who have been in care, and/or IL by the end of 2025.

Since DCCCA took over the KYAC contract July 1, 2025, recruitment efforts have continued to be at the forefront in order to grow the council. Currently there has been outreach to every group home in the state of Kansas through email and other FC serving agencies throughout the state. The KYAC program coordinator is working with RYAC leaders to attend each of the region's sessions. Currently there are 6 members actively on the KYAC roster, with active participation by 4 members regularly. There is also a new application in process and this proposed member is expected to be brought on to the council by May 1. Now that the council is starting to grow and has consistent leadership through DCCCA, The IL Administration team plans to be more intentional about bringing policies, program ideas, and other FC and advocacy related initiatives to KYAC for feedback.

The KYAC Advisor and one KYAC member attended the Governor's Conference. They hosted a table and facilitated conversations with individuals interested in learning more about KYAC. The focus for the

event was to share more about KYAC so that case workers could encourage eligible youth to participate in the future. Recruitment materials were available at the table. The advisor also discussed appropriate conference interaction and behavior with the members prior to the event.

DCCCA hosted a holiday party for KYAC on December 14th. There were four individuals in attendance. Members had lunch and participated in activities focused on team building. They also discussed upcoming events.

Band Together Day for 2025 is in its early stages of planning. However, the goal is to partner with the RYACs for a cohesive social media campaign to provide information and emphasize its importance on a wider scale. KYAC and RYAC leaders will meet in late April to create further plans and initiatives to support the program.

Summer Conference planning is in full swing. The date and time have been confirmed for June 12th from 10:00-3:00 at the Double Tree Hotel in Wichita, KS. There are two keynote speakers confirmed for the day, Dr. Angela Pharris from OU speaking on the Science of Hope. As well as Carlos Oteja Jr speaking on Failing Forward. Both speakers were chosen by the youth directly. As of 4/22/25 there are four breakout sessions confirmed plus a supplementary session being led by Dr. Pharris. Other sessions include: a Know Your Rights session led by the OCA, a Healthy Relationships session led by the Willow DV Center, a Job Readiness session led by Job Corps of Flint Hills, and a Car maintenance session led by We Kan Drive. Youth will be as well as lunch and dinner. The conference will also feature a resource fair of several community partners, who will be tabling in the hallway outside of the main conference hall. The event will be supported by several DCCCA staff volunteers as well as representatives from the organizations that are bringing their youth.

The KCPSTA promotes positive youth development on individual, regional, and statewide levels. Through development of the PPS 3059 My Plan for Successful Adulthood for older foster youth and the Self-Sufficiency Plan for youth participating in the DCF IL Program, youth are encouraged to utilize their strengths, assess their needs, and engage with healthy supports and resources within their families and communities. Youth are invited to participate in leadership, advocacy training, and opportunities through RYACs, KYAC, and attendance at statewide and national child welfare conferences. FC alumni serve on the State's CRPs. The KCPSTA supports youth involvement in internships with organizations such as Youth Leadership Institute (YLI), the National Foster Youth, and the Congressional Coalition on Adoption Institutes. DCF IL staff have invited FC alumni to attend the CB's Annual Chafee Meeting and the Daniel Memorial IL Conference. During SFY 2025 to 2029, the KCPSTA will focus on increasing youth participation in child wellbeing workgroups and meetings to increase youth voice representation in development of agency policies, procedures, and initiatives.

During SFY 2025 lived experts continued to be part of the Kansas implementation team for SOUL and were instrumental in delivering SOUL Foundational Knowledge training to DCF and CWCMP staff. Through the agency's work with Annie E. Casey Foundation on SOUL, Kansas has had another young person with lived experience become a Jim Casey fellow. The fellow completed a facilitation track of the fellowship program and the project the fellow focused on this year was developing and delivering financial literacy education to youth attending one of the CWCMP's RYAC. The DCF IL team sent several staff and three young people with lived experience to the Daniel Memorial IL conference in Orlando, Florida in August. Additionally, the IL program named three lived experts to act as NYTD ambassadors for the Kansas NYTD review in November 2024. The lived experts participated in calls leading up to the

review and were present on-site for much of the review. Once Kansas has a final report, lived experts will be consulted regarding non-technical items that need addressed through a PIP.

DCCCA was awarded the We Kan Drive contract in 2021 to support Chafee eligible youth and young adults in the East Region with completing Driver's Education, obtaining driving hours, preparing for licensure testing, gaining vehicle insurance, and becoming responsible and lawful drivers. The program was well received and in 2023 the Kansas Legislature appropriated additional funds so the program could be expanded statewide. Now since the program is available statewide, the DCF IL Administration team will focus on sustaining the program and funding.

We Kan Drive partnered with the BRAKES defensive driving program to host a day for We Kan Drive participants on Friday, July 26th at the Kansas Speedway. Participants received individualized attention and lots of time to practice defensive driving skills. Curriculum included Crash Avoidance/ Slalom Exercise; Drop Wheel/ Off Road Recovery Exercise; Distraction Exercise; Panic Stop Exercise; and Car Control and Skid Recover Exercise (more information on these exercises available at Curriculum - (3 hr. Sessions) | B.R.A.K.E.S. Teen Driver's Training For Safe Driving and Accident Prevention (putonthebrakes.org). Youth were able to practice each exercise several times as well as attend an hour-long classroom education session for both teens and parents regarding safe driving practices. Most insurance companies will accept the BRAKES certificate for a defensive driving discount on their policies, which participants were encouraged to take advantage of. Twelve youth participated in the event. Youth and parents were very appreciative of the opportunity and BRAKES staff were excited about offering the program to We Kan Drive participants.

SFY 2025 is the final year under the current contract with DCCCA for We Kan Drive. Since inception of the program in 2021, DCCCA has process 1121 of the 1189 referrals received with 67 referrals pending. Of those enrolled in the program 483 have completed drivers' education and 436 have obtained some type of driver's permit or license. (See Attachment 26 We Kan Drive dashboard). The RFP for a new We Kan Drive contract is currently posted, and the IL Administration team will be selecting a bidder to continue the program in SFY 2026.

Kansas joined approximately 38 other states in October 2022 to celebrate Foster Youth Voice Month (FYVM). The initiative, started by One Voice Impact (OVI), highlights and honors older youth perspectives in a movement to shift viewing youth directly impacted by FC as service recipients to viewing them as assets to service design and delivery. A young adult IL service participant wrote a blog which was shared on a national level as part of this initiative. Kansas celebrated FYVM again in October 2023 and the Governor signed a proclamation marking October as FYVM in the state. Unfortunately, the program did not have any blog submissions which were shared at a national level. The DCF IL Administration team plans to continue celebrating FYVM in SFY 2024 through SFY 2029. Plans include requests for proclamation signings, social media posts, video blogs or vlogs by IL service participants, and partnering with KYAC to better market the celebration.

The DCF IL Administration team continued to share information on FYVM in SFY 2025 but with changes in the contractor for KYAC there was little emphasis placed on this celebration. For SFY 2026, the DCF IL Administration team has started discussing ideas with DCCCA, KYAC Contractor, and hopes to have more involvement in FYVM this October.

OVI has hosted regular national network calls since inviting other states to join FYVM. The initial calls focused on planning and celebrating FYVM and evolved into providing a forum where participants can discuss common challenges and practices regarding youth engagement and other relevant IL topics. In

October 2023 a National Think Tank event was held in Denver, Colorado. This event was codesigned and hosted by OVI, Selfless Love Foundation, and lived experts. The national network calls since the Think Tank have focused on how to use the information and resulting report from Chapin Hall to inform and improve child wellbeing practices for older youth. Two DCF IL team members have joined the steering committee for the national network calls and are involved in planning future meeting topics and how to help states move the work started at the Think Tank forward. Continued participation on the steering committee and national network calls is expected during SFY 2025 to SFY 2029.

Two members of the IL Administration team continue to be part of the steering committee for the national network calls but have missed several meetings this SFY due to the NYTD Review and training. The team looks forward to being able to reengage in the calls.

Data concerning KCPSTA services and the DCF IL Program is provided to stakeholders, including the Transition Taskforce with KSDE, KDADs, CRP-CTT, CAK, legislative committees, VR Pre-ETS, and community forums. Data is also provided to DCF management, CWCMP, KDOC-CBS, and Tribal staff. The data is sourced from FACTS and the Self-Sufficiency Information System (SSIS) which collects payments and benefits to youth in the IL Program. Monthly and annual reports are published which include demographic, service, and program participation information. The data is available to DCF and CWCMP staff through PPS' SharePoint site. The reports are reviewed periodically with youth through KYAC. The reports serve to inform KYAC's development of yearly work and annual youth conference agenda.

The DCF IL Administration team started collecting IL service participant data from ILC in 2023. A snapshot of all cases opened was collected March 1, 2023, and again February 1, 2024. Data is reported by ILCs for each young adult with an open case and captures the following information:

Demographics	Services	Employment	Education	MH Access
MH Services	Driving Status	Transportation	Driving Status	Other Information

Microsoft Forms is used to collect information, and some basic analysis has occurred initially. The team originally planned to incorporate data collection with an existing system but have reevaluated and will continue to do snapshots through Microsoft Forms biannually. DCF IL Administration team members will focus on learning how to share data effectively using Power BI, with plans to have reports available for each data set and comparison between data sets. Currently, excel data sheets and the display of responses through Microsoft Forms is available for the two snapshots already completed. During SFY 2025 through SFY 2029, the KCPSTA will continue to build on progress made in collecting, analyzing, and reporting data captured through snapshots. This data will be useful in planning for services, informing leadership and the legislature, and determining gaps in services which need addressed.

The first biannual snapshot for SFY 2025 did not occur due to the large amount of work needed to prepare for the NTD Review in November 2024. The second biannual snapshot just concluded where information was entered for all young people open for DCF IL services as of March 1, 2025. Some DCF IL Administration team members have attended some Power BI training in SFY 2025. The team will continue to explore the best ways to report the information from the snapshots to inform internal and external stakeholders and address service gaps.

The IL Program Consultant facilitates collection of NYTD surveys from identified youth ages 17, 19, and 21. The IL Program Consultant collaborates with the DCF IL Program and CWCMPs to locate and connect with youth via phone, email, social media, and mail. In conjunction with the DCF IL Administration team, the IL Program Consultant continues to seek innovate ways to contact youth for the purpose of gathering surveys and referring them to requested services and resources. DCF has developed an

automated system for collecting NYTD survey results which will continue to be used. Data from this system is the source for files reported to ACF in meeting NYTD requirements and is checked for quality compliance. Training for staff who assist with collecting surveys will continue. This will ensure fidelity to the survey model. DCF will continue collecting data on the population served through reports of IL services from the Tribes, DCF and CWCMP staff who provide these services. Data is entered into FACTS. Since the beginning of the NYTD initiative, DCF has met or surpassed the required participation rates and data compliance requirements. The NYTD Data Snapshots produced by CB are shared with DCF, CWCMP, KDOC-CBS, Tribes, youth, courts, community partners, and other stakeholders. During SFY 2025 to 2029, the KCPSTA will continue to focus on sharing NYTD data with a wider array of stakeholders, including families, foster parents, other placement providers, and the public.

The IL program spent a significant amount of time in SFY 25 preparing for and participating in the NYTD Review that occurred in November 2024. Participation ranged from all levels of the program and from all regions. In addition to the IL program, participation by staff in the FC, performance improvement, and information technology departments was vital to the review. These groups are currently working to address technical issues identified in the review pending the final report. The IL Administration team plans to utilize staff experience and the voices of lived experts to address areas of improvement that may be part of the PIP, including identifying ways to better share information with and engage stakeholders in the utilization of NYTD data.

SERVING YOUTH/YOUNG ADULTS ACROSS THE STATE (SECTION 477(B)(2)(B) OF THE ACT)

Each DCF region is served by one or two ILCs from the CWCMP, or by CM staff when CWCMP's do not specialize, and by five to six DCF ILCs assigned to specific geographical areas within each region. Service to youth under tribal custody is ensured through consultations with the Tribes, tribal youth involvement in 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-JS, and the Tribes within each region collaborate to support youth in transition to adulthood and self-sufficiency. Staff create and maintain a network of community partnerships who can provide an array of services and resources for youth served by the KCPSTA. Partnerships can vary by region, but often include courts, secondary and post-secondary educational institutions, mentoring programs, community mental health organizations, public housing agencies, continuums of care, 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.

All reports published by DCF which provide data about the State's KCPSTA are detailed by region.

The SFY 2025 IL/Self-Sufficiency Services Annual Report (please see attachment 27) provides data by region, age, and gender for the number of youths served in each program: Basic Chafee, IL Subsidy, ETV, and the Kansas Foster Child Educational Assistance Act (Tuition Waiver). The report reflects more than half of the young people served by DCF IL services are female at 64.26%. The Wichita Region served the largest percentage of young adults receiving Chafee funds in SFY 2024. The Kansas City Region served the largest percentage of young adults receiving Subsidy and ETV funds in SFY 2024.

The IL Demographic Report is published each month and provides monthly and year-to-date numbers of cases opened, closed, by gender, race, ethnicity, age, and highest grade level completed (please see Attachment 28 IL Demographic Report SFY24).

SERVING YOUTH OF VARIOUS AGES AND STAGES OF ACHIEVING INDEPENDENCE (SECTION 477(B)(2)(C) OF THE ACT

Youth Ages 14-15

The KCPSTA provides life skills and transition services to all youth in OOH placement, starting at age 14, regardless of the youth's permanency goal. All youth in OOH placement must have a case plan, a transition plan, and receive services that assist in the development of life skills and transition services/self-sufficiency. The need for both formal and informal skills and training opportunities related to developing life skills and IL skills are to be determined and provided to all youth aged 14 and older. Youth participate and identify tasks in the development of a Learning Plan, upon completion of the CLSA, which is included in the overall case plan.

Formal transition planning begins at age 14 with a youth's development of PPS 3059 My Plan for Successful Adulthood, in partnership with their case worker and other supportive adults in the youth's life. Youth are encouraged to participate in age or developmentally appropriate activities related to family, education, extracurricular activities, etc. The Kansas foster home licensing regulations address youth participation in the following activities: staying at a friend's house, participation in sports, senior pictures, attending prom, class trips, foster family vacations, obtaining a driver's license, completion of driver's education, participation in religious activities, appropriate activities of interest to the youth, etc. The CWCMP contracts also support youth participation in age or developmentally appropriate activities. The State of Kansas will continue to support age or developmentally appropriate activities for youth.

Kansas graduation requirements have been updated to include a requirement that Kansas High Schools require .5 credit (one semester) of financial literacy, which supplements other financial literacy offerings and education provided by CWCMPs and within placements.

Youth aged 14 and older are given the opportunity and are encouraged to participate in RYAC events and represent their peers as members of KYAC, at the recommendation of their case workers.

Youth Age 16 and Older in Foster Care

Life skills and transition services continue to be provided to youth in FC age 16 and older, with the annual CLSA and Learning Plan. Youth are informed of program eligibility and resources by providers, KDOC-CBS, tribal, and DCF staff at case planning conferences beginning at the age of 16. Youth are assisted with obtaining their high school diploma under Senate Bill 23, which requires school districts to award diplomas to youth in care who have met the State's minimum graduation requirements. As the result of the collaboration between PPS and the Kansas Department of Revenue (KDOR), all youth in FC custody at age 16 who do not already have either a state ID or driver's license are provided with State-issued photo identification cards at no charge to the youth.

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

PPS 3059A My Plan for Successful Adulthood includes prompts for CMs and youth to discuss engagement in age or developmentally-appropriate activities such as taking the ACT, going on a college campus tour, financial assistance covering admissions fees for education, living with friends as an adult, budgeting, volunteering within the community, starting a checking and/or savings account, joining the military, creating an email account, having a healthy relationship, completing driver's education, obtaining a mode of transportation, developing relationships with supportive adults, and participation in RYACs and/or KYAC. Youth on the ID/D waitlist may complete the PPS 3059B, My Adult Services Plan, instead.

All youth should be provided with opportunities to interact and develop relationships with dedicated adults in the community. CWCMPs assist youth in identifying one or more individuals who can serve as their support network and help guide them into adulthood.

Responsible older youth in care and young adults who have exited FC custody may receive lock boxes for safe storage of their identifying documents and other documents of importance.

Prior to release of custody, youth are provided with information about how to contact the DCF IL Program for services after release of custody. Youth are informed that they may contact DCF at any time for services prior to their 21st birthday, or prior to their 26th birthday to participate in the ETV Program.

Former Foster Youth Ages 18 to 26

After their release of custody, youth can decide in which region their DCF IL case will be served, based on their need for access to their ILC and services. The State of Kansas has established a variety of services for adults 18 to 20 years of age. All KCPSTA services available for youth 14 to 18 can be accessed by eligible former foster youth until their 21st birthday. Agency staff are expected to work with the young person to help him/her locate the resources necessary and provide encouragement to achieve individual goals, attain training, and reach outcomes.

Youth who are in OOH care served by the CWCMPs are informed of their eligibility for IL Subsidy if they are released from custody at age 18. IL Subsidy is a time-limited financial plan between a young person leaving FC and the DCF IL Program. Eligible youth may receive up to \$1100 per month. Subsidy rates decrease over time on a tiered system to encourage youth's progression toward financial independence.

Youth who are leaving FC to live in their first apartment or other housing arrangement may need a one-time payment for start-up expenses, utility deposits, furniture, or household supplies. A cumulative payment of \$600 is allowed for this purpose. An additional cumulative payment of \$600 is allowed for rent, rental deposits, or utility deposits.

Post-secondary educational supports are available to youth through the Educational and Training Voucher (ETV) Program and the Kansas Foster Child Educational Assistance Act, also known as the Tuition Waiver. Youth do not have to participate in the DCF IL Program to receive the Tuition Waiver.

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

Young adults ages 18 to 20 who are participating in DCF IL services may be referred to Kansas Legal Services, under the DCF contract, for determination of SSI benefits.

Kansas implemented its Medical Card Extension Program in March 2004 for adults who turned 18 on or after July 2003, and/or were in a FC placement on their 18th birthday. Beginning January 2014, Kansas extended medical coverage through its Aged Out Medical Program to youth up to age 26. Effective January of 2023, Kansas Medicaid was made available to young adults who turned 18 and in OOH care on or after January 1, 2023, while in any state's custody. Youth who were in the custody of DCF, KDOC-JS, or Tribal Authority are eligible. Youth do not have to participate in the DCF IL Program to receive the Aged Out Medical Card.

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

COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES (SECTION 477(B)2(D) OF THE ACT)

Staff from PPS DCF IL and the CWCMPs collaborate with 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.

The DCF IL Program works with the KDOC-CBS to offer KCPSTA services to youth in their custody and in transitional living programs. Outreach to inform youth and staff about the Aged Out Medical Card, other IL Program benefits, engage youth in completing NYTD surveys, and participation in KCPSTA events, including RYACs, KYAC, and youth conferences occurs.

The DCF IL Program partners with Pre-ETS, a VR Program. The Pre-ETS program launched within the agency during SFY 2017. Eligibility for Pre-ETS services include 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. The Pre-ETS program has presented at statewide IL Quarterly Meetings and the OJA Best Practices in Child Welfare training.

The Care Portal is an online faith-based engagement tool which connects child wellbeing professionals to their local faith-based communities. When a child wellbeing professional identifies a need, they can access the Care Portal online and submit a request for assistance. The local faith-based community is informed of the need and is given opportunity to answer the call. The Care Portal provides ownership to the community regarding local social problems needing support and creates awareness. Since the beginning of DCF's relationship with the Care Portal, the IL Program has submitted several requests to assist youth with car repairs and obtaining needed items, such as cribs and household appliances.

The DCF IL Program has partnered with the KDOR and the Office of Vital Statistics to assist with obtaining identification cards and birth certificates for current and former foster youth.

During SFY 2025 to 2029, DCF will continue collaborating with local housing programs, organizations, and other resources to develop housing options for youth. The IL Program plans to partner with the Kansas Housing Resource Corporation and regional Kansas Community Action Programs, to include the

local housing authorities, in creating awareness and promote housing resources made available to youth who have aged out or still in care.

The IL Program plans to continue strategic targeting of Public Housing Authorities (PHAs) in areas with a high population of aged out/former foster youth to engage with DCF to implement FYI housing vouchers. Previous work with TA from the National Academy for State Health Policy (NASHP) resulted in a concept paper. This was presented to agency leadership with recommendations. Those recommendations have not been acted upon and the focus has remained on what the IL Program can do to engage housing partners around FYI vouchers.

The IL Program now has 5 MOUs signed with PHA's in 15 counties or localities to offer FYI vouchers or a Housing Choice Voucher based on FYI eligibility. Those MOU's cover five of the eight counties that the IL program identified in 2022 to target for strategic implementation of FYI in the state:

Allen County	Bourbon County	Butler County (covered in MOU with Wichita)
Cherokee County	Johnson County	Crawford County, excluding within Pittsburg city limits
Labette County	Linn County	MG
Neosho County	Pittsburg, KS	SN (pending signatures)
Wilson County	Wichita/ Sedgewick County	Woodson County
		Wyandotte County (Housing Choice based on FYI Eligibility)

The East Region DCF IL supervisor is in process of having an MOU signed for SN which was a targeted county. Many of the remaining Kansas PHA's are hesitant about entering into a MOU with DCF for FYI vouchers as the program can't offer the services to all FYI eligible youth due to program constraints.

The IL Supervisors across the state have identified next steps that they each plan to work on to open the discussion with housing partners in specific counties where they see a need over the next several months. The IL program will continue to assess housing needs of young people in the state and willingness and ability of housing partners to advance FYI implementation in the state.

Statewide IL Program meetings are held every quarter. Participation at these meetings by CWCMPs, KDOC-CBS, and Tribal staff is encouraged. Many community partners attend to share program information and facilitate ongoing collaboration.

This ongoing group facilitation increases community resource awareness for youth currently and formerly in FC and continues to encourage an increased level of collaboration between private and public agencies.

The IL program has not held the meetings regularly this year due to other priorities and scheduling. meeting was held September 17, 2024. The agenda included the following presentations:

KYAC, DCCCA	DCCCA took over the KYAC Advisor grant as of SFY 2025 and provided updates on KYAC, recruitment efforts, etc.
JAG-K	Program information and updates.
Kansas Banker's Association	Information about the new law related to foster youth bank accounts that took effect July 1, 2024.
KC Regional Attorney	Immigration for youth in FC.
DCF Administration staff	Updates on SOUL Family Legal Permanency which took effect July 1, 2024.

The DCF IL Administration team is considering adjusting the frequency or structure of these meetings to maximize engagement.

Kansas is the first state in the country to add SOUL Family as a permanency option for older youth in care. Agency staff are working with Annie E. Casey Foundation, lived experts, CWCMP staff, and other child wellbeing and community stakeholders to bring the vision created by young people with lived experience across the nation to life in Kansas. The new permanency option was signed into law in April 2024 and took effect July 1, 2024. The Kansas SOUL Family Site Team continues to work on practice and implementation efforts for a successful launch in July. Continued implementation, education, and work to strengthen youth engagement and practice for all permanency goals will be a focus during SFY 2025 to SFY 2029.

DETERMINING ELIGIBILITY FOR BENEFITS AND SERVICES (SECTION 477(B)(2)(E) OF THE ACT)

Specific eligibility requirements apply to all services and supports offered through the DCF IL Program. Youth in OOH placement through their 18th birthday are eligible for all services and supports, as these youth are considered to have aged out of care. Services and supports include Basic Chafee, IL Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, and the ETV Program. OOH eligible placements include resource homes, relative and kinship placements, group or residential homes, and IL settings. Youth on run status from a FC placement on their 18th birthday and youth placed in Secure Care as a CINC are eligible for IL services and supports. Run status and Secure Care are considered FC placements for specific eligibility criteria. For specific eligibility criteria for IL program components can be found in PPM 7100 of the DCF PPM. Youth in OOH placement through their 18th birthday are also eligible for the Aged Out Medical Card and the Kansas Foster Child Educational Assistance Act (Tuition Waiver). Youth do not have to participate in the DCF IL Program to access these two benefits.

Youth who have a permanent order of custodianship, guardianship, or finalized adoption after their 16th birthday may be eligible for Basic Chafee, the ETV Program and the Tuition Waiver. Youth who were in OOH placement for any length of time on or after their 14th birthday may be eligible for the ETV program and specific IL self-sufficiency services through Basic Chafee eligibility.

Youth who finalize a SOUL Family Legal Permanency are eligible for Basic Chafee, IL Subsidy, Start-Up Costs, Vehicle Repair and Maintenance, ETV, and SOUL PSCT Assistance.

A youth's marital status does not impact eligibility for services or supports. Youth who exit care from other states and move their permanent residence to Kansas may be referred or self-refer for services in Kansas. The state where the youth is in FC is responsible for providing Chafee and ETV services. The state which a former foster youth resides is responsible for providing and eligible youth with Chafee and ETV services. When a youth no longer in FC and already receiving ETV, move to another state to attend post-secondary education/training, the original state of residence provides ETV services during the eligibility period for the program. See Attachment 29 Attachment C.

EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM (SECTION 477(I) OF THE ACT)

The ETV Program serves youth by extending eligibility to the following for attendance at certified training programs and post-secondary educational institutions:
Youth who were in the custody of DCF, KDOC-CBS, or Tribal Authority and in a FC placement on the date they attained 18 years of age; or
Youth who left a FC placement subject to a permanent custodianship or guardianship on or after their 16 th birthday; or
Youth who were adopted from a FC placement on or after their 16 th birthday; or
Youth who finalized a SOUL Family Legal Permanency on or after their 16 th 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 their 16th birthday.

Youth are eligible for the ETV Program until they turn 26 years of age if they are enrolled in a post-secondary education or training program and making satisfactory progress toward completion of the program (satisfactory progress is defined by individual program guidelines). Youth may only participate in the ETV Program for a total of five years. Meaning 5-years do not have to be consecutive.

Eligible youth who meet criteria above and are currently in custody may receive ETV supports prior to release when appropriate. This includes youth under the care of a CWCMP, KDOC-CBS or Tribal Authority. Tribal, KDOC-CBS, and CWCMP CMs coordinate services for youth eligible for ETV collaboratively with regional DCF ILC

ETVs are based on need and available to eligible youth for assistance with post-secondary education and certified training programs. ETV funds may be used for costs associated with post-secondary education and/or training only and cannot exceed \$5,000 or the total cost of attendance per youth per plan year, whichever is less.

DCF administers the ETV program. ILC in the field are trained and understand ETV benefits and payment information. They manage the ETV Program for youth and young adults in their regions. The ILC or designee and the youth/young adult complete the PPS 7001 ETV Program Plan. All young people participating in post-secondary education and 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 (i.e., Pell Grant and scholarships). Youth must complete the FAFSA prior to applying for ETV funds. Youth 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 young person, ILC, and the CWCMP case manager when the young person is still being served by them.

The ILCs track expenses ensuring the total does not exceed maximum allowable funds per year or total cost of attendance per youth. Expenses are entered into DCF's SSIS through the State's accounting system and tracked by each region and DCF Administration.

Methodology for the unduplicated number of young people receiving ETV funds each school year involves using information from the State's accounting system which contains each payment made to each youth. Information captured includes the young person's name, ID number, payment date, vendor, region, and other budget identifiers. The information is downloaded each month into SSIS, and a report filters out duplicated names and ID numbers. The report is created monthly and follows the SFY July 1 through June 30.

During SFY 2025 to 2029, DCF IL staff will present information about the ETV Program to DCF, CWCMP, KDOC-CBS, Tribes, youth, KYAC, community agencies, and organizations. Feedback from this outreach will be used to develop goals and outcomes for the ETV Program. The goals, outcomes, and methods for measurement will be applied to other State resources such as the Tuition Waiver.

Current numbers of young adults served by ETV continues to decrease even after it began decreasing during the pandemic, from a former high of 352 youth served in SFY 2017 to 276 youth served in SFY

2021 (July 1, 2020, to June 30, 2021). Many young people's education was disrupted by the effects of the pandemic. However, the numbers have continued to decline to 214 served so far in SFY 2024. There may be other factors which have contributed to the decrease, for example, youth completing post-secondary education without accessing ETV or a general decrease in number of young people choosing to attend post-secondary education. With full information from SFY 2024 and thus far for SFY 2025 there is a slight increase in young people served by ETV.

CHAFFEE TRAINING

During SFY 2025-2029, the DCF IL Program plans to provide and/or participate in trainings related to:

Adolescent Brain Development	Positive Youth Development	Trauma-Informed and Trauma-Led Care, w/emphasis on Transitional Age Youth
	DCF IL Program Overview	Human Trafficking
Normalcy and Reasonable and Prudent Parenting Standards	Adverse Childhood Experiences (ACES) and Building Resiliency	Advocacy and importance of bringing lived experience voice into agency workgroups.

DCF IL Administration staff will use evidence-based research to explore training curricula for possible implementation. Training(s) will be offered to:

DCF	CWCMPs	KDOC-CBS	Tribes
Current/Former FC Youth	RYACs	KYAC	Adoptive Parents
Foster Parents	Other Placement Providers	Community Agencies	Community Organizations

The DCF IL Administration Team has contracted with SafeGenerations to help align the IL program with the KPM. Since January 2025, the DCF IL Administration Team has been meeting biweekly with SafeGenerations to plan how best to integrate the principles of KPM into the program. Additionally, SafeGenerations has met with the IL Leadership group and with the regional IL teams, including ILCs to hear worries, what's going well, and identify what needs to happen.

There are currently two KPM IL Overview trainings scheduled for May and October 2025. Each session will be two days and include up to 40 participants. All DCF IL staff will be expected to attend one of the two offerings. Internal and external partners, including CWCMP IL and Aftercare staff, Adult Protective Services, KYAC and KYAC Coordinator, Lived Experts, DCF Tribal Specialist, DCF Permanency staff, OJA, etc. will be invited to join these sessions to learn more about the approach that IL will be using in their work with young people moving forward. The program is encouraging participant feedback and plans to adapt the training as needed based on that feedback.

SafeGenerations will also be working with the DCF IL Administration team to host a 2 ½ day Practice Alignment Intensive (PaINT) in July 2025. This workshop includes up to 40 slots with a mix of administrators, supervisors, ILC's, and partners that will be invited to participate. The purpose of the PaINT is to align aspirations, practice, and the experience of young adults in the program.

The DCF IL Administration Team executed a contract with Gallup to train many of the DCF IL staff in Global Strengths Coaching. Twenty-six IL staff including ILC's, IL Supervisors, FC Administrators, and IL Administration completed the 4 ½ day training April 24, 2025. Plans include having all staff become certified Gallup Strengths Coaches, building a strengths practice internally, and eventually using this framework with young people in IL services. The IL Leadership team is discussing the best way to move forward, and an implementation plan and timeline will be developed by a team consisting of several IL staff from various levels and regions.

See Attachment 30 Trainings Attended by Kansas IL Staff During SFY 2025, for training attended by IL staff.

CONSULTATION WITH TRIBES (SECTION 477(B)(3)(G) OF THE ACT)

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 PM. 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 DCF IL Program and tribal staff.

The DCF IL PM presented on DCF IL Services at a Quarterly meeting with the Kansas Tribes, DCF, and ACF on January 22, 2024. A menu of items that the IL Program can assist the tribes with has been provided previously and will be provided again as there has been turnover in staff for most of the tribes.

VI. 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	Grace Ross: grace.ross@ktik-nsn.gov
Prairie Band Potawatomi Nation (PBPB)	Keirsten Hale: keirstenhale@pbpnation.org
Sac and Fox of Missouri and Nebraska	Darla Noll: darla.noll@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
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DR Advisory Council	Governor's Behavioral Health Service Planning Council	PRTF Stakeholders Meeting
CCWIS Development Team	Crossover Youth	Quarterly IL Meeting
TDM	CFSR	Quarterly Supervisor Meetings

Tribal representatives participated in the CFSR Round 4 kickoff meetings, SWA focus groups, and review week stakeholder interviews. The tribes encourage and recruit lived expertise to participate. One tribal member with lived expertise joined the SWA 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 31-34.

The comprehensive Social Service Grant with each residential tribe in Kansas for FPS, CPS, and FC Services are funded through 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 Tribal Specialist 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.

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 CA, 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, FFSPA 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	Direct provision of services to the family and child toward reintegration
Reports to court on family progress	Childcare cost assistance	CM

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 PM. 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 31-34 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

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 Capacity Building Center (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.

Kansas DCF shares their APSRs and CFSPs with the Four Tribes when developing, following approval, after the document is made accessibility, and where to locate it on the public website when it is published. The State Plan Administrator sent the draft 2026 APSR to the DCF Tribal Specialist to distribute mid-May. Any input or feedback from the Tribes was sent back to the State Plan Administrator to include in the final submission. After DCF receives approval, the State Plan Administrator will send the approved version to the Tribal Specialist to distribute. To upload a document to the DCF public website, it must be made accessible, so an updated version will be sent to the Tribes as well. In this distribution, the Tribal Specialist will indicate where to locate the document on the public website.

C. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

NAME, ADDRESS AND FAX NUMBER OF THE APPLICANT AGENCY:

Kansas Department for Children and Families
Prevention and Protection Services
DCF Administration Building
555 S. Kansas Ave. 2nd Floor
Topeka, KS 66603

STATE LIAISON OFFICER:

Kieli Frey
DCF Administration Building, Second Floor
555 S Kansas Ave
Topeka, KS 66603 Phone: 785-338-0282 Fax: 785-368-8159
E-mail: kieli.frey@ks.gov

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 25

There were no substantive changes which would affect Kansas eligibility for CAPTA in SFY 25.

The following CAPTA purposes guided Kansas' efforts for supporting children, families and our workforce. The programs and activities outlined in the following promote a broad vision of child and family well-being and help build lasting safety for children and families.

Kansas CAPTA purposes funds spent in SFY 25 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 child protective services, domestic violence 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 domestic violence, and that also support the caregiving role of their non-abusing parents.

CAPTA funding, SFY 25

The following is a list of the current grants and/or contracts for SFY 25, 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 Custody to Transition 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 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.
Kansas Coalitions against Sexual Abuse & Domestic Violence, Trainings	100% CAPTA (14) This contract builds capacity of child welfare professionals on issues related to domestic violence, 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 State General Funds. 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.
Wichita State University, Wichita Coalition for Child Abuse Prevention (WCCAP)	100% CAPTA (11) A sole source grant was awarded in 2022 and continues work in SFY25. 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 Law Enforcement, Community Support Specialists	100% CAPTA (13) An Interagency Agreement funds two Community Support Specialist positions to coordinate with Wichita law enforcement 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.

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 SFY25 reporting period include:

- *KPM Showcase*- An annual event to highlight best practice being done by frontline assessment and protection teams across the state, focusing on building lasting safety with families. The Showcase includes the voices of families who worked with DCF and providers and a variety of stakeholders presenting with DCF teams from all regions.
- *Excellence in Supervision Conference*- An annual professional skill-building event for child welfare supervisors across DCF, contractors, grantees, tribal partners, and other stakeholders. The event features national speakers focusing on collaboration, supervision, and leadership.
- *Safe Sleep Pack and Plays/cribettes*- The six DCF regions used allocated CAPTA funds to purchase portable pack and plays to have ready in DCF offices. When CPS assess a family with an infant in need of a safe sleep environment, CPS can provide it to the family 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 trainings CAPTA funding includes, but not limited to, the following:

- *Annual Governor's Conference for the Prevention of Child Abuse and Neglect* – 3-day statewide conference focusing on education, networking, recognition and addressing key issues regarding child abuse and neglect. KCSL plans and executes this event as the Prevent Child Abuse America (PCAA) Kansas chapter.

- Drug Endangered Children Conference
- 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
- Human trafficking supplementary trainings

In addition to the above-mentioned activities, CAPTA funds three positions in PPS Administration; the Family Preservation Program Administrator, The CAPTA Grant Administrator, and the CJA Grant Administrator.

The 2026 APSR Annual Final Report contains Annual Reports from the State of Kansas' Citizen Review Panels, and the agency response. See Attachments 12-15.

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*, 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 a Family First or Family Preservation 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 infant and family, providing CM and connection to prenatal resources and substance use disorder resources, each prevention provider has a unique array of services for their Plan of Care, a summary provided in the following table:

Family Preservation 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 substance use disorder. 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 Family Preservation 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 Case Manager 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. In SFY 25, COC FPS added an addictions counselor to their team to allow internal referrals for individuals with substance abuse concerns. This position is now incorporated into the process for plans for safe care.
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The following substance use disorder programs are available through a Family First referral.

Family First Provider, evidence-based program – Counties served	Summary of service
DCCCA, Sobriety Treatment and Recovery Teams (START) - Northeast Region: Jackson, Jefferson, Shawnee. Southeast Region: Cherokee, Crawford, Labette, Neosho.	This intervention utilizes a rapid timeline to have the parent/caregiver assessed for treatment and into the appropriate treatment program within 11 days of receiving the referral. The program includes a bachelor's level Case Manager who works with the parent/caregiver, the hospital nurses and social worker, and DCF to identify and put in place the appropriate supports for the infant and the parent/caregiver. A family mentor also works with the parent/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.
KCSL, Parent-Child Assistance Program (PCAP) – Northeast Region, Shawnee.	P-CAP helps parents maintain sobriety and learn skills to help them parent their child and provide an environment which teaches skills like self-regulation. The target population for this program is parents using substances with a child under the age of one, or pregnant women who may be referred if there is concern of substance use during pregnancy. Goals of the program are: <ul style="list-style-type: none"> • Assist mothers in obtaining alcohol and drug treatment and to stay in recovery • Link mothers and their families to community resources that will help them build and maintain healthy and independent family lives • Help mothers prevent the births of future alcohol and drug-affected children
KVC, Strengthening Families Program - In-Person Sessions Northeast Region: Shawnee. Kansas City Region: Johnson, Wyandotte. Virtual Sessions: Statewide	Focuses on three targeted areas: parenting skills training, child skills training, and family training. Content is focused on child development, behavior management techniques, child skills training, family skills enhancement and attachment/bonding, parental supervision, and psycho-educational material targeted to improve the parent child relationships. The group begins with a family meal and is followed by age-specific group breakouts for children and a separate parent breakout group. Weekly training focuses on areas such as family communication, parental supervision, family attachment, child development, parental substance use, and understanding risk and protective factors to avoid substance use.

<p>Saint Francis Ministries, Seeking Safety - Wichita Region: Sedgwick. Northwest Region: Cloud, Ottawa, Saline. Southwest Region: Barton, Finney, Ford, Seward.</p>	<p>Seeking Safety is an integrated cognitive behavior-based model designed to concurrently address symptoms of post-traumatic stress disorder and substance use through a single trained person with flexibility to treat other high-risk behaviors. Family-centered treatment approaches are used to engage the whole family, helping members find their voice and feel valued. Services are provided in individual, group and/or family settings to support recovery.</p> <p>The SS program targets families with children ages 0–5 and teens who are at-risk of being removed from the home as a direct or indirect result of the teens or parent’s substance use. Children ages 0–3 could be currently living with a relative due to a parent’s substance use. Pregnant or parenting youth in foster care or out-of-home placement experiencing SUD are also eligible. Services typically last 6 months. Goals of the program are:</p> <ul style="list-style-type: none"> • Reduce trauma and/or substance abuse symptoms • Increase safe coping in relationships • Increase safe coping in thinking • Increase safe coping in behavior • Increase safe coping in emotions
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Many substance use disorder program improvements, trainings, and education are led by the Kansas Drug Endangered Children’s Alliance. There is a governing volunteer state board and local community alliances. The state board members include representation from nonprofit and government across the state, including the DCF RDs from Wichita and Northeast. The goal of the Drug Endangered Children (DEC) alliances is to raise awareness and increase community collaboration. These efforts will help and support families in Kansas, including the 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 the 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 Manhattan on April 8, 2025. Presentations focused on educating professionals (including child welfare, legal, medical and social service) who may have an opportunity to identify and/or respond to children living in environments where illegal drugs are manufactured, sold, distributed or used. The conference also covered families with children living in drug environments are at risk for devastating effects including severe neglect, physical, emotional and sexual abuse and developmental delays.

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 for Kansas families.

Prompted by a collaboration between KDHE and the University of Kansas Center for Public Partnership, DCF and KCSL co-created a new mandated training for perinatal providers. The goal of the training is to promote prevention strategies to medical providers to help expectant mothers feel supported and reduce the fear that prevents them seeking treatment. This KCSL workshop builds provider capacity and knowledge of best practices in supporting perinatal families impacted by substance use. Substance use during the perinatal period can bring up a variety of questions for professionals related to mandated reporting requirements and making appropriate and timely referrals to support services. This training presents an abridged overview of Kansas mandated reporting requirements, especially as they relate to the perinatal population, and reviews risk factors for abuse and neglect in the perinatal period. Additionally, this training introduces a newly created perinatal provider workflow, focused on Pregnant Women Using Substances, intended to increase access to treatment and connection to community support services. Participants learn from case examples taken from the perinatal period and can ask questions of DCF representatives.

DCCCA convenes monthly meetings 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/caregivers can be provided all the necessary support to not only assist current families in services, but future families as well. These meetings include best practice trainings to increase knowledge and support services affecting children exposed to substance use in the home. During these monthly trainings in SFY 25, DCCCA provided a training on cannabis use during pregnancy and another on neonatal abstinence syndrome. DCCCA also brought in Fetal Alcohol Spectrum disorders (FAS) training to staff. DCCCA in Kansas City also invited the Children's Mercy TIES program, (Team for Infants Endangered by Substance Abuse), to present to the START teams to introduce their program and discuss how we can collaboratively support families. In addition, there have been many collaborations with other agencies to provide resource and materials for services to families with substance affected infants.

DCF also regularly participates on the KDHE Kansas Maternal Mortality Review Committee. Their mission is to increase awareness of the 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
 - Mental health conditions (including postpartum, anxiety, and depression)
 - Substance use disorder
- Better communication and multi-disciplinary collaboration between providers, including referrals.
- Patient education and empowerment

Additional information regarding this committee can be found at <https://kmmrc.org/>

In 2021 Children’s Mercy Hospitals were awarded a grant through the CJA Task Force in Kansas to begin a pilot program in Johnson and Wyandotte counties to provide an expert assessment, including a medical evaluation when indicated, when an allegation of abuse or physical neglect occurred involving a child under the age of six. Through a referral to a network of trained pediatricians, child protection staff are assisted in determining whether abuse resulted in injury and/or safety risks requiring intervention for a child. In SFY 24, Article 22 – *Revised Kansas Code for Care of Children*, KSA. 38-226a, these referrals became state law, and the program rolled out statewide, renamed Kansas CARE (Child Abuse Review and Evaluation) Network. In SFY 25, CARE referrals are being sent, received, and monitored through a web-based Integrated Referral & Intake System known as IRIS. If a parent does not consent to use of IRIS for the referral, then DCF makes an electronic referral through email. IRIS provides a way for DCF to pull reports to review data and reconcile that referrals are made in compliance with state law. DCF continues to work closely with Kansas Chapter American Academy of Pediatrics, Children’s Mercy Hospital, and KDHE on monitoring the success of CARE. DCF staff appreciate the opportunity to build relationships with medical providers, while supporting families in following medical recommendations to build lasting safety for children.

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 the Shift in Perspective training, which demonstrates supporting families and identifying poverty vs. neglect.

DCF is currently working to improve the mandated reporter process for educators, the largest group to make reports. Child Protection staff and educators have been meeting during Educator Reflections, co-hosted by DCF and KCSL. The reflection purpose was to provide opportunities to partner with educators, as mandated reporters, in clarifying reporting. The group vision is to foster a 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 has been supporting the workgroups. DCF and Kansas schools have developed a goal to co-create consistent training materials with DCF, KCSL, KSDE and Kansas educators to increase their knowledge surrounding their role as a mandated reporter by August 2025.

Since 2021, Kansas has 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.

Training Type	SFY 25 (July 2024 – May 2025)
KCSL # Trained Mandated Reporter/Supporter	2,086
DCF # Trained Mandated Reporter/Supporter	234
KCSL # Shift in Perspective Training	373
Perinatal Substance Use: Recognition, Reporting, and Supporting	178
KCSL NFSN Training (FRC)	114
All other KCSL Special Topics Training	2,621
Total Participants Trained	5,693
% of participants reporting learned new skills	99%

More information about KCSL trainings can be found on their website: <https://www.kcsl.org/what-we-do/education/training/>

CAPTA ANNUAL STATE DATA REPORT ITEMS:

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 the Kansas Protection Report Center	Two years of experience at call center/customer service center; bilingual in English/Spanish preferred.	12 hours	1 hour minimum
Child Protection Specialists	Four-year degree in a Human Services or Behavioral Sciences field of study, or education determined relevant by the agency	License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas	PPS social work specialists = 78 hours KPRC social work specialists = 59 hours	40 continuing education hours every 2 years to maintain licensure
Position	Education Requirements	Qualification	Pre-Service*	Annually
Child Protection Supervisor	Bachelor's level social worker or Masters level Professional Counseling or Marriage and Family Therapy	License to practice social work, Professional Counseling or Marriage and Family Therapy in the State of Kansas plus one year of social work experience	11 additional program related hours (to above) plus approximately 24 hours of agency-related training	40 continuing education hours every 2 years to maintain licensure

*Pre-Service occurs within 90 days of employment

DATA ON THE EDUCATION, QUALIFICATIONS, AND TRAINING OF PERSONNEL

Count of Education Level	Column Labels				
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
Bachelor's Degree	1	168	53	7	229
Doctorate		1			1
Four Years College		5	3		8
HS Graduate or Equivalent	1	12			13

Master's Degree	1	25	8	3	37
Not Indicated		15	6		21
One Year College	1	7			8
Some Graduate School		1			1
Technical School			1		1
Three Years College		14			14
Two Years College		10			10
Two-Year College Degree	2	12	3		17
Grand Total	6	270	74	10	360

Qualifications and Training Requirements are met 100 percent for employees to retain employment. There are no specific educational requirements for advancement in the agency. A minimum of one year's child welfare experience is required to be eligible for a supervisory position.

DEMOGRAPHIC INFORMATION OF THE CHILD PROTECTIVE SERVICE PERSONNEL

Count of Ethnic	Column Labels				
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
	1	101	17	1	120
AMIND		1			1
ASIAN		5			5
BLACK	2	13	4	2	21
HISPA		21	2		23
NSPEC		5			5
WHITE	3	124	51	7	185
Grand Total	6	270	74	10	360

Count of Gender	Column Labels				
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
Female	6	219	70	10	305
Male		49	4		53
Unknown		2			2
Grand Total	6	270	74	10	360

Count of Age	Column Labels				
Row Labels	Intake Protection Specialist	Protection Specialist	Protection Supervisor	Social Worker Specialist	Grand Total
20-30	1	125	12		138

30-40	1	69	34	2	106
40-50		38	13	2	53
50-60	2	26	11	3	42
60-70	2	10	4	3	19
70-80		2			2
Grand Total	6	270	74	10	360

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 2024 Caseload	Child Protection Specialist (CPS)	CPS Supervisors	CPS Staff and Supervisors
Average Monthly cases	10.3	0.1	8.1

June 2024 Caseload	CPS to Supervisor Ratio
Average Monthly Ratio	187:55

June 2024 Caseload	CPS to Supervisor Ratio	CPS Staff Ratio	Total cases per Supervisor
Average Monthly Ratio/Cases	3.4:1	10:4	36:1

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 2024	4
Source of the information	FACTS, DCF's Child Welfare Reporting System
How the state defines the reporting population	Youth transferred to another state agency

D. UPDATES TO TARGETED PLANS WITHIN THE 2025-2029 CFSP

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT (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 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, Attachment 35 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 adoptive families for children and youth registered on the adoption exchange.	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.	Willing to meet the immediate and long-term needs of the child.
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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:
Reduce number of children in OOH care
Share resources to close the gap between placement capacity and placement needs.
Advocate for change 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.

On May 6, 2025, Foster Adopt Connect, alongside DCF, hosted the first DR Advisory Council meeting. Foster Adopt Connect facilitated discussion among the attendees to dive into worries and successes for recruitment and retention of foster and adoptive families. The Council created a list of current challenges with recruitment and retention, as well as the best hopes and aspirations for recruitment and retention. Through this, the Council has analyzed what it will take to move Kansas from the current climate to our vision, by addressing the gap. The Council has decided to meet in-person Quarterly to continue discussing data, the current DR plan, and updating with new and emerging data and themes. The Council identified the need for lived experience consultants to be present in the future meetings. The list of agencies invited to attend and or provide input is as follows.

CALM	CAK	Cornerstones of Care
DCCCA	DCF	Eckerd
EmberHope Connections	Foster Adopt Connect	KU- School of Social Welfare
KVC	O'Connell	OCA
WCH	Rainbows United	Restoration Family Services
SFM	TFI	Kickapoo, Sac and Fox, PBPB, Iowa Nation

Attachment 35 DCF DR Plan	Attachment 36 TFI DR Plan	Attachment 37 KVC DR Plan
Attachment 38 SFM DR Plan	Attachment 39 COC DR Plan	Attachment 40 Ember Hope DR Plan

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

See Attachment 2 Health Care Oversight and Coordination Plan

DISASTER PLAN

In 2025, DCF experienced three activations of state emergency operations by the Kansas Department of Emergency Management. The activations were from two snowstorms at the beginning of the year and

wildfire occurring in March. The snowstorms did not disrupt member services, and no shelters were activated other than warming shelters for stranded motorists. The wildfire in March 2025 required a few shelters to be opened for persons displaced by fire, the city of Larned was evacuated. The shelters were closed within 36 hours of being opened. Services were not interrupted nor were families separated and required to be re-united to the knowledge of the DCF Emergency Management Coordinator.

The State experienced disasters in 2025, however, nothing to the scale that required the DCF Administration Disaster Plan to be utilized. The persons displaced were handled at the county level by their emergency management units which directed groups like the Red Cross, United Way, and United Methodist regarding sheltering options that took place during those events. Only one event required actual shelters to be opened and utilized. The shelters were closed within 36 hours of being opened. There are no recommendations to be made since the plan was not utilized as it was not necessary in these events.

In May, an EF-3 tornado touched down near Grinnell, KS and struck the city. 60 homes were destroyed affecting approximately 140 persons according to GIS estimates. The business district of the town was relatively untouched. Kansas Department of Emergency Management (KDEM) coordinated a Multi-Agency Resource Center (MARC) to provide relief and aid to the town of Grinnell. KDEM contacted the DCF Emergency Management Coordinator for assistance. Alongside the Northwest Regional Director, a team was assembled to travel to Grinnell to assist KDEM and other state agencies with the MARC. DCF participated in helping staff the MARC and personnel to assist Kansans affected by the tornado complete paper applications to apply for benefits. At no time were any provisions of the COOP plan needed as the disaster was not severe enough to disrupt agency operations. However, through the plan, DCF has established clear lines of communication which made identifying and standing up a team of DCF personnel to assist with the MARC a significantly easier task.

Attachment 41 DCF Admin Disaster Plan	Attachment 42 KVC Disaster Plan	Attachment 43 SFM Disaster Plan
Attachment 44 TFI Disaster Plan	Attachment 45 COC Disaster Plan	Attachment 46 Ember Hope Disaster Plan

TRAINING PLAN

Attachment 47 DCF Training Plan	Attachment 48 KVC Training Plan	Attachment 49 SFM Training Plan
Attachment 50 TFI Training Plan	Attachment 51 Ember Hope Training Plan	Attachment 52 COC Training Plan

E. 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 Care	0	0	0
Foster Care	439,792	146,597	586,389
Adoption Assistance	95,070	31,690	126,760
Total FFY 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)

The 1992 base year and 2023 actual expenditures are identified below.

Category	1992	2023
Family Services	\$1,661	\$467,343
Family Preservation	\$ -	\$3,077,544
Time Limited Reunification	\$27,424,568	\$84,216,905
Adoption promotion & support	\$1,072,510	\$5,565,769
Total	\$28,498,739	\$93,327,562

C. CHAFEE PROGRAM

See IV. Services, Child and Family Services Continuum: John H Chafee Foster Care Program for Successful Transition to Adulthood

2. REALLOTMENT OF FY 2025 (CURRENT YEAR) FUNDING

DCF submitted reallocation request on May 5, 2025.

3. FY 2026 BUDGET REQUEST – CFS-101, PARTS 1 AND 2

Please see Attachment 24 Kansas FY 2025 CFS-101s Excel and Attachment 25 Kansas FY 2025 CFS-101s PDF.

4. FY 2023 TITLE IV-B EXPENDITURE REPORT – CFS 101, PART III

Please see Attachment 24 Kansas FY 2025 CFS-101s Excel and Attachment 25 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.

F. ATTACHMENT GUIDE

1. DCF Admin Org Chart
2. DCF Health Care Oversight and Coordination Plan
3. Kansas/MO Border Agreement
4. FC CMP and Tribal Contact List
5. CYPM Readiness Survey
6. SNCO Protocol Map
7. MGCO Protocol Map
8. SGCO Protocol Map
9. Juvenile Justice Community Services Referral Form
10. KJCC Protocol
11. Judicial Involvement for Crossover Youth
12. KS CRP ITP Annual Report
13. DCF Annual Response ITP
14. KS CRP CTT Annual Report
15. DCF Annual Response CTT
16. Student Services Practicum Flyer
17. Family First Grantees
18. KPM Explainer
19. Frequently Asked Questions: Proposed SOUL Family Legal Permanency Options
20. Exception Policy
21. FCL 661 Relative and Non-Related Kinship Application
22. FCL 660.1 Family Foster Home and Non-Related Kinship-Relative Comparison
23. FCL 660 Relative and Non-Related Kinship Waiver
- 24. Kansas FY 2026 CFS-101s Excel**
- 25. Kansas FY 2026 CFS-101s PDF**
26. We Kan Drive Dashboard
27. IL Self-Sufficiency Services Annual Report SFY 2025
28. IL Demographic Report
- 29. Attachment C**
30. Trainings Attended by Kansas Independent Living Staff During SFY 2025
31. Iowa Tribe MOU
32. Kickapoo Tribe MOU
33. Sac and Fox MOU
34. Prairie Band Potawatomi Nation MOU
35. DCF DR Plan
36. TFI DR Plan
37. KVC DR Plan
38. SFM DR Plan
39. COC DR Plan
40. Ember Hope DR Plan
41. DCF Admin Disaster Plan
42. KVC Disaster Plan
43. SFM Disaster Plan
44. TFI Disaster Plan
45. COC Disaster Plan
46. Ember Hope Disaster Plan
47. DCF Training Plan
48. KVC Training Plan
49. SFM Training Plan
50. TFI Training Plan
51. Ember Hope Training Plan
52. COC Training Plan

G. ACRONYM GUIDE

A

ACES: Adverse Childhood Experiences
ACF: Administration for Children and Families
ACYF: Administration for Children and Youth Services
AKK: Adopt Kansas Kids
AFCARS: Adoption and Foster Care Analysis Reporting System
AG: Attorney General
ANI: Area Needing Improvement
APA: Adoptive Placement Agreement
APSR: Annual Progress and Services Report
ARD: Assistant Regional Director
ASQ-SE: Ages and Stages Questionnaire Social Emotional

B

BI: Behavioral Intervention Services
BSRB: Behavioral Sciences and Regulatory Board

C

CA: County Attorney
CAFAS: Child and Adolescent Functional Assessment Scale
CAK: Children's Alliance of Kansas
CAP: Corrective Action Plan
CAPTA: Child Abuse Prevention and Treatment Act
CARA: Comprehensive Addiction and Recovery Act
CASA: Court Appointed Special Advocate
CB: Children's Bureau
CBC: Capacity Building Center
CBCAP: Community-Based Child Abuse Prevention
CBI: Children's Behavioral Interventionist
CCBHC: Certified Community Behavioral Health Clinic
CCDF: Child Care Development Fund
CCWIS: Comprehensive Child Welfare Information System
CDDO: Community Developmental Disability Organization
CEI: Community Engagement Institute
CFSP: Child and Family Services Plan
CFSR: Children and Family Services Review
CI: Critical Incident
CINC: Child in Need of Care
CINC: Code for Care of Children
CJA: Children's Justice Act
CJJR: Center for Juvenile Justice Reform
CLARIS: Childcare Licensing and Regulation Information System
CLJIA: Center for Legal and Judicial Innovation and Advancement
CLSA: Casey Life Skills Assessment
CM: Case Managers/Management
CMHC: Community Mental Health Center
COC: Cornerstones of Care
CPA: Child Placing Agencies
CPS: Child Protective Services
CQI: Continuous Quality Improvement
CRB: Citizens Review Board
CRP: Citizen Review Panel
CSDC-KS: Child Stress Disorder Checklist - Kansas
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
CST: Child Sex Trafficking
CTT: Custody to Transition
CWCMP: Child Welfare Case Management Provider
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
DR: Diligent Recruitment
DV: Domestic Violence

E

EAC: Employee Advisory Committee
EC: Early Childhood
ECE: Early Childhood Education
ECID: Early Childhood Integrated Data
EE: Employee Experience
EES: Economic and Employment Services
EHC: Ember Hope Connections
EHS: Early Head Start
ETV: Education and Training Voucher

F

FAC: FosterAdopt Connect
FACTS: Family and Child Tracking System
FAFSA: Free Application for Federal Student Aid
FAST: Family, Advocacy, Support, and Training
FC: Foster Care
FCRFL: Foster Care and Residential Facility License
FCL: Foster Care Licensing
FCT: Family Centered Treatment
FFFC: Family First Family Council
FFPSA: Family First Prevention Services Act
FFT: Functional Family Therapy
FFY: Federal Fiscal Year
FINA: Family in Need of Assessment
FPL: Federal Poverty Level
FPS: Family Preservation Services
FRC: Family Resource Center
FT: Families Together
FTC: Family Treatment Court
FY: Fiscal Year
FYI: Foster Youth to Independence
FVVM: Foster Youth Voice Month

G

GAL: Guardian ad Litem
GBHSPC: Governor's Behavioral Health Services Planning Council
GED: General Equivalency Diploma
GLC: Group Learning and Consultation

H

HCBS: Home and Community Based Services
HFA: Healthy Families America
HISM: Hotline/Intake/Screening Managers
HTAB: Human Trafficking Advisory Board
HTPI: Human Trafficking Prevention and initiatives Program

I

ICAB: Interagency Community Advisory Board
ICPC: Interstate Compact on the Placement of Children
ICWA: Indian Child Welfare Act
ICT/SOS: Wichita non-profit
I/DD: Intellectual/Developmental Disability
IDEA: Individuals with Disabilities Education Act
IEP: Individualized Education Plan
IIP: Immediate Intervention Programs
IL: Independent Living
ILC: Independent Living Coordinators
IRC: International Rescue Committee
IRT: Immediate Response Teams
ITP: Intake to Petition
ITS: Infant Toddler Service

J

JAG-K: Jobs for America's Graduates-Kansas
JIAS: Juvenile Intake and Assessment Services
JJ: Juvenile Justice
JO: Juvenile Offender

K

KAN: Kansas Adoption Network
KAN-LINK: Kansas Linked Infrastructure for Nurturing Kids
KBI: Kansas Bureau of Investigation
KCC: Kansas Connecting Communities
KCCO-ITSN: Kansas Child Care Training Opportunities – Infant Toddler Specialist Network
KCPSTA: Kansas Chafee Program for Successful Transition to Adulthood
KCSDV: Kansas Coalition Against Sexual and Domestic Violence
KCSL: Kansas Children's Service League
KDADS: Kansas Department for Aging and Disability Services
KDEM: Kansas Department of Emergency Management
KDHE: Kansas Department of Health and Environment
KDOC-CBS: Kansas Department of Corrections – Community Based Services
KDOR: Kansas Department of Revenue
KEES: Kansas Eligibility Enforcement System
KEHS: Kansas Early Head Start
KEHS-CCP: Kansas Early Head Start Child Care Partnership
KEHS-HV: Kansas Early Head Start Home Visitation
KFAN: Kansas Family Advisory Network
KFAPA: Kansas Foster and Adoptive Parent Association
KFSN: Kansas Family Support Network
KHI: Kansas Health Institute
KIDS: Kansas Initiative for Decision Support
KIPS: Kansas Intake/Investigation Protection System
KJCC: Kansas Juvenile Correctional Complex
K-PARC: Kansas Post Adoption Resource Center
KPM: Kansas Practice Model

KPP: Kansas Preschool Pilot
KPRC: Kansas Protection Report Center
KSCSO: Kansas Association of Court Services Officers
KSDE: Kansas Department of Education
KU: University of Kansas
KU-CPPR: University of Kansas Center for Public Partnerships and Research
KYAC: Kansas Youth Advisory Council

L

L&D: Learning and Development
LFR: Leading for Results
LMS: Learning Management System

M

MARC: Multi-Agency Resource Center
MCO: Managed Care Organization
MCV: Monthly Caseworker Visits
MDT: Multidisciplinary Team
MG: Montgomery County
MHIT: Mental Health Intervention Team
MI: Motivational Interviewing
MNS: Mainstream Nonprofit Solutions
MOE: Maintenance of Effort
MOU: Memorandum of Understanding
MRSS: Mobile Response and Stabilization Services
MST: Multisystemic Therapy

N

NASHP: National Academy for State Health Policy
NCANDS: National Child Abuse and Neglect Data System
NCMEC: National Center for Missing and Exploited Children
NCWWI: National Child Welfare Workforce Institute
NEICE: National Electronic Interstate Compact Enterprise
NOGA: Notice of Grant Agreement
NOSF: Notice of Survey Findings
NRKIN: Non-Related Kin
NTA: Notice to Appear
NYTD: National Youth in Transition Database

O

OCA: Office of the Child Advocate
OCK: One Care Kansas
OJA: Office of Judicial Administration
OOH: Out of Home
OSRI: Onsite Review Instrument
OVI: One Voice Impact

P

PA: Program Administrator
PAC: Permanency Advisory Committee
PaINT: Practice Alignment Intensive
PAT: Parents as Teachers
PCAA: Prevent Child Abuse America
PCAP: Parent-Child Assistance Program
PCS: Permanent Custodianship Subsidy
PFF: Permanent Families Fund
PGS: Permanent Guardianship Subsidy

PIP: Program Improvement Plan
PM: Program Manager
PPM: Policy and Procedure Manual
PPS: Prevention and Protection Services
Pre-ETS: Pre-Employment Transition Services
PRTF: Psychiatric Residential Treatment Facilities
PSCT: Post-Secondary/Certified Training
PS-TDM: Placement Stability Team Decision Making
PWC: PPS Wellness Coordinator
PWS: Pregnant Women Using Substances

Q

QA: Quality Assurance
QTMAD: Questions That Make a Difference

R

RD: Regional Director
RFA: Request for Application
RFP: Request for Proposals
RI: Risk Intelligence
RS: Rehabilitation Services
RST: Recovery Services Team
RYAC: Regional Youth Advisory Council

S

SAMHSA: Substance Abuse and Mental Health Services Administration
SBC: Solution Based Casework
SCDRB: State Child Death Review Board
SCTFPP: Supreme Court Task Force on Permanency Planning
SFFC: Safe Families for Children
SFM: Saint Francis Ministries
SFY: State Fiscal Year
SG: Sedgwick County
SGF: State General Funds
SIT: Strategic Implementation Team
SMI: State Median Income
SN: Shawnee County
SOC: System of Care
SOUL: Support, Opportunity, Unity, Legal Relationship
SPC: Strategic Planning Conference
SPT: State Policy Team
SSI: Safe Sleep Instructors
SSI: Social Security Income
SSIS: Self-Sufficiency Information System
SSDI: Social Security Disability Insurance
START: Sobriety Treatment and Recovery Teams
SUD: Substance Use Disorder
SWA: Statewide Assessment

T

TA: Technical Assistance
TANF: Temporary Assistance for Needy Families
TBRI: Trust Based Relational Intervention
TDM: Team Decision Making
TFFH: Therapeutic Family Foster Home
TFI: TFI Family Services
TFTC: Together Facing the Challenge

TPR: Termination of Parental Rights
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U

USC: Urban Scholastic Center

V

VR: Vocational Rehabilitation

W

WCCAP: Wichita Coalition for Child Abuse Prevention
WWSS: Wrestling with Safe Sleep

Y

YLI: Youth Leadership Institute
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